

Mortality, males, motor vehicle accidents (ICD E810–E819)

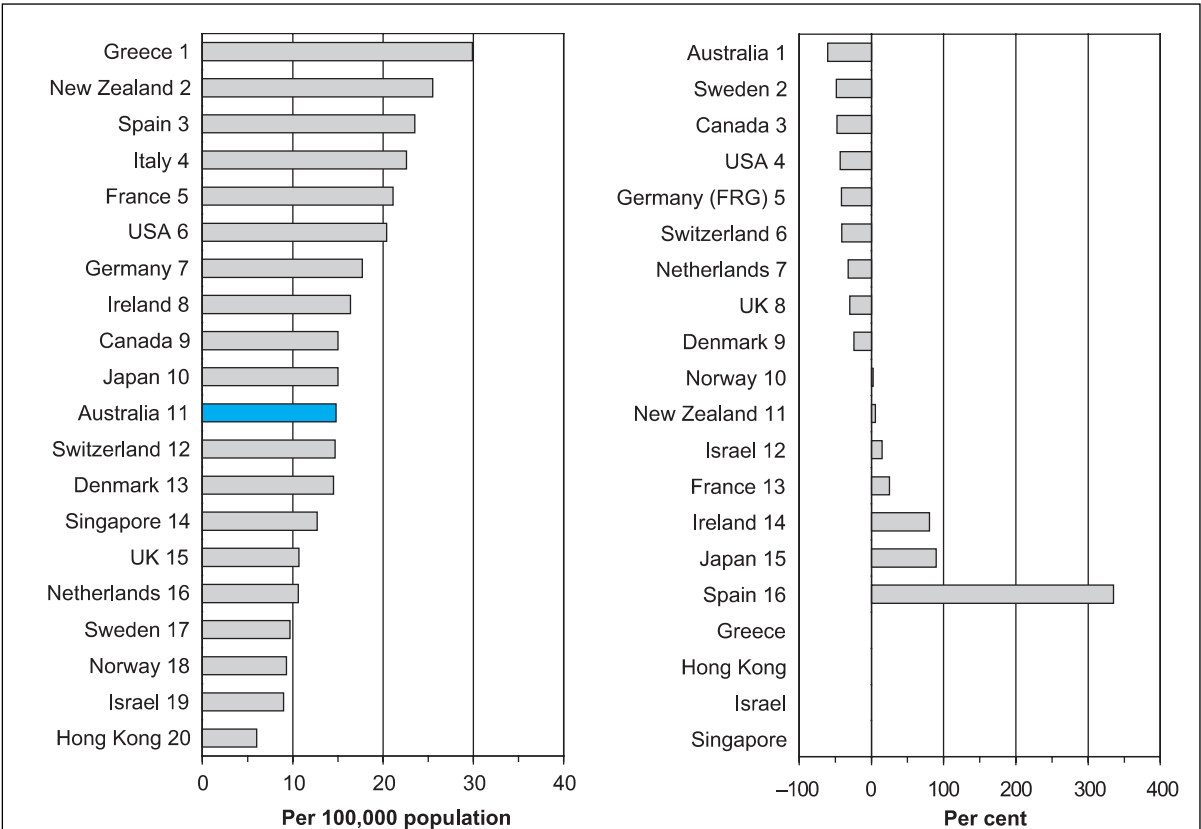


Figure 1: Age-standardised male death rates, motor vehicle accidents, 1992

Figure 2: Changes in male death rates, motor vehicle accidents, 1950–54 to 1992

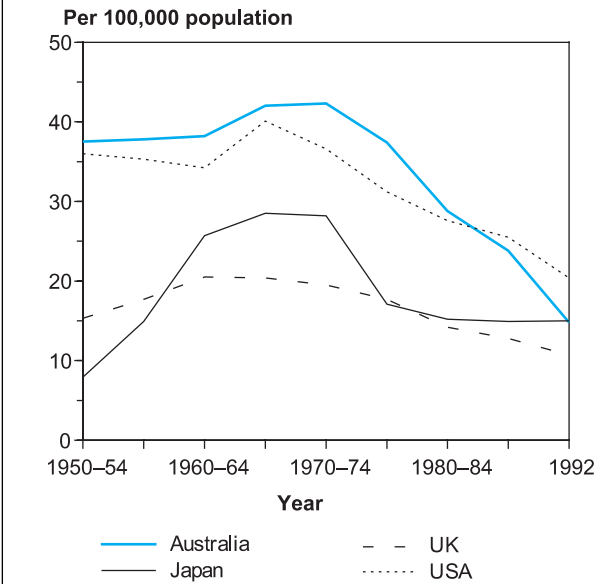


Figure 3: Trends in male death rates, motor vehicle accidents, 1950–54 to 1992

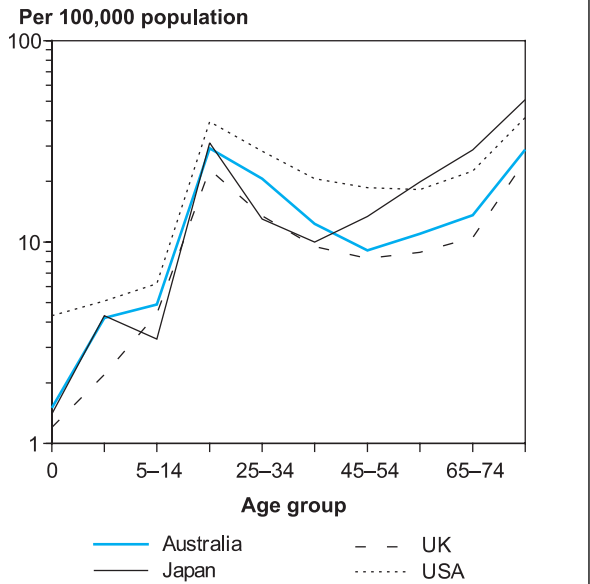


Figure 4: Age-specific male death rates, motor vehicle accidents, 1992

## Mortality, males, motor vehicle accidents (ICD E810–E819)

### Death rates<sup>(a)</sup>, males, road accidents (per 100,000 population)

Country	1950–54	1960–64	1970–74	1980–84	1992	1993	1994	% change 1950–54 to 1992
Australia	37.5	38.2	42.3	28.8	14.8	14.8	14.4	–60.5
Canada	28.7	35.0	38.7	24.9	15.0	15.2		–47.7
Denmark	19.1	24.9	29.0	16.8	14.5			–24.1
France	16.9	30.2	34.6	27.8	21.1	20.4		24.9
Germany (FRG)	30.2	39.1	41.0	24.3	17.7	16.8	16.4	–41.4
Greece	—	12.7	19.1	26.9	29.9	26.5	28.6	—
Hong Kong	—	11.0	15.0	9.9	6.0	6.2	5.6	—
Ireland	9.1	15.0	28.1	22.4	16.4			80.2
Israel	—	—	—	14.1	9.0	13.5		—
Italy	19.7	32.3	36.2	24.6	22.6			14.7
Japan	7.9	25.7	28.2	15.2	15.0	14.0	13.4	89.9
Netherlands	15.6	26.6	31.8	15.8	10.6	10.4	10.2	–32.1
New Zealand	24.2	25.1	34.7	27.6	25.5	23.9		5.4
Norway	9.1	15.2	19.9	13.7	9.3	8.2		2.2
Singapore	—	—	28.8	19.6	12.7	14.6	14.3	—
Spain	5.4	14.3	21.1	20.7	23.5			335.2
Sweden	18.8	21.5	19.9	12.9	9.7	8.1		–48.4
Switzerland	25.0	35.3	36.3	25.0	14.7	13.8	12.1	–41.2
UK	15.3	20.5	19.5	14.2	10.7	8.9	8.5	–30.1
USA	36.0	34.2	36.6	27.6	20.4			–43.3

(a) Age-standardised to the World Standard Population.

Sources: WHO 1988, 1994, 1995a, 1996d.

- Mortality from motor vehicle accidents is the leading cause of death among young men aged 15–24 in Australia. Road deaths also account for a large proportion of total injury deaths, second only behind suicide. In 1996, 1,398 males and 544 females died as a result of motor vehicle traffic accidents—1.5% of total deaths. Most of these were vehicle occupants.
