



UNIVERSITI PUTRA MALAYSIA

**FACTORS ASSOCIATED WITH CHILD HEALTH STATUS:
A STUDY OF FARM FAMILIES IN SABAK BERNAM,
SELANGOR DARUL EHSAN, MALAYSIA**

HUANG SOO LEE

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by

HUANG SOO LEE

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LIST OF BAHASA MALAYSIA TERMS AND THEIR MEANINGS

Air abu kayu	-	water mixed with wood ash
Air jampi	-	water over which incantations have been said
Air selusuh	-	birth inducing water
Al Arqam	-	a religious movement
Allah	-	God Almighty
Asar	-	afternoon
Azan	-	a call to prayer
Bagan	-	small township close to the sea
Barut	-	binder
Bela	-	keep (as in a spirit)
Benda ghaib	-	invisible being
Bengkung	-	a piece of cloth used to bind the abdomen of postpartum mothers
Berangin	-	windy
Bersalai	-	method of inducing sweating in a postpartum mother
Bidan kampung	-	traditional midwife
Bilal	-	the person who calls people to prayer in a mosque
Binatang sayang	-	animal for which a spirit has a particular affection

Bisa	-	poisonous/allergic
Bomoh	-	traditional therapist who uses magic or divine revelation from God
Buaian sarung	-	cloth cradle
Buatan orang	-	witchcraft
Cempedak	-	local fruit (<i>Artocarpus champedan</i>)
Demam panas	-	high fever
Ditempah	-	reserved (as for the services of the traditional midwife)
Doa selamat	-	prayer for safety
Dukun/Dukunurut	-	traditional therapist who specialises in the treatment of sprains, dislocations and fractures
Hantu Raya	-	a type of ghost or spirit
Hospital Desa	-	rural hospital
Halal	-	acceptable for use or consumption by Muslims
Isyak	-	after dark
Ikan belanak	-	type of fish (<i>Mugil sehali</i>)
Ikan cencaru	-	type of fish (<i>Megalopis cordyla</i>)
Ikan kembung	-	type of fish (<i>Rastrelliger kanagarta</i>)
Ikan terubuk	-	type of fish (<i>Chupea macrura</i>)
Ikan tongkol	-	tuna fish

Ikhtiar	-	effort to continue finding ways and means of overcoming problems
Jamu	-	traditional herbs
Kampung	-	village
Kehendak Allah	-	will of God
Kenduri	-	a feast of differing elaboration held at special occasions
Klinik Desa	-	rural clinic
Kuini	-	fruit (<i>Manggifera odorata</i>)
Kuman	-	germs, bacteria of viruses which cause illnesses
Langsuir	-	a type of ghost or spirit
Maghrib	-	sunset
Makjun	-	a type of paste made of a mixture of spices, herbs, oil and sugar to be used as medicine
Mandi tian	-	special bath to ensure a safe and successful delivery
Mandi selamat	-	special bath to ensure safety
Melenggang perut	-	rocking the mother's pelvis
Menangis selalu	-	crying often and incessantly
Menempah bidan	-	booking a traditional midwife
Menentu jantina	-	determining the sex of a child
Mengkuang	-	a palm (<i>Pandanus furcatus</i>)
Mosque	-	a prayer house for Muslims

Mukim	-	sub-district
Panas	-	hot/heaty
Pantang	-	avoidance
Patik	-	removing of coconut shell and the brownish coat of the kernel.
Pawang	-	traditional healer who also has the power to intercede for a village
Pelisit	-	one of several spirits believed to be the cause of ill health
Penggalan	-	one of several spirits believed to be the cause of ill health
Penghulu	-	administrative head of a <i>mukim</i>
Perkampungan	-	area where a village is situated
Pijak Tanah	-	touching the ground (the child doing so for the first time)
Pontianak	-	one of several spirits believed to be the cause of ill health
Salah makan	-	eating the wrong foods
Santau	-	specially prepared poison which may be made from glass or the hair of the bamboo sheath
Sarung	-	a piece of cloth which when the ends are sewn together can be made into a cloth cradle
Sejuk	-	cold
Selesema	-	a cold in which running nose is a symptom

