

Discussions

Up to three-quarters of the world population live in the third world and here the proportion of the world children is even greater. Children all over the world, especially in the developing countries have been and still are under life threatening risks, most of which now a day are either preventable or treatable^(1,3,7).

The great decline in the mortality among children observed in the developed countries is much less obvious in the developing countries as the availability of good medical care tend to vary inversely with the need for it in the population served⁽¹⁵⁾.

In this study the average rate of death among children less than 5 year of age was 10.6/1000 of total admitted cases, this result was obviously lower than the rate of death in children in children welfare Teaching Hospital in Baghdad, in which death rate was 88.6/1000⁽²¹⁾. This difference of death number may be due to absence of an oncological department in Sulaymani Pediatrics Hospital while such department is present in children welfare Teaching Hospital raising the mortalities from malignancy.

The maximum number of deaths in this study was in the first 28 days of life which accounts for (61.8 %) of total deaths. This rate is compatible to the fact which says that in areas where Under Five Mortality Rate (U5MR) <35/1000⁽³⁾, the bulk of death occur during neonatal period. This number is higher than that which was found in a developed country like England and Wales in 1999 were (46%) confined to neonatal age^(1,22), this difference due to defective management of neonates and premature with lack of essential medicine like (surfactant), absence of modern medical equipments and inadequate antenatal care.

The degree of mortality was inversely proportional to the age. This

finding was compatible with both developing and developed countries⁽¹⁾.

In this study the main cause of death was prematurity this accounts for (34.4%) of total causes, which contributed to increase in the number of death during neonatal period; at the same time prematurity was found to be the main cause of death in this age group, which constitute (54.7 %) of death during neonatal period. In comparison to England and Wales in 1999 were prematurity constitute (32.7 %) of death during neonatal period^(1,22). this higher rate of death from prematurity in sulaymani is due to lack of well equipped neonatal intensive care unit, Surfactant therapy, mechanical ventilation and defects in the subspecialized medical and nursing staff for neonates.

Beyond the neonatal period diarrhea was the commonest cause of death, which accounts for (21.9 %). Approximately five billion episodes of diarrhea occur worldwide annually, accounting for (15 to 30%) of all deaths in some countries^(4, 5, 6, 7). This may be due to poor sanitation, using well water & incompliance with WHO program.

It is worth mentioning the hospital specialty when causes of death are considered, the malignancy as a cause of death comes at the top of most lists (23.8%) in children welfare study as it is one of referral hospital in Baghdad for malignant cases in Iraq & other studies^(21, 23), while malignancy was a rare cause in this study because malignant cases were not usually treated in sulaymani due to lack of facilities, making malignancy accounts for (0.34 %) only.

The result have shown a male to female ratio among deceased children to be 1.48:1. This may be due to increased susceptibility of male babies to septicemia illness^(24, 25), and higher