

Drinking Habits of Malaysians in General Practice

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Summary

Five hundred and sixty-two consecutive attenders at an urban general practice were studied using the Consumption Index which has been successfully used in a general hospital sample. Seventy per cent of Chinese, 11% of Malays and 42% of Indians have used or are currently using alcohol – a vast majority of them were social drinkers. Among those who ever drank, 6% of Chinese and 22% of Malays drank more than 14 units per week. The hypotheses that more Indians used alcohol and used it more heavily were not supported in this urban sample. Possible explanations for these findings and the limitations of this study are discussed.

Key Words: Alcohol, General practice

Introduction

Alcohol related problems are a matter for concern in many countries. Besides producing psychiatric and physical complications for the alcohol dependent person, alcohol abuse also causes grave difficulties for his family, as well as causing social problems such as motor vehicle accidents, absenteeism from work and increased cost of health care.

In a general hospital study Saroja¹ showed that an appreciable minority (11%) of non psychiatric inpatients had a DSM III-R diagnosis² of alcohol abuse or dependence. Indians were found to have the highest rates of alcoholism.

There are no reliable data on the prevalence of alcoholism in the Malaysian community. It is the clinical impression of many doctors, including psychiatrists, that alcoholism is a bigger problem among Indians. Among psychiatric outpatients in the Kuala Lumpur Hospital, Indians predominated among those with alcohol abuse or dependence³.

In their study on alcoholism among inpatients Saroja *et al*⁴ suggested that the safe drinking limit for Malaysian males should be 14 units of alcohol per week. They also showed that the Consumption Index (amount-frequency) was a reliable way of identifying problem drinkers though not for diagnosing. It was shown that at the cut-off level of 14 units, the sensitivity and specificity scores were as good as those at the cut-off level of 21 units for identifying alcohol abuse and dependence.

The aim of this study is to describe the drinking habits of Malaysians in a general practice. The study hypotheses are that Indians would have the highest rate of alcohol use compared to the other races and that among those who drink, Indians would consume the most alcohol (in units of alcohol per week).

Method

Consecutive attenders at an urban general practice were given questions from the Health System Questionnaire¹ looking at the drinking habits. Questions relating to

amount, frequency and types of alcohol consumed, as well as questions on smoking and motor vehicle accidents were included.

The results of the findings relating to the last two items are not reported here. Questions relating to frequency and amount of alcohol consumed were:

- 1) In the last one month, how many days in a week did you usually drink ?
- 2) How much do you usually drink in a day ?

Consumption Index refers to the frequency of consumption of alcohol times the quantity of alcohol consumed in an average week one month prior to the study (calculated in units of alcohol).

The questionnaire was prepared both in English and Malay and patients were given the choice which language they chose to use.

Anonymity was guaranteed, patients were instructed not to write their names.

The general practice is situated in the business district of Kuala Lumpur and caters largely to office workers. The two general practitioners (GPs) who worked in this clinic were asked to check the accuracy of the answers given since the patients filled in the questionnaire while waiting to see their GP. This self-reporting method was chosen because of the peculiar difficulties of doing research in a busy general practice where any study design that takes up the GP's time or prolongs the time the patient has to spend in the clinic was not acceptable to both parties.

The amount of units of alcohol consumed was calculated by the author based on conventionally accepted quantification methods, i.e.

- 1 unit of alcohol = 1/2 pint of beer
 = 1 small glass of sherry/
 fortified wine or Chinese
 Medical wine
 = 1 glass of wine
 = 1 measure (pack) of spirit (or
 adulterated liquor) or samsu

A two-week period was chosen for the study. Those patients who did not read and write either Malay or

English were rejected from the study. In the event only five were so excluded. Statistical test done was Chi-squared test with Yates' correction where appropriate.

Results

At the end of the two-week study period 568 respondents had returned their questionnaires. Of these, six were rejected because of incomplete answers (e.g. sex or race not mentioned). Of the remaining 562, 253 (45%) were Chinese, 236 (42%) were Malays and 57 (10%) were Indians. Females accounted for 62% (349) of the sample. This was the usual distribution of patients seen in this practice. This and other salient demographic features are given in Table I.

