

## PARASUICIDES IN KUALA LUMPUR A DESCRIPTIVE STUDY

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### SYNOPSIS

This study presents the demographical characteristics of 271 cases of parasuicide seen at the Psychiatric Clinic, General Hospital, Kuala Lumpur, during 1982. The majority of cases were women in the 20 — 30 year age group, from a lower economic class, with minimal education. About one-half were single and 61.5% were actively religious. The racial breakdown was Indians 55%, Chinese 32% and Malays 13%. Self-poisoning using easily available drugs was the most common method employed and more than one-half intended to die at the time of the suicidal act. Most attempts were impulsive, carried out while alone, inside the house. The findings are discussed and compared with earlier studies of attempted suicides in Malaysia and Singapore.

### INTRODUCTION

Although several papers on parasuicides in South East Asia have been published (1, 2, 3, 4, 5), the subject has by no means been exhausted and it retains its importance as one parameter reflecting social discomfort in a society. The purpose of this study is to present basic demographical data concerning all parasuicidal patients seen at the Psychiatric Unit, General Hospital, Kuala Lumpur\* during the year 1982. The material is broken down by race, Indian, Chinese, or Malay and covers the following areas: age, sex, marital status, educational attainment, occupational level, living arrangements, religious involvement, the degree of suicidal intent, the method employed, and the member of previous attempts. A follow up paper will discuss reasons given for the suicidal attempt.

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**TABLE 1**  
**AGE OF PARASUICIDES BY SEX AND RACE**

AGES IN YEARS	MALAY		INDIAN		CHINESE		TOTAL M/F		TOTAL NO.	TOTAL (%)	RATIO M:F
	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)		(%)	
10 – 19	1 ( .4)	8 ( 3)	4 ( 1.5)	25 ( 9.2)	3 (1.1)	13 ( 4.8)	8 (3)	46 (17)	54	(20)	1:5.75
20 – 29	1 ( .4)	17 ( 6.3)	17 ( 6.3)	72 (26.6)	14 (5.2)	28 (10.3)	32 (11.9)	117 (43.2)	149	(55.1)	1:3.65
30 – 39	2 ( .7)	4 ( 1.5)	5 ( 1.8)	12 ( 4.4)	1 ( .4)	18 ( 6.6)	8 ( 2.9)	34 (12.5)	42	(15.4)	1:4
40 – 49	—	1 ( .4)	4 (1.5)	5 ( 1.8)	—	5 ( 1.8)	4 ( 1.5)	11 ( 4 )	15	( 5.5)	1:2.75
50 – 59	—	—	2 ( .7)	2 ( .7)	2 ( .7)	1 ( .4)	4 ( 1.5)	.3 ( 1.1)	7	( 2.5)	1: .75
60 – 69	1 ( .4)	—	1 ( .4)	—	2 ( .7)	1 ( .4)	4 ( 1.5)	—	4	( 1.5)	4:0
TOTAL	5 (1.8)	30 (11.1)	33 (12.2)	116 (42.8)	22 (8.1)	65 (24)	60 (22.1)	211 (77.9)	271	(100)	AVERAGE 1:3.5

## MATERIALS AND METHODS

Two-hundred and ninety cases of attempted suicide were assessed at the Psychiatric Clinic, GHKL, during the year 1982. We excluded 19 of these cases from our study that did not fall into one of the three major Malaysian racial groupings, Malay, Chinese or Indian<sup>22</sup>. Excluded were Thais, Ibans, Indonesians and Eurasians. This study, then, covers 271 parasuicide patients and this figure represents almost one-half (47%) of all parasuicide patients admitted to any Ward in GHKL from 1.1.82 to 31.12.82. According to the GHKL admissions register there were 577 cases of parasuicide admitted during 1982 (6).

