INTRODUCTION

THERE is little difference in the admission rates for schizophrenia for males and females in England and Wales (Mayer-Gross, Slater and Roth, 1970), in the United States (Solomon and Patch, 1971) and in Japan (Rin, 1969). This does not appear to be the case in Malaysia and Singapore. Tan (1964) reported a male to female sex ratio of 1.8:1 in 1321 patients, ninety percent of whom were diagnosed as schizophrenia, admitted to Tampoi Mental Hospital, Malaysia. Kok (1975) reported a male to female ratio of 2.4:1 in sixty one consecutive schizophrenic admissions to the Singapore Mental Hospital. It is unknown whether the reported sex difference of schizophrenic admissions in Malaysia and in Singapore is as a consequence of males preferentially seeking medical help or whether the sex difference of schizophrenic admissions is a true reflection of a differing sexual incidence of schizophrenia in these communities.

The aim of this study was to investigate the characteristics of new admissions diagnosed as schizophrenia to the Psychiatric Department of the General Hospital, Kuala Lumpur, in order to replicate the findings of Tan (1964) and to determine whether an observed difference in the sex ratio of schizophrenic admissions could be accounted for by any of the three major ethnic groups, namely Malay, Chinese and Indian.

METHODOLOGY

Biographical data, including age, sex and race of all admissions to the Psychiatric Department are recorded as a routine. During 1977 and 1978 the total first psychiatric admissions diagnosed as functional psychoses were respectively 759 and 748 of whom 601 and 624 were diagnosed as schizophrenia. Of the first schizophrenic admissions a total of eleven males and eight females under age 16 years were excluded from the study on the basis that the diagnosis of schizophrenia in children and young adolescents is unreliable (Creak, 1963). A further ten patients of ethnic groups other than Malay, Chinese or Indian were also excluded. Each new admission was diagnosed by one of three consultant psychiatrists, including one of the authors (S.H.), whose total post graduate experience was 50 years.

Source of referral during 1977 and 1978 of all new psychiatric admissions were: Psychiatric Out-patient Department 30%, Out-patient Department of the General Hospital (which includes the Casualty Department) 67%, and other wards of the General Hospital 3%.

RESULTS

Distribution by race and sex of first schizophrenic admissions to the Psychiatric Department during 1977 and 1978 are summated and given in Table 1. For comparison the total number of first admissions by race and sex to other departments of the General Hospital, excluding the Paediatric
TABLE I

General Hospital and Schizophrenic First Admissions by Race and Sex

<table>
<thead>
<tr>
<th></th>
<th>MALAY</th>
<th>CHINESE</th>
<th>INDIAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>General Hospital</td>
<td>8929(19%)</td>
<td>7839(17%)</td>
<td>9148(19%)</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>279(23%)</td>
<td>145(12%)</td>
<td>310(26%)</td>
</tr>
</tbody>
</table>

and Maternity Departments, during 1978 is also given.

Age, race and male to female sex ratios of first schizophrenic admissions for 1977 and 1978 have been summated and are shown in Table II.

The male to female sex ratio for Malay first schizophrenic admissions prior to summation was greater than that for Malay first admissions to other departments of the General Hospital in nine of ten age groupings. The difference was significant at the 0.05 level (Sign Test). A similar trend for the Chinese did not reach significance.

TABLE II

Age, Race and Sex Ratio of First Schizophrenic Admissions

<table>
<thead>
<tr>
<th>Age:</th>
<th>MALAY</th>
<th>CHINESE</th>
<th>INDIAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Sex Ratio M/F</td>
</tr>
<tr>
<td>16—20</td>
<td>47</td>
<td>28</td>
<td>1.67</td>
</tr>
<tr>
<td>21—30</td>
<td>144</td>
<td>64</td>
<td>2.25</td>
</tr>
<tr>
<td>31—40</td>
<td>49</td>
<td>27</td>
<td>1.81</td>
</tr>
<tr>
<td>41—50</td>
<td>20</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Over 50</td>
<td>19</td>
<td>6</td>
<td>3.17</td>
</tr>
<tr>
<td>Total</td>
<td>279</td>
<td>145</td>
<td>1.93</td>
</tr>
</tbody>
</table>
DISCUSSION

Significantly more Malay males than females were admitted with a diagnosis of schizophrenia. Predominance of male compared to female schizophrenic admissions in Malaysia (Tan, 1964) and in Singapore (Kok, 1975) have been reported and are in contrast to the similar sex distribution of schizophrenic patients admitted to hospitals in Japan (Rin, 1969), Hawaii (Maretzki and Nelson, 1969) and in Western societies (Mayer-Gross, Slater and Roth, 1970). The explanation for the observed sex difference among Malays, and to a lesser extent among Chinese, in this study is not clear. Sex distribution among the Indian schizophrenic patients is approximately equivalent as are the sex distributions among the three ethnic groups admitted to other departments of the General Hospital and in the population of Selangor (Census of Malaysia, 1970).

Malaysian studies report that Indians, who comprise 10% of the population, avail themselves more readily of psychiatric and other hospital facilities compared to Chinese and Malays (Tan and Simons, 1971) and this appears to be supported by this study. However from Table 1 it can be seen that there is a higher percentage of admissions of male and female Indians and females Malays to other departments compared to the Psychiatric Department of the General Hospital. A possible explanation for this finding is that Indians and female Malays compared to Chinese and male Malays have a higher morbidity of illnesses other than psychiatric. An alternative explanation is that, providing that the Incidence of schizophrenia in the community is similar for both sexes, schizophrenic illness is tolerated better among Indians and female Malays groups than other illnesses requiring hospital admission. In contrast Malay males and particularly Chinese males are admitted relatively more frequently to the Psychiatric Department with schizophrenia than to other departments of the General Hospital.

Psychotic behaviour in some Malaysian communities appears to be well tolerated. The authors have seen patients with a ten year history of obvious psychotic behaviour who are brought to hospital for the first time because dangerous or unmanageable symptoms supervened. It seems reasonable to suppose that among the Malays and Chinese similar behaviour in females compared to males is less threatening and more readily brought under control by relatives. In addition there may be less inclination for relatives to seek medical attention for females than males with schizophrenia since males are expected to be employed and to financially support the family. These factors do not appear to influence the Indian population where male and female admission rates are similar.

The possibility remains that the increased frequency of Malay schizophrenic males compared to females admitted to the Psychiatric Department may reflect an unequal sex distribution of schizophrenia among the Malays in the community.

SUMMARY

Previous studies in Malaysia and in Singapore report a higher schizophrenic admission rate for males than for females and this is in contrast to findings in Western societies. Characteristics by age, sex and race of 596 and 619 first schizophrenic admissions during 1977 and 1978 respectively to the Psychiatric Department, General Hospital, Kuala Lumpur were examined. It was found that the male to female sex ratio for Malay schizophrenic admissions was significantly higher than male to female sex ratio for Malays to other departments of the hospital. A similar trend for the Chinese did not reach significance. Possible reasons for these findings are discussed.

ACKNOWLEDGEMENT

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REFERENCES


