

# THE LANDSCAPE OF SEA NOMADS IN SABAH: A NARRATIVE REVIEW ON HEALTHCARE

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**Abstract.** The sea nomads of Sabah, are stateless maritime communities whose lives remain deeply intertwined with the ocean. Despite their rich cultural heritage, they face enduring socio-legal and health inequities, mainly stemming from historical displacement, marginalisation, and the absence of official citizenship. This narrative review synthesises literature on the historical development, legal frameworks, and healthcare access challenges affecting these communities in Sabah, Malaysia. Drawing upon academic publications, government reports, and grey literature, the study employs Levesque et al.'s (2013) healthcare access framework to analyse the barriers sea nomads encounter in perceiving, seeking, reaching, affording, and engaging with healthcare services. The findings highlight that entrenched cultural beliefs, lack of legal documentation, geographical isolation, economic precarity, and language barriers collectively inhibit effective healthcare utilisation. The Malaysian legal system's rigid citizenship criteria and lack of differentiation between stateless persons and undocumented migrants further restrict access to subsidised healthcare. The consequences include low immunisation coverage, delayed treatment, and poor health outcomes, which pose broader public health risks. This review highlights the necessity for targeted policy reforms and culturally sensitive health interventions, including mobile clinics, community health worker training, and legislative updates that recognise the unique needs of stateless maritime groups. Enhancing healthcare access for sea nomads is crucial to ensuring health equity and safeguarding public health in the coastal and borderland regions of Sabah.

**Keywords:** *sea nomads, statelessness, healthcare access, health equality, mobile populations, narrative review*

## Introduction

According to the official website of the Department of Statistics Malaysia, the 2020 Population and Housing Census reveals that Sabah's population is 3,398,948 (DOSM, 2020). Based on this information, it is estimated that there are approximately 810,000 individuals who are not citizens, including undocumented migrants and stateless persons. According to the National Registration Department's statistics, there are 23,154 individuals in Sabah under the age of 21 who do not possess citizenship, despite having at least one parent who is a Malaysian citizen. Estimating the number of stateless children in Sabah has proven challenging, partly because foreign NGOs like the UNHCR (UNHCRM, 2021) are not sufficiently present. Sea nomads are part of the stateless populations found in Sabah and other Southeast Asian countries. These coastal communities have historically lived on vessels and relied on the ocean for their sustenance. Due to their nomadic lifestyle, which spans multiple countries, they frequently lack formal citizenship and are thus stateless. The historical movement of sea nomadic populations was significantly impacted when borders between nation-states were established arbitrarily. The partitioning of nation-states often overlooked the well-being of numerous individuals who regularly migrated across territories and seas for social and commercial reasons (Acciaoli et al., 2017). The principle of *jus sanguinis*,

which confers citizenship based on the legal citizenship of one or both parents, adds further complexity to the issue for these transient populations, frequently rendering them stateless (Allerton, 2014). This narrative study aims to provide a comprehensive account of the historical context of the sea nomads in Sabah, as well as to outline the legal framework governing these individuals. Additionally, it aims to analyse the specific difficulties they face in terms of accessing healthcare and provide recommendations to improve healthcare accessibility for sea nomads in Sabah. To gain a deeper understanding of their current issues, it is essential to comprehend their historical context. By identifying these concerns, we can pinpoint the specific obstacles people face. The suggested adjustments are designed to address these obstacles and enhance their overall well-being.

## Materials and Methods

This narrative review examines the historical context, contemporary issues, and healthcare access challenges of sea nomad communities in Sabah through qualitative synthesis of existing literature. The methodology follows established narrative review protocols (Ferrari, 2015), employing comprehensive but non-systematic approaches to identify, analyse, and interpret relevant scholarly works. Data collection involved searches across multiple academic databases (PubMed, Scopus, Google Scholar) using keywords including "sea nomads," "Bajau Laut," "stateless health access," and "marine indigenous communities." Government reports, NGO publications, and grey literature were included to capture policy perspectives. Inclusion criteria prioritised English and Malay-language sources from 1990-2024 that addressed historical, socioeconomic, or healthcare aspects of Sabah's sea nomads. The review process involved three phases: (1) initial source identification and screening, (2) thematic categorisation using NVivo software, and (3) critical analysis of emerging patterns. Thematic organisation followed an inductive approach, grouping findings into historical displacement, legal-status barriers, economic constraints, and cultural-linguistic healthcare challenges. Analysis incorporated both descriptive synthesis and critical appraisal of sources, with particular attention to methodological quality and representativeness. Comparative examination of local and international perspectives helped identify knowledge gaps and policy implications. The narrative approach was chosen for its ability to integrate multidisciplinary evidence while maintaining contextual depth (Baumeister and Leary, 1997). Limitations include potential selection bias from language restrictions (English/Malay) and the non-systematic inclusion process. However, the methodology provides sufficient rigor to identify key trends while allowing flexibility to capture the complexity of sea nomads' healthcare experiences. The synthesis aims to inform both academic understanding and policy recommendations for improving healthcare access among these marginalized communities.