All hospital wards were informed of our project before it commenced and were requested to refer all parasuicide cases to the Psychiatric Clinic before discharging them. We saw all the cases referred. Our data is based on a fifty-item questionnaire that we previously developed and used as a guide for the initial interview. Each questionnaire was filled in by one of the authors, during or after the interview and it encompassed basic demographical data, a brief personal, family, and health history, and circumstances leading up to and reasons for the suicidal act itself. Usually the patient was interviewed alone, but occasionally a nurse, relative, or close friend was present to act as an interpreter when the patient spoke a language other than Malay or English. Relatives were interviewed to confirm the patients history.

Our criteria for "parasuicidal" was not rigid and included patients referred who we strongly suspected has been deliberate in their suicidal attempt though who denied any suicidal intent, claiming the self-poisoning had been accidental or a mistake. Some patients with an obvious suicidal intent are known to deny it because they feel ashamed or guilty (7). And this is particularly true in Malaysia and Singapore where "attempted suicide" is an offence and automatically a police case (2).

## RESULTS

### Age and Sex

The majority of suicidal attempts, 55%, were carried out by the 20 — 29 year old age groups. The 10 — 19 year olds accounted for an additional 20% of the attempts, with all but 7 of these 54 youngsters being between 15 — 19 years old. The third largest age grouping, the 30 — 39 year olds, represented 15.4% of the sample. Only 9.5% were over age 39 and of the 1.5% of parasuicides in the oldest grouping, the 60 — 69 year olds, all were males with a serious intention of dying (Table 1). Other previous studies in Malaysia and Singapore also reported that the highest number of attempted suicides occurred among the 20 — 29 year olds (3, 4, 5).

More than two-third of our attempters were women, 77.9%, making the average male to female ratio 1:3:5. However if the male/female ratio is compiled separately for each age grouping, it is found that for the 10 — 19 year olds males are out-numbered by females at a higher ratio of 1:5.75 and thereafter the male rate rises in relation to females until by the 40 — 49 year old group it is 1:2.75. It is among the 50 — 59 year olds that males first overtake females at the ratio of 1:75. Only four patients were seen over 59 and all were male. Even though this picture is similar to earlier studies in the region, our male/female ratio is the highest found. Chia and Tsoi reported a 1:2

male/female ratio in Singapore (4) and Haq reported it to be 1:3 in his Malaysian study (5).

### Race

According to the 1970 Malaysian Census, the racial breakdown of Kuala Lumpur municipality, population 451,986, was Malays 25%, Chinese 55% Indians 19% and others 1%(8). However the racial composition of the total number of admissions to the GHKL during 1982 (67,512 patients), was Malays 42%, Chinese 31%, and Indians 25% (6). Assuming that the 1970 racial distribution in Kuala Lumpur has not changed too significantly, one could conclude that Malays and Indians are using the GHKL more than their percentage of the population would suggest and the Chinese using it less. Next, examining the racial composition of the 577 total GHKL parasuicide admissions in 1982, it is found that 50% were Indians, 29% Chinese, and only 21% Malays. Comparing these latter percentages to those for total overall admissions, it is clear that for total parasuicide admissions Indians are significantly over-represented and Malays significantly under-represented\*. Finally, the racial composition of the 271 cases seen by the authors at the Psychiatric Clinic, GHKL, was Indians 54.9%, Chinese 32.1%, and Malays only 12.9%. So while this racial composition is similar to that above for total parasuicide admissions to GHKL for Indians and Chinese only, Malays are again significantly under-represented (Table 2). Possible reasons for these findings are suggested in the discussion.

### Marital Status

Exactly one-half of the subjects were single, 45.2% were married, and 4.8% were either separated, divorced, or widowed. The number of singles being approximately equal to the number of married and others held for all groups except Chinese males. Among the male Chinese parasuicides, 18% were single (Table 3). Thus for parasuicidal behavior marital status does not appear to be a risk factor among these patients.

