

## How Many Deaths Were ‘Avoidable’ In 2017?

LeeAnn Tan, MB BCh BAO, Shubash Shander Ganapathy, MPH, Mohamad Fuad Mohamad Anuar, MSc, Nazirah Alias, BSc, Azahadi Omar, MPH

Institute for Public Health, National Institute of Health, Ministry of Health Malaysia

### ABSTRACT

**INTRODUCTION:** ‘Avoidable’ mortality is used as an indicator of the effectiveness of healthcare systems. It is based on the concept that premature deaths from certain causes ideally should not occur in the presence of timely and effective medical and public health interventions. This poster presents an overview of avoidable deaths that occurred in Malaysia in the year 2017. **METHODS:** All deaths registered in 2017-which occurred before age 75-were classified using a modified selection of ‘avoidable’ causes based on previously published lists, which had been revised in keeping with local disease patterns and burden. ‘Avoidable’ deaths are further classed as ‘amenable’ (potentially avoided through the efforts of healthcare services), ‘preventable’ (potentially avoided through public health programs or policies), or both. **RESULTS:** In 2017, more than half (53.0%) of all deaths were from causes considered avoidable. Males were more likely to die from an avoidable cause-62.8% of all male deaths were considered avoidable, compared to 45.9% of all female deaths. Deaths from cardiovascular and circulatory diseases were the leading cause of avoidable deaths (39.2%) followed by neoplasms (15.1%), unintentional injuries (15.1%), and infectious diseases (13.1%). **DISCUSSION:** There are obvious limitations to using avoidable mortality to measure how effective our healthcare system is; for example, advances in education, road safety and housing also have a big impact on overall levels of health. Still, observing avoidable mortality trends over time and across the socioeconomic spectrum may provide new insights into inequalities in access to care within populations in Malaysia.

**KEYWORDS:** avoidable mortality, amenable deaths, healthcare systems, preventable deaths, Malaysia

## Impact of Biomass Fuel and Second Hand Tobacco Smoke on Adverse Pregnancy Outcome, Respiratory Morbidity, and Developmental Growth Among Children in India

Shekhar Chauhan, Ratna Patel, Dhananjay W. Bansod

International Institute for Population Sciences

### ABSTRACT

**INTRODUCTION:** About 41% of households globally, mainly in developing countries rely on solid fuels for cooking with consequences for fetal growth and development. Smoke from biomass burning has been associated with low birth weight and many similar growth outcomes. Exposure to indoor air pollution due to open burning of biomass fuel is common in India. **METHODS:** We assessed the association between exposure to biomass fuel sources and second-hand tobacco smoke (SHTS) in the home and adverse health outcomes among children from 0-5 years of age. Data from National Family Health Survey-IV (NFHS-IV) has been used for the study. Cross Tabulations and logistic regression models were used to explore associations between fuel and birth outcomes. **RESULTS:** The result found that mothers who are using unhygienic fuel are more likely to have stunted, underweight, and wasted children. Availability of a separate kitchen in the households significantly decreases the odds of adverse pregnancy outcome among mothers. The U-shaped curve forms for the association between Mother’s age and the occurrence of adverse pregnancy outcome. The occurrence of adverse pregnancy outcomes is higher among teenage mothers and old age mothers as compared to mothers in the age group 20-34 years of age. **DISCUSSION:** The study contributes to the growing literature demonstrating an association between biomass fuel use and adverse pregnancy outcome. This association persisted in models that accounted for significant socio-demographic differences between women cooking with wood and those cooking with gas.

**KEYWORDS:** Adverse Pregnancy Outcome, Respiratory Morbidity, Developmental growth, Second-Hand Tobacco Smoke.