

The Awareness and Practice of Essential Oil among Malaysians: Preliminary Findings

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Essential oil (EO) is a subtle, aromatic and volatile liquid extracted from the plant source by distillation process or mechanical methods. EO is used widely to enhance life quality and treat illnesses. Aromatherapy, the art of using EO for therapeutic practice is believed to promote healing process through relaxation especially among people who suffer from some stress-related disorder. The objective of this paper is to examine the socio-cultural practices of EO among Malaysians. A pilot survey was conducted to identify the socio-cultural practices of EO among Malaysian. 96 responses were recorded from both males and females from different educational and employment status. The researchers use Statistical Package for the Social Sciences (SPSS) to analyse the data. The analysis suggests that 89.6% women use EO compared to men. The application of EO is different according to gender, age, economic standing and employment status. This study found that 72.9% choose EO for relaxation, 44.8% to treat physical ailments/illness and 40.6% to reduce stress. Interestingly, 58% of the users obtained knowledge of EO from friends and peers, while 55% from the social media. Indeed, most of the respondents agree that EO can help them maintain their physical and emotional wellbeing. Our data also shows that EO is also applied for other purposes such as beautifying the skin and strengthening the immune system. In conclusion, this study has provided culturally relevant implications of EO usage among Malaysians. Although the clinical support for the effectiveness of EO is scarce, the application of EO is widely accepted and being practiced among Malaysians particularly to maintain their emotional wellbeing.

Keywords: Aromatherapy, Essential oil, Health, Wellbeing

1. Introduction

EO is used widely to enhance the life quality and treat symptoms in patients. However, the scientific evaluation of how the oil itself work to the human body is rather scarce (Hongratanaworakit, 2011). EOs are widely believed that they can be absorbed through the skin due to its micro particle properties and penetrates into the bloodstream which will promotes health wellness. Aromatherapy was identified to be practiced by most of the ancient Eastern civilizations such as China, India and Egypt at least 6000 years before (Hutapea, 2016). Contemporary usage of EO and aromatherapy has its origins in traditional plant medicine. The modern form of EO usage dates from the early twentieth century in France. René-Maurice Gattefossé and Jean Valnet were the first to discover the medical use of essential oils (Barcan, 2014). Today, many studies about EO have been conducted. However, still they offered very little in the way of scientific evidence on the efficacy of EO on patients and were reported in a rather less scientific way (Lis-Balchin, 1997).

The National Centre for Complementary and Alternative Medicine has stated that biologically based therapies was among the most practised alternative therapy in the United States (NCCAM, 2011). Snyder and Lindquist (2009) have categorised EO and aromatherapy in the biologically based therapies as it is naturally derived from plant substances. In Malaysia, the usage of EO can be considered as a new trend. In addition, EO industry in Malaysia was almost non-exist (Hunter, 2009). This was discussed under the issue of producing EO in a production scale. However, the application of EO products in Malaysia might be sustained by the flooding of EO products and brands from the United States, France, Indonesia and the Middle-east countries. In the recent decade, people start to have the feeling that natural is better, safer and healthier compared to the artificial product. Thus, they start to have a strong preference for things that are natural and organic (Rozin et al., 2004). In order to understand why EO is preferred, this paper attempts to examine the socio-cultural practices of EO among Malaysians.

2. Literature Review

In the early century, EOs are used in traditional healing practices. However, the scientific investigation into the therapeutic benefits of specific EO is fairly recent. While existing studies are not conclusive, a number of studies have pointed out some promising uses, effectiveness and benefits of using EO. In Korea for instance, researchers have proven that EO was among the best natural remedies to reduce menopausal symptoms among climacteric women (Choi et al., 2014; Hur, Yang and Lee, 2008). Besides, EO is also being practiced to treat pain and ailments (Lakhan, Sheaffer and Tepper, 2016; Hutapea, 2016; Apay et al., 2012; Setzer, 2016). Recent trend shows that the study of EO usage is meant to relieve pregnancy discomfort symptoms and to reduce labour pain among women (Pasha et al., 2012; Namazi et al., 2014). In addition, there are many cases reported of clinical aromatherapy which is used for relaxation, release stress and uplift the emotional concern (Hongratanaworakit, 2011; Bekhradi and Vakilian, 2016; Sanchez-Vidana et al., 2017).