### Educational Attainment

As shown in Table 4, 51.7% of the sample had a complete or partial primary education or none at all. Of the 14% with no education, two-thirds of this group were Chinese or Indian females. 46.9% completed or had some exposure to secondary school. And only 1.4% had any higher education, a female University graduate and three nurses. According to the 1970 Malaysian Census, 43.5% of the general population had no education, 42.6% had some or a complete primary education, and 13.9% had secondary or higher studies (9). Thus whereas our sample is better educated than the 1970 general population, this probably reflects the overall improvement in the Malaysian educational system over the last decade and the fact that the younger age group, especially in urban areas are attending school longer.

### Occupation

More than four-fifths of the group, 87.1% fell into either the semi-skilled, unskilled or unemployed category. Of the 36.2% unemployed, 32.1% were female. However 53 out

**TABLE 2**  
**TOTAL NO. OF ADMISSIONS TO GHKL, TOTAL NO. OF PARASUICIDE ADMISSIONS TO GHKL**  
**AND TOTAL NO. OF PARASUICIDES SEEN AT PSYCHIATRIC CLINIC GHKL, BY RACE FOR 1982**

	MALAYS		INDIANS		CHINESE		TOTAL	
	NO.	(%)	NO.	(%)	NO.	(%)	NO.	(%)
No. of total admissions to GHKL 1982	28,732	(42.5)	17,300	(25.5)	21,480	(32)	67,512	(100)
No. of parasuicide Admissions to GHKL 1982	120	(21.0)	289	(50.0)	168	(29)	577	(100)
No. of parasuicide admissions referred to the Psychiatric Clinic, GHKL 1982	35	(13.0)	149	(55.0)	87	(32)	271	(100)

**TABLE 3**  
**MARITAL STATUS OF PARASUICIDES BY SEX**

STATUS	MALE		FEMALE		TOTAL	
	NO.	(%)	NO.	(%)	NO.	(%)
Single	35	(13)	100	(37)	135	(50)
Married	20	(7.3)	103	(38)		
Divorced	—	—	4	(1.4)	4	(1.5)
Separated	1	(0.4)	3	(1.1)	4	(1.5)
Widowed	4	(1.4)	1	(0.4)	5	(1.8)
Total	60	(22.1)	211	(77.9)	271	(100)

**TABLE 4**  
**EDUCATIONAL LEVEL OF PARASUICIDES BY SEX AND RACE**

Education	MALAY		INDIAN		CHINESE		TOTAL M/F		TOTAL	
	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	NO.	(%)
None	—	2 (0.7)	3 (1.1)	21 (7.7)	1 (0.4)	11 (4)	4 (1.5)	34 (12.5)	38	(14)
Primary	2 (0.7)	8 (3)	12 (4.4)	42 (15.5)	10 (3.7)	28 (10.3)	24 (8.9)	78 (28.8)	102	(37.7)
Secondary	3 (1.1)	18 (6.6)	18 (6.6)	51 (18.8)	11 (4)	26 (9.6)	32 (11.8)	95 (35.1)	127	(46.9)
Higher	—	2 (0.7)	—	2 (0.7)	—	—	—	4 (1.4)	4	(1.4)
Total	5 (1.8)	30 (11.0)	33 (12.1)	116 (42.7)	22 (8.1)	65 (23.9)	60 (22.2)	211 (77.8)	271	(100)

of these 87 unemployed women were married housewives. Only 5.9% of our sample held skilled or professional positions (Table 5). Our findings support other studies (2, 10) that the upper classes are under-represented among parasuicide patients. However our hospital, being public, caters to those who cannot afford treatment at one of the numerous private medical facilities in the city. So we would agree with Stengel that perhaps attempted suicide is as frequent among the higher classes but not reported. Of course this is only speculation and it is equally plausible that the upper handle crisis in a different manner.

### Living Arrangements

Being a city hospital it is to be expected that the majority of GHKL patients live in an urban setting. Of these parasuicides 79% lived in Kuala Lumpur city, 11% were from nearby small towns, and 10% were rural dwellers. 70% of this rural group were Indians from rubber estates. At the time of the suicide attempt, 87% of the cases were living with their family, 10% stayed with unrelated persons, and only 3% (all Chinese) lived alone (Tables 6 and 7).