- In 1992, the death rate for motor vehicle traffic accidents among Australian males was 14.8 per 100,000 population. Compared to other developed countries, this is a moderate rate (Figure 1). High death rates were noted in Greece (29.9 deaths per 100,000 population) and New Zealand (25.5 deaths per 100,000 population). Rates under 10 per 100,000 population were noted in Hong Kong, Israel, Norway and Sweden in 1992.
- Although prominent as a cause of injury mortality, road death rates have been declining steadily in Australia since the early 1970s (Figure 3). Between 1950–54 and 1992, male death rates declined by 61% (Figure 2). No other developed country has had a greater decline, although compared with other countries Australia had high male road accident death rates until the mid-1980s. Spain, Japan and Ireland had notable increases in death rates for motor vehicle accidents.
- In Australia, the decline in death rates is attributed to a number of initiatives, including compulsory use of seat-belts and helmets, targeting drink-driving, improved road design and lower speed limits. Besides the use of alcohol, a number of other factors have been linked to increased road accident mortality. These include the gross national product per capita (which relates to the ability to purchase motor vehicles), economic activity (which influences the extent of travel), population density and vehicle miles travelled.
- Age-specific death rates for motor vehicle accidents increase sharply to age 25, decline to age 45 and then increase again for older age groups (Figure 4). This pattern varies little among Australia, Japan, the United Kingdom and the United States, although United States rates are somewhat higher in early adulthood and middle age, and Japanese rates are also higher in middle and old age.