However, little is known about EO consumption and exposure among the public society. Thus, Dornic et al. (2016) have conducted a study which aims to explore the usage of patterns in aromatherapy among the French general population. In a similar vein, Fitzgerald et al. (2007) have also started to make connection between EO usage and some social aspects by studying the effect of gender and ethnicity on children's attitudes and preferences for essential oils in Minnesota, United States. More importantly, research on EO from the social and cultural point of view in the Malaysian context is very limited. Thus, this paper attempts to address that gap.

3. Materials and Methods

This research employed quantitative approach. To obtain relevant data, a questionnaire was designed. Briefly, key questions directed the respondent to discuss the practice of EO usage and the experience that most concern to them, as well as to identify their awareness toward EO usage. The questionnaire has two parts. The first part addresses respondents' personal background like gender, age, educational level, income level and employment status. The second part focuses on the cultural practices of EO. It includes the frequency of using EO, the purpose of using EO, source of information and others. All items are measured *with a 5-point Likert scale*. A pilot study was conducted from October until November 2017 to test the validity and reliability of the questions. 88 respondents from various background participated in the pilot study. The respondents were selected using the random sampling technique. All information was gathered and statistically analysed using the Statistical Package for the Social Sciences (SPSS).

4. Findings and Discussion

4.1 Socio-demographic background of the participants

The participants' demographic characteristics are described in the table below:

Table 1: Socio-demographic information

Items		Age group, n=88				
		15 - 20	21 - 30	31 - 40	41 - 50	above 51
Gender	Male	-	6	3	-	-
	Female	10	50	16	2	1
Marital Status	Single	-	10	34	5	-
	Married	-	22	14	2	1
Ethnicity	Malay	10	55	15	2	1
	Chinese	-	1	2	-	-

	Indian	-	-	-	-	-
	Others	-	-	2	-	-
Education Level	Secondary	6	1	-	-	-
	Certificate/ Diploma	2	4	3	-	1
	Undergraduate	2	45	11	1	-
	MA/ PhD	-	6	5	1	-
Employment Status	Student	10	25	-	-	-
	Self-employed	-	9	4	1	1
	Employed for wages	-	19	14	1	-
	Unemployed	-	3	1	-	-
Income Level	Below RM 1,000	9	34	2	1	1
	RM 1,001 - RM 5000	1	21	9	-	-
	RM 5,001 - RM 10,000	-	1	8	-	-
	Above RM 10,001	-	-	-	1	-

Based on Table 1, EO usage is higher among respondents whose age is 21 and above compared to teenagers or children. This finding confirms previous study by Vuckovic and Nichter (1997) who documented age as a factor which influences self-medication. The table further depicts that males are less frequent to use EO compared to women. Most respondents have completed their first degree which indicates that the use of EO is common among educated group.

Table 2: Frequency of EO usage based on monthly income

Monthly income	Frequency of using EO			
	Everyday	Once a week	Once a month	Rarely
Below RM 1,000	7	6	6	28
RM 1,001 - RM 5000	10	5	2	14
RM 5,001 - RM 10,000	4	2	-	3
Above RM 10,001	-	-	1	-
Total	21	13	9	45

Interestingly, respondents whose income level is higher tend to purchase EO compared to other income group. As reported in Table 2, respondents whose income is below than RM 1,000 rarely use EO. Respondents who earn more than RM 1,001 are likely to use EO.