### Method Employed

As shown on Table 8, 92.6% of the parasuicides chose as their method self-poisoning. 43.5% swallowed an overdose of an easily attainable oral medication such as tranquilizers, aspirin, or asthma tablets. An additional 13.7% took a common non-oral medication such as skin liniments (IMS). Thus 57.2 took an easily available common household oral or non-oral medication, the same percentage Chia and Tsoi found abusing these drug types in their Singapore study (4).

19.9% ingested a noxious household substance such as chlorox, kerosene, ammonia, or detergent and 15.5% survived an insecticide overdose. Most of the patients abusing insecticides or weed killers were Indians (11.9%) and many came from the estates where pesticides are frequently sprayed.

Only 7.4% chose physical injury as their method for attempting suicide and most of these patients were Chinese (2.2% Chinese males and 2.6% Chinese females). Eleven of these twenty cut their wrists and five were males over fifty with serious intentions of dying.

### Suicidal Intent

All patients were asked to recall their intention immediately prior to the suicidal act itself, whether they really wished to die, wished not to die, or were not very sure. More than one-half (53.1%) responded that they intended to die, 27.7% did not wish to die maintaining that the act was accidental or an attention-seeking gesture, and 19.2% were not sure (Table 9). These figures must be interpreted with caution, however, as wishing to die in a frustrating situation certainly involves motivational conflict and ambiguity.

### Number of Previous Attempts

Forty-six out of these 271 patients (17%) had attempted suicide on at least one previous occasion and several had engaged in multiple attempts. 82.6% of these repeaters were women (Table 10). Chia & Tsoi report, in contrast, that in their Singapore study only 2.4% of the sample were repeaters with males outnumbering females two to one among this group (4).

**TABLE 5**  
**OCCUPATION OF PARASUICIDES BY SEX**

OCCUPATION	MALE	(%)	FEMALE	(%)	TOTAL NO.	(%)
Nurse/teacher	—	—	3	(1.1)	3	(1.1)
Skilled/clerical	1	(0.4)	12	(4.4)	13	(4.8)
Semi-skilled	17	(6.2)	36	(13.2)	53	(19.5)
Unskilled	26	(9.6)	59	(21.8)	85	(31.4)
Student	3	(1.1)	14	(5.2)	17	(6.3)
Pensioner	2	(0.7)	—	—	2	(0.7)
Unemployed	11	(4.1)	87	(32.1)	98	(36.2)
Total	60	(22.1)	211	(77.8)	271	(100)

**TABLE 6**  
**AREA OF RESIDENCE OF PARASUICIDES BY SEX AND RACE**

AGES IN YEARS	MALAY		INDIAN		CHINESE		TOTAL M/F		TOTAL
	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	NO. (%)
Urban	3 (1.1)	26 (9.6)	24 (8.9)	88 (32.5)	18 (6.6)	55 (20.3)	45 (16.6)	169 (62.4)	214 (79)
Small town	2 (0.7)	1 (0.4)	5 (1.8)	13 ( 4.8)	2 (0.7)	7 ( 2.6)	9 ( 3.2)	21 ( 7.8)	30 (11)
Rural	—	3 (1.1)	4 (1.5)	15 ( 5.5)	2 (0.7)	3 ( 1.1)	6 ( 2.2)	21 ( 7.7)	27 (10)
Total	5 (1.8)	30 (11.1)	33 (12.2)	116 (42.8)	22 (8.1)	65 (24.0)	60 (22.1)	211 (77.9)	271 (100)

**TABLE 7**  
**LIVING ARRANGEMENT OF PARASUICIDES BY SEX**

LIVING ARRANGEMENT	MALE	(%)	FEMALE	(%)	TOTAL
	NO.		NO.		(%)
Alone	2	(0.7)	6	(2.2)	8 (3)
With unrelated persons	7	(2.6)	20	(7.3)	27 (10)
With family	51	(18.8)	185	(68.4)	236 (87)
Total	60	(22.1)	211	(77.9)	271 (100)

