

CONVERGE COVID-19 Working Groups for Public Health and Social Sciences Research

Research Agenda-Setting Paper

This paper was written to help advance convergence-oriented research in the hazards and disaster field. It highlights areas where additional research could contribute new knowledge to the response to and recovery from the pandemic and other disasters yet to come. Questions about the research topics and ethical and methodological issues highlighted here should be directed to the authors who contributed to this paper.

Working Group Name:

COVID-19 and Well-Being Among Indigenous Peoples in Malaysia

Working Group Description:

This Working Group aims to generate innovative, problem-focused research addressing social, technical, and policy issues related to COVID-19 and well-being among Indigenous peoples in Malaysia. Problematizing extant considerations on social networks, epidemic, and informational transmission in a highly heterogeneous vulnerable population, it integrates methodologies and analytical frameworks to understand social-technical linkages in well-being and informational flows. The focus of the current research agenda is the Indigenous peoples of Malaysia who include the Orang Asli in West Malaysia and the natives of Sabah and Sarawak. Together they are often referred to as the Orang Asal (the original people).

Priority Research Topics and Specific Research Questions:

Orang Asal in Malaysia

In 2015, it was estimated that the Indigenous peoples of Malaysia represented about 13.8% of the population of 31,660,700.¹ The Indigenous peoples of West Malaysia are collectively known as Orang Asli and represent 0.7% of the population of West Malaysia.¹ Indigenous peoples constitute 70.5% of the population in Sarawak¹ and 58.6% of the population in Sabah.¹ Most of the Indigenous peoples in Malaysia (be it the Orang Asli or the Indigenous peoples in Sabah and Sarawak) live predominantly in the more rural areas (fringes of the forests, forests, and peri urban areas). For their subsistence they variously depend upon fishing, permanent agriculture, swiddening, hunting, and food gathering. Some of them are also sea nomads.

There is a dearth of published information about the Orang Asal in general. Issues pertaining to land rights, education, socioeconomic status, health, and gender are some of the areas discussed in the broad literature pertaining to Orang Asal. In particular, the persistent reporting of land and resource related rights indicate that the Orang Asal still face major challenges in the protection and preservation of their customary land rights, often resulting in displacement and land loss.²⁻⁴

Prominently, the Orang Asal of Malaysia have disproportionate poverty levels compared to the rest of the non-Indigenous population. In 2014, the national poverty incidence was reported as 0.6%.⁵ However, the

poverty incidence among the Orang Asli and the natives in Sarawak and Sabah were 34.0%, 20.2% and 7.3% respectively—about 50 times, 30 times, and 12 times more than the national average⁵.

In terms of health, the limited literature reveals that the Orang Asli from West Malaysia experience significantly poorer health outcomes than the majority, non-indigenous society⁶⁻¹¹. These poor health outcomes are a consequence of complex interactions between socio-economic, living and working conditions including loss of land and displacement, land encroachment via logging, mining and plantations, lack of infrastructure, access roads, clean water supply, electricity, and education.⁶⁻¹²

COVID-19 in Malaysia

In Malaysia, the government has responded with the Movement Control Order or MCO (commonly referred to in the media as “lockdown”¹³) implemented from March 18, 2020,¹⁴ to curb the spread of COVID-19. By the time of the MCO implementation, total COVID-19 cases stood at 790 with two deaths recorded.¹⁵ All non-essential businesses were not allowed to operate. Malaysia eventually relaxed the MCO in stages¹⁶ from the time of initial implementation to the current stage known as Recovery Movement Control Order.¹⁷ While the Ministry of Health held press conferences daily to report on the progress of COVID-19 cases and casualties, there was no public dissemination of disaggregated information in relation to the Orang Asal. Even though coverage of the impact of COVID-19 on the Orang Asal was sparse, the broad areas of the impact of COVID on the Orang Asal which was reported by the media included livelihood,^{18,19} education,^{20,21} and health information.²⁰

These issues were validated by various community stakeholders of the Indigenous peoples who spoke at various webinars on the impact of COVID-19 where they highlighted the three key areas of hardships in relation to COVID-19 which included (1) loss of subsistence and livelihood, (2) risks to health, and (3) poor access to education because of the digital divide.²²⁻²⁴ These narratives emphasized the pre-existing social vulnerabilities of the Indigenous peoples which impacted the above mentioned three key areas.

