

The Role of Agencies in Implementing the Social Development Programs to Improve the Well-being of Orang Asli Communities in Terengganu, Malaysia

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Abstract

The Orang Asli community is one of the indigenous peoples in Peninsular Malaysia, most of them live in rural areas and are still lagging in the country's development progress. The agencies have implemented various social development programs to improve their well-being status, but no such impact has been encouraging so far. This study's objectives are (i) to explain the social development programs that have been implemented and (ii) identify the agency's role in implementing the social development program on the Terengganu Orang Asli community. This study involved agencies such as the Department of Orang Asli Development (JAKOA), Department of Islamic Development Malaysia (JAKIM) and Health Clinic in the Orang Asli village of Sungai Berua, Terengganu. This study uses qualitative methods in the form of case studies. Data were collected through observation and interviews using objective sampling techniques and analysed and coordinated with NVIVO software 11. The study results found that social development programs that have been implemented by JAKOA that are physical assistance projects include home improvement projects, construction of public facilities and infrastructure such as ballrooms, surau and water tanks. Next, JAKIM, implementing a program in the form of spirituality including fardhu ain class programs, marriage courses and funeral management. The health sector is implementing women's and adult health programs, children's health programs and outpatient health programs. This study also found that the agencies play a role in planning a program and cooperating with other agencies to implement it. In conclusion, there two agencies involved in implementing the social development programs, namely JAKOA and JAKIM. Both has played a significant role and success in implementing the proposed programs.

Keywords

Social development program, agency role, welfare, and Terengganu indigenous community (Orang Asli), Malaysia

1. Introduction

The development of a country, among others, depends on the members of the community. It refers to their efforts in achieving well-being. It will only succeed if all community members are united and play their respective roles by creating a value of trust in the community and creating and managing the shared needs to achieve their well-being (Afifah Arifin, 2013). This effort is undertaken by the cooperation between the community and development agents such as the government and non-governmental organisations through community participation in development programmes (Salleh, 2004). Community involvement in the social development programme is when they collaborate with development agents to achieve their lives' well-being. According to Muda et al., (2006) the thing that needs to be implemented to develop communities is to provide employment opportunities to generate income, provision of health facilities, housing facilities and occupational environment and other basic facilities in a better direction. Subsequently, Taylor and Carson (2009) examined indigenous communities' problems in development and well-being in a modern era of diverse countries such as Australia and Canada. They found that the issue of community development and well-being achievement is not an easy thing.

Most developed countries also face similar issues in the residents' development and well-being process, especially to their indigenous communities. It is a huge challenge for a country to enhance their development and well-being covering health, education, housing and employment (Taylor et al., 2011). Cooke et al. (2007) conducted a study on development and well-being issues through health aspects. They incorporate three indexes to measure development achievement and well-being status, i.e. life expectancy index, educational achievement index and income index. Their research found a gap in well-being and health between indigenous communities and local communities in developed countries. Other studies have also seen the same thing. There is a difference in well-being and the inequality of health status between the local community and the indigenous community (Subramanian et al., 2006). This issue also occurred in various countries over a long time, including in Malaysia. To resolve the problem, the Malaysian government has implemented three types of development programmes on the community, namely the Structured Placement Programme (PPT), Economic Development Programme (PPE) and Social Development Programme (PPS).

In Malaysia, indigenous communities refer to the original tribes and ethnicities in Sabah and Sarawak and the Orang Asli who live in Peninsular Malaysia. Orang Asli means "native" in Malaysia (Hasan, 1991; Abdul Latiff, 2010). The Orang Asli community is a minority of people in Malaysia and indigenous communities still in Peninsular Malaysia. The community is divided into three races, i.e. Negrito, Senoi and Malay Proto (Masron et al., 2013), and there are six different tribes in each race. The Negritos consist of the Kensiu, Kintak, Lanoh, Jahai, Mendriq and Bateq tribes; The Senois are tribes of Che Wong, Mahmeri, Jahut, Semaq Beri, Semai and Temiar; and the Proto-Malays are the Tribes of Kuala, Kanaq, Seletar, Jakun, Semelai and Temuan (JAKOA, 2015). These communities are typically categorised as communities that need to be developed as they live in remote areas and are left behind from their development progress and still practice traditional lifestyles and low well-being (Bond et al., 2003). Extreme aboriginal poverty in 2013 was 11,423. It covers 4,102 people in the poor category and 7,321 people in the hardcore poor category (JAKOA, 2014). Md. Noor (1999), explained that their settlement area is one of the causes of poverty in the Orang Asli community. Also, Mohd Harun et al. (2006) found that the Orang Asli's confidence rate was still high compared to other communities in Malaysia due to low education levels. Marzuki et al. (2014) stated that low educational level problems with several factors. Among them is that orang Asli settlements are far from school facilities that have difficulty developing their education level. It is because the duration of the Orang Asli's journey to the school takes a long time. There are also problems with the lack of public transportation provided and public transportation services' quality problems.