4.2 Socio-cultural practices of EO among Malaysians

As shown in Figure 1, most respondents (73%) choose EO for relaxation. Inhalation of odours may activate the limbic system generating an effect on arousal and emotional response. Smelling an EO may evoke memories and feelings, and recollection of pleasant, scent, associated memories might be related to positive emotional connections leading to general relaxation and stress reduction (Fitzgerald et al., 2007). 43% choose EO due to its capability to treat ailments. These ailments include relieving sore muscles to treating influenza. 41% believed that EO is capable to reduce stress. This is done through inhalation of EO and external application, i.e massage oil.

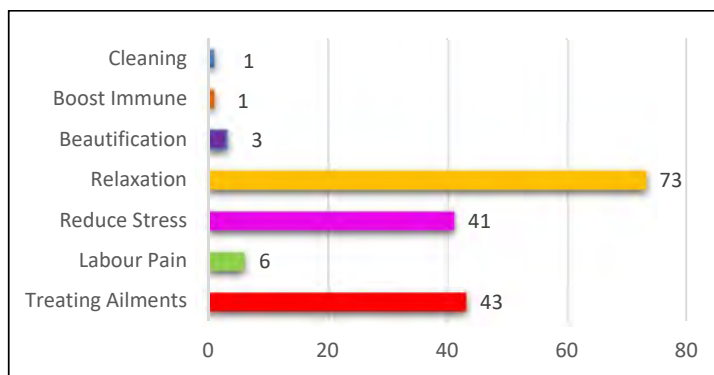


Figure 1: Purpose of using EO

EO and aromatherapy are two options available without prescription. Consumers do not have to seek doctor's advice, resulting in saving of time and money (Vuckovic and Nichter, 1997). In recent years, aromatherapy has become increasingly popular in the consumer culture. Thus, it is essential to understand the motives behind EO usage/preference as well as the ideology of health and wellness that is embraced by individuals.

Figure 2 shows that 51% of the respondents answered they rarely use EO. This population is among students. Interestingly, the number of people that consumes EO on a daily basis is 24%. These people are the working group, have a strong purchasing power and the urgency towards EO usage. EO can be considered as expensive item and less widely found compared to synthetic fragrances. Therefore, those who can afford to purchase EO enjoy both material privileges and cultural capital (Barcan, 2014).

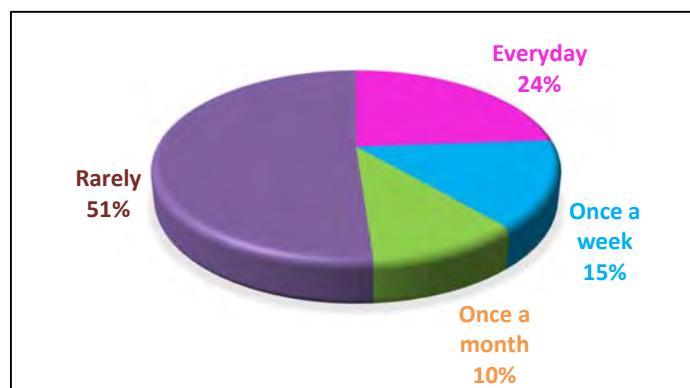


Figure 2: Frequency of using EO

The common application of EO is for external use (75%) as reported in Figure 3. This includes diluting EO massage oil, spray and inhalation. Other than that, 49% use EO by diffusing it to the air. Usually, EO frequent users may have their own diffuser either the electric mist diffuser or a candle burner. The type of EO diffused might be different according to their needs. Ingestion is the least popular method of using EO. Not all EOs are suitable and safe to be ingested. In other words, they need to be diluted before they come into contact with the human body. EO such as lemon oil is commonly used to treat influenza and flu either by external, diffusion or ingestion (Anon, 2013).