Current and past use of alcohol

As shown in Table II, 70% of Chinese have used or are currently using alcohol, compared to 42% of Indians and 11% of Malays. Of these, 6% of Chinese claimed to have stopped using alcohol as also have 6% of Indians and 46% of Malays. This gives the proportions currently drinking as 66% (167) of

Table I
Demographic features of respondents

	n	Male	Female
Chinese	253	55	112
Malays	236	8	3
Indians	57	13	9
Others	16	8	1
N = 562		84	125

Table II
Race distribution of alcohol users

	Ever used alcohol	Currently using alcohol
Chinese	178 (70%)	167 (66%)
Malays	27 (11%)	11 (5%)
Indians	24 (42%)	22 (39%)
Others	11 (69%)	9 (56%)

Chinese, 39% (22) of Indians and 5% (11) of Malays, the rest being "Others". This race difference is statistically highly significant ($p < 0.0000$, Chi-squared value = 198, d.f. = 2), i.e. significantly fewer Malays drink. Overall 38% of the total sample of 562 were currently using alcohol. A vast majority of these are social drinkers, who only drink on social or special occasions. Only two men (both Chinese) drank every day of the week. Incidentally they were also the two highest consumers with 175 units and 140 units of alcohol per week respectively. Of the 211 people currently using alcohol, 85 (40%) drank on social occasions and 122 (58%) drank on special occasions such as New Year's Day. But 49 persons (23%) drank at least one day per week in the previous month, 21 persons (10%) at least two times per week and five persons (2%), three or more times.

Amount of alcohol consumed in units

Of the 211 people who used alcohol only 75 (35%) indicated that they drank in the past one month. Fourteen (2%) of the total sample, (or 7% of the currently drinking group) drank more than 14 units of alcohol per week. Of these 10 were Chinese, three Malays and one Eurasian. These figures indicate that in this sample, of those *who ever drank*, 6% of Chinese and 22% of Malays drank above the safe limit of 14 units per week suggested earlier. There were, somewhat surprisingly, no Indians in this group. Table III shows the amounts consumed by the currently drinking group.

When the amount drunk *per session* is studied this pattern still holds true. Of those who drank, 10% of Chinese, 81% of Malays and 14% of Indians drank

more than five units per session. The corresponding figures for > 10 units per session are: 2% of Chinese drinkers, 45% of Malay drinkers and 5% of Indian drinkers. The average amount consumed *per session* by men were four units for Indians, five units for Chinese and seven units for Malays. For females the corresponding figures were one unit for Indians and two units each for both Chinese and Malays. It appears that, as expected, far fewer Malays drink, but when they do, they drink as much, if not more than the others, though their small numbers add caution to this finding.

Thus the study hypotheses that more Indians drink, and that they drink more than the other races are not supported by this general practice sample.

Drinking and occupational status

Occupational class categories used were similar to those of other studies¹.

As seen in Table IV there were small numbers in classes 4 and 5 (semi-skilled and unskilled) to permit meaningful calculation. For Chinese and Indians in classes 1, 2 and 3 the higher the class the higher the prevalence of alcohol use. But socio-economic class was not significantly related to amount of alcohol consumed though there was an excess of those in class 3 among those drinking more than 10 units per week. But Malays who drank larger amounts tended to be in classes 1 or 2.

Sex distribution

Thirty-nine per cent (39%) of males currently use alcohol whereas 36% of the females did. Men tend

Table III
Race distribution and amount of alcohol consumed
(percentage of those currently drinking in each group)

	Chinese N=167	Malay N=11	Indian N=22
> 2 units per session	61 (36%)	11 (100%)	9 (41%)
> 5 units per session	18 (11%)	9 (82%)	3 (14%)
> 10 units per session	4 (2%)	5 (45%)	1 (5%)
> 14 units per week	9 (5%)	2 (18%)	0

Table IV
Occupational status and drinking habits

		Currently drinking	Drinking > 5 units per session	Drinking > 10 per week
1. Managerial/ Professional	N = 37	23 (62%)	3 (13%)	1 (4%)
2. Officer level	N = 167	86 (51%)	9 (10%)	8 (9%)
3. Clerk/ Secretary	N = 293	89 (30%)	12 (13%)	9 (10%)
4. Semiskilled (office boy)	N = 20	6 (30%)	2 (33%)	2 (33%)
5. Unskilled (cleaner)	N = 11	0	0	0
6. Others	N = 33	7 (21%)	1 (14%)	1 (19%)

Note: "Others" include students and housewives

Table V
Race and sex distribution of miscellaneous factors

	Chinese		Indian		Malay	
	M	F	M	F	M	F
Mean age of starting alcohol (years)	21	22	20	23	21	21
Mean amount consumed per session (units)	5	2	4	1	7	2
Per cent drinking in social class (both sexes)	1.	14%		67%		54%
	2.	7%		60%		78%
	3.	2%		31%		60%

Note: 1. Social class refers to occupational classes as in Table 4
2. Classes 4 and 5 are excluded because of small numbers

to drink more. There were no females among those drinking more than 14 units per week. Only seven women drank more than seven units per week – two Malays and five Chinese.