Sinseh	-	Chinese traditional practitioner
Subuh	-	dawn
Surau	-	small prayer house
Tajam	-	sharp as in acidic foods
Tandas curah	-	a flush toilet recommended by the Ministry of Health for rural areas
Tapai	-	fermented glutinous rice or tapioca
Tapak rumah	-	area set aside for building a house
Tepak Sirih	-	container for holding all the ingredients used for chewing betel leaves
Tempurung	-	coconut shell
Tidur peranjat	-	experiencing jolts while asleep (in a child)
Tungku	-	a heated stone wrapped in cloth used to warm the abdomen of the postpartum mother
Urut	-	massage
Zohor	-	noon

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HUANG SOO LEE

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Chairman: Assoc. Prof. Dr. Abdul Halin bin Hamid

Faculty : Human Ecology

The health status of 498 children, aged 60 months and under from five villages which were stratified and randomly selected from a total of 72 in the district of Sabak Bernam was determined by birthweight, anthropometry (weight for age, height for age and weight for height) and morbidity. The main objectives of the study were to determine the health status of the children and to examine the extent to which socioeconomics, maternal factors, degree of adherence to cultural practices, feeding and illness control practices contributed to variances in health status. The study showed that the children were born with birthweights higher than the national average and they continued to develop well in their first six months after which their growth performances tended to falter. Average weight and height of these children were found to be higher than those of the Malay children of poverty villages of 1984 but lower than that of the Malay urban high income children of 1971. Generally the children had higher average height than weight achievements (compared to NCHS median). ANOVA applied to average growth performance in NCHS centile achievements



showed that the infants had significantly higher growth achievements than the toddlers and preschoolers.

Multiple regression analysis (significance level set at $p = < 0.1$) found that in general, socioeconomics could explain variances in birthweight and morbidity better than anthropometry. Irrespective of age group, socioeconomics did contribute significantly to some variance in health status of the children. Maternal factors, like socioeconomics, also accounted for some of the variances in health status but its greatest contribution was to birthweight as well as to the growth performance of the infants and toddlers. There was a certain amount of pragmatic acculturation which had taken place among the families so that only during the pregnancy, birth and in child care of less than half of the children did their mothers adhere to some cultural practices. During confinement, adherence to cultural practices was highest, and food observances in accordance to the naturalistic theory of disease causation was practised by all mothers. Meanwhile adherence to culture was not found to have contributed, at the level of significance set for the study, to variances in growth performance but only to some extent in morbidity. The other two groups of factors, i.e. feeding practices and illness control did not contribute to variances in health status of infants, but by the time the child reached the toddler stage the effects of these two groups of factors on health status began to be felt and it continued into the preschooling stage.

Thus from this study it would seem necessary for the Ministry of Health to give priority to toddlers and preschoolers so that the high level of health attained at birth can be maintained. This it can do by giving emphasis to educating families on proper weaning diets as well as ensuring that children are immunised as scheduled. A call is

made for the Ministry of Health to work closely with other related extension agencies so that knowledge which will lead to higher status of health of infants, toddlers and preschoolers can be more effectively imparted to a wider range of rural families.



Abstrak disertasi yang dikemukakan kepada Senat Universiti Pertanian Malaysia
sebagai memenuhi keperluan untuk Ijazah Kedoktoran Falsafah

**FAKTOR-FAKTOR YANG BERKAITAN DENGAN TARAF KESIHATAN
KANAK-KANAK: SATU KAJIAN KELUARGA PETANI DI DAERAH
SABAK BERNAM, SELANGOR DARUL EHSAN, MALAYSIA**