One of the crucial aspects of developing better living well-being and an integrated society is the planning aspect of appropriate, integrated and adequate facilities (Salleh, 2004). The emphasis at this planning level is crucial in ensuring the provision of facilities to the community. Efficient and effective planning can provide the local community with facilities and features or factors of accessibility, unity, complementary complement, level of acceptance with socioeconomic, socio-cultural and sociopolitical status and meet local development goals, i.e. increased well-being status. To improve the rural population's living standard and socioeconomic well-being, the government has invested several funds to enhance rural areas' infrastructure facilities. However, the findings showed that infrastructure development implemented is still unable to improve the standard of living. As research findings show, the population's standard of well-being is still low in terms of income, employment, and education standards—the lower educated and self-employed people less using the facilities provided (Yusoff et al., 2011). Also, the failure and lack of effectiveness

of a policy and community development strategy implemented is one factor that leads to high numbers of poverty in rural areas (Sabran, 2003).

Krishnasamy et al., (2016) studied the relocation of Aboriginal villages that found that housing assistance and facilities provided may not be compatible with the Orang Asli's needs. The new homes given to the Orang Asli are idle empty and not occupied because they are more prone to the forest's background. It is a problem that occurred due to inappropriate or non-compliant development projects. They are lack of participation in development processes from the early stages (Ibrahim, 2009; Abdullah et al. 2011), a low level of community engagement (passive), the community was not involved in the decision-making process as well as transparency factors in decision making (Hashim, 2009). Thus, it is generally formulated that the Orang Asli community's well-being remains low and still far behind compared to other communities in Malaysia either in terms of development, social, economic and education (Jamiran et al., 2013). There is no denying that there are inconsistencies between the development programmes that have been implemented with the present level of well-being of the Terengganu Orang Asli community. The community is trying to be developed through various programmes, namely the Economic Development Programme, Structured Placement Programme and Social Development Programme, although there is no encouraging impact. Although many development programmes have been carried out, the Orang Asli community's well-being is still low, especially when it refers to the housing, education, culture, environment, and income index. Subsequently, numerous studies conducted by researchers concerning the implementation of the Economic Development Programme (Psacharopoulos et al., 1995; Abd Aziz, 2001; Agostini et al., 2008; Jamiran et al., 2013; Abdullah, 2014) and Structured Settlement Programme (Mohd Harun et al., 2006; Ta Wee et al., 2013; Krishnasamy et al., 2016) will but the Social Development Programme (Abdullah, 2014; Ab Manaf, 2019) is still poorly covered by researchers.

1.1 Objectives

Generally, development programmes are planned so that the residents' development takes place in a balanced way besides enhancing the Orang Asli community's well-being. Therefore, this study will focus on social development programmes implemented in improving the well-being of the Orang Asli community. This study focuses on social development programmes that have been implemented and the agency's role in implementing these programmes on the Orang Asli community in the village of Sungai Berua, Terengganu. This study is based on the question; (i) what the agency has implemented social development programmes to develop and enhance the Terengganu Aboriginal community's well-being? The objective of this study is (i) to explain social development programmes and (ii) identify the role of the agency in the implementation of such social development programmes on the Orang Asli community of Terengganu.

2. Literature Review

2.1 Concepts and Definitions of Well-being

Well-being is a broad concept that encompasses various aspects of human life such as economic, psychological and social life. Well-being is divided into two categories which are objective and subjective. The living objective is to achieve well-being means the need for an individual and can be seen externally such as income, housing, health and education. In contrast, subjective life's well-being is assessed based on the satisfaction and favour of living. An individual feels fun and grateful for having a good job, successful children and having a happy family (Abdul Ghani, 2003). Lundstedt (1950) states that social well-being should cover minimum material conditions for life, guarantees of eligible complainants, protection and title, guarantee to act freely and all the pleasures that are extended for each individual and all protection of spiritual importance. In this regard, Romanyschin (1971) describes social well-being as all forms of social intervention that aim to improve human well-being and control social problems and improve quality of life. To achieve social well-being, the first thing to know is what factors drive the community to live within a certain civilisation level to achieve its purpose.

