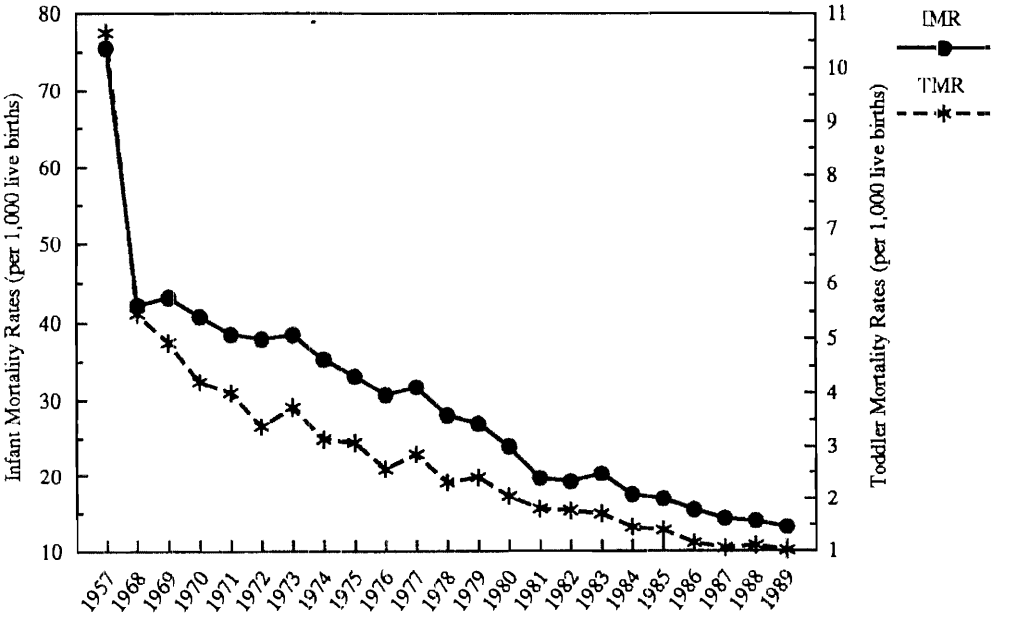
1.2. Age-specific mortality trends

Tee E Siong

Several mortality rates have often been used as proxy indicators of the nutrition situation in the country. Some of these data were compiled from various reports of the Department of Statistics of Malaysia to illustrate the improving health and nutrition situation in the country.

Infant, toddler and maternal mortality rates in Peninsular Malaysia, compiled from various sources, are given in Figure 1.6 and Table 1.31 to illustrate the health and nutritional status of these vulnerable groups of the population. It can be seen that there has been a dramatic decline in these rates since the country gained Independence in 1957. Infant mortality rates declined from 76 in 1957 to around 13 in 1989. Over the same period, toddler (1-4 years) mortality rates dropped from 10.7 to 1.0, while maternal mortality recorded a decline from 3.20 to 0.20.

Figure 1.6
Infant and Toddler Mortality Rates
in Peninsular Malaysia, 1957 to 1989