**TABLE 8**  
**METHOD EMPLOYED FOR SUICIDE ATTEMPT BY SEX AND RACE**

METHOD	MALAY		INDIAN		CHINESE		TOTAL M/F		TOTAL No.	TOTAL (%)
	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)		
Tranquilizers, Sedatives	1 (0.4)	10 (3.7)	7 (2.6)	19 (7.0)	9 (3.3)	38 (14)	17 (6.3)	67 (24.7)	84	(31)
Other oral medicines (Panadol, asthma tabs)	—	7 (2.6)	4 (1.5)	16 (5.9)	2 (0.7)	5 (1.8)	6 (2.2)	28 (10.3)	34	(12.5)
Non-oral medicines (linaments, creams)	1 (0.4)	1 (0.4)	8 (3.0)	24 (8.9)	—	3 (1.1)	9 (3.4)	28 (10.4)	37	(13.7)
Harmful household compounds (chlorox)	—	3 (1.1)	6 (2.2)	25 (9.2)	5 (1.8)	15 (5.5)	11 (4.0)	43 (15.8)	54	(19.9)
Insecticides, weed killers	1 (0.4)	6 (2.2)	8 (3.0)	24 (8.9)	2 (0.7)	1 (0.4)	11 (4.0)	31 (11.5)	42	(15.5)
Physical Injury	1 (0.4)	1 (0.4)	3 (1.1)	2 (0.7)	6 (2.2)	7 (2.6)	10 (3.7)	10 (3.7)	20	(7.4)
Unknown	1 (0.4)	5 (1.8)	3 (1.1)	7 (2.6)	—	3 (1.1)	4 (1.5)	15 (5.5)	19	(7.0)

\* Total number is 290 and total percentages 107 because 19 subjects took drugs of more than one category.

**TABLE 9**  
**SUICIDAL INTENT OF PARASUICIDES BY SEX AND RACE**

INTENT	MALAY		INDIAN		CHINESE		TOTAL M/F		TOTAL	
	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	No.	(%)
To die	—	9 (3.3)	14 (5.2)	75 (27.7)	15 (5.5)	31 (11.4)	29 (10.7)	115 (42.4)	144	(53.1)
Not to die	3 (1.1)	15 (5.5)	13 (4.8)	20 (7.4)	3 (1.1)	21 (7.7)	19 (7.0)	56 (20.6)	75	(27.7)
Not sure	2 (0.7)	6 (2.2)	6 (2.2)	21 (7.7)	4 (1.5)	13 (4.8)	12 (4.4)	40 (14.7)	52	(19.2)
Total	5 (1.8)	30 (11.1)	33 (12.2)	116 (42.8)	22 (8.1)	65 (24.0)	60 (22.1)	211 (77.9)	271	(100)

**TABLE 10**  
**NUMBER OF PARASUICIDES WITH HISTORY OF PREVIOUS ATTEMPT BY SEX AND RACE**

	MALAY		INDIAN		CHINESE		TOTAL M/F		TOTAL	
	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	No.	(%)
No. with history of previous attempt	1 (2.2)	3 (6.5)	3 (6.5)	17 (37.0)	4 (8.7)	18 (39.1)	8 (17.4)	38 (82.6)	46	(100)



**Religiosity**

All but six Chinese patients professed a belief in a Supreme Being. Of these believers, 27.2% were very religious, 34.3% moderately so, and 38.5% seldom or not at all (Table 11). Religious was defined as partaking in religious activities either at home or in a religious institution. Thus religious belief does not seem to deter an impulsive parasuicidal act.