oleh

HUANG SOO LEE

Disember 1994

Pengerusi : Prof. Madya Dr. Abdul Halin bin Hamid

Fakulti : Ekologi Manusia

Taraf kesihatan di kalangan 498 orang kanak-kanak yang berusia 60 bulan atau kurang, dari lima buah kampung yang telah dipilih secara rawak berlapis daripada tujuh puluh dua buah kampung di daerah Sabak Bernam telah dikenal pasti melalui ukuran berat lahir, antropometri (berat untuk umur, tinggi untuk umur, dan berat untuk tinggi) dan morbiditi. Objektif-objektif utama kajian adalah untuk mengenal pasti taraf kesihatan di kalangan kanak-kanak serta mengkaji sejauh mana faktor sosioekonomi, keibuan, amalan pemakanan dan kawalan penyakit menyumbang kepada perbezaan dalam taraf kesihatan. Kajian ini telah menunjukkan bahawa kanak-kanak dilahirkan dengan berat lahir yang lebih tinggi dari purata negara dan mereka terus membesar dengan memuaskan dalam enam bulan pertama. Selepas ini pembesaran mereka mula merosot. Purata berat badan dan ketinggian kanak-kanak Sabak Bernam adalah melebihi kanak-kanak Melayu di kampung miskin pada tahun 1984 tetapi lebih rendah daripada kanak-kanak Melayu berpendapatan tinggi di kawasan bandar pada 1971. Secara umumnya, pencapaian purata tinggi mereka adalah lebih dari pencapaian berat badan (berbanding dengan median NCHS). Analisis Anova terhadap pencapaian purata

pembesaran dalam sentil NCHS menunjukkan bahawa bayi mempunyai tahap pembesaran yang tinggi, yang dianggap signifikan berbanding dengan kumpulan umur bertatih dan prasekolah.

Analisis regresi pelbagai (pada paras keertian $p < 0.1$) secara umum menunjukkan bahawa faktor sosioekonomi boleh menjelaskan perbezaan dalam berat lahir dan morbiditi lebih baik dari antropometri. Tanpa mengira umur, faktor sosioekonomi juga menjelaskan perbezaan yang signifikan terhadap taraf kesihatan kanak-kanak. Faktor-faktor keibuan seperti sosioekonomi, juga menyebabkan sedikit perbezaan dalam taraf kesihatan kanak-kanak, tetapi sumbangan yang paling bererti adalah terhadap perbezaan pembesaran bayi dan kanak-kanak di peringkat umur bertatih. Berlaku satu penyesuaian pragmatik di kalangan keluarga-keluarga di situ. Maka pada peringkat kehamilan, kelahiran dan penjagaan anak, kurang dari setengah ibu-ibu mengamalkan amalan budaya sendiri. Semasa pantang, pengakuran terhadap amalan budaya adalah paling tinggi, dan berpantang makan selari dengan teori semulajadi penyakit yang diamalkan oleh semua ibu. Dalam pada itu, amalan budaya didapati tidak memberikan sebarang sumbangan, pada paras keertian kajian yang ditetapkan, terhadap pembesaran kanak-kanak tetapi hanya sedikit terhadap morbiditi. Dua kumpulan faktor lagi, iaitu amalan pemakanan dan kawalan penyakit tidak menyumbang kepada perbezaan taraf kesihatan bayi tetapi bila bayi mencapai peringkat umur bertatih, akibat kedua-dua kumpulan faktor ini mula dapat dikesan dan ini berterusan sehingga ke peringkat umur prasekolah.

Daripada kajian ini, dirasakan bahawa Kementerian Kesihatan Malaysia perlu memberi keutamaan kepada kanak-kanak di peringkat umur bertatih dan prasekolah

supaya taraf kesihatan yang dicapai semasa lahir dapat dikekalkan. Ini boleh dicapai melalui penekanan terhadap pendidikan ibubapa tentang amalan pemakanan, makanan tambahan yang betul serta dengan memastikan kesemua kanak-kanak diberi suntikan pelalian mengikut jadual. Kementerian digalakkan berkerjasama dengan agensi-agensi pengembangan supaya ilmu yang boleh menyumbang kepada peningkatan taraf kesihatan kanak-kanak pada peringkat bayi, umur bertatih dan prasekolah dapat disampaikan kepada lebih banyak keluarga di kawasan luar bandar.