## Results and Discussion

### *Definition of the sea nomads*

Sea nomadism refers to the lifestyle and cultural customs of maritime communities that primarily reside on or near the sea. These groups typically sustain themselves by engaging in fishing, trading, and other marine-related endeavours. This lifestyle is

characterised by its mobility, as these groups regularly relocate in response to changes in resource availability and seasonal variations. Sea nomads possess distinctive adaptations to their aquatic habitat, such as specialised watercraft and exceptional navigation abilities, which differentiate them from their terrestrial counterparts. They are renowned for their remarkable skills in freediving and profound understanding of marine environments (Stacey, 2007). The lack of a standardised definition reflects the diversity of practices, cultures, and circumstances among different sea nomadic groups. The "sea nomads" of Asia consist of three distinct groups, the Sama Bajau, the Orang Laut, and the Moken, each with a population of approximately one million people. These communities have thrived along the coasts and islands of Southeast Asia for thousands of years, maintaining a traditional maritime nomadic way of life. Today, they remain most active in three key regions. The Mergui Archipelago, which lies in the Andaman Sea off the southern coasts of Myanmar and Thailand, is home to the Moken and Urak Lawoi peoples. Further south, the Riau and Sumatra islands are inhabited by the Orang Laut. At the same time, the Sama populations are concentrated in Northeast Borneo, the Sulu Archipelago, and the northwestern reaches of Papua. The current population of sea gypsies in Sabah remains challenging to determine precisely due to their nomadic lifestyle and the lack of official documentation. Estimates suggest there are between 3,000 and 20,000 sea gypsies in the region, with significant communities residing on the islands of Bodgaya, Mantabuan, Maiga, Sibuan, and Bohey Dulang near Semporna. These sea nomads typically live either on boats or in stilt huts built over water, often moving freely across the seas bordering the Philippines and Indonesia. Many continue to inhabit wooden houseboats or stilt houses constructed on coral reefs, maintaining a traditional way of life deeply connected to the sea. Legally, the sea nomads of Sabah are classified as stateless. They belong to a migratory group historically known as Sea Nomads or sea gypsies, who have traversed the Sulu-Celebes seas for generations.

### ***The Moken of the Andaman sea***

The Moken Sea Nomads are an indigenous community with deep historical roots in the Andaman Sea region, situated between Myanmar (formerly known as Burma) and Thailand. Known for their semi-nomadic maritime lifestyle, they are often referred to as "Sea Gypsies" due to their seafaring traditions. Today, more than 3,000 Moken people reside across the 800 islands of the Mergui Archipelago, located along Burma's southern coast. Additionally, smaller Moken communities can be found in coastal areas of Thailand, where they continue to maintain their unique cultural identity and traditional way of life closely tied to the sea. This version improves flow and readability while retaining all key information. The sentences are structured for clarity and smooth transitions between ideas. Let me know if you'd like any adjustments to the tone or content.

### ***The Orang Laut/Suku Sampan of the Riau Archipelago***

The Orang Laut, also known as the Suku Sampan, are sea nomads of the Riau Archipelago who spend their entire lives at sea. They live and carry out their daily activities on traditional Kajang boats, which serve not only as their homes but also as symbols of family unity. These communities lead a nomadic existence, constantly moving between islands in search of resources. Today, the Orang Laut are primarily

found in Lingga, Pulau Tujuh, Batam, and various coastal areas near East Sumatra and the southern Malay Peninsula. In Indonesia, indigenous groups like the Orang Laut are officially recognised as Masyarakat Hukum Adat (Customary Law Communities). Their distribution and cultural identity have been extensively documented in scholarly works, including David E. Sopher's study, "The Sea Nomads," which examines the maritime boat peoples of Southeast Asia. Different names are known for the Orang Laut depending on their location, such as Orang Suku Laut, Orang Mantang, or Orang Sampan in the Riau Islands, and Orang Duano, Suku Akit, or Orang Kuala in parts of Riau, Jambi, and Bangka Belitung Province.