It is in this context that the researchers in this Working Group seek to use a mixed methods approach to examine the impact of COVID-19 on the health and well-being of Indigenous peoples in Malaysia. Investigating this from a comparative foundation, the Working Group will bring together dimensions of biological and social health risks and outcomes, health information within and outside the social media grid, development and poverty, and public policy responses in the context of COVID-19.

The concerns and issues which impacted the Indigenous peoples informed the direction of our priority research topics and questions as outlined below.

Priority Research Topics	Potential Research Questions
1. Trends of infection among Indigenous peoples (IP) in Malaysia.	<ul style="list-style-type: none"> • What are the differing trends of infection among IP compared to the general population? • What are the social, economic, cultural, and biological factors driving these differences?
2. Economic impact of COVID-19	<ul style="list-style-type: none"> • What are the economic impacts of COVID-19 on IP? • How did COVID-19 exacerbate the pre-existing socioeconomic vulnerabilities among IPs? • How did COVID-19 impact the remote and isolated areas compare to the more accessible metropolitan areas?

	<ul style="list-style-type: none"> • How did COVID-19 impact rural vs. urban IPs?
3. Health information dissemination.	<ul style="list-style-type: none"> • What are the usual sources of information pertaining to COVID-19 that IPs depend on? • How are community members communicating about COVID-19 related information?
4. Biological and social risks and resilience.	<ul style="list-style-type: none"> • Exploring the pre-existing health vulnerabilities among the IP including: <ul style="list-style-type: none"> ○ Epidemiologic and virologic history of diseases common to IP in relation to their changing environment ○ Seroprevalence of zoonotic and viral infections to assess health risk profile • What were the primary physical and emotional stressors for IPs throughout the pandemic (before and after lockdown)?
5. Health care, health services and health systems.	<ul style="list-style-type: none"> • Are IPs getting access to testing, PPE, and medical treatment for COVID-19? • What are the effects of COVID-19 on testing and medical treatment for pre-existing medical conditions? • What are the effects of the pandemic on access to maternal and child health follow-ups and checks?
6. Impact of the digital divide on education and work.	<ul style="list-style-type: none"> • What are the impacts of COVID-19 on the education and work of IPs? • What are the contextual factors that help students foster resilience and motivation in pursuit of education despite digital disparities? • What are the steps taken by stakeholders (schools, parents, villages, businesses government) to mitigate the effects of the digital divide for students and workers?

Ethical / Methodological Considerations:

Methods

Our formative work involved participating in the local discourses held by community stakeholders during the COVID-19 pandemic response to gain an understanding of their concerns and vulnerabilities. A desk review of the policy and pandemic responses taken by the government and health system will be conducted. Further qualitative data on access to health care, food security, and health information practices will be elicited through structured focus groups and interviews with key stakeholders, directed by the initial data from formative work. The biological risks and vulnerability of the population of interest will also be mapped according to the different environments and exposures unique to them. Epidemiological information will be requested from the Ministry of Health to map transmission trends within the Indigenous people's population. Based on all information, we will then integrate and triangulate the data from all sources to develop recommendations to mitigate the impact of COVID-19 on the community of interest.

Ethics

Considerations include acknowledging the embedded power differential in the relationship between the communities and outside researchers (in this case, the academics from educational intuitions). Our Working Group will seek to create and develop ethical research activities that are respectful and beneficial to the communities as well, bearing in mind the pre-existing social disadvantage of the Orang Asal. For example, in researching about issues pertaining to the consequences of the widening digital divide on education, considerations also need to be on empowering communities in the learning of digital devices and resources

and connecting them with the means to do so. The creation of knowledge in research should be used to address disparities experienced by the community under study.

Other Frameworks, Considerations for Collaboration, and/or Resources

Indigenous Research Framework

The basis for this research will be grounded by Indigenous knowledge, experiences, and practices, taking into consideration the values, beliefs, and practices of the communities under study. These values, beliefs, and practices will be incorporated in the research design, methods, analysis, and dissemination of results. All research processes will be handled in a way that is appropriate for the communities under study.

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This COVID-19 Working Group effort was supported by the National Science Foundation-funded Social Science Extreme Events Research (SSEER) network and the CONVERGE facility at the Natural Hazards Center at the University of Colorado Boulder (NSF Award #1841338). Any opinions, findings, and conclusions or recommendations expressed in this material are those of the authors and do not necessarily reflect the views of the NSF, SSEER, or CONVERGE.