The view on well-being differs from Midgley (1995), which states that community social well-being is determined by three aspects of social problem management, the fulfilment of living needs and social mobility opportunities in society. These three elements will provide society with safe environmental conditions, comprehensive satisfaction on basic needs and maximise social mobility opportunities. As such, the community is free to develop self-potential, actively engage in activities implemented, and contribute to the community (Adriaansens, 1994; Fraser and Gordon, 1994; Midgley, 1995). Sangha et al. (2015) conduct studies on Aboriginal well-being in Australia through natural resources. The study analysed the current Aboriginal well-being approach and found that the government's policies could not improve Aboriginal well-being. Subsequently, Ta Wee et al. (2013) also conducted a study on the orang Asli environment of Jakun in Kampung Peta. This study found that settlement programs' implementation has led to conflicts between Aboriginal people and development processes because their economic resources are affected

and threaten their lives' well-being. This study suggests that a development programme planning should emphasise the environmental and social development aspects of society or target groups so that new settlement areas are more dynamic, efficient and comprehensive. It is because any form of changes implemented will have a positive or negative effect on them.

2.2 Agency role on Social Development Programme for Aboriginal Community

The agency is the closest performer of the community (Kayat et al., 2006). It serves as an institution responsible for ensuring that all programmes progress smoothly and achieve the goals set. The agency will formulate various forms of development programmes according to the community's needs in line with its progress and development. The agency also provides information and technical assistance to the community according to their functions. Generally, the agency has established to help improve the community's well-being—all programmes developed by the agency to ensure that the community's standard of well-being is changing better. Previous researchers have conducted numerous studies on the agency's role (Saidin, 1986; David, 2004; Kayat et al., 2006 & Mohd Shahwahid et al., 2015). However, studies on the role of the agency on the Orang Asli community to date remain limited. This study will focus on the agency's role in implementing social development programmes on the Orang Asli community of Terengganu, Orang Asli in Sungai Berua village, Hulu Terengganu, Malaysia.

3. Method

This study uses qualitative research methods to describe and explain the data in-depth (Marshall & Rossman, 1989). This method is also suitable for understanding a phenomenon and is a form of social query focusing on explaining a person and logical to their life experiences and their environment (Holloway, 1997; Leng, 2000). The type of study used is the form of a case study, i.e. a study of a case or several cases involving the observation of an individual or unit, a group of humans, a family, a class, a school, a community, a critical event, a culture, a project or part of a program (Yin, 1994, Burn, 1995; Merriam, 1998). Case studies are used to gain an in-depth understanding of the real-life information about the information studied, focusing on a process compared to output and consciousness of a finding rather than confirmation of a theory or finding (Patton, 1990; Merriam, 1998). Case data includes interview data, observation data, records data and statements from any take-up on the case. The main techniques used are field observations, interviews and document analysis. Data will be analysed and coordinated using qualitative data analysis software, namely Nvivo11.

4. Data Collection

The data obtained from fieldwork carried out continuously beginning 2015 at the Orang Asli village of Kampung Sungai Berua, Hulu Terengganu. During the review period, researchers interviewed five information from the agencies involved, namely the Department of Orang Asli Development (JAKOA), Department of Islamic Development Malaysia (JAKIM) and additional health clinics. Information from the agency is made up of officers responsible for implementing social development programmes on the Orang Asli community of Sungai Berua, Hulu Terengganu. The Orang Asli settlement of Kampung Sungai Berua, Hulu Terengganu, as in the Figure 1 below.

