Time Trend study of death aetiologies in Basrah Governorate during the years (2012-2018)

The study of deaths and mortality related rates give diseases brunt on population as what they lead to death in different chronological events and time trends. Death monitoring is considered as the mirror of disease severity and health care service quality with apportion of available resources in order to control diseases in priority plus they are considered as continuous renewed data for research.

This study aimed to describe death trend as a whole and for the top ten major causes of deaths for the years 2012-2018 in Basrah Governorate.

A descriptive, retrospective study implemented during the period from 15th of October 2019 to 28th of February 2021 in Basrah Governorate included all registered deaths for the years 2012-2018.

In general, the study found that the crude death rate declined by 3.9% while age-standardized death rate of all causes has rised by 21% with excess of male-specific death rates. Infant age specific mortality rate and those who were ≥ 65 years mortality rate represented the highest age-specific mortality rates. Most of deaths occurred at hospital. Life expectancy at birth almost did not changed. The potential years of life lost rised by 4.7 %. The top 3 major causes of death were cerebrovascular disorders (I60-I69), other forms of heart diseases (I30-I52) with ischaemic heart disease (I20-I25) and respiratory and cardiovascular disorders specific to perinatal period (P20-P29). The maternal mortality ratio declined by 10.7% and puerperium period disorders were the top causes of maternal mortality. There was a decline in the cause specific mortality due to chronic diseases. There was a decrease of under-five mortality rate by 23.4% with the majority of deaths occurred in infancy mainly in the neonatal period.

In conclusion, there was a decline in crude death rate and increase of age-standardized death rate of all causes. Excess of male deaths. < 1 year age-specific mortality rate and mortality of people ≥ 65 years represented the highest age-specific deaths.

The present study recommends improvements of antenatal and geriatric health care services including cardiac rehabilitation clinics.