

# Health

Dr Trish Batchelor

## CONTENTS

<b>BEFORE YOU GO</b>	<b>595</b>
Insurance	595
Recommended Vaccinations	595
Medical Checklist	596
Internet Resources	597
Further Reading	597
<b>IN TRANSIT</b>	<b>597</b>
Deep Vein Thrombosis (DVT)	597
Jet Lag & Motion Sickness	597
<b>IN MALAYSIA, SINGAPORE &amp; BRUNEI</b>	<b>598</b>
Availability & Cost of Health Care	598
Infectious Diseases	598
Traveller's Diarrhoea	601
Environmental Hazards	601
Travelling With Children	604
Women's Health	605

Health issues and the quality of medical facilities vary depending on where and how you travel in the region. The major cities are now well developed, but travel to rural areas can expose you to a variety of health risks and inadequate medical care. Travellers tend to worry about contracting infectious diseases when in the tropics, but infections rarely cause serious illness or death in travellers. Pre-existing medical conditions, such as heart disease, and accidental injury (especially traffic accidents) account for most life-threatening situations. Becoming ill in some way, however, is relatively common. Fortunately most common illnesses can either be prevented with some common-sense behaviour or be treated easily with a well-stocked traveller's medical kit.

The following advice is a general guide only and does not replace the advice of a doctor trained in travel medicine.

## BEFORE YOU GO

Pack medications in their original, clearly labelled containers. A signed and dated letter from your physician describing your medical conditions and medications, plus generic names, is also a good idea. If carrying syringes or needles, be sure to have

a physician's letter documenting their medical necessity. If you have a heart condition, bring a copy of your ECG taken just prior to travelling.

If you take any regular medication, bring double your needs in case of loss or theft, and carry these extra supplies separately. You should be able to buy some medications over the counter in Malaysia without a doctor's prescription, but it can be difficult to find some of the newer drugs, particularly the latest antidepressants, blood pressure medications and contraceptive pills.

## INSURANCE

Even if you are fit and healthy, don't travel without health insurance – accidents do happen. Declare any existing medical conditions you have – the insurance company will check if your problem is pre-existing and will not cover you if it is undeclared. You may require extra cover for adventure activities such as rock climbing. If your health insurance doesn't cover you for medical expenses abroad, consider getting extra insurance. If you're uninsured, emergency evacuation is expensive; bills of over US\$100,000 are not uncommon. Find out in advance if your insurance plan will make payments directly to providers or reimburse you later for overseas health expenses. (Doctors may expect payment in cash.)

## RECOMMENDED VACCINATIONS

Specialised travel-medicine clinics are your best source of information; they stock all available vaccines and will be able to make specific recommendations for you and your trip. The doctors will take into account factors such as past vaccination history, the length of your trip, activities you may be undertaking and underlying medical conditions.

Most vaccines don't produce immunity until at least two weeks after they're given, so visit a doctor four to eight weeks before departure. Ask your doctor for an International Certificate of Vaccination (otherwise known

## REQUIRED & RECOMMENDED VACCINATIONS

The World Health Organization recommends the following vaccinations for travellers to Malaysia, Singapore and Brunei:

**Adult diphtheria and tetanus** Single booster recommended if none in the previous 10 years. Side effects include a sore arm and fever.

**Hepatitis A** Provides almost 100% protection for up to a year; a booster after 12 months provides at least another 20 years' protection. Mild side effects such as headache and sore arm occur in 5% to 10% of people.

**Hepatitis B** Now considered routine for most travellers. Given as three shots over six months. A rapid schedule is also available, as is a combined vaccination with hepatitis A. Side effects are mild and uncommon, usually headache and sore arm. In 95% of people, lifetime protection results.

**Measles, mumps and rubella (MMR)** Two doses of MMR are required unless you have had the diseases. Occasionally some people develop a rash and flu-like illness a week after receiving the vaccine. Many young adults require a booster.

**Polio** There have been no recently reported cases of polio in the region. Only one booster is required as an adult for lifetime protection. The inactivated polio vaccine (IPV) is safe during pregnancy.

**Typhoid** Recommended unless your trip is less than a week and only to developed cities. The vaccine offers around 70% protection, lasts for two to three years and comes as a single shot. Tablets are also available; however, the injection is usually recommended as it has fewer side effects. Sore arm and fever may occur.

**Varicella** If you haven't had chickenpox, discuss the vaccination with your doctor.

These immunisations are recommended for longer-term travellers (more than one month) or those at special risk:

**Japanese B encephalitis** Three injections in all. Booster recommended after two years. Sore arm and headache are the most common side effects. Rarely, an allergic reaction comprising hives and swelling can occur up to 10 days after any of the three doses.

**Meningitis** Single injection. There are two types of vaccination. The quadrivalent vaccine gives two to three years' protection. Meningitis group C vaccine gives around 10 years' protection. Recommended for long-term backpackers aged younger than 25.

**Rabies** Three injections in all. A booster after one year will then provide 10 years' protection. Side effects are rare; a headache or a sore arm.

**Tuberculosis (TB)** A complex issue. Adult long-term travellers are usually recommended to have a TB skin test before and after travel, rather than vaccination. Children may be recommended to have the vaccination; only one is necessary in a lifetime.

as the yellow booklet), which will list all the vaccinations you've received.

Proof of vaccination against yellow fever will be required only if you have visited a country in the yellow fever zone (parts of Africa and South America) within six days prior to entering Southeast Asia. If you're coming from Africa or South America, check to see if you require proof of vaccination.

## MEDICAL CHECKLIST

Recommended items for a personal medical kit:

- For diarrhoea consider an oral rehydration solution (eg Gastrolyte), diarrhoea 'stopper' (eg Loperamide) and anti-nausea medication (eg Prochlorperazine)
- Antibiotics for diarrhoea – Norfloxacin

or Ciprofloxacin or Azithromycin for bacterial diarrhoea; Tinidazole for giardiasis or amoebic dysentery

- Laxative, eg Coloxyl
- Antispasmodic for stomach cramps, eg Buscopan
- Indigestion tablets, eg Quick-Eze, Mylanta
- Throat lozenges
- Antihistamine – there are many options, eg Cetirizine for daytime and Promethazine for night
- Decongestant, eg pseudoephedrine
- Paracetamol
- Ibuprofen or another anti-inflammatory
- Your personal medicine if you are a migraine sufferer
- Sunscreen and hat

**HEALTH ADVISORIES**

It's usually a good idea to consult your government's travel-health website, if one is available, before departure:

**Australia** [www.smartraveller.gov.au](http://www.smartraveller.gov.au)

**Canada** [www.phac-aspc.gc.ca/tmp-pmv/index-eng.php](http://www.phac-aspc.gc.ca/tmp-pmv/index-eng.php)

**New Zealand** [www.safetravel.govt.nz](http://www.safetravel.govt.nz)

**UK** [www.dh.gov.uk](http://www.dh.gov.uk)

**USA** [www.cdc.gov/travel/](http://www.cdc.gov/travel/)

- Antiseptic, eg Betadine
- Antibacterial cream, eg Muciprocin
- Steroid cream for allergic/itchy rashes, eg 1% to 2% hydrocortisone
- Antifungal cream, eg Clotrimazole
- For skin infections, antibiotics such as Amoxicillin/Clavulanate or Cephalexin
- Contraceptive method
- Thrush (vaginal yeast infection) treatment, eg Clotrimazole pessaries or Diflucan tablet
- Ural, or equivalent, if prone to urinary-tract infections
- DEET-based insect repellent
- Mosquito net impregnated with a substance like permethrin
- Permethrin to impregnate clothing
- Iodine tablets (unless you are pregnant or have a thyroid problem) to purify water
- Basic first-aid items such as scissors, sticking plasters, bandages, gauze, thermometer (but not mercury), sterile needles and syringes, safety pins, tweezers.

**INTERNET RESOURCES**

There's a wealth of travel-health advice on the internet. For further information:

**Centres for Disease Control and Prevention** (CDC; [www.cdc.gov](http://www.cdc.gov)) Has good general information.

**MD Travel Health** ([www.mdtravelhealth.com](http://www.mdtravelhealth.com)) Provides complete travel health recommendations for every country and is updated daily.

**World Health Organization** ([www.who.int/ith](http://www.who.int/ith)) Publishes a superb book called *International Travel and Health*, which is revised annually and is available online at no cost.

**FURTHER READING**

Lonely Planet's pocket-sized *Healthy Travel Asia & India* is packed with useful information including pretrip planning, emergency first aid, immunisation and disease

information and what to do if you get sick on the road. *Travel with Children* from Lonely Planet includes advice on travel health for young children.

Other recommended references include *Traveller's Health* by Dr Richard Dawood (Oxford University Press), and *Travelling Well* by Dr Deborah Mills, available at [www.travellin.gwell.com.au](http://www.travellin.gwell.com.au).

**IN TRANSIT****DEEP VEIN THROMBOSIS (DVT)**

Blood clots forming in the legs during plane flights, chiefly because of prolonged immobility, is known as deep vein thrombosis (DVT). The longer the flight, the greater the risk of DVT occurring. Even though most blood clots are reabsorbed uneventfully, some may break off and make their way through the blood vessels to the lungs, where they may cause life-threatening complications.

The chief symptom of DVT is swelling or pain of the foot, ankle or calf, usually but not always on just one side.