#### For more information, see:

Soderlund N, Zwi AB 1995. Traffic-related mortality in industrialized and less developed countries. *Bull World Health Organ* 73: 175–82.

## Mortality, females, motor vehicle accidents (ICD E810–E819)

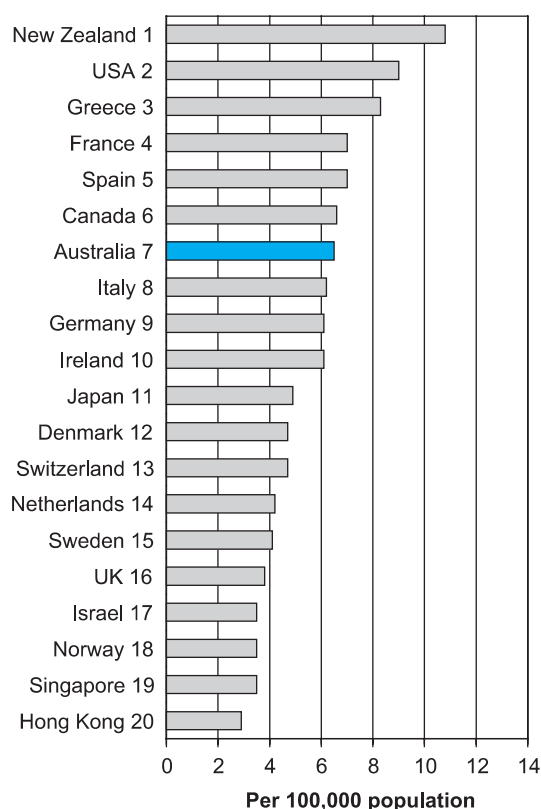


Figure 1: Age-standardised female death rates, motor vehicle accidents, 1992

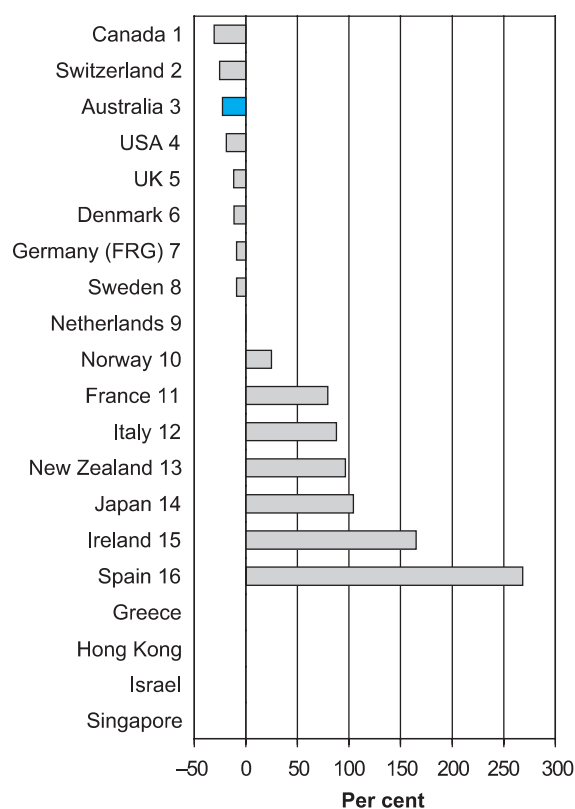


Figure 2: Changes in female death rates, motor vehicle accidents, 1950-54 to 1992