### ***Legislative framework for stateless and undocumented individuals in Malaysia***

Statelessness refers to the legal condition in which a person is not recognised as a citizen by any state under its national laws. This lack of formal nationality denies individuals access to fundamental rights, including education, healthcare, and legal protection. The international community has addressed this issue through two key legal instruments: the 1954 Convention relating to the Status of Stateless Persons, which establishes safeguards for stateless individuals, and the 1961 Convention on the Reduction of Statelessness, which aims to prevent statelessness by setting standards for nationality laws (Sperfeldt, 2021; UNHCRM, 2014). Statelessness often arises from gaps in nationality legislation, state succession, discrimination, or administrative barriers, disproportionately affecting marginalised groups such as the Rohingya, Roma, and specific indigenous communities (Blitz and Lynch, 2011). MFC (2024) grants automatic citizenship under Article 14 to individuals born in the country, provided that at least one parent is a Malaysian citizen. This strict requirement leaves children born to non-citizens or in uncertain circumstances without nationality. While Article 15A provides a pathway to citizenship for stateless children through discretionary grants, the process remains subjective and often prolonged. As noted, these bureaucratic delays frequently result in children remaining stateless for extended periods, highlighting systemic gaps in Malaysia's citizenship framework. The combination of rigid birthright provisions and an inconsistent discretionary system creates significant barriers to nationality acquisition for vulnerable groups. Malaysia's legal framework presents substantial challenges for stateless communities, such as the Sea Nomads. The birth registration is fundamental to establishing identity and nationality; however, the mobile lifestyle of sea nomads often leads to unregistered births. This documentation gap leaves subsequent generations without official recognition of their identity or nationality (LRBM, 1994). Immigration Act 1959/63 (Act 155) exacerbates these issues by classifying many stateless individuals, including Sea Nomads, as undocumented migrants. This legal categorisation subjects them to potential detention and deportation, despite having no other country of origin (LRBM, 2022). Similarly, the Births and Deaths Registration Act (1957) requires all births to be documented, a crucial step for nationality claims. However, the nomadic existence of sea communities creates substantial barriers to compliance, often resulting in generational statelessness due to unrecorded births (LRBM, 1957).

There are a limited number of international laws that can safeguard the interests and rights of sea nomads. These include the 1951 Convention pertaining to the Status of Refugees and its 1967 Protocol, as well as the 1989 Convention on the Rights of the Child (CRC). However, Malaysia is not a signatory to some of these principles and may not fully comply with the conventions it has signed. However, Malaysian legislative

framework's failure to differentiate between asylum seekers, refugees, irregular migrants, and undocumented or stateless individuals leads to significant legal, administrative, social, and human rights challenges. Addressing these issues requires comprehensive legislative reform that recognizes and protects the distinct rights and needs of each group, in line with international human rights standards.

### ***Access to healthcare***

This study examines healthcare accessibility challenges faced by sea nomad communities through the lens of Levesque et al. (2013) healthcare access framework. The research applies the model's five dimensions of healthcare access: (1) ability to perceive healthcare needs, (2) ability to seek care, (3) ability to physically reach services, (4) ability to pay for treatment, and (5) ability to engage with healthcare providers. This comprehensive approach allows for a systematic analysis of both supply-side and demand-side barriers affecting these marginalised populations.

### ***Ability to perceive***

The ability to perceive healthcare needs, the first dimension of Levesque et al. (2013) access framework, refers to a community's capacity to recognise health problems and understand available medical services. For Sabah's sea nomad communities, this perception is profoundly shaped by cultural belief systems that prioritise traditional healing practices over biomedical care. Anthropological research by Sather (1997) documents how these communities have historically relied on spiritual healers and plant-based remedies, interpreting illness through the lens of supernatural causation or environmental harmony rather than biomedical pathology. This worldview creates significant barriers to recognising modern healthcare options, particularly for preventable or chronic conditions. Recent studies highlight how these perceptions manifest in care-seeking behaviour. Previous study observed in Bajau Laut communities that symptoms are often initially addressed through ancestral remedies, with formal medical services sought only after traditional methods have failed. This delay reflects not only cultural preferences but also deep-seated mistrust of institutional healthcare: a legacy of historical marginalisation and discriminatory treatment by state systems. The consequences are measurable: immunisation rates among sea nomad children remain critically low, and treatable conditions like tuberculosis or maternal complications frequently go unaddressed until advanced stages. These outcomes highlight how unmitigated perception gaps perpetuate cycles of health inequity for stateless maritime populations.