When a blood clot travels to the lungs, the clot may cause chest pain and difficulty breathing. Travellers with any of these symptoms should immediately seek medical attention.

To prevent the development of DVT on long flights you should walk around the cabin, perform isometric compressions of the leg muscles (ie contract the leg muscles while sitting), drink plenty of fluids, and avoid alcohol and tobacco.

**JET LAG & MOTION SICKNESS**

Jet lag is common when crossing more than five time zones; it results in insomnia, fatigue, malaise or nausea. To avoid jet lag try drinking plenty of fluids (nonalcoholic) and eating light meals. Upon arrival, seek exposure to natural sunlight and readjust your schedule (for meals, sleep etc) as soon as possible.

Antihistamines such as dimenhydrinate (Dramamine) and meclizine (Antivert, Bonine) are usually the first choice for treating motion sickness. Their main side effect is drowsiness. A herbal alternative is ginger, which works like a charm for some people.

# IN MALAYSIA, SINGAPORE & BRUNEI

## AVAILABILITY & COST OF HEALTH CARE

In Malaysia the standard of medical care in the major centres is good, and most problems can be adequately dealt with in Kuala Lumpur.

Singapore has excellent medical facilities and acts as the referral centre for most of Southeast Asia. You cannot buy medication over the counter without a doctor's prescription in Singapore.

In Brunei, general care is reasonable. There is no local medical university, so expats and foreign-trained locals run the health care system. Serious or complex cases are better managed in Singapore, but adequate primary health care and stabilisation are available.

Clinics catering specifically to travellers and expatriates are usually more expensive than local medical facilities, but they offer a superior standard of care to the traveller and are aware of the best local hospitals and specialists. These clinics can also liaise with insurance companies should you require an evacuation.

Recommended clinics are listed under Information in the capital city sections in this book. Your embassy and insurance company are also good contacts.

It can be difficult to find reliable medical care in rural areas.

Self-treatment may be appropriate if your problem is minor (eg traveller's diarrhoea), you are carrying the appropriate medication and you cannot attend a recommended clinic. If you think you may have a serious disease, especially malaria, don't waste time. Travel to the nearest quality facility to receive attention. It's always better to be assessed by a doctor than to rely on self-treatment.

## INFECTIOUS DISEASES

### Cutaneous Larva Migrans

Found in Malaysia and Brunei, and caused by the dog hookworm, the rash symptomatic of cutaneous larva migrans starts as a small lump, then slowly spreads in a linear fashion. It's intensely itchy, especially at night, but is easily treated with medications; it should not be cut out or frozen.

## Dengue Fever

This mosquito-borne disease is becoming increasingly problematic throughout Asia, including Malaysia, Singapore and Brunei, especially in the cities. As there's no vaccine available, it can only be prevented by avoiding mosquito bites. The mosquito that carries dengue bites both day and night, so use insect avoidance measures at all times. Symptoms include high fever, severe headache and body ache (dengue was previously known as 'break-bone fever'). Some people develop a rash and experience diarrhoea. The southern islands of Thailand are particularly high-risk. There's no specific treatment, just rest and paracetamol – don't take aspirin as it increases the likelihood of haemorrhaging. See a doctor to be diagnosed and monitored.

## Filariasis

Occurring in Malaysia and Brunei, filariasis is a mosquito-borne disease, very common in local populations, yet very rare in travellers. Mosquito-avoidance measures are the best way to prevent this disease.

## Hepatitis A

This food- and water-borne virus infects the liver, causing jaundice (yellow skin and eyes), nausea and lethargy. There's no specific treatment for hepatitis A, you just need to allow time for the liver to heal. All travellers to Malaysia, Singapore and Brunei should be vaccinated against hepatitis A.

## Hepatitis B

The only sexually transmitted disease that can be prevented by vaccination, hepatitis B is spread by body fluids, including sexual contact. In some parts of Asia up to 20% of the population are carriers of hepatitis B, and usually are unaware of this. The long-term consequences can include liver cancer and cirrhosis.

## Hepatitis E

Hepatitis E is transmitted through contaminated food and water. It has similar symptoms to hepatitis A, but is far less common. It's a severe problem in pregnant women and can result in the death of both mother and baby. There is currently no vaccine, and prevention is by following safe eating and drinking guidelines while you're travelling in Malaysia, Singapore and Brunei.

## HIV

HIV remains a problem through much of Southeast Asia, including Malaysia, Singapore and Brunei, with heterosexual sex now the main method of transmission.

## Influenza

Present year round in the tropics, influenza (flu) gives you a high fever, muscle aches, a runny nose, a cough and sore throat. Flu can be very severe in people over the age of 65 or in those with underlying medical conditions such as heart disease or diabetes. Vaccination is recommended for these high-risk individuals travelling in Malaysia, Singapore and Brunei. There's no specific treatment, just rest and paracetamol.

## Japanese B Encephalitis

Rare in travellers, this viral disease transmitted by mosquitoes is found in Malaysia and Brunei. Most cases of Japanese B encephalitis occur in rural areas and vaccination is recommended for travellers spending more than one month outside cities. There is no treatment, and a third of infected people will die, while another third will suffer permanent brain damage.

## Leptospirosis

Present in Malaysia, leptospirosis is most commonly contracted by travellers after river rafting or canyoning. Early symptoms are very similar to the flu and include headache and fever. It can vary from very mild to fatal. Diagnosis is through blood tests and it is easily treated with Doxycycline.

## Malaria

For such a serious and potentially deadly disease, there is an enormous amount of misinformation concerning malaria. You must get expert advice as to whether your trip actually puts you at risk, especially if travelling in Malaysia. Many areas, particularly city and resort areas, have minimal to no risk of malaria, and the risk of side effects from the tablets may outweigh the risk of getting the disease. For some rural areas, however, the risk of contracting the disease far outweighs the risk of any tablet side effects. Remember that malaria can be fatal. Before you travel, seek medical advice regarding the right medication and dosage for you.

Malaria is caused by a parasite transmitted through the bite of an infected mosquito. The most important symptom of malaria is fever, but general symptoms such as headache, diarrhoea, cough or chills may also occur. Diagnosis can be made only by taking a blood sample.

Two strategies should be combined to prevent malaria – mosquito avoidance and antimalarial medications. Most people who catch malaria are taking inadequate or no antimalarial medication.

Travellers are advised to prevent mosquito bites by taking these steps:

- Use a DEET-containing insect repellent on exposed skin. Wash this off at night, as long as you are sleeping under a mosquito net treated with permethrin. Natural repellents such as citronella can be effective, but must be applied more frequently than products containing DEET.
- Sleep under a mosquito net impregnated with permethrin.
- Choose accommodation with screens and fans (if not air-con).
- Impregnate clothing with permethrin in high-risk areas.
- Wear long sleeves and trousers in light colours.
- Use mosquito coils.
- Spray your room with insect repellent before going out for your evening meal.

There are a variety of antimalarial medications available:

**Artesunate** Artesunate derivatives are not suitable as a preventive medication. They are useful treatments under medical supervision.

**Chloroquine & Paludrine** The effectiveness of this combination is now limited in most of Southeast Asia. Common side effects include nausea (40% of people) and mouth ulcers. Generally not recommended.

**Doxycycline** This daily tablet is a broad-spectrum antibiotic that has the added benefit of helping to prevent a variety of tropical diseases, including leptospirosis, tick-borne diseases, typhus and melioidosis. The potential side effects include photosensitivity (a tendency to sunburn), thrush in women, indigestion, heartburn, nausea and interference with the contraceptive pill. More-serious side effects include ulceration of the oesophagus – you can help prevent this by taking your tablet with a meal and a large glass of water, and never lying down within half an hour of taking it. Must be taken for four weeks after leaving the risk area.

**Lariam (Mefloquine)** Lariam has received much bad press, some of it justified, some not. This weekly tablet suits many people. Serious side effects are rare but include depression, anxiety, psychosis and having fits. Anyone with a history of depression, anxiety, other psychological disorders or epilepsy should not take Lariam. It's considered safe in the second and third trimesters of pregnancy. It's around 90% effective in most parts of Asia, but there's significant resistance in parts of northern Thailand, Laos and Cambodia. Tablets must be taken for four weeks after leaving the risk area.

**Malarone** This new drug is a combination of atovaquone and proguanil. Side effects are uncommon and mild, most commonly nausea and headache. It is the best tablet for scuba divers and for those on short trips to high-risk areas. It must be taken for one week after leaving the risk area.

A final option is to take no preventive medication but to have a supply of emergency medication should you develop the symptoms of malaria. This is less than ideal, and you'll need to get to a good medical facility within 24 hours of developing a fever. If you choose this option, the most effective and safest treatment is Malarone (four tablets once daily for three days). Other options include mefloquine and quinine but the side effects of these drugs at treatment doses make them less desirable. Fansidar is no longer recommended.

### Measles

Occurring in Malaysia, this highly contagious bacterial infection is spread via coughing and sneezing. Most people born before 1966 are immune, as they had the disease in childhood. Measles starts with a high fever and rash and can be complicated by pneumonia and brain disease. There is no specific treatment.

### Rabies

This fatal disease, present in Malaysia, is spread by the bite or lick of an infected animal – most commonly a dog or monkey. You should seek medical advice immediately after any animal bite and commence post-exposure treatment.

Having pretravel vaccination means the postbite treatment is greatly simplified. If an animal bites you, gently wash the wound with soap and water, and apply an iodine-based antiseptic. If you are not prevaccinated you will need to receive rabies immunoglobulin as soon as possible.