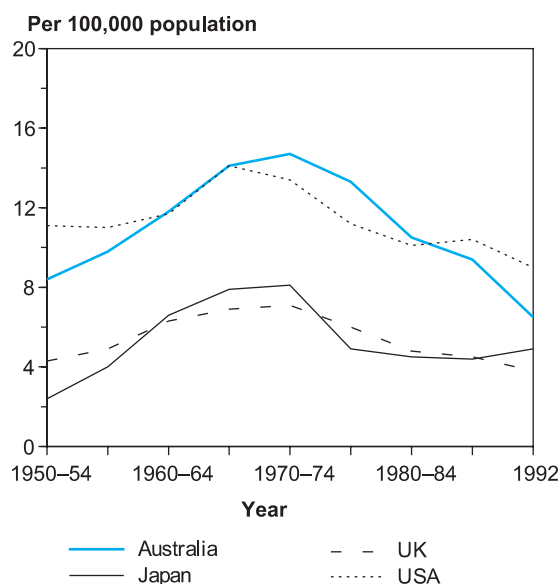


Figure 3: Trends in female death rates, motor vehicle accidents, 1950-54 to 1992

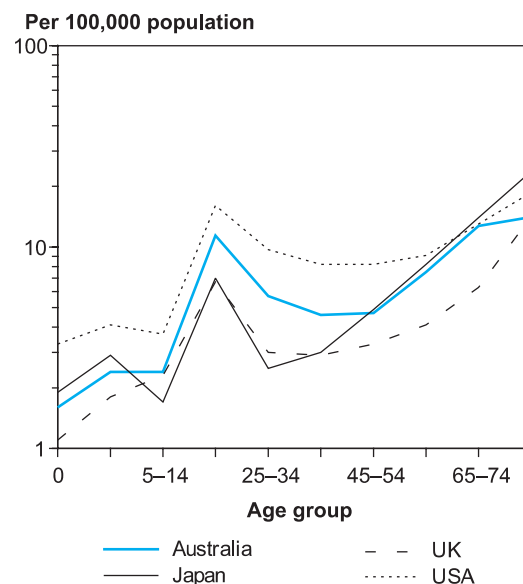


Figure 4: Age-specific female death rates, motor vehicle accidents, 1992

## Mortality, females, motor vehicle accidents (ICD E810–E819)

Death rates<sup>(a)</sup>, females, road accidents (per 100,000 population)

Country	1950–54	1960–64	1970–74	1980–84	1992	1993	1994	% change 1950–54 to 1992
Australia	8.4	11.8	14.7	10.5	6.5	5.7	6.0	–22.6
Canada	9.5	11.9	14.5	9.4	6.6	7.1		–30.5
Denmark	5.3	8.5	11.7	6.8	4.7			–11.3
France	3.9	9.0	11.7	9.5	7.0	7.2		79.5
Germany (FRG)	6.7	9.8	13.4	8.5	6.1	5.5	5.3	–9.0
Greece	—	3.2	5.9	7.9	8.3	6.9	8.3	—
Hong Kong	—	5.0	7.3	5.4	2.9	2.9	3.5	—
Ireland	2.3	4.1	8.3	7.8	6.1			165.2
Israel	—	—	—	5.7	3.5	5.5		—
Italy	3.3	6.3	9.1	6.8	6.2			87.9
Japan	2.4	6.6	8.1	4.5	4.9	4.7	4.5	104.2
Netherlands	4.2	7.2	10.9	5.8	4.2	3.5	3.9	0.0
New Zealand	5.5	8.0	13.5	11.2	10.8	9.9		96.4
Norway	2.8	4.6	6.1	4.7	3.5	3.2		25.0
Singapore	—	—	7.4	5.1	3.5	4.0	3.2	—
Spain	1.9	3.4	6.1	6.3	7.0			268.4
Sweden	4.5	7.2	8.3	4.9	4.1	3.7		–8.9
Switzerland	6.3	8.9	11.2	8.0	4.7	4.2	4.2	–25.4
UK	4.3	6.3	7.1	4.8	3.8	3.2	3.1	–11.6
USA	11.1	11.7	13.4	10.1	9.0			–18.9

(a) Age-standardised to the World Standard Population.

Sources: WHO 1988, 1994, 1995a, 1996d.