**Other Findings**

85.6% of the parasuicides took place inside the patients home and 81.9% of the patients were alone and unobserved at the time of the act (Table 12). Most of these attempts were impulsive, 89.7%, rather than planned for more than one day, 10.3%. Chinese patients constituted the majority of planned attempters (Table 13). Suicide notes were written by 7.7% of the sample and of these 21

**TABLE 11**  
**DEGREE OF RELIGIOUS ACTIVITY OF PARASUICIDES BY SEX**

AMOUNT OF RELIGIOUS ACTIVITY AMONG BELIEVERS	MALE		FEMALE		TOTAL	
		(%)		(%)	NO.	(%)
Daily	10	(3.8)	62	(23.4)	72	(27.2)
At least once per week	22	(8.3)	69	(26.0)	91	(34.3)
Infrequent	25	(9.4)	77	(29.1)	102	(38.5)
Total	57	(21.5)	208	(78.5)	265	(100)

**TABLE 12**  
**CIRCUMSTANCES UNDER WHICH SUICIDAL ACT OCCURRED BY SEX**

CIRCUMSTANCE	MALE		FEMALE		TOTAL	
		(%)		(%)	NO.	(%)
Alone	49	(18.1)	173	(63.9)	222	(81.9)
In another's presence	11	(4.0)	38	(14.0)	49	(18.1)
Total	60	(22.1)	211	(77.9)	271	(100)

**TABLE 13**  
**IMPULSIVE VS. PLANNED ATTEMPTS OF PARASUICIDES BY SEX AND RACE**

	MALAY		INDIAN		CHINESE		TOTAL M/F		TOTAL	
	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	No.	(%)
Impulsive	5 (1.8)	28 (10.3)	31 (11.4)	110 (40.6)	16 (5.9)	53 (19.5)	52 (19.2)	191 (70.5)	243	(89.7)
Planned	—	2 (0.7)	2 (0.7)	6 (2.2)	6 (2.2)	12 (4.4)	8 (3.0)	20 (7.4)	28	(10.3)
Total	5 (1.8)	30 (11.1)	33 (12.2)	116 (42.8)	22 (8.1)	65 (24.0)	60 (22.1)	211 (77.9)	271	(100)

persons 17 were single and 13 were Chinese.

## Discussion

Concerning the representativeness of our sample, the method of referral from the Hospital Wards to the Psychiatric Clinic must be examined, especially as we saw only 290 of the 577 parasuicide cases admitted to GHKL. After completing this study we visited doctors on several of these referring wards. The doctors maintained that all parasuicidal patients were referred to Psychiatry but some refused to comply and were discharged. These doctors felt that a higher percentage of males and Malays ignored the Psychiatric referral. We have already noted that of the 21% Malays admitted for parasuicide to GHKL only 12.9% were seen at the Psychiatric Clinic and this explanation would also help explain why our male/female ratio of 1:3:5 is higher than found in other studies in the region.

That among all parasuicide admissions to the GHKL Indians were significantly over-represented and Malays under-represented was not surprising as all other studies in the area report similar findings (2, 3, 5). Cultural factors are the usual explanation. Malays are Muslim and suicide is a serious breach of the faith. It has also been said that attempted suicide among Hindu Tamils is one of the few avenues open for making oneself heard by a rejecting family or spouse. Such explanations remain questionable, however, until more evidence is accumulated. For example an attempted suicide is usually an impulsive act and it could be that Malays would attempt to conceal this act by being seen at a private clinic. More definite answers must await data that more accurately reflects the parasuicide rate in Malaysia, data collected not only from public and private hospitals and clinics but from traditional healers as well.

## Conclusion

This study has presented and discussed descriptive

statistical data concerning the parasuicide patients seen at GHKL Psychiatric Clinic during 1982. It is clear that parasuicidal behavior is a complex phenomenon and generalizations based on this study must be made cautiously. The reasons for these suicidal acts and policy recommendations will follow in a separate paper.

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\* Henceforth General Hospital Kuala Lumpur abbreviated GHKL.

\*\* Indian includes a few Malaysians of Ceylonese or Pakistani extraction.

\* Significant at the 0.01 level using the Lawshe-Baker table of significance of the difference between 2 percentages.