### SARS

Standing for Severe Acute Respiratory Syndrome, the respiratory illness SARS seems

to have been brought under control since its major outbreak in 2003. The symptoms of SARS are identical to many other respiratory infections, namely high fever and cough. There's no quick test for SARS but certain blood-test and chest X-ray results offer support for the diagnosis. There's also no specific treatment available, and death from respiratory failure occurs in about 10% of patients. Fortunately, it appears it's not as easy to catch SARS as was initially thought. Wearing masks has a limited effect and is not generally recommended.

### STDs

Among the most common sexually transmitted diseases in Southeast Asia, including Malaysia, Singapore and Brunei, are herpes, warts, syphilis, gonorrhoea and chlamydia. People carrying these diseases often have no signs of infection. Condoms will prevent gonorrhoea and chlamydia but not warts or herpes. If after a sexual encounter you develop any rash, lumps, discharge or pain when passing urine, seek immediate medical attention. If you've been sexually active during your travels, have an STD check on your return home.

### Tuberculosis

While TB is rare in travellers in Malaysia and Brunei, medical and aid workers and long-term travellers who have significant contact with the local population should take precautions. Vaccination is usually given only to children under the age of five, but adults at risk are recommended to have TB testing both before and after travelling. The main symptoms are fever, cough, weight loss, night sweats and tiredness.

### Typhoid

This serious bacterial infection is spread via food and water and is found in Malaysia, Singapore and Brunei. It causes a high, slowly progressive fever, and a headache, and may be accompanied by a dry cough and stomach pain. It's diagnosed by blood tests and treated with antibiotics. Vaccination is recommended for travellers spending more than a week in the region, or travelling outside major cities. Note that vaccination is not 100% effective so you must still take care with what you eat and drink.

### Typhus

Typhus typhus is spread by the bite of a flea, whereas scrub typhus is spread via a mite.

Although present in Malaysia, these diseases are rare in travellers. Symptoms include fever, muscle pains and a rash. You can prevent typhus by following general insect-avoidance measures. Doxycycline will also prevent it.

## TRAVELLER'S DIARRHOEA

Traveller's diarrhoea is by far the most common problem affecting travellers – between 30% and 50% of people will suffer from it within two weeks of starting their trip. In over 80% of cases, traveller's diarrhoea is caused by a bacteria (there are numerous potential culprits), and therefore responds promptly to treatment with antibiotics. Treatment with antibiotics will depend on your situation – how sick you are, how quickly you need to get better, where you are etc. Traveller's diarrhoea is defined as the passage of more than three watery bowel-actions within 24 hours, plus at least one other symptom such as fever, cramps, nausea, vomiting or feeling generally unwell. Treatment consists of staying well hydrated; rehydration solutions like Gastrolyte are the best for this. Antibiotics such as Norfloxacin, Ciprofloxacin or Azithromycin will kill the bacteria quickly.

Loperamide is just a 'stopper' and doesn't get to the cause of the problem. It can be helpful, for example if you have to go on a long bus ride. Don't take Loperamide if you have a fever, or blood in your stools. Seek medical attention quickly if you do not respond to an appropriate antibiotic.

For food and water precautions see p602.

## Amoebic Dysentery

Amoebic dysentery is very rare in travellers but is often misdiagnosed by poor-quality labs in Asia. Symptoms are similar to bacterial diarrhoea, ie fever, bloody diarrhoea and generally feeling unwell. You should always seek reliable medical care if you have blood in your diarrhoea. Treatment involves two drugs – Tinidazole or Metronidazole to kill the parasite in your gut and then a second drug to kill the cysts. If left untreated, complications such as liver abscess and abscess in the gut can occur.

## Giardiasis

Giardia is a parasite that is relatively common in travellers. Symptoms include nausea, bloating, excess gas, fatigue and intermittent diarrhoea. 'Eggy' burps are often attributed solely

to giardia, but work in Nepal has shown that they are not specific to giardia. The parasite will eventually go away if left untreated but this can take months. The treatment of choice is Tinidazole, with Metronidazole being a second-line option.

## ENVIRONMENTAL HAZARDS

### Air Pollution

Air pollution, particularly vehicle pollution, is an increasing problem in most of Asia's major cities. If you have severe respiratory problems, speak with your doctor before travelling to any heavily polluted urban centres. Air pollution can cause minor respiratory problems such as sinusitis, dry throat and irritated eyes. If troubled by the pollution, leave the city for a few days to get some fresh air.

### Diving

Divers and surfers should seek specialised advice before they travel to ensure their medical kit contains treatment for coral cuts and tropical ear infections, as well as the standard problems. Divers should ensure their insurance covers them for decompression illness – get specialised dive insurance through an organisation such as **DAN** (Divers Alert Network; [www.danseap.org](http://www.danseap.org)). Have a dive medical before you leave your home country – there are certain medical conditions that are incompatible with diving, and economic considerations may override health considerations at some dive operations in Asia.

### DRINKING WATER

- Never drink tap water (although in Singapore it's considered safe).
- Bottled water is generally safe – check the seal is intact at purchase.
- Avoid ice.
- Avoid pre-prepared 'fresh' juices – they may have been watered down.
- Boiling water is the most efficient method of purifying it.
- The best chemical purifier is iodine. It should not be used by pregnant women or those with thyroid problems.
- Water filters should also filter out viruses. Ensure your filter has a chemical barrier such as iodine and a small pore size, ie less than 4 microns.

### THAT CLINGING FEELING

On any rainforest walk, the subject of leeches invariably comes up. You may not encounter any of these slimy little vampires while walking through the Malaysian jungle, but if the trail is leafy and it's been raining, chances are you'll be preyed upon.

The local leeches are maddeningly tiny – so small, in fact, they can squeeze through tight-knit socks. They don't stay tiny for long, however, since once a leech has attached to your skin, it won't let go until it has sucked as much blood as it can hold. Only then will the bloated, sated little parasite release itself and make its way back to the forest floor. Your souvenir of the experience will be bloody, but consider it a flesh wound.

Two species are common: the brown leech and the tiger leech. The tiger leech is recognisable by its cream and black stripes, but you'll probably feel one before you see it. Unlike the brown leech, whose suction is painless, tiger leeches sting a bit. Brown leeches hang around on, or near, the forest floor, waiting to grab onto passing boots or pants. Tiger leeches lurk on the leaves of small trees and tend to attack between the waist and neck, and that can mean any orifice there and around. Keep your shirt tucked in.

Leeches are harmless, but bites can become infected. Prevention is better than the cure and opinion varies on what works best. Insect repellent on feet, shoes and socks works temporarily; loose tobacco in your shoes and socks also helps – Kelabit hunters swear by it. Better yet, invest in some leech-proof socks, which are a kind of tropical gaiter that covers the foot and boot heel and fastens below the knees.

Safe and effective ways to dislodge leeches include flicking them off sideways (pulling a leech off by the tail might make it dig in harder), burning them with a cigarette (though you may burn yourself as well), or sprinkling salt on them. Tiger balm, iodine or medicated menthol oil (a common brand is the Axe Brand Universal Oil) will also get leeches off. High-pitched screaming doesn't seem to affect them much. Succumb to your fate as a reluctant blood donor and they will eventually drop off.

### Food

Eating in restaurants or at hawker stalls is the biggest risk factor for contracting traveller's diarrhoea. Ways to avoid it include eating only freshly cooked food and avoiding shellfish and food that has been sitting around in buffets – in this respect, open-air hawker stalls where you can see exactly what the cook is doing and everything is freshly made are likely to be safer places to eat. Peel all fruit, cook vegetables, and soak salads in iodine water for at least 20 minutes. Eat in busy restaurants with a high turnover of customers.

### Heat

Most people take at least two weeks to adapt to the hot, humid climate. Swelling of the feet and ankles is common, as are muscle cramps caused by excessive sweating. Prevent these by avoiding dehydration and too much activity in the heat. Take it easy when you first arrive. Don't eat salt tablets (they aggravate the gut), but drinking rehydration solution or eating salty food helps. Treat cramps by stopping activity, resting, rehydrating with

double-strength rehydration solution and gently stretching.

Dehydration is the main contributor to heat exhaustion. Symptoms include feeling weak, headache, irritability, nausea or vomiting, sweaty skin, a fast, weak pulse and a slightly elevated body temperature. Treatment involves getting the victim out of the heat and/or sun, fanning them and applying cool wet cloths to the skin, laying the victim flat with their legs raised and rehydrating with water containing a quarter of a teaspoon of salt per litre. Recovery is usually rapid although it's common to feel weak for some days afterwards.

Heatstroke is a serious medical emergency. Symptoms come on suddenly and include weakness, nausea, a hot dry body with a body temperature of over 41°C, dizziness, confusion, loss of coordination, fits, and eventual collapse and loss of consciousness. Seek medical help and commence cooling by getting the sufferer out of the heat, removing their clothes, fanning them and applying cool, wet cloths or ice to their body, especially to the groin and armpits.



Prickly heat is a common skin rash in the tropics, caused by sweat being trapped under the skin. The result is an itchy rash of tiny lumps. If you develop prickly heat, treat it by moving out of the heat and into an air-conditioned area for a few hours and by having cool showers. Creams and ointments clog the skin so they should be avoided. Locally bought prickly heat powder can be helpful.