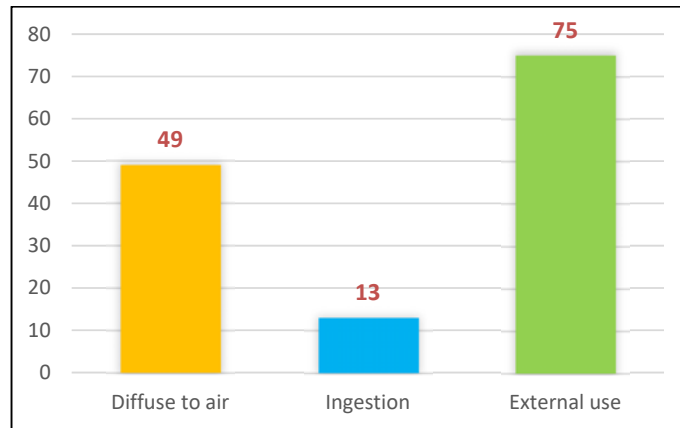


Figure 3: Methods of using EO

Another important element that determines the use of EO is the place or space that the users apply EO (see Figure 4). The findings show that 74% of the respondents use EO at home as home remedies. It is more convenient to use EO at home particularly to treat less severe illnesses such as insect bites, bloating, muscle sore and many more. They apply EO on themselves or on other family members such as spouse and children. On the other hand, 14% use EO in spas mostly for relaxation purposes. The need to escape from stressful environment, clear the mind and connect with friends and family are some reasons people go to spas. They wanted to be pampered, feel comfortable and well looked after (Bowden, 2009). 12% use EO in their offices. EO is a great tool to create a good working ambience in the office and also to reduce the workload stress among the workers.

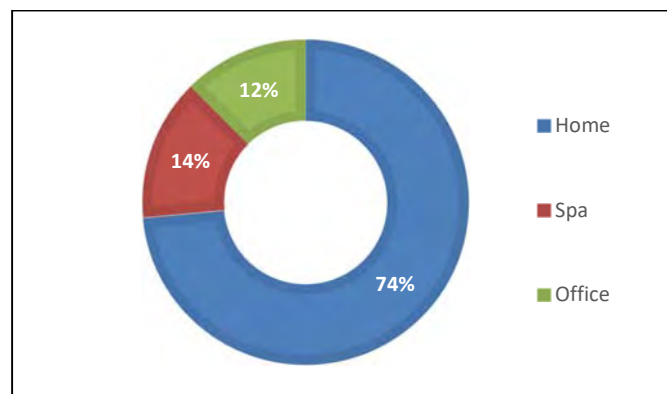


Figure 4: Place using EO

As shown in Figure 5, 22% of the respondents claimed that they first heard about EO from friend and peers. 21% obtained information about EO from the social media and 16% from the internet. Today, these platforms are crucial in disseminating information about EO. 16% reported that the family is responsible to provide information about EO. Nevertheless, only 2% sought information from more reliable sources like hospital or clinic. However, these places do not contribute significantly to EO practises as it is not a part of allopathic treatment but merely an alternative and traditional one.