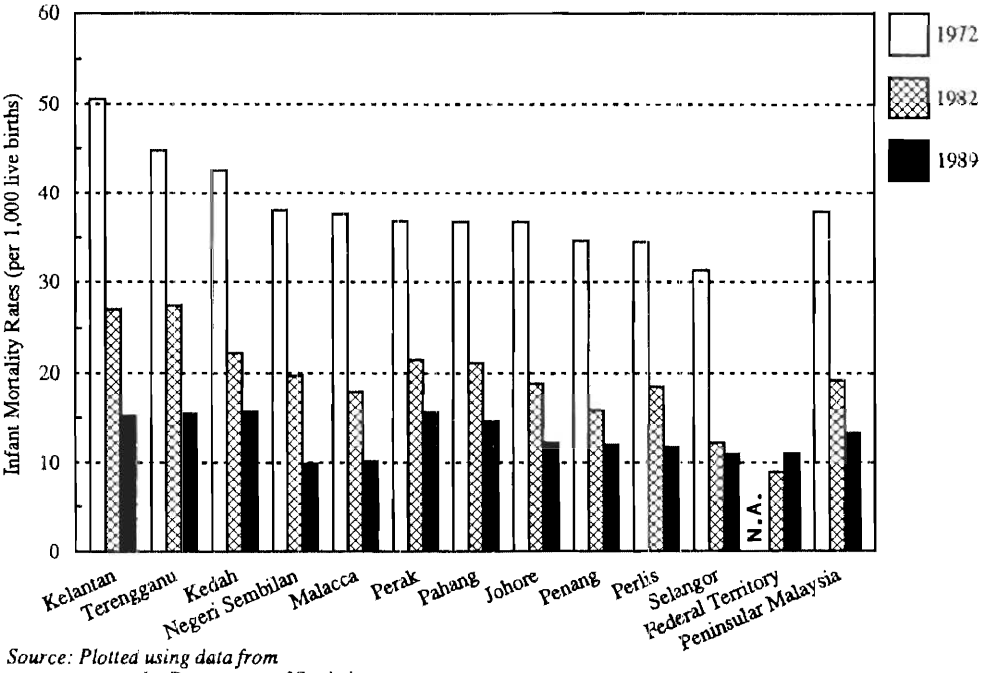
Source: Plotted using data from reports by Department of Statistics

Table 1.31
Maternal Mortality Rates in Peninsular Malaysia, 1957-1982

Year	Maternal Mortality Rates (per 1,000 live births)
1957	3.20*
1967	1.68*
1972	1.07
1974	0.96
1976	0.78
1977	0.79*
1978	0.84
1979	0.69
1980	0.63
1981	0.59
1982	0.50
1985	0.37
1986	0.30
1987	0.28
1988	0.26
1989	0.20

(Source: *Hamid Arshat *et al.*, 1984; others from Department of Statistics)

Figure 1.7
Infant Mortality Rates of Various States in Peninsular Malaysia, 1972, 1982 and 1989

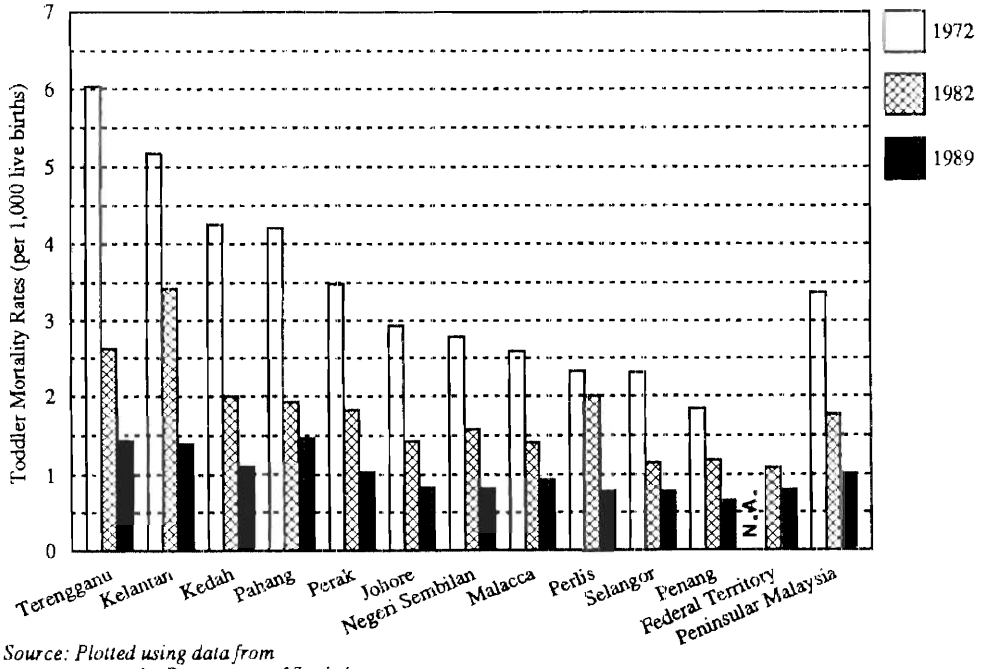


Source: Plotted using data from reports by Department of Statistics
N.A. = data not available