Tropical fatigue is common in long-term expatriates based in the tropics. It's rarely due to disease but is caused by the climate, inadequate mental rest, excessive alcohol intake and the demands of daily work in a different culture.

### Insect Bites & Stings

Bedbugs don't carry disease but their bites are very itchy; see the boxed text, below. Lice inhabit various parts of your body but most commonly your head and pubic area. They can be difficult to treat and you may need numerous applications of an anti-lice shampoo such as permethrin. Transmission is via close contact with an infected person. Pubic lice are usually contracted from sexual contact.

Ticks are contracted after walking in the bush. Ticks are commonly found behind the ears, on the belly and in armpits. If you

have had a tick bite and experience symptoms such as a rash at the site of the bite or elsewhere, a fever, or muscle aches you should see a doctor. Doxycycline prevents tick-borne diseases.

Leeches are generally found in humid rain-forest areas. They do not transmit any disease but their bites are often intensely itchy for weeks afterwards and can easily become infected. Apply iodine-based antiseptic to any leech bite to help prevent infection (for other details see also the boxed text, opposite).

Bee and wasp stings mainly cause problems for people who are allergic to them. Anyone with a serious bee or wasp allergy should carry an injection of adrenaline (eg an EpiPen) for emergency treatment. For others, pain is the main problem – apply ice to the sting and take painkillers.

Most jellyfish in Southeast Asian waters are not dangerous, just irritating. First aid for jellyfish stings involves pouring vinegar onto the affected area to neutralise the poison. Don't rub sand or water onto the stings. Take painkillers, and anyone who feels ill in any way after being stung should seek medical advice. Take local advice on whether there are dangerous jellyfish around, and keep out of the water.

#### DON'T LET THE BEDBUGS BITE

They live in the cracks of furniture and walls and then migrate to the bed at night to feed on you – yes, those bedbugs really do bite and according to your reports and our own research they seem to do it with particular relish in Malaysia. Bedbugs are more likely to strike in high-turnover accommodation, especially backpackers, though they can be found anywhere. The room may look very clean but they can still be there.

What can you do to protect yourself?

- Ask the hotel or hostel what they do to avoid bed bugs. It's a common problem and reputable establishments should have some type of pest-control procedure in place.
- In any room keep your luggage elevated off the floor to avoid having the critters latch on – this is one of the common ways bedbugs are spread from place to place.
- Check the room carefully for signs of bugs – you may find their translucent light brown skins or poppy-seed-like excrement. Pay particular attention to places less likely to have seen a dusting from cleaning staff.

If you do get bitten:

- Treat the itch with antihistamine.
- Thoroughly clean your luggage and launder all your clothes, then seal them in plastic bags to further protect them.
- Be sure to tell the management – if they seem unconcerned or refuse to do anything about it complain to the local tourist office and write to us.

## TRADITIONAL & FOLK MEDICINE

Throughout Asia, traditional medical systems are widely practised. There is a big difference between these traditional healing systems and 'folk' medicine. Folk remedies should be avoided, as they often involve rather dubious procedures with potential complications. In comparison, traditional healing systems, such as traditional Chinese medicine, are well respected, and aspects of them are being increasingly utilised by Western medical practitioners.

All traditional Asian medical systems identify a vital life force, and see blockage or imbalance as causing disease. Techniques such as herbal medicines, massage and acupuncture bring this vital force back into balance or maintain balance. These therapies are best used for treating chronic disease such as chronic fatigue, arthritis, irritable bowel syndrome and some chronic skin conditions. Traditional medicines should be avoided for treating serious acute infections such as malaria.

Be aware that 'natural' doesn't always mean 'safe', and there can be drug interactions between herbal medicines and Western medicines. If you are using both systems, ensure you inform both practitioners as to what the other has prescribed.

## Parasites

Numerous parasites are common in local populations in Southeast Asia; but, most of these are rare in travellers. The two rules to follow to avoid parasitic infections are to wear shoes and to avoid eating raw food, especially fish, pork and vegetables. A number of parasites are transmitted via the skin by walking barefoot, including strongyloides, hookworm and cutaneous larva migrans.

## Skin Problems

Fungal rashes are common in humid climates. There are two common fungal rashes that affect travellers. The first occurs in moist areas that get less air, such as the groin, armpits and between the toes. It starts as a red patch that slowly spreads and is usually itchy. Treatment involves keeping the skin dry, avoiding chafing and using an antifungal cream such as Clotrimazole or Lamisil. Tinea versicolour is also common – this fungus causes small, light-coloured patches, most commonly on the back, chest and shoulders. Consult a doctor.

Cuts and scratches become easily infected in humid climates. Take meticulous care of any cuts and scratches to prevent complications such as abscesses. Immediately wash all wounds in clean water and apply antiseptic. If you develop signs of infection (increasing pain and redness), see a doctor. Divers and surfers should be particularly careful with coral cuts as they become easily infected.

## Snakes

Southeast Asia is home to many species of poisonous and harmless snakes. Assume all

snakes are poisonous and never try to catch one. Always wear boots and long pants if walking in an area that may have snakes. First aid in the event of a snake bite involves pressure immobilisation via an elastic bandage firmly wrapped around the affected limb, starting at the bite site and working up towards the chest. The bandage should not be so tight that the circulation is cut off; the fingers or toes should be kept free so the circulation can be checked. Immobilise the limb with a splint and carry the victim to medical attention. Don't use tourniquets or try to suck out the venom. Antivenin is available for most species.

## Sunburn

Even on a cloudy day, sunburn can occur rapidly. Always use a strong sunscreen (at least factor 15), making sure to reapply after a swim, and always wear a wide-brimmed hat and sunglasses outdoors. Avoid lying in the sun during the hottest part of the day (10am to 2pm). If you're sunburnt, stay out of the sun until you've recovered, apply cool compresses and take painkillers for the discomfort. Applied twice daily, 1% hydrocortisone cream is also helpful.

## TRAVELLING WITH CHILDREN

There are specific issues you should consider before travelling with your child.

All routine vaccinations should be up to date, as many of the common childhood diseases that have been eliminated in the West are still present in parts of Southeast Asia. A travel-health clinic can advise on specific

vaccines, but think seriously about rabies vaccination if you're visiting rural areas or travelling for more than a month, as children are more vulnerable to severe animal bites.

Children are more prone to getting serious forms of mosquito-borne diseases such as malaria, Japanese B encephalitis and dengue fever. In particular, malaria is very serious in children and can rapidly lead to death – you should think seriously before taking your child into a malaria-risk area. Permethrin-impregnated clothing is safe to use, and insect repellents should contain between 10% and 20% DEET.

Diarrhoea can cause rapid dehydration and you should pay particular attention to keeping your child well hydrated. The best antibiotic for children with diarrhoea is Azithromycin.

Children can get very sick very quickly so locate good medical facilities at your destination and make contact if you are worried – it's always better to get a medical opinion than to try to treat your own children.

## WOMEN'S HEALTH

Pregnant women should receive specialised advice before travelling. The ideal time to travel is in the second trimester (between 16 and 28 weeks), when the risk of pregnancy-related problems is at its lowest and pregnant women generally feel at their best. During the first trimester there's a risk of miscarriage and in the third trimester complications such as premature labour and high blood pressure are

possible. It's wise to travel with a companion. Always carry a list of quality medical facilities available at your destination and ensure you continue your standard antenatal care at these facilities. Avoid travel in rural areas with poor transport and medical facilities. Most of all, ensure travel insurance covers all pregnancy-related possibilities, including premature labour.

Malaria is a high-risk disease in pregnancy. The World Health Organization recommends that pregnant women do not travel to areas with malaria resistant to chloroquine. None of the more effective antimalarial drugs is completely safe in pregnancy.

Traveller's diarrhoea can quickly lead to dehydration and result in inadequate blood flow to the placenta. Many of the drugs used to treat various diarrhoea bugs are not recommended in pregnancy. Azithromycin is considered safe.

In urban areas, supplies of sanitary products are readily available. Birth-control options may be limited so bring adequate supplies of your own form of contraception. Heat, humidity and antibiotics can all contribute to thrush. Treatment is with antifungal creams and pessaries such as clotrimazole. A practical alternative is a single tablet of Fluconazole (Diflucan). Urinary-tract infections can be precipitated by dehydration or long bus journeys without toilet stops; bring suitable antibiotics.

# Language

## CONTENTS

Pronunciation	606
Accommodation	607
Conversation & Essentials	608
Directions	608
Health	609
Emergencies	609
Language Difficulties	609
Numbers	610
Paperwork	610
Question Words	610
Shopping & Services	610
Time & Dates	611
Transport	611
Travel with Children	612

Bahasa Malaysia (also known simply as Malay, and as *bahasa Melayu* in Malay) and Bahasa Indonesia are virtually the same language; only accents and a few differences in vocabulary distinguish the two. Many of these differences are in the loan words – English-based for Malay and Dutch-based for Indonesian. If you're coming from Indonesia and have developed some proficiency in the language, you may initially be confused by Malay pronunciation. Bahasa Indonesia is a second language for most Indonesians – pronunciation is learnt in schools and thus tends to remain fairly standard. Bahasa Malaysia, however, is subject to a greater degree of regional variation in pronunciation and slang – so much so that a Malaysian from Negeri Sembilan may have difficulty understanding someone from Kelantan.