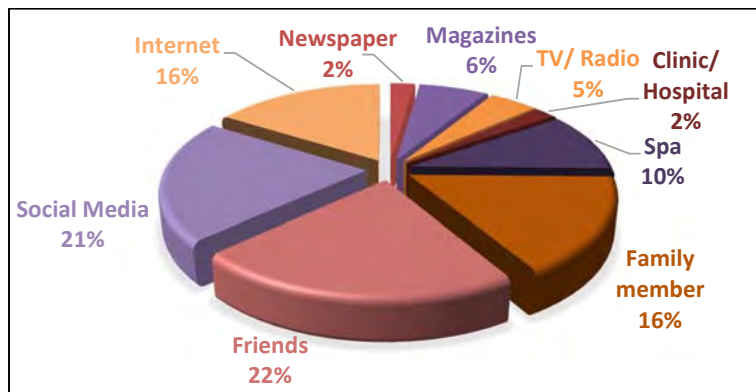


Figure 5: Source of information about EO

5. Conclusion

The availability of EO products in Malaysia indicates the degree of acceptability and incorporation of alternative form of treatment into the mainstream Malaysian culture. Several factors have contributed to the increase of this self-medication and alternative treatment. This may broadly considered in relation to three issues: popular health ideology framed around perceptions of illness and health upon using EO, the impact of mass media and advertising and lastly the usage of EO itself was effective and functional to the users. In conjunction with National Key Economic Area (NKEA) under the Economic Transformation Programme (ETP) on healthcare industry, the government emphasised on the re-energization of healthcare through customer experiences. There are three key sub-sectors of the larger healthcare eco-system, namely pharmaceuticals and biotechnology, medical technology, and health services, have delivered strong performances relative to the larger, more traditional economic sectors (PEMANDU, 2011). EO is extensively available and used in spas. Malaysia Healthcare Travel Council (MHTC) has projected that wellness travel is one of the fastest growing trends in medical tourism today. The report also mentioned that due to improved economic conditions worldwide, the destination spa segment is expected to grow even more over the next five years and that wellness tourists are the primary customers for destination spas with 15% of them visiting these spas while on their trip. As part of NKEA, medical and wellness travel is seen to have a huge potential to boost the nation's economy (MHTC, 2016).

Indeed, this research can be utilized as a reference in order to understand the socio-cultural aspect in the practice and experience of EO usage among Malaysians. Status quo shows that the physical science approach mostly dominates most of the studies in EO. Thus, this study shows that EO usage can be understood in the social and cultural context. Further multidisciplinary research should be conducted to discover the pattern of EO usage in a more holistic manner. By doing so, we are able to understand more why EO and aromatherapy became accepted as such. In conclusion, this study is pertinent to social scientists because how EO is seen and experienced are greatly influenced by the socio-cultural aspects.

6. References

- Anon, 2013. *Lemon Essential Oil Uses | Young Living Lemon Oil*. [online] Available at: <<https://www.youngliving.com/>> [Accessed 15 Nov. 2017].
- Apay, S.E., Arslan, S., Akpinar, R.B. and Celebioglu, A., 2012. Effect of aromatherapy massage on dysmenorrhea in Turkish students. *Pain Management Nursing*, 13(4), pp.236–240.
- Barcan, R., 2014. Aromatherapy oils: commodities, materials and essences. *Cultural Studies Review*, 20(2), pp.141–71. <http://dx.doi.org/10.5130/csr.v20i2.3615>
- Bekhradi, R. and Vakilian, K., 2016. The effect of lavender aromatherapy on test anxiety in female students. *Current Women's Health Reviews*, 12(2), pp.1–4.