### ***Ability to seek***

The ability to seek healthcare, as conceptualised in Levesque et al. (2013) framework, encompasses individuals' proactive behaviours in accessing medical services when needed. Sea nomad communities face multiple systemic barriers that severely constrain their ability to seek. A primary obstacle stems from their stateless status, which excludes them from government-provided healthcare services due to a lack of official documentation. Without recognised citizenship or identity papers, most sea nomads cannot enrol in national health programs or access subsidised medical care, forcing them to either forgo treatment or pay prohibitive out-of-pocket costs at private facilities. Their mobile maritime lifestyle presents additional challenges to consistent

healthcare access. Constant movement between coastal and island locations prevents the establishment of continuous care relationships with fixed health facilities. This transience, combined with deep-seated mistrust of government institutions stemming from historical marginalisation, creates strong disincentives to seek formal medical attention except in dire emergencies. Many community members report negative experiences with bureaucratic healthcare systems, including discrimination and language barriers, which further deter future health-seeking behaviours. Targeted interventions could significantly improve healthcare engagement. Mobile clinic programs that follow seasonal migration patterns have proven effective in other maritime communities, as documented. Training community health workers from within sea nomad populations would help bridge cultural divides while providing culturally competent care. Such initiatives could gradually build trust while delivering essential services directly to these underserved populations.

### ***Ability to reach***

The ability to reach healthcare services, a critical dimension of healthcare access (Levesque et al., 2013), remains severely constrained for sea nomad populations due to geographical and infrastructural challenges. These communities predominantly inhabit remote coastal areas and live aboard boats far from urban centres where medical facilities are typically concentrated. Their physical isolation is compounded by inadequate transportation infrastructure, making travel to hospitals or clinics both problematic and costly. Harsh maritime conditions and the financial burden of transportation further restrict their ability to seek medical attention, resulting in many health conditions remaining untreated until they escalate into emergencies, at which point critical care is often still inaccessible.

### ***Ability to pay***

Payment ability refers to an individual's capacity to afford healthcare services. Sea nomads often face significant economic challenges, with many living below the poverty line. Their primary sources of income, such as fishing and occasional trading, are unreliable and insufficient. This financial instability means that even when healthcare services are available, the costs of treatment, medication, and transportation may be prohibitively high. Furthermore, the lack of citizenship among many sea nomads disqualifies them from government subsidies and financial aid programs, thereby exacerbating their economic barriers to healthcare access. Additionally, under the Fee Act (2014), healthcare providers may require official identification, such as a MyKad (Malaysian identity card), to access subsidised rates. Without proper documentation, sea nomads are classified as foreigners and charged full fees (Lasimbang et al., 2016). Government-subsidised healthcare also imposes restrictions, foreigners pay significantly higher costs than locals. For example, while Malaysians pay RM1 (approximately USD 0.26) for a general practitioner consultation and RM5 (approximately USD 1.30) for a specialist visit, foreigners are charged RM15 (approximately USD 4.20) and RM60 (approximately USD 15.80), respectively.

### ***Ability to engage***

Engagement capacity refers to an individual's ability to participate in healthcare decisions and actively manage their health. Sea nomads often have limited interaction

with formal healthcare systems. A major barrier is language differences, as many sea nomads are not fluent in Malay, and healthcare providers may not speak their native languages. This communication gap can lead to misunderstandings and a lack of trust between patients and medical professionals. Additionally, cultural differences between traditional healing practices and modern medicine may further hinder effective engagement. To improve engagement, culturally tailored health education programs delivered in indigenous languages could enhance health literacy. Training community health workers from within sea nomad communities may also strengthen communication and trust in healthcare services.

## Conclusion

The exclusion of stateless individuals from affordable healthcare has broader public health implications. Without access to regular medical check-ups and preventive care, stateless populations are more susceptible to communicable diseases, which can spread within their communities and beyond. This situation poses a significant public health risk, particularly in densely populated regions like Sabah (Sperfeldt, 2021). For example, the lack of access to vaccinations among stateless children increases the risk of outbreaks of preventable diseases such as measles and tuberculosis. This not only endangers the stateless population but also threatens the health of the broader community. Addressing the healthcare access issues faced by the sea nomads requires a multi-faceted approach that considers the unique challenges of their lifestyle and status. Improving perception ability through targeted health education, enhancing seeking ability by addressing legal and trust issues, increasing reaching ability through better transportation and mobile clinics, addressing payment barriers with financial assistance, and fostering engagement ability by bridging cultural and language gaps are essential steps.

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## Conflict of interest

The authors confirm that there is no conflict of interest involve with any parties in this research study.

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