In many ways, Malay is very simple. Verbs aren't conjugated for tense; the notion of time is indicated by the use of adverbs such as 'yesterday' or 'tomorrow'. For example, you can change any sentence into the past tense by simply adding *sudah* (already). Many nouns are pluralised by simply saying them twice – thus *buku* is 'book', *buku-buku* is 'books'; *anak* is 'child', *anak-anak* is 'children'. There are no articles ('a', 'an', 'the'). Thus 'a good book' or 'the good

book' is simply *buku baik* (literally 'book good'). There is no verb 'to be', so again it would be *buku baik* rather than 'the book is good'. Malay is, however, a very poetic and evocative language – 'the sun', for example, is *matahari*, literally 'eye of the day'.

Many Malay terms have found their way into the everyday English of Malaysia. You'll often see the word *bumiputra* (literally 'sons of the soil') in English-language newspapers, usually in ads for positions vacant; it's a term used to indicate that the job is open only to 'native' Malays, not Indian Malaysians or Chinese Malaysians. Similarly, you may see English-language articles about *jaga keretas*, the people who operate car-parking rackets – pay them to 'protect' your car while it's parked or you'll wish you had. Another expression is *khalwat* (literally 'close proximity') – unmarried Muslim couples definitely do not wish to find themselves suspected of *khalwat*!

For a more comprehensive guide to the language, get hold of Lonely Planet's *Malay Phrasebook*.

## PRONUNCIATION

Most letters are pronounced the same as their English counterparts, although a few vowels and consonants differ.

### Vowels

<b>a</b>	as the 'u' in 'hut'
<b>e</b>	a neutral vowel like the 'a' in 'ago' when unstressed, eg <i>besar</i> (big); when the stress falls on <b>e</b> it's more like the 'a' in 'may', eg <i>meja</i> (table). Unfortunately, there's no single rule to determine whether <b>e</b> is stressed or unstressed.
<b>i</b>	as in 'hit'
<b>o</b>	as in 'note'
<b>u</b>	as in 'flute'
<b>ai</b>	as in 'aisle'
<b>au</b>	'ow', as in 'cow'
<b>ua</b>	each vowel is pronounced, as 'oo-a'

### Consonants

<b>c</b>	as the 'ch' in 'chair'
<b>g</b>	hard, as in 'go'
<b>ng</b>	as in 'singer'

## SINGLISH

One of the most intriguing things the visitor to Singapore will notice is the strange patois spoken by the locals. Nominally English, it contains borrowed words from Hokkien and Malay, such as *shioh* (delicious) and *kasar* (rough). Unnecessary prepositions and pronouns are dropped, word order is flipped, phrases are clipped short, and stress and intonation are unconventional, to say the least. The result is known locally as Singlish. Singlish is frowned upon in official use, though you'll get a good idea of its pervasive characteristics of pronunciation if you listen to the news bulletins on TV or the radio.

There are a number of interesting characteristics that differentiate Singlish from standard English. First off, there's the reverse stress pattern of double-barrelled words. For example, in standard English the stress would be '*fire-fighter*' or '*theatre company*' but in Singlish it's '*fire-fighter*' and '*theatre company*'. Word-final consonants – particularly **l** or **k** – are often dropped and vowels are often distorted; a Chinese-speaking taxi driver might not understand 'Perak Road' since they pronounce it 'Pera Roh'. The particle *lah* is often tagged on to the end of sentences as in, 'No good, *lah*', which could mean (among other things) 'I don't think that's such a good idea'. Requests or questions will often be marked with a tag ending since direct questioning is considered rude. So a question such as 'Would you like a beer?' might be rendered as 'You want beer or not?', which, ironically, might come across to speakers of standard English as being extremely rude. Verb tenses tend to be nonexistent; future, present or past actions are all indicated by time phrases, so in Singlish it's 'I go tomorrow' or 'I go yesterday'.

The following are some of the most frequently heard Singlishisms:

**ah beng** – unsophisticated person with no fashion sense or style; redneck  
**Aiyah!** – 'Oh, dear!'  
**Alamak!** – exclamation of disbelief, frustration or dismay, like 'Oh my God!'  
**ayam** – Malay word for chicken; adjective for something inferior or weak  
**blur** – a slow or uninformed person  
**buaya** – womaniser, from the Malay for 'crocodile'  
**Can?** – 'Is that OK?'  
**Can!** – 'Yes! That's fine.'  
**char bor** – babe, woman  
**cheena** – old-fashioned Chinese in dress or thinking (derogatory)  
**go stan** – to reverse, as in 'Go stan the car' (from the naval expression 'go astern'; pronounced 'go stun')  
**heng** – luck, good fortune (from Hokkien)  
**hiao** – vain  
**ingrish** – English

**kambing** – foolish person, literally 'goat' (from Malay)  
**kena ketuk** – ripped off, literally 'get knocked'  
**kiasee** – scared, literally 'afraid to die'; a coward  
**kiasu** – selfish, pushy, always on the lookout for a bargain, literally 'afraid to lose'  
**lah** – generally an ending for any phrase or sentence; can translate as 'OK', but has no real meaning; added for emphasis to just about everything  
**looksee** – take a look  
**malu** – embarrassed  
**minah** – girlfriend  
**Or not?** – general tag for questions, as in 'Can or not?' (Can you or can't you?)  
**see first** – wait and see what happens  
**shack** – tired  
**shioh** – good, great, delicious  
**steady lah** – well done, excellent; expression of praise  
**Wah!** – general exclamation of surprise or distress  
**ya ya** – boastful, as in 'He always *ya ya*'

**ngg** as 'ng' plus 'g' (as in 'anger')  
**j** as in 'join'  
**r** pronounced clearly and distinctly  
**h** as the English 'h' but slightly stronger (like a sigh); at the end of a word it's almost not audible  
**k** as English 'k', except at the end of the word, when it's more like a glottal stop (the 'nonsound' created by the momentary closing of the throat before each syllable as in the expression 'oh-oh!')  
**ny** as in 'canyon'

## Word Stress

In Malay words, a good rule of thumb is to put stress on the second-last syllable. The main exception is the unstressed **e** in words such as *besar* (big), pronounced 'be-sar'.

## ACCOMMODATION

**I'm looking for a ...** *Saya mencari ...*  
**bed** *katil*  
**guesthouse** *rumah tetamu*  
**hotel** *hotel*  
**youth hostel** *asrama belia*

**MAKING A RESERVATION**

For phone or written inquiries:

<b>To ...</b>	<i>Ke ...</i>
<b>From ...</b>	<i>Daripada ...</i>
<b>I'd like to book ...</b>	<i>Saya nak tempah ... (see the list under 'Accommodation' for bed and room options)</i>
<b>for the nights of ...</b>	<i>untuk malam ...</i>
<b>in the name of ...</b>	<i>atas nama ...</i>
<b>credit card</b>	<i>kad kredit</i>
<b>type</b>	<i>jenis</i>
<b>number</b>	<i>nombor</i>
<b>expiry date</b>	<i>tempoh tamat</i>
<b>Please confirm availability and price.</b>	<i>Tolong sahkan tempahan dan harga.</i>

**Where is a cheap hotel?***Di mana ada hotel yang murah?***What is the address?***Apakah alamatnya?***Could you write the address, please?***Tolong tuliskan alamat itu?***Do you have any rooms available?***Ada bilik kosong?***I'd like to share a dorm.***Saya nak berkongsi bilik hostel.***I'd like a ...***Saya hendakkan ...*

<b>single room</b>	<i>bilik untuk satu orang</i>
<b>double room</b>	<i>bilik untuk dua orang</i>
<b>room with two beds</b>	<i>bilik yang ada dua katil</i>
<b>room with air-con</b>	<i>bilik dengan alat hawa dingin</i>
<b>room with a fan</b>	<i>bilik dengan kipas</i>
<b>room with a bathroom</b>	<i>bilik dengan bilik mandi</i>

**How much is it ...?***Berapa harga ...?*

<b>per night</b>	<i>satu malam</i>
<b>per week</b>	<i>satu minggu</i>
<b>per person</b>	<i>satu orang</i>

**May I see it?***Boleh saya lihat biliknya?***Where is the bathroom?***Bilik mandi di mana?***I (don't) like this room.***Saya (tidak) suka bilik ini.***I'm/We're leaving today.***Saya/Kami nak mendaftar keluar hari ini.***CONVERSATION & ESSENTIALS****Hello.***Helo.***Good morning.***Selamat pagi.***Good day.** (said around midday)*Selamat tengah hari.***Good afternoon.***Selamat petang.***Good night.***Selamat malam.***Goodbye.** (said by person leaving)*Selamat tinggal.***Goodbye.** (said by person staying)*Selamat jalan.***Yes.***Ya.***No.***Tidak.***Please.***Tolong/Silakan.***Thank you (very much).***Terima kasih (banyak).***That's fine/***Boleh/Sama-sama.***You're welcome.****Excuse me, ...***Maaf, ...***Sorry/Pardon.***Maaf.***I'm sorry.** (forgive me)*Minta maaf.***How are you?***Apa khabar?***Fine, thanks.***Khabar baik.***What's your name?***Siapa nama kamu?***My name is ...***Nama saya ...***Where are you from?***Dari mana asal saudara?***I'm from ...***Saya dari ...***How old are you?***Berapa umur saudara?***I'm (20) years old.***Umur saya (dua puluh) tahun.***I like ...***Saya suka ...***I don't like ...***Saya tidak suka ...***Just a minute.***Sebentar/Sekejap.***Good/Very nice.***Bagus.***Good/Fine.***Baik.***No good.***Tidak baik.***DIRECTIONS****Where is ...?***Di mana ...?***Which way?***Ke mana?***Go straight ahead.***Jalan terus.***Turn left.***Belok kiri.***Turn right.***Belok kanan.***at the corner***di simpang***at the traffic lights***di tempat lampu isyarat***at the T-junction***di simpang tiga***behind***di belakang***in front of***di hadapan***next to***di samping/di sebelah***opposite***berhadapan dengan***near***dekat***far***jauh***here***di sini***there***di sana*