- <http://dx.doi.org/10.2174/1573404812666161021114923>
- Bowden, D., 2009. *Spas: a 21st-Century Perspective*. [online] Tourism Insight. Available at: <<http://www.insights.org.uk/>> [Accessed 10 Nov. 2017].
- Choi, S.Y., Kang, P., Lee, H.S. and Seol, G.H., 2014. Effects of inhalation of essential oil of *Citrus aurantium* L. var. *amara* on menopausal symptoms, stress, and estrogen in postmenopausal women: a randomized controlled trial. *Evidence-based Complementary and Alternative Medicine*, 2014, pp.1–7. <http://dx.doi.org/10.1155/2014/796518>
- Dornic, N., Ficheux, A.S., Roudot, A.C., Saboureau, D. and Ezzedine, K., 2016. Usage patterns of aromatherapy among the French general population: a descriptive study focusing on dermal exposure. *Regulatory Toxicology and Pharmacology*, 76(January), pp.87–93. <http://dx.doi.org/10.1016/j.yrtph.2016.01.016>
- Fitzgerald, M., Culbert, T., Finkelstein, M., Green, M., Johnson, A. and Chen, S., 2007. The effect of gender and ethnicity on children's attitudes and preferences for essential oils: a pilot study. *The Journal of Science and Healing*, 3(4), pp.378–385. <http://dx.doi.org/10.1016/j.explore.2007.04.009>
- Hongratanaworakit, T., 2011. Aroma-therapeutic effects of massage blended essential oils on humans. *Natural Product Communications*, 6(8), pp.1199–204.
- Hunter, M., 2009. *Essential oils: art, agriculture, science, industry and entrepreneurship (a focus on the Asia-Pacific region)*. New York: Nova Science Publishers.
- Hur, M.H., Yang, Y.S. and Lee, M.S., 2008. Aromatherapy massage affects menopausal symptoms in Korean climacteric women: a pilot-controlled clinical trial. *Evidence-based Complementary and Alternative Medicine*, 5(3), pp.325–328. <http://dx.doi.org/10.1093/ecam/nem027>
- Hutapea, L.M.N., 2016. Massage and inhalation aromatherapy as alternative medicine in pain management of primary Dysmenorrhea. *Journal of International Scholars Conference*, 1(5), pp.100–110.
- Lakhan, S.E., Sheaffer, H. and Tepper, D., 2016. The effectiveness of aromatherapy in reducing pain: a systematic review and meta-analysis. *Pain Research and Treatment*, 2016, pp.1–13.
- Lis-Balchin, M., 1997. Essential oils and aromatherapy: their modern role in healing. *Royal Social Health Journal*, 117(5), pp.324–329.
- MHTC, 2016. *Wellness and Medical Tourism: Opportunity for Travel Agents | Malaysia Healthcare Travel Council (MHTC)*. [online] Available at: <<https://www.mhtc.org.my/>> [Accessed 14 Nov. 2017].
- Namazi, M., Akbari, S., Mojab, F., Talebi, A., Majd, H. and Jannesari, S., 2014. Aromatherapy with *Citrus Aurantium* oil and anxiety during the first stage of labor. *Iranian Journal of Obstetrics, Gynecology and Infertility*, 17(111), pp.20–29. <http://dx.doi.org/10.5812/ircmj.18371>
- NCCAM, 2011. *Exploring the science of complementary and alternative medicine, third strategic plan 2011-2015*. [online] Available at: <<http://nccam.nih.gov/>> [Accessed 4 Nov. 2017].
- Pasha, H., Behmanesh, F., Mohsenzadeh, F., Hajahmadi, M. and Moghadamnia, A.A., 2012. Study of the effect of mint oil on nausea and vomiting during pregnancy. *Iranian Red Crescent Medical Journal*, 14(11), pp.727–30. <http://dx.doi.org/10.5812/ircmj.3477>
- PEMANDU, 2011. *Healthcare*. [online] Available at: <<http://etp.pemandu.gov.my/annualreport2011/>> [Accessed 14 Nov. 2017].
- Rozin, P., Spranca, M., Krieger, Z., Neuhaus, R., Surillo, D., Swerdlin, A. and Wood, K., 2004. Preference for natural: instrumental and ideational/moral motivations, and the contrast between foods and medicines. *Appetite*, 43(2), pp.147–154. <http://dx.doi.org/10.1016/j.appet.2004.03.005>
- Sanchez-Vidana, D.I., Ngai, S.P.C., He, W., Chow, J.K.W., Lau, B.W.M. and Tsang, H.W.H., 2017. The Effectiveness of Aromatherapy for Depressive Symptoms: A Systematic Review. *Evidence-based Complementary and Alternative Medicine*, 2017(January), pp.1–21. <http://dx.doi.org/10.1155/2017/5869315>
- Setzer, W.N., 2016. Essential oils as complementary and alternative medicines for the treatment of influenza. *American Journal of Essential Oil and Natural Products*, 4(4), pp.16–22.

- Snyder, M. and Lindquist, R. eds., 2009. *Complementary & Alternative Therapies in Nursing*. Sixth ed. New York: Springer Publishing Company.
- Vuckovic, N. and Nichter, M., 1997. Changing patterns of pharmaceutical practice in the United States. *Social Science & Medicine*, 44(9), pp.1285–1302. [http://dx.doi.org/10.1016/S0277-9536\(96\)00257-2](http://dx.doi.org/10.1016/S0277-9536(96)00257-2)