However, as can be expected, there were considerable variations in the health status of communities in different parts of the country. Figures 1.7, 1.8 and 1.9 show that there have been marked declines in these mortality rates for all the states in the country over the years. These figures also illustrate the differences in mortality rates prevailing in the different states. The highest mortality rates were found in the states of Terengganu, Kelantan, Kedah, Perak and Pahang. Those states with better health status, as reflected by low mortality rates, were the Federal Territory, Selangor and Penang. These differences between the various states appeared to have remained essentially the same since a decade ago, as seen from data in the figures.

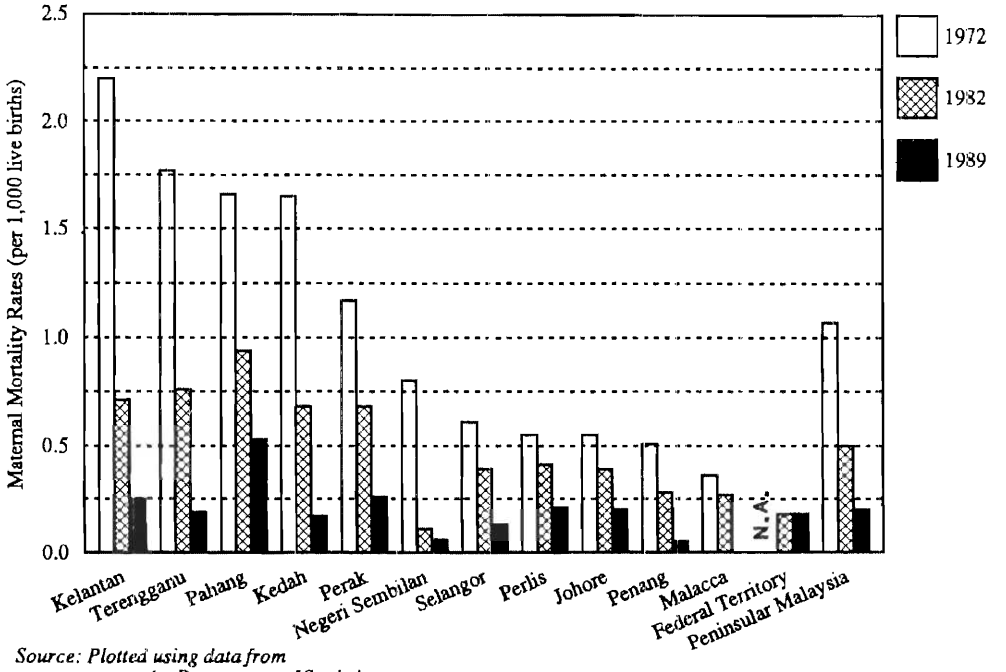
Within each state, there were again wide variations in mortality rates in the different districts. For example, in Kelantan and Kedah, there were a few districts with infant mortality rates about twice that of the national average. At the same time, several districts in these states recorded death rates of infants at about the level of the national average.

Figure 1.8
Toddler Mortality Rates of Various States in Peninsular Malaysia, 1972, 1982 and 1989



Source: Plotted using data from reports by Department of Statistics
N.A. = data not available

Figure 1.9
Maternal Mortality Rates of Various States in Peninsular Malaysia, 1972, 1982 and 1989