**SIGNS**

<b>Ada Bilik Kosong</b>	Rooms Available
<b>Bahaya</b>	Danger
<b>Balai Polis</b>	Police Station
<b>Buka</b>	Open
<b>Di Larang Merokok</b>	No Smoking
<b>Dilarang</b>	Prohibited
<b>Keluar</b>	Exit
<b>Masuk</b>	Entrance
<b>Panas</b>	Hot
<b>Penuh/Tak Ada Bilik Kosong</b>	Full/No Vacancies
<b>Pertanyaan</b>	Information
<b>Polis</b>	Police
<b>Sejuk</b>	Cold
<b>Tandas</b>	Toilets
<b>Lelaki</b>	Men
<b>Perempuan</b>	Women
<b>Tarik</b>	Pull
<b>Tolak</b>	Push
<b>Tutup</b>	Closed

<b>north</b>	<i>utara</i>
<b>south</b>	<i>selatan</i>
<b>east</b>	<i>timur</i>
<b>west</b>	<i>barat</i>

<b>beach</b>	<i>pantai</i>
<b>bridge</b>	<i>jambatan</i>
<b>island</b>	<i>pulau</i>
<b>mosque</b>	<i>masjid</i>
<b>museum</b>	<i>muzium</i>
<b>palace</b>	<i>istana</i>
<b>ruins</b>	<i>runtuhan</i>
<b>sea</b>	<i>laut</i>
<b>square</b>	<i>dataran</i>

**HEALTH**

<b>Where is a ...?</b>	<i>Di mana ada ...?</i>
<b>chemist/pharmacy</b>	<i>apotik/farmasi</i>
<b>dentist</b>	<i>doktor gigi</i>
<b>doctor</b>	<i>doktor</i>
<b>hospital</b>	<i>hospital</i>
<b>I'm ill.</b>	<i>Saya sakit.</i>
<b>It hurts here.</b>	<i>Sini sakit.</i>
<b>I'm allergic to ...</b>	<i>Saya alergic kepada ...</i>
<b>antibiotics</b>	<i>antibiotik</i>
<b>aspirin</b>	<i>aspirin</i>
<b>bees</b>	<i>lebah</i>
<b>nuts</b>	<i>kacang</i>
<b>penicillin</b>	<i>penisilin</i>

**I'm ...**  
**asthmatic**  
**diabetic**  
**epileptic**  
**pregnant**

*Saya ...*  
*sakit lelah*  
*sakit kencing manis*  
*sakit gila babi*  
*hamil*

**antiseptic**  
**condoms**  
**contraceptive**  
**diarrhoea**  
**fever**  
**headache**  
**medicine**  
**pill/tablet**  
**quinine**  
**sanitary napkins**  
**sleeping pills**  
**sunblock cream**  
**tampans**

*antiseptik*  
*kondom*  
*kontraseptif/pencegah hamil*  
*cirit-birit*  
*demam panas*  
*sakit kepala*  
*ubat*  
*pil/tablet*  
*kina/kuinin*  
*tuala wanita*  
*pil tidur*  
*krim pelindung cahaya matahari*  
*tampun*

**EMERGENCIES**

<b>Help!</b>	<i>Tolong!</i>
<b>There's been an accident.</b>	<i>Ada kemalangan.</i>
<b>I'm lost.</b>	<i>Saya sesat.</i>
<b>Go away!</b>	<i>Pergil!</i>
<b>Stop!</b>	<i>Berhenti!</i>
<b>I've been robbed.</b>	<i>Saya dirompak.</i>
<b>Call ...!</b>	<i>Panggil ...!</i>
<b>a doctor</b>	<i>doktor</i>
<b>an ambulance</b>	<i>ambulans</i>

**LANGUAGE DIFFICULTIES****Do you speak English?**

*Bolehkah anda bercakap bahasa Inggeris?/  
 Adakah anda berbahasa Inggeris?*

**Does anyone here speak English?**

*Ada orang yang berbahasa Inggeris di sini?*

**How do you say ... in Malay?**

*Macam mana cakap ... dalam Bahasa Melayu?*

**What does ... mean?**

*Apa ertinya ...?*

**I understand.**

*Saya faham.*

**I don't understand.**

*Saya tidak faham.*

**Please write it down.**

*Tolong tuliskan.*

**Please write that word down.**

*Tolong tuliskan perkataan itu.*

**Please repeat it.**

*Tolong ulangi.*

## NUMBERS

0	<i>kosong/sifar</i>
1	<i>satu</i>
2	<i>dua</i>
3	<i>tiga</i>
4	<i>empat</i>
5	<i>lima</i>
6	<i>enam</i>
7	<i>tujuh</i>
8	<i>delapan/lapan</i>
9	<i>sembilan</i>
10	<i>sepuluh</i>
11	<i>sebelas</i>
12	<i>dua belas</i>
13	<i>tiga belas</i>
14	<i>empat belas</i>
15	<i>lima belas</i>
16	<i>enam belas</i>
17	<i>tujuh belas</i>
18	<i>lapan belas</i>
19	<i>sembilan belas</i>
20	<i>dua puluh</i>
21	<i>dua puluh satu</i>
22	<i>dua puluh dua</i>
30	<i>tiga puluh</i>
40	<i>empat puluh</i>
50	<i>lima puluh</i>
60	<i>enam puluh</i>
70	<i>tujuh puluh</i>
80	<i>lapan puluh</i>
90	<i>sembilan puluh</i>
100	<i>seratus</i>
200	<i>dua ratus</i>
1000	<i>seribu</i>
2000	<i>dua ribu</i>

## PAPERWORK

<b>name</b>	<i>nama</i>
<b>nationality</b>	<i>bangsa</i>
<b>date of birth</b>	<i>tarikh lahir</i>
<b>place of birth</b>	<i>tempat kelahiran tempat lahir</i>
<b>sex/gender</b>	<i>jantina</i>
<b>passport</b>	<i>pasport</i>
<b>visa</b>	<i>visa</i>

## QUESTION WORDS

<b>Who?</b>	<i>Siapakah?</i>
<b>What?</b>	<i>Apa?</i>
<b>When?</b>	<i>Bilakah?</i>
<b>Where?</b>	<i>Di mana?</i>
<b>How?</b>	<i>Berapa?</i>
<b>Which?</b>	<i>Yang mana?</i>

## SHOPPING &amp; SERVICES

<b>I'd like to buy ...</b>	<i>Saya nak beli ...</i>
<b>How much (is it)?</b>	<i>Berapa (harganya)?</i>
<b>I don't like it.</b>	<i>Saya tak suka ini.</i>
<b>May I look at it?</b>	<i>Boleh saya lihat barang itu?</i>
<b>I'm just looking.</b>	<i>Saya nak tengok saja.</i>
<b>It's cheap.</b>	<i>Murah.</i>
<b>It's too expensive.</b>	<i>Mahalnya.</i>
<b>Can you lower the price?</b>	<i>Boleh kurang sedikit?</i>
<b>No more than ...</b>	<i>Tak lebih daripada ...</i>
<b>That's a good price.</b>	<i>Harganya dah murah.</i>
<b>I'll take it.</b>	<i>Saya nak beli ini.</i>

<b>Do you accept ...? credit cards</b>	<i>Boleh bayar dengan ...? kad kredit</i>
<b>travellers cheques</b>	<i>cek kembang</i>

<b>more</b>	<i>lebih banyak</i>
<b>less</b>	<i>kurang</i>
<b>big</b>	<i>besar</i>
<b>bigger</b>	<i>lebih besar</i>
<b>small</b>	<i>kecil</i>
<b>smaller</b>	<i>lebih kecil</i>
<b>this</b>	<i>ini</i>
<b>that</b>	<i>itu</i>

<b>I'm looking for a/the ...</b>	<i>Saya nak cari ...</i>
<b>bank</b>	<i>bank</i>
<b>barber</b>	<i>tukang cukur</i>
<b>bookshop</b>	<i>kedai buku</i>
<b>chemist/pharmacy</b>	<i>apotik/farmasi</i>
<b>city centre</b>	<i>pusat bandar</i>
<b>... embassy</b>	<i>kedutaan besar ...</i>
<b>grocery</b>	<i>kedai makanan</i>
<b>market</b>	<i>pasar</i>
<b>night market</b>	<i>pasar malam</i>
<b>police station</b>	<i>stesen polis</i>
<b>post office</b>	<i>pejabat pos</i>
<b>public telephone</b>	<i>telepon umum</i>
<b>public toilet</b>	<i>tandas awam</i>
<b>shop</b>	<i>kedai</i>
<b>shopping centre</b>	<i>pusat membeli-belah</i>
<b>telephone centre</b>	<i>pusat telefon</i>
<b>tourist office</b>	<i>pejabat pelancong</i>

