

The Malaysian Medical Association's Position Paper on The Health of The Plantation Community

By MMA Plantation Health Committee (2024)

The health of the plantation community is crucial in the agriculture sector in Malaysia. Numerous studies have been done in the past to ensure that the community which contributed to one of the Country's main economic sectors is not omitted in the national health plan. The health of the estate community which includes migrant workers is poor compared to the rest of the population and has made this community a vulnerable population.

Addressing the health needs of Malaysia's plantation workforce has been a longstanding issue. The Malaysian Medical Association (MMA) champions the cause for fair and comprehensive healthcare access, fostering collaborative medical education, and facilitating career progression within the plantation sector. It is imperative to prioritize concerted efforts to improve the health and well-being of this essential community, ensuring their integral role in the nation's agricultural landscape is safeguarded for generations to come.

i. Health Issues faced by the plantation community:

a. Leptospirosis (Bacterial Disease)

According to the guidelines for the diagnosis, management, prevention, and control of leptospirosis in Malaysia, workers in the agriculture sector have been recognized as one of the groups with a high risk of exposure to leptospirosis.

According to a study conducted by Mohd Ridzuan, et al., the overall seroprevalence of leptospirosis among the oil palm plantation workers was 28.6%. The cross-sectional study involved 350 asymptomatic oil palm plantation workers in Melaka and Johor. A serological test using the microscopic agglutination test was conducted in the Institute of Medical Research with a cut-off titre for seropositivity of $\geq 1:100$. The overall seroprevalence of leptospiral antibodies was 28.6%.

It is noted that a tropical climate, environment conditions and personal protective equipment of the workers are among the factors that could lead to the disease.

b. Musculoskeletal Disorder (MSD) and Postural Risk

MSD is known to be the most common among all non-fatal injuries and illnesses for agriculture workers, especially those who are involved in labor-intensive practices (McCurdy et al. 2003; Meyers et al., 1997). It is a common health problem among the plantation community. Plantation workers still rely on manual tools and hence are more to MSD and postural risk.

MSD does not include disorders caused by slips or falls. It includes sprains, strains, tears, back pain, carpal tunnel syndrome and hernia. These conditions arise from factors like repetitive movements, overexertion, poor ergonomics, and inadequate rest or recovery periods. The nature of their work, involving repetitive motions, prolonged periods of bending, lifting heavy objects, and working in awkward positions, places strain on their musculoskeletal system.

ii. The main causes of poor health among plantation community:

a. Low wages

Despite being a major foreign exchange income earner, the plantation sector has never been rewarded its workers with reasonable wages. According to a report in Malaysiakini, plantation workers earn only between RM500 and RM2,000 per month. Furthermore, the wages earned per month vary too (depending on whether it is “high crop” and “low crop” season) and are paid as daily wages.

Insufficient income prevents these workers from meeting their basic needs, such as food, housing, healthcare, and education for themselves and their families. It also will affect directly in terms of dietary requirements such as inadequate food intake, limited access to varied diet, poor quality of food, impact on their physical health and also their productivity and energy level of a worker.

As of 1st May 2022, estate workers are paid RM1500.00 per month as basic salary and paid as daily wages. Therefore, they may be paid less than the basic salary.

It is noted that Sime Darby Plantation Berhad (SDP) has announced an incentive programme to encourage productivity among its workforce and attract more locals to join the industry.

b. Poor amenities

A survey carried out by the Department of Health in 1995 revealed that out of the 33 estates in District of Larut-Matang-Selama in Perak, 21 estates had water collection and treatment facilities of their own. In 16 of these estates, the water that they provided to their workers had high level of coliform organisms!

Surveys by CAP, Dr Selvakumaran and by the MMA itself have documented time and again that the provision of proper toilets to the labor lines is inadequate.

MMA's own 2 studies on the provision of health services to the estate population documents that the percentage of estates served by Estate Hospitals had deteriorated from 17.1% to 6% between 1988 and 1994 in the 65 odd estates surveyed by the MMA. These two studies also document that the emphasis placed on training these HA's declined as evidenced in the decrease in training seminars from 13 in 1987 - 88 to only 6 in 1993-94. It has further reduced between 2019 and 2021. (Packirisamy, K. 1998).

c. The apathetic face of Indian working-class poverty

It should not be denied that cultural factors exacerbate the health and other social problems of the plantation community.

System of caste discrimination has been robbing these people of their sense of self-worth for the past 300 years.

70 years of plantation life where there was physical isolation, tight authoritarian control. the promotion of toddy consumption as a form of worker control, and rapid and efficient elimination of the workers who attempted to rebel against these conditions.

MMA Position

MMA feels that it is high time for the government to take action to address this issue, by recognising that the plantation community including the foreign workers is a depressed rural sector and putting the plantation sector on par with other rural areas/kampungs.

MMA also recognizes that foreign workers in the plantation community often face various challenges, such as language barriers, limited access to healthcare services, and inadequate living conditions. These individuals may struggle to communicate their health concerns and access appropriate medical care, resulting in difficulties obtaining suitable assistance. Additionally, the lack of attention to their needs can give rise to social issues that impact the plantation community. Ensuring equitable healthcare provision and addressing the specific challenges faced by foreign workers will contribute to a healthier and more inclusive plantation sector in Malaysia.

The MMA emphasizes the need for regular discussions with all stakeholders involved in healthcare delivery within the plantation sector. These discussions aim to address pertinent issues and find effective solutions. Collaboration in continuing medical education and career advancement is essential for upgrading the skills and knowledge of the plantation community.

The government should take charge of the curative aspect of healthcare, ensuring that adequate medical care is accessible to the plantation community. Meanwhile, plantation management should be encouraged to take an active role in preventive health programs. Emphasizing preventive medicine in plantation healthcare is appropriate, as it recognizes that an individual can only achieve optimal health when their environment is wholly conducive to well-being. Raising awareness of environmental issues is crucial within this context.

By implementing these measures, the MMA believes that the health problems faced by the plantation community can be effectively addressed. Furthermore, this approach would contribute to the strengthening of the plantation sector itself. Ensuring proper healthcare provision would encourage more workers to stay in a sector that has historically played a vital role in the nation's economy.

Additionally, the MMA stresses the importance of plantation companies adhering to Malaysian statutory requirements concerning wages, safety and health regulations, housing, and amenities for plantation workers. Compliance with these regulations is necessary to protect the well-being and rights of plantation workers.

Through active engagement and collaboration among all relevant parties, the MMA seeks to improve healthcare access, educational opportunities, and overall conditions for the plantation community, ultimately promoting a healthier and more sustainable future for all involved.

Conclusion

Efforts should be made to improve wages and labor conditions, ensuring that workers earn a livable income. Access to affordable, nutritious food should be prioritized through initiatives.

These negative cultural values could be addressed and ameliorated by a broad-based programme that mobilizes and empowers the estate poor to do something for themselves and their community.

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