Mortality differentials in a multi-ethnic society, Iran: sme recent evidence the case of Iran.

By

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Abstract

Iran is a multi-ethnic society with a large number of ethnic groups speaking different languages or dialects. Best known of these are Azarbayjan (speaking a Turkish dialect), Kurdestan (speaking Kurdish), Lorestan (speaking Lori), Sistan-Baluchestan (speaking Baluchi) and Khuzestan (speaking Arabic). Some of these groups are also distinguished by being members of the Sunnid Islam as compared with the majority of Iranians who are Shiite. These ethno-cultural differences are associated with cultural practices and life styles that may lead to different patterns of mrbidity and mortality. The aim of this paper is to investigate provincial variations in morbidity and mortality patterns in contemporary Iran and to determine the relative share of ethnic identity versus social development in these variations. Two sets of data on cause-specific mortality recently published by the Ministry of Health (2006) and Civil registration Organization of Iran (2005) will be used as the main sources of information.

The data set collected by the Ministry of Health covers 29 of the 30 provinces. It has been developed over several years and combines three different sources of information. It indicates clear signs of health transition in that the share of the traditionally important causes of death, i.e. communicable diseases, have been taken by the non-communicable diseases like coronary heart disease and cancers. In line with this change in causes of death the shape of mortality curve has also changed drastically, showing very low rates of mortality at early years of childhood and increasingly higher rates at later stages of life. The general impact of modernization and development is also clearly reflected in the increasingly large number of deaths caused by road accidents. Accidents have in fact emerged as the second major killer (after CHD) in the country. This general pattern of mortality is noticeable across the provinces. There are however regional variations which can only partly be explained in terms of relative level of socio-economic development. For example, the mortality pattern demonstrated by Sistan-Baluchestan province (one of the less developed regions of Iran distinguished by its ethnic Baluchi culture) is different from that of better developed, predominantly Farsi speaking provinces around Tehran. It is however equally different from the mortality pattern observe in the equally less developed, Sunnid and Kurdish speaking province of Kurdistan. Although still not fully analyzed, the data base developed by the Civil Registration Organization would seem to confirm the picture obtained from the MOH data set.

We are in the process of analyzing the data and more detailed information will be available in a few months time.