<b>I want to change ... money (cash)</b>	<i>Saya nak tukar wang ... wang tunai</i>
<b>travellers cheques</b>	<i>cek kembang</i>

## What time does it open/close?

*Pukul berapa buka/tutup?*

<b>I want to call ...</b>	<i>Saya mau menelefon ...</i>
---------------------------	-------------------------------



**TIME & DATES**

<b>What time is it?</b>	<i>Pukul berapa?</i>
<b>It's (seven) o'clock.</b>	<i>Pukul (tujuh).</i>
<b>When?</b>	<i>Bila?</i>
<b>in the morning</b>	<i>pagi</i>
<b>in the afternoon</b>	<i>tengahari</i>
<b>in the evening</b>	<i>petang</i>
<b>at night</b>	<i>malam</i>
<b>today</b>	<i>hari ini</i>
<b>tomorrow</b>	<i>besok/esok</i>
<b>yesterday</b>	<i>semalam</i>
<b>How long?</b>	<i>Berapa lama?</i>
<b>hour</b>	<i>jam</i>
<b>day</b>	<i>hari</i>
<b>week</b>	<i>minggu</i>
<b>year</b>	<i>tahun</i>

<b>Monday</b>	<i>hari Isnin</i>
<b>Tuesday</b>	<i>hari Selasa</i>
<b>Wednesday</b>	<i>hari Rabu</i>
<b>Thursday</b>	<i>hari Khamis</i>
<b>Friday</b>	<i>hari Jumaat</i>
<b>Saturday</b>	<i>hari Sabtu</i>
<b>Sunday</b>	<i>hari Minggu</i>

<b>January</b>	<i>Januari</i>
<b>February</b>	<i>Februari</i>
<b>March</b>	<i>Mac</i>
<b>April</b>	<i>April</i>
<b>May</b>	<i>Mei</i>
<b>June</b>	<i>Jun</i>
<b>July</b>	<i>Julai</i>
<b>August</b>	<i>Ogos</i>
<b>September</b>	<i>September</i>
<b>October</b>	<i>Oktober</i>
<b>November</b>	<i>November</i>
<b>December</b>	<i>Disember</i>

**TRANSPORT****Public Transport**

<b>What time does the ... leave?</b>	<i>Pukul berapakah ... berangkat?</i>
<b>boat</b>	<i>bot</i>
<b>bus</b>	<i>bas</i>
<b>plane</b>	<i>kapal terbang</i>
<b>ship</b>	<i>kapal</i>
<b>train</b>	<i>keretapi</i>

<b>I'd like a ... ticket.</b>	<i>Saya nak tiket ...</i>
<b>one-way</b>	<i>sehalah</i>
<b>return</b>	<i>pergi-balik</i>
<b>1st class</b>	<i>kelas satu</i>
<b>2nd class</b>	<i>kelas dua</i>
<b>economy class</b>	<i>kelas ekonomi</i>

**ROAD SIGNS**

<b>Bahaya</b>	<i>Danger</i>
<b>Beri Jalan</b>	<i>Give Way</i>
<b>Dilarang Letak Kereta</b>	<i>No Parking</i>
<b>Dilarang Masuk</b>	<i>No Entry</i>
<b>Jalan Sehalah</b>	<i>One Way</i>
<b>Jalan Tol</b>	<i>Toll Way</i>
<b>Keluar</b>	<i>Exit</i>
<b>Kosongkan</b>	<i>Keep Clear</i>
<b>Lencongan</b>	<i>Detour</i>
<b>Masuk</b>	<i>Entrance</i>
<b>Perlahan-Perlahan</b>	<i>Slow Down</i>
<b>Plaza Tol</b>	<i>Toll Gate</i>
<b>Tidak Boleh Memotong</b>	<i>No Overtaking</i>

**I want to go to ...***Saya nak ke ...***How can I get to ...?***Bagaimana saya pergi ke ...?***How many kilometres?***Berapa kilometer?***The (train/bus) has been delayed.***Keretapi/bas itu telah terlambat.***The (train/bus) has been cancelled.***Keretapi/bas itu telah dibatalkan.*

<b>the first (bus)</b>	<i>(bas) pertama</i>
<b>the last (train)</b>	<i>(keretapi) terakhir</i>
<b>airport</b>	<i>lapangan terbang</i>
<b>bus station</b>	<i>stesen bas</i>
<b>bus stop</b>	<i>perhentian bas</i>
<b>platform number</b>	<i>nombor platform</i>
<b>rickshaw/trishaw</b>	<i>beca</i>
<b>ticket office</b>	<i>pejabat tiket</i>
<b>ticket window</b>	<i>tempat/kaunter tiket</i>
<b>timetable</b>	<i>jadual</i>
<b>train station</b>	<i>stesen keretapi</i>

**Private Transport**

<b>I'd like to hire a ...</b>	<i>Saya nak menyewa ...</i>
<b>4WD</b>	<i>4WD</i>
<b>bicycle</b>	<i>basikal</i>
<b>car</b>	<i>kereta</i>
<b>motorbike</b>	<i>motosikal</i>

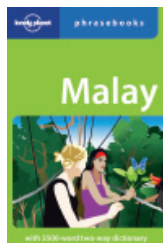
**Is this the road to ...?***Ini/hal jalan ke ...?***Where's a service station?***Stesen minyak di mana?***Please fill it up.***Tolong penuhkan tangki.***I'd like (30) litres.***Saya nak (30) liter.*

<b>petrol</b>	<i>minyak/petrol</i>
<b>diesel</b>	<i>disel</i>
<b>leaded petrol</b>	<i>petrol plumbum</i>
<b>unleaded petrol</b>	<i>tanpa plumbum</i>

**(How long) Can I park here?***(Beberapa lama) Boleh saya letak kereta di sini?***Where do I pay?***Di mana tempat membayar?***I need a mechanic.***Kami memerlukan mekanik.***The car/motorbike has broken down (at ...).***Kereta/motosikal saya telah rosak (di ...).***The car/motorbike won't start.***Kereta/motosikal saya tidak dapat dihidupkan.***I have a flat tyre.***Tayarnya kempis.***I've run out of petrol.***Minyak sudah habis.***I've had an accident.***Saya terlibat dalam kemalangan.***TRAVEL WITH CHILDREN****Do you have a/an ...? Ada ...?**

<b>I need a/an ...</b>	<i>Saya perlukan ...</i>
<b>baby change room</b>	<i>bilik salin bayi</i>
<b>car baby seat</b>	<i>tempat duduk bayi</i>
<b>child-minding service</b>	<i>penjagaan anak</i>
<b>children's menu (disposable)</b>	<i>menu kanak-kanak (pakai buang)</i>
<b>nappies/diapers</b>	<i>kain lampin</i>
<b>(English-speaking) babysitter</b>	<i>penjaga anak (yang tahu bercakap dalam Bahasa Inggeris)</i>

<b>formula (milk)</b>	<i>(susu) rumusan bayi</i>
<b>highchair</b>	<i>kerusi tinggi</i>
<b>potty</b>	<i>bekas najis</i>
<b>stroller</b>	<i>kereta tolak bayi</i>

**Are children allowed?***Adakah kanak-kanak dibenarkan masuk?*

Also available from Lonely Planet:  
**Malay Phrasebook**

# Glossary

See p71 for culinary terms.

**adat** – Malay customary law

**adat temenggong** – Malay law with Indian modifications, governing the customs and ceremonies of the sultans

**air** – water

**air terjun** – waterfall

**alor** – groove; furrow; main channel of a river

**ampang** – dam

**ang pow** – red packets of money used as offerings, payment or gifts

**APEC** – Asia-Pacific Economic Cooperation

**arak** – Malay local alcohol

**arrack** – see *arak*

**Asean** – Association of Southeast Asian Nations

**atap** – roof thatching

**Baba-Nonya** – descendants of Chinese immigrants to the Straits Settlements (namely Melaka, Singapore and Penang) who intermarried with Malays and adopted many Malay customs; also known as Peranakan, or Straits Chinese; sometimes spelt Nyonya

**Bahasa Malaysia** – Malay language; also known as Bahasa Melayu

**bandar** – seaport; town

**Bangsawan** – Malay opera

**batang** – stem; tree trunk; the main branch of a river

**batik** – technique of imprinting cloth with dye to produce multicoloured patterns

**batu** – stone; rock; milestone

**belukar** – secondary forest

**bendahara** – chief minister

**bendang** – irrigated land

**bomoh** – spiritual healer

**British Resident** – chief British representative during the colonial era

**bukit** – hill

**bumboat** – motorised *sampan*

**bumiputra** – literally, sons of the soil; indigenous Malays

**bunga raya** – hibiscus flower (national flower of Malaysia)

**dadah** – drugs

**dato', datuk** – literally, grandfather; general male nonroyal title of distinction

**dipterocarp** – family of trees, native to Malaysia, that have two-winged fruits

**dusun** – small town; orchard; fruit grove

**genting** – mountain pass

**godown** – river warehouse

**gua** – cave

**gunung** – mountain

**hilir** – lower reaches of a river

**hutan** – jungle; forest

**imam** – keeper of Islamic knowledge and leader of prayer

**istana** – palace

**jalan** – road

**kain songket** – traditional Malay handwoven fabric with gold threads

**kampung** – village; also spelt *kampong*

**kangkar** – Chinese village

**karst** – characteristic scenery of a limestone region, including features such as underground streams and caverns

**kedai kopi** – coffee shop

**kerangas** – distinctive vegetation zone of Borneo, usually found on sandstone, containing pitcher plants and other unusual flora