Age

The mean age of the whole sample was 30 years. The mean age of alcohol use was 21 years. As expected those who consume more alcohol tended to be older and the mean age of the 14 heaviest drinkers was 39 years. But the average age of the seven heaviest female drinkers was much lower, 26 years. Table V shows the mean ages according to sex.

Marital Status

Of the 14 heaviest drinking males, 10 were married. This may probably be an effect of age since the mean age of these men was nine years above the overall mean age. For women, five of the seven heaviest drinkers were married. Whether the problems of marriage drive some people to drink is an interesting question, but beyond the scope of this study.

Discussion

Some interesting findings in this study are that:

- a) A relatively lower proportion of Indians use alcohol in this group compared to the Chinese.
- b) Among drinkers, Indians consume smaller amounts of alcohol compared to the Malays and Chinese.
- c) Though a very small proportion of Malays drink, those who drink tend to consume larger amounts than the other ethnic groups.

The social use of alcohol is common in this urban sample, especially among the Chinese and to a lesser extent among Indians. More than 50% of the currently drinking group were in managerial, professional or executive levels. It is not surprising that many in these occupational classes drink, as they are known to entertain clients while engaging in business negotiations.

In this context it is interesting to note that among Malays the higher occupational classes are more likely to be using higher amounts of alcohol (comparing classes 1, 2 and 3).

The surprising finding that there are less Indian heavy drinkers in this sample (that is, those drinking less than 14 units per week) needs an explanation, especially in view of the fact that in hospital populations, Indians predominate among alcoholics.

Methodological limitations inherent in this study may have contributed to these findings. **Firstly**, though the overall sample size (562 respondents) appears adequate, the number of Indians (57) was much smaller compared to the other races. This may have prevented any significant associations from emerging.

Secondly, the social class distribution of this sample might possibly account for the race differences. Only about 6% of the total sample were in the lowest occupational classes. If most of the Indian drinking population is in the lower socio-economic groups, this study would have easily missed them.

A **third** possible reason could be the nature of the study design where the self-completed questionnaire was handed to the GPs who were panel doctors. It is possible that some heavy users of alcohol would not reveal the true picture of their involvement with alcohol for fear that their employers might get to hear about it. But then one might expect this to affect all the races equally.

The fact that alcohol is taboo in Malay culture is well known. In spite of this, 11% of Malays have used alcohol at some time and 5% are currently using it. This study indicates that once the cultural barrier is crossed, Malays consume as much if not more than the other races. In fact the 11 currently drinking Malays typically consume a total of 70 units per session, which is more than the 62 units consumed by the 22 Indians in this sample. Some heavy drinking among Muslims has been documented, albeit in a community survey, elsewhere⁵.

In this sample, 14 men were drinking above the suggested safe limits. However the general practitioners in this clinic were aware of only three patients abusing alcohol. Non-detection by doctors of alcohol abuse in their patients has been recognised for a long time^{6,7}. It is important to routinely ask for alcohol use in one's patients, and especially so in patients experiencing

psychological distress. Given the significant negative consequences of excessive alcohol use, the low rate of detection, which has also been reported among hospital doctors¹, needs to be addressed, perhaps including alcoholism in CME activities.

Some comments about the difficulties of conducting research of this nature in general practice deserve to be noted. During preparation for this study it was apparent that any study design that took up the time of the GP to any appreciable degree would not be feasible. Also if patients had to spend extra time participating in this study, their cooperation would not be satisfactory since most of them were office workers who were waiting to get back to their offices. Hence in consultation with the GPs concerned the self-reporting questionnaire method was chosen, with the GP checking the responses.

Conclusion

The findings of this study are not generalisable to the general community. Nevertheless it is a pointer to the

kind of situation that might exist in an urban population. The social use of alcohol is prevalent especially among Chinese and to a lesser extent among Indians. Malay drinkers, though few in number, tend to drink larger amounts. Only a community survey will reveal the actual prevalence and pattern of alcohol use in the general population. Further studies in general practice should perhaps look at the reasons why people use alcohol, as well as the pattern among lower socio-economic groups. The problem of low detection rate by GPs needs to be studied as well, for the GP has a very important preventive role with respect to alcohol-related problems.

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