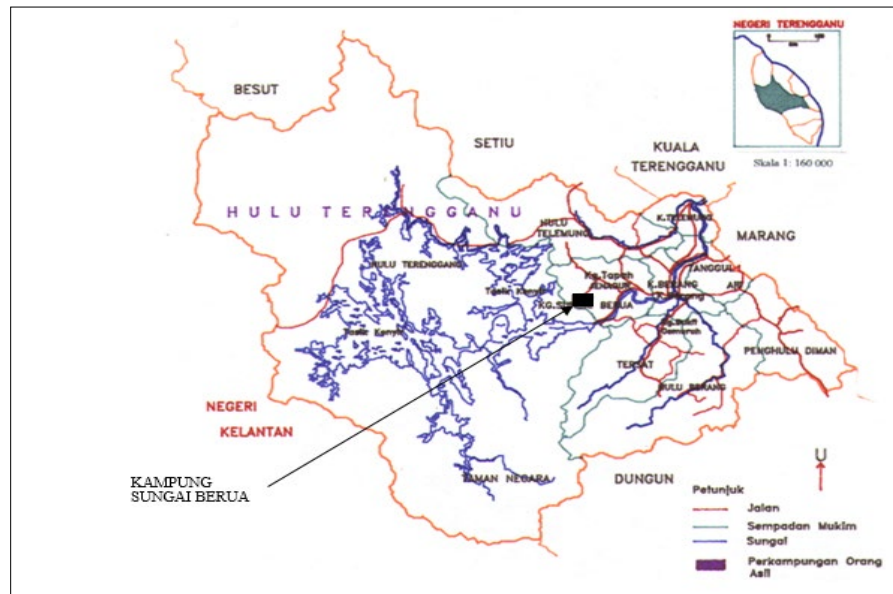


Figure 1. Aboriginal village location of Kampung Sungai Berua, Hulu Terengganu

5. Results and Discussion

To answer research questions and achieve the study's objectives, document analysis was used to explain the social development programmes implemented on the Orang Asli community in Sungai Berua, Hulu Terengganu. As mentioned earlier, this study pays attention to social development programmes. Generally, the programmes planned under this programme aim to enhance the Orang Asli community (Abdullah, 2014). Activities or projects under this programme include educational assistance, housing aid of the poorest people, infrastructure and social facilities, mind development, family development and health facilities (Ramle Abdullah, 2014). Subsequently, Ta Wee et al., (2013) added in more detail about family and community development projects, health and medical facilities, and community leaders' housing. Social development programmes conducted on the Orang Asli community in Kampung Sungai Berua, Terengganu include educational assistance, infrastructure and social facilities, mind development, family and community development, health facilities, co-curriculum programmes, sports and easiness recruits as well as spiritual programs. Subsequently, to answer the second study's objectives, the results of interviews with three staff of the Terengganu JAKOA agency were used to identify the agency's role in the implementation of social development programmes on the Orang Asli. Based on information from the results of the interview with the three information, they state that:

“Sebenarnya kita suka kalau ada agensi lain yang juga cakna kepada Orang Asli. Kita bagi sokongan. Contohnya kalau hal berkaitan kesihatan, kita buat kerjasama dengan kesihatan. Kat sini ada balai rawatan, sebulan sekali pihak kesihatan daerah akan beroperasi. Dengan pendidikan, kita memang bekerjasama la, dengan Pejabat Pendidikan Daerah (PPD), Jabatan Pendidikan Negeri (JPN), kita dengan sekolah pun kita bekerjasama secara langsung, kita jumpa dengan Guru Besar, Pengetua sekolah, Kita ada hubungan yang baiklah dengan pendidikan. Dengan JAKIM pun kita baik. Kita ada 2 orang penggerak JAKIM di kampung Sungai Pergam dan 3 orang penggerak JAKIM di kampung Sungai Berua. Tentang pendidikan kerohanian dialah. Dari segi infrastruktur, kita bangukan perumahan dia, dewan dan kelengkapan gelanggang futsal. Lengkap dah sebenarnya. Hampir lengkaplah kiranya. Cuma baik pulih tu biasa la kan, setahun sekali kita akan baik. Ada danalah. Selepas 5 tahun kita baik pulih lah. Kita tengok yang paling utama. Mana yang uzur kita baik pulih dulu. Dari segi pembangunan ni, kita buat perancangan dulu. Tengok berapa yang kena baik pulih, bina baru. Lepas tu kita angkat paper ke Kota Bharu la. Kita dapat maklumat tu dari JKKK dia la. Kita tanya dari segi pandangan JKKK la apa dia keperluan la. Dari segi pekerjaan, kita ada buat program keusahawanan program ekonomi, tapi untuk kerja tetap, tak ada la kat sini. Cuma ada lah dia kerja dengan FELCRA, kerja ladang, kalau dia ada kelulusan, kita boleh mohon. Untuk perancangan dari segi memantapkan institusi kekeluargaan, kita ada buat program motivasi kepada ibu bapa. Dari segi institusi kekeluargaan Orang Asli ni, kita tengok

yang terbaiklah, kita tak dengar lagi kisah penceraian, dera ke, walaupun dia tak ada pendidikan, tetapi dari segi kekeluargaan masih utuh”.