**khalwat** – literally, close proximity; exhibition of public affection between the sexes, which is prohibited for unmarried Muslim couples

**kongsi** – Chinese clan organisations, also known as ritual brotherhoods, heaven-man-earth societies, triads or secret societies; meeting house for Chinese of the same clan

**kopitiam** – coffee shop

**kota** – fort; city

**kramat** – Malay shrine

**KTM** – Keretapi Tanah Melayu; Malaysian Railways System

**kuala** – river mouth; place where a tributary joins a larger river

**laksamana** – admiral

**langur** – small, usually tree-dwelling monkey

**laut** – sea

**lebu** – street

**Lebuhraya** – expressway or freeway; usually refers to the North–South Highway, which runs from Johor Bahru to Bukit Kayu Hitam at the Thai border

**lorong** – narrow street; alley

**LRT** – Light Rail Transit (Kuala Lumpur)

**lubuk** – deep pool

**macaque** – any of several small species of monkey

**mandi** – bathe; Southeast Asian wash basin

**masjid** – mosque

**MCP** – Malayan Communist Party

**Melayu Islam Beraja** – MIB; Brunei's national ideology  
**merdeka** – independence  
**Merlion** – half-lion, half-fish animal; symbol of Singapore  
**MRT** – Mass Rapid Transit (Singapore)  
**muara** – river mouth  
**muezzin** – mosque official who calls the faithful to prayer

**negara** – country  
**negeri** – state  
**nonya** – see *Baba-Nonya*

**orang asing** – foreigner  
**Orang Asli** – literally, Original People; Malaysian aborigines  
**Orang Laut** – literally, Coastal People; Sea Gypsies  
**Orang Ulu** – literally, Upriver People

**padang** – grassy area; field; also the city square  
**pantai** – beach  
**PAP** – People's Action Party  
**parang** – long jungle knife  
**PAS** – Parti Islam se-Malaysia  
**pasar** – market  
**pasar malam** – night market  
**Pejabat Residen** – Resident's Office  
**pekan** – market place; town  
**pelabuhan** – port  
**pencaik silat** – martial-arts dance form  
**penghulu** – chief or village head  
**pengkalan** – quay  
**Peranakan** – literally, half-caste; refers to the *Baba-Nonya* or Straits Chinese  
**PIE** – Pan-Island Expressway, one of Singapore's main road arteries  
**pua kumbu** – traditional finely woven cloth  
**pulau** – island  
**puteri** – princess

**raja** – prince; ruler  
**rakyat** – common people  
**rantau** – straight coastline  
**rattan** – stems from climbing palms used for wickerwork and canes  
**rimba** – jungle

**rotan** – cane used to punish miscreants  
**roti** – bread

**sampan** – small boat  
**samsu** – Malay alcohol  
**sarong** – all-purpose cloth, often sewn into a tube, and worn by women, men and children  
**seberang** – opposite side of road; far bank of a river  
**selat** – strait  
**semenanjung** – peninsula  
**silat** – see *pencaik silat*  
**simpang** – crossing; junction  
**songkok** – traditional Malay headdress worn by males  
**Straits Chinese** – see *Baba-Nonya*  
**sungai** – river  
**syariah** – Islamic system of law

**tambang** – river ferry; fare  
**tamu** – weekly market  
**tanah** – land  
**tanjung** – headland  
**tasik** – lake  
**teluk** – bay; sometimes spelt *telok*  
**temenggong** – Malay administrator  
**towkang** – Chinese junk  
**tuai rumah** – longhouse chief (Sarawak)  
**tuak** – local 'firewater' alcohol (Malaysian Borneo)  
**tunku** – prince

**ujung** – cape  
**UMNO** – United Malays National Organisation

**warung** – small eating stalls  
**wayang** – Chinese opera  
**wayang kulit** – shadow-puppet theatre  
**wisma** – office block or shopping centre

**yang di-pertuan agong** – Malaysia's head of state, or 'king'  
**yang di-pertuan besar** – head of state in Negeri Sembilan  
**yang di-pertuan muda** – under-king  
**yang di-pertuan negeri** – governor

# The Authors



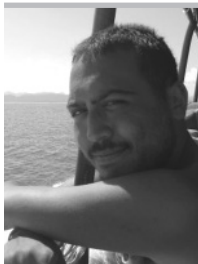
## **SIMON RICHMOND**    **Coordinating Author, Kuala Lumpur, Selangor**

Simon has been travelling frequently to this region since the early 1990s when he first crashed at Singapore's Majestic Hotel – it was anything but Majestic, and certainly not as New as it is today. The experience didn't put him off – on the contrary he's kept on coming back for repeat infusions of Malaysian and Singaporean culture, landscapes, adventure and, crucially, the fantastic range of food. This is the third time the award-winning travel writer and photographer (catch him at [www.simonrichmond.com](http://www.simonrichmond.com)) has helmed this guide, one of several he writes for Lonely Planet as well as other publishers.



## **CELESTE BRASH**    **Negeri Sembilan, Melaka, Johor, Pahang**

Celeste first visited Malaysia while she was studying at Chiang Mai University, Thailand, in 1993 and she later moved to Singapore to teach English. The more of Malaysia she's visited over the years, the more she's fallen in love with it. Malaysian food is her favourite in the world and the country just seems to get better and better with every visit. When not desensitising her taste buds with *sambal*, Celeste lives on Tahiti in French Polynesia with her husband and two children. She's contributed to over a dozen Lonely Planet guidebooks including *Travel with Children*, and her award-winning travel writing has appeared in numerous publications from the *LA Times* to *Islands Magazine*.



## **ADAM KARLIN**    **Perak, Penang, Kedah & Perlis, Terengganu, Kelantan**

Adam Karlin has gotten lucky with Lonely Planet assignments in the past, but *damn*. Really? The Perhentians? And Penang? And Langkawi? Adam's first trip to Southeast Asia was in 1997 as a high school senior; he returned in 2003 to work as a subeditor at the *Vientiane Times* and the *Nation* (Bangkok). He's since gotten an MA from the School of Oriental and African Studies in London with a partial focus on Southeast Asian politics and history. He tries to make it back to this region whenever Lonely Planet isn't sending him around Africa or his native USA.

### **LONELY PLANET AUTHORS**

Why is our travel information the best in the world? It's simple: our authors are passionate, dedicated travellers. They don't take freebies in exchange for positive coverage so you can be sure the advice you're given is impartial. They travel widely to all the popular spots, and off the beaten track. They don't research using just the internet or phone. They discover new places not included in any other guidebook. They personally visit thousands of hotels, restaurants, palaces, trails, galleries, temples and more. They speak with dozens of locals every day to make sure you get the kind of insider knowledge only a local could tell you. They take pride in getting all the details right, and in telling it how it is. Think you can do it? Find out how at [lonelyplanet.com](http://lonelyplanet.com).



## SHAWN LOW

**Singapore**

After 23 hot, sticky and sweaty years in Singapore, Shawn made for the cooler but more temperamental climes of Melbourne in 2001. He found his way into Lonely Planet as a book editor in 2006 (and still constantly pinches himself to see if he's dreaming). Since then, he's done a stint as a commissioning editor and has constantly (sometimes successfully) flirted with the Lonely Planet TV department. Authoring has always been on his 'to do' list and if being paid to return home to write the 'definitive' guide to Singapore sounds like a dream job, it probably is. Note: bruises on his arms are from the constant pinching. OW!



## BRANDON PRESSER

**Sabah, Sarawak, Brunei**

Dreams of Borneo started early for Brandon – long before his first trip to Malaysia over a decade ago. He fondly recalls cutting up a tattered *National Geographic* for a grade school project on Iban warriors. Those fanciful magazine memories were brought to life as he scaled granite summits, swam with schools of sharks, stepped in steaming piles of bat guano and downed shots of cloudy rice wine – all in the name of research, of course. Brandon spends most of the year writing his way around the globe, and has contributed to over a dozen Lonely Planet titles, including *Thailand*, *Thailand's Islands & Beaches* and *Southeast Asia on a Shoestring*.

## CONTRIBUTING AUTHORS

**Dr Trish Batchelor** is a general practitioner and travel medicine specialist who currently works in Canberra, and is Medical Advisor to the Travel Doctor New Zealand clinics. She has just returned from working in Vietnam and has previously worked in Nepal and India. Trish teaches travel medicine through the University of Otago, and is interested in underwater and high-altitude medicine, and the impact of tourism on host countries. She has travelled extensively through Southeast and East Asia.

**Robyn Eckhardt** has called KL home for the last four of her 13 years in Asia. When not reporting on food and travel for publications like *Travel + Leisure*, *Wall Street Journal Asia* and *Time Out Kuala Lumpur*, she can often be found enjoying a cuppa at her favourite *kopitiam*. Robyn wrote the Food & Drink chapter for this edition of *Malaysia, Singapore & Brunei*.

© Lonely Planet. To make it easier for you to use, access to this chapter is not digitally restricted. In return, we think it's fair to ask you to use it for personal, non-commercial purposes only. In other words, please don't upload this chapter to a peer-to-peer site, mass email it to everyone you know, or resell it. See the terms and conditions on our site for a longer way of saying the above - 'Do the right thing with our content.'