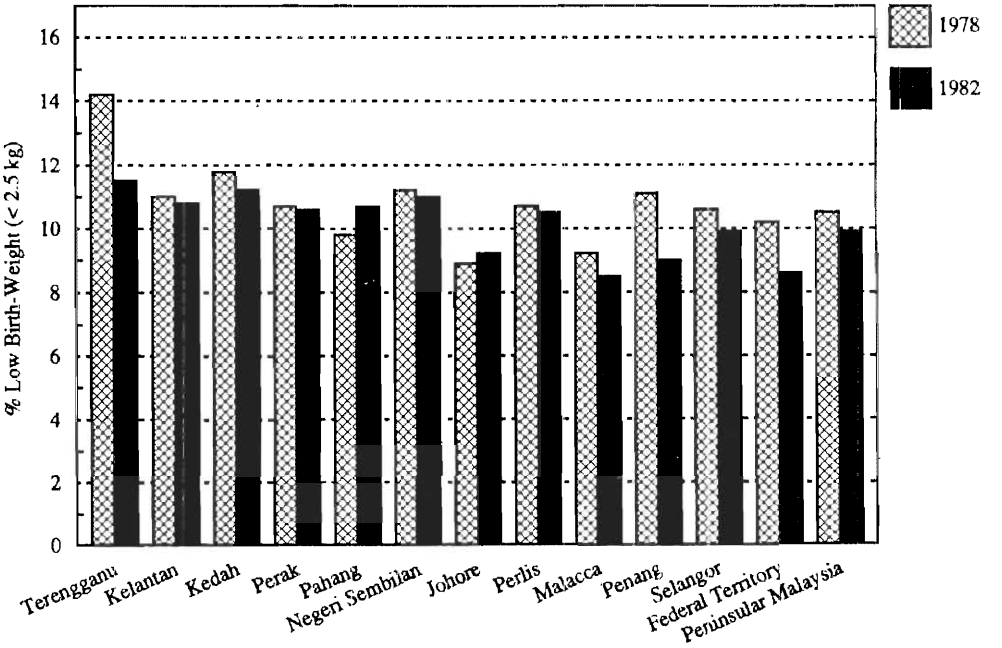
Source: Plotted using data from reports by Department of Statistics
N.A. = data not available

A similar picture emerges with regards to birth-weight data, although statistics in this area are less comprehensive. As shown in Figure 1.10, the prevalence of infants born with <2.5 kg had declined in most of the states, and there was considerable variation in this prevalence rate in different parts of the country.

Some selected statistics for recent years from Sabah and Sarawak are presented in Table 1.32. Although this information is less comprehensive than that for Peninsular Malaysia, and there is probably under-reporting of deaths in these two states, a general decline in mortality rates can be seen, particularly for infants and toddlers.

It is clear that although these indices do give an indication of the overall nutritional status of the country or state, they do not show the problems existing at the micro level. Thus, while the overall nutrition situation in the country has improved over the years, pockets of malnutrition still exist in various parts of the country.

Figure 1.10
Prevalence of Low Birth-Weight in Various States of Peninsular Malaysia, 1978 and 1982



Source: Plotted using data from reports by Department of Statistics

Table 1.32
Selected Mortality Rates for Sabah and Sarawak, 1980, 1985-1989

	Neonatal	Infant	Toddler	Maternal
SABAH				
1980	11.3	22.8	2.6	0.1
1985	11.6	17.6	2.0	0.21
1986	14.6	21.2	2.1	0.1
1987	14.2	20.8	2.1	0.14
1988	13.5	19.8	1.6	0.19
1989	11.9	17.6	1.6	0.25
SARAWAK				
1980	12.0	23.8	2.39	0.5
1985	7.5	11.3	0.9	0.1
1986	6.9	10.2	0.9	0.02
1987	6.6	9.1	0.5	*
1988	6.2	9.8	0.6	0.15
1989	6.8	10.5	0.8	0.12

*Only 2 maternal deaths registered.
Source: Vital Statistics, Department of Statistics, Sabah and Sarawak

An important task is to analyse the characteristics of districts with the highest rates of mortality, low birth weight and protein-energy malnutrition, and to derive from this analysis information on action required to improve health and nutritional status in the areas of the country and in the population groups at highest risk.

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Food and Nutrition in Malaysia:
Assessment, Analysis and Action

Malaysia Country Paper
for the FAO/WHO
International Conference on Nutrition,
Rome, 1992

Coordinating Committee for the Preparation of
the FAO/WHO International Conference on Nutrition
(ICN)

1993

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