

Abstract

This study investigates diversity in causes of death patterns and the socio economic and employment correlates contributing to such diversity. Prior research has demonstrated the existence of differential patterns of causes of death in the country; however, the extent such diversity at the district level and the role of socio economic and cultural factors effecting such differences has not been investigated. To this end, the study investigates the district level diversity in causes of death patterns and the socio economic and employment correlates such diversity in Iran.

Conceptual and analytical framework for the study is mainly derived from Edward G. Stock well, Preston, and Jacube Villain works, who addressed the role of social and economic determinants on causes of death patterns. Epidemiological transition, social epidemiology, and cultural epidemiology theories have also been utilized to direct the methodological and explanatory tasks. According to this conceptual framework, the leading hypothesis of the study is that; employment structure and the extent of social development have both positive and negative effects on district level differentials of causes of death patterns.

The study makes use of secondary data on representative samples from 250 Iranian districts were randomly selected for the analysis using cluster and discriminant analysis techniques. Two main sources of information were a) reports of Mortality Profile for 23 provinces of Iran in 2003/1382; b) Demographic and Health Survey data set collected in 1379 by the Ministry of Health and Medical Education.

Results indicate that clear identifiable clusters exist in terms of causes of death, employment structure, and social development among Iranian districts. Causes of death patterns are significantly different, taking the age structure and gender. In another words, districts having higher levels of social development and improved employment structure, have lower levels of mortality resulted from Infectious and parasitic diseases. Furthermore, districts having higher levels of social development and improved employment structure, are more likely to have higher levels of mortality arising from degenerative (including; Cancer, Diabetes, Cardiovascular) diseases.