Based on the interview outcome with information, the study found that JAKOA agencies serve as middlemen and fully support other agencies wishing to implement social development programmes on the Orang Asli. Subsequently, the Sungai Berua village researchers also asked JAKIM staff questions, one of the community movers, namely, what are the social development programmes conducted in the Orang Asli village? Based on information from the results of the interview with the second information, i.e. JAKIM staff stationed in Sungai Berua village, he stated that:

“Kita ada buat kursus perkahwinan bulan dua baru ni, sebab orang sini kahwin tanpa kursus, jadi kita anjurkanlah kursus pasca perkahwinan, biasa kalau melayu kita buat dua hari, tapi sini kita buat santai je, sehari tu kita buat pengisian sukaneka, kita kumpulkan diaorang tu untuk dengar ceramah, penerangan perkahwinan mengikut perspektif islam. Selain pengurusan kahwin, kita juga buat pengurusan jenazah, setakat ni kalau mati kita yang uruskan 100 peratus. Di kalangan diaorang ni akan datang dari awal la, kita nak diaorang buat sendiri. Tahun ni kita baru buat program macam ni. Sebelum ni JAKIM yang uruskan, kita nak lepas ni dia mampu uruskan sendiri la. Kalau berkenaan dengan pendidikan, kita buat kelas lah seperti kelas fardhu ain untuk dewasa, remaja dan kanak-kanak. Macam sini kita ada 3 orang kakitangan JAKIM. Saya mengajar kelas dewasa perempuan dan remaja perempuan. Selain itu, kita juga membantu urusan pihak JAKOA, kadang-kadang kita tolong hantar diaorang pergi hospital, kita gi ambil dia keluar wad. Kalau negeri lain, macam JAKOA tak ada, penggerak la yang tolong bantu. Kat terengganu je lain, biasa kat tempat lain sorang je penggerak. Kat sini sampai 2 hingga 3 orang penggerak untuk satu kampung. Sini sebab diaorang islam, jadi kita kena bagi penghayatan islamlah. Kita pun ada hantar diaorang untuk belajar agama di luar Terengganu seperti Pusat Bimbingan Sultan Abdul Halim Shah (PUSBA). Pengajian diaorang tu ditanggung oleh MAIDAM. Lepas habis belajar tu kiranya diaorang dapatlah peluang untuk cari kerja. Kalau agensi luar buat program, kita follow jugak. Kita memang membantu lah”.

Based on the interview outcome with the second information, the study found that JAKIM in Sungai Berua village also implemented a similar programme with JAKIM at the Sungai Pergam village. However, for the funeral management programme, Orang Asli community in sungai Berua village has fully entrusted JAKIM in managing orang Asli when compared to the Orang Asli community in Sungai Pergam village which allows only JAKIM to manage the bathing and funeral prayers only. Based on the interview results with the information, one of the nurses at the Health Clinic in Kampung Sg. Berua. He stated that:

“Kita ada melaksanakan program kesihatan wanita untuk dewasa termasuk pemeriksaan pap smear (kanser rahim), payudara, perancang keluarga. Program klinik ibu anak untuk antenatal, postnatal, kanak – kanak, kehamilan. Program kesihatan kanak – kanak seperti kurang zat makanan, kita sini biasa sampai umur 6 tahun ke bawah. Pesakit luar kita buat setiap hari selasa, setiap minggu. Pembantu perubatan (Medical Asistant) akan turun untuk pelaksanaan program pemeriksaan tibi, jaringan diabetis. Seterusnya klinik juga turut merancang masa yang sesuai untuk program – program lain seperti kem – kem kesihatan and aktiviti – aktiviti lain seperti buat demo masakan kepada ibu - ibu yang mempunyai anak yang berumur 6 tahun ke bawah, minoriti je yang ikut, selepas dari program kita buat bersama dengan dia. Kita juga ada bagi nasihat untuk jaga kebersihan. Selain itu, kita ada je buat program bersama JAKOA, JAKIM dan pihak Sekolah”.

Based on the results of interviews with the above information, the study found that health authorities have implemented three main programmes, i.e. women and adult health programs, children's health programs and outpatient health programmes. Besides that, the clinic also implements other programmes such as health camps, cease-fire demos, advice on hygiene care, and engaging in programmes implemented by other agencies. For women and adult health programmes, the health care provider provides health screening, especially for women, such as pap smear examination, breast examination and explaining the matter concerning family planning. Subsequently, the mother and child's health programme covers antenatal, postnatal, child and pregnancy examinations. The health authorities have also implemented outpatient programmes held on Tuesdays every week.

6. Conclusion

In line with research findings, we conclude that the agencies such as JAKOA, JAKIM and Health Clinic have implemented many social development programmes on the Orang Asli community to improve their well-being status. JAKOA has implemented physical assistance projects including house improvement projects, construction of public facilities and infrastructure such as halls, surau and water tanks. Subsequently, JAKIM implemented a spiritual programme which includes fardhu 'ain classes, wedding courses and funeral management. The health authorities implemented women and adult health programmes, child health programmes and outpatient health programmes. This study also found that the agencies play a role in planning, evaluating, and monitoring programmes so that the programmes implemented by the schedule and cooperate with other agencies in implementing the programme together.

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