UNIVERSITI TEKNOLOGI MARA

HEALTH-SEEKING BEHAVIOUR & HEALTHCARE UTILIZATION AMONG TEMIAR ORANG ASLI IN PERAK: A MIXED-METHOD STUDY

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ABSTRACT

Health disparities remain a persistent concern among Malaysia's Indigenous Orang Asli, particularly the Temiar sub-tribe, who face significant barriers to healthcare access due to cultural norms, geographic isolation, and socioeconomic challenges. This study aimed to examine the relationship between health literacy, sociodemographic factors, and structural barriers with health-seeking behaviour and healthcare utilization among the Temiar Orang Asli in Perak. Using a convergent parallel mixed-methods design, a cross-sectional survey (N = 410) was conducted alongside focus group discussions (FGDs) guided by the Health Belief Model (HBM). The quantitative phase employed validated instruments to measure sociodemographic background, healthcare accessibility, HLS-SF12 health literacy, and adapted health-seeking behaviour items. Among respondents, 50.5% preferred modern treatment, while 42.7% reported using traditional or mixed modalities. The majority of respondents health literacy were poor with 53.2% categorized as having inadequate health literacy. Bivariate analysis revealed significant associations between treatment preference and several factors, including age, gender, education level, work status, the presence of underlying disease, proximity to healthcare facilities, and transportation issues. Logistic regression identified female (aOR = 3.03), presence of chronic illness (aOR = 3.82), closer proximity to health facilities (aOR = 1.68), and having no transportation issues (aOR = 2.21) as significant predictors of preferring modern care. Meanwhile, linear regression showed more healthcare visits (healthcare utilization) among those aged 40–49 (Adj. $\beta = 0.76$), 50–59 (Adj. $\beta = 1.56$), and ≥60 years (Adj. $\beta = 1.91$), and among those living near facilities (Adj. $\beta = 1.36$). Good health literacy predicted fewer visits (Adj. $\beta = -0.73$). Qualitative findings enriched understanding through six HBM domains: perceived susceptibility (e.g., normalization of illness, delayed care for mild symptoms), perceived severity (e.g., symptom escalation, pain thresholds), perceived benefits (e.g., trust in hospital care for serious illness, selective use of traditional healing), perceived barriers (e.g., fear, language mismatch, spiritual taboos), cues to action (e.g., family influence, institutional outreach), and self-efficacy (e.g., limited autonomy among women, difficulty navigating the health system). Triangulation analysis showed that gender differences identified in the quantitative survey were explained by qualitative accounts of men delaying or turning to traditional care while women were more proactive in seeking modern care; the association between chronic illness and greater use of modern services in quantitative analysis was supported by the qualitative narratives describing shifts toward consistent hospital use and adherence to modern treatment after serious illness; quantitative healthcare accessibility findings were reinforced by the integrated qualitative interpretation that distance and transport remain persistent determinants of healthcare preference and utilization; and the quantitative survey reported trust in modern treatment contrasted with qualitative insights revealing fears, language barriers, and spiritual concerns. Additionally, qualitative insights expanded the quantitative finding on poor health literacy by showing how it led to repeated, less effective care-seeking, and how low self-efficacy shaped decisions. These findings highlight the need for culturally sensitive strategies that enhance health literacy, address access barriers, and acknowledge traditional healing to ensure equitable healthcare access for Orang Asli communities.

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CHAPTER ONE
INTRODUCTION

1.1 Background of Study

1.1.1 Contextual Overview

The Orang Asli, recognized as the Indigenous populations of Peninsular Malaysia, constitute a marginalized demographic characterized by unique cultural, social, and economic features. Representing approximately 0.64% of the overall Malaysian population, they are segmented into 18 distinct sub-tribes that fall under three principal categories: Senoi, Negrito, and Proto-Malay (Jabatan Kemajuan Orang Asli [JAKOA], 2024; Masron et al., 2013).

Historically, the Orang Asli have been geographically and socioeconomically marginalized, often residing in or near forests and characterized by low levels of education and income (J. Abdullah, 2018; A. G. Gomes, 2014; Yusooff et al., 2025). Their traditional livelihoods, based on activities like hunting, gathering, fishing, and small-scale farming, have been threatened by modernization and land conversion for commercial purposes (Dong et al., 2022; A. G. Gomes, 2014). One of the main reasons is the lack of land titles, despite generations of the Orang Asli working and occupying the land, placing them at a disadvantage within Malaysia's legal system regarding land ownership (J. Abdullah, 2018; Hamzah, 2013). Although the 1954 Aboriginal Peoples Act was introduced with the intention of providing legal recognition and some form of protection for the Orang Asli's land rights, it is widely regarded as inadequate in practice. The Act grants the government broad discretionary powers to declare and revoke Orang Asli land reserves, but it does not confer full ownership rights or permanent security of tenure. As a result, the Orang Asli remain vulnerable to land dispossession, encroachment by commercial interests such as logging and plantation development, and forced relocation without adequate legal recourse (J. Abdullah, 2018; Bakar et al., 2022; Subrananiam, 2013).