- Males in developed countries die at two to four times the rate of females from motor vehicle traffic accidents. In 1992, the difference was lowest in Hong Kong—2.1 male deaths for every female death, and highest in Greece, Italy and Singapore—3.6 male deaths for every female death. In Australia in 1992, the ratio of male-to-female deaths was 2.3 to one.
- In 1992, the age-standardised death rate for motor vehicle traffic accidents among Australian females was 6.5 per 100,000 population. Australia ranked seventh amongst developed countries for female road accident mortality in 1992; rates being high in New Zealand, the United States and Greece (all over 8 deaths per 100,000 population), and low in Hong Kong, Singapore, Norway, Israel and the United Kingdom (all under 4 deaths per 100,000 population) (Figure 1).
- Like the male rates, Australian female death rates have declined substantially since the 1970s—a decline of 23% between 1950–54 and 1992 (Figures 2 and 3). Canada and Switzerland also recorded notable post-war mortality declines. A number of developed countries recorded large increases during the same period—greater than the corresponding increases for males—due mainly to a higher proportion of women driving motor vehicles.
- Vehicle kilometres travelled is a useful proxy measure for the risks of road travel—the greater the distance travelled, the greater the risk of accident. In 1994, the United States recorded 10.7 fatalities for every billion kilometres travelled, the United Kingdom 8.8, Germany 16.6, France 18.5 and Japan 19.4 (OECD 1996d). The latest available figure for Australia (1991) was 14.0 fatalities for every billion kilometres travelled. The amount of rural travel is also an important consideration.
- Time trends in motor vehicle accident death rates for Australia, Japan, the United Kingdom and the United States show similar patterns (Figure 3). Rates increased steadily to the early 1970s, and declined steadily thereafter.
- Age-specific rates among the four countries are also similar (Figure 4). High rates in the 15–24 year-old age group are noteworthy.

**For more information, see:**

O'Connor PJ 1995. Road injury in Australia, 1991. Adelaide: AIHW National Injury Surveillance Unit.

Mortality, males, suicide (ICD E950–E959)

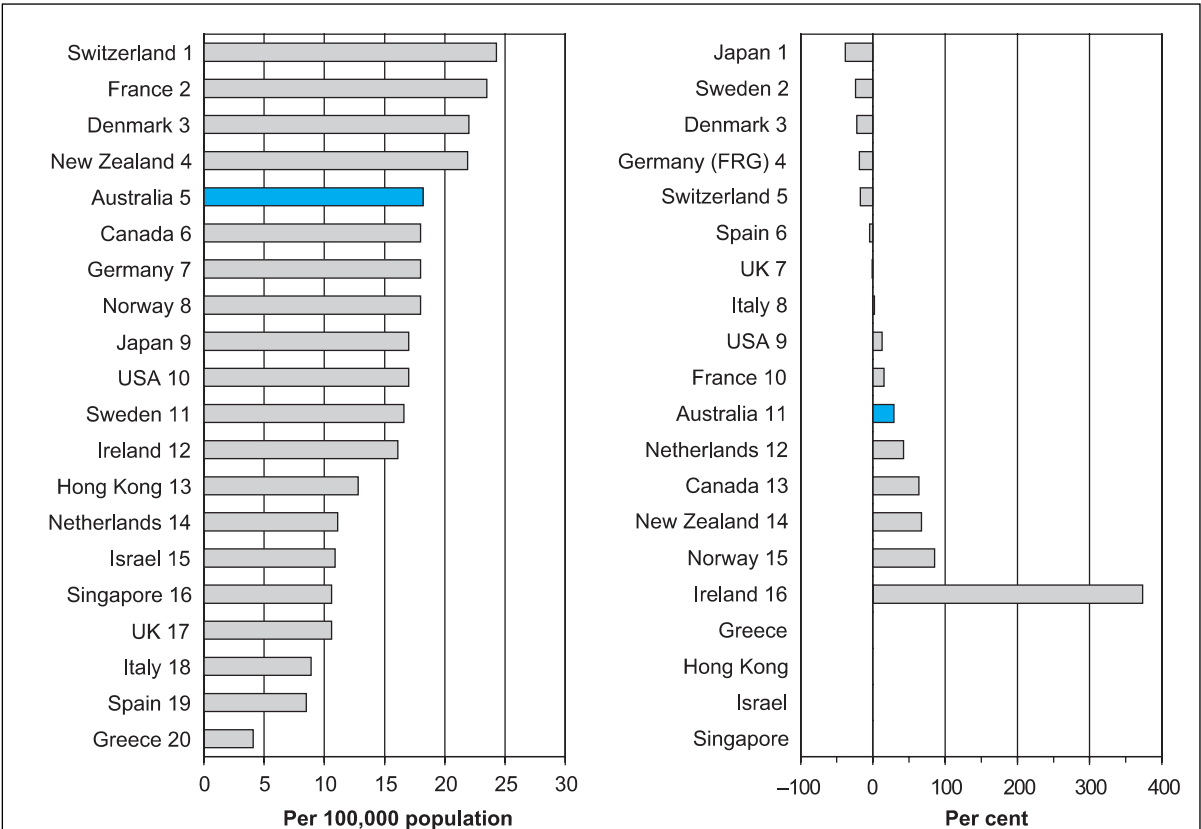


Figure 1: Age-standardised male death rates, suicide, 1992

Figure 2: Changes in male death rates, suicide, 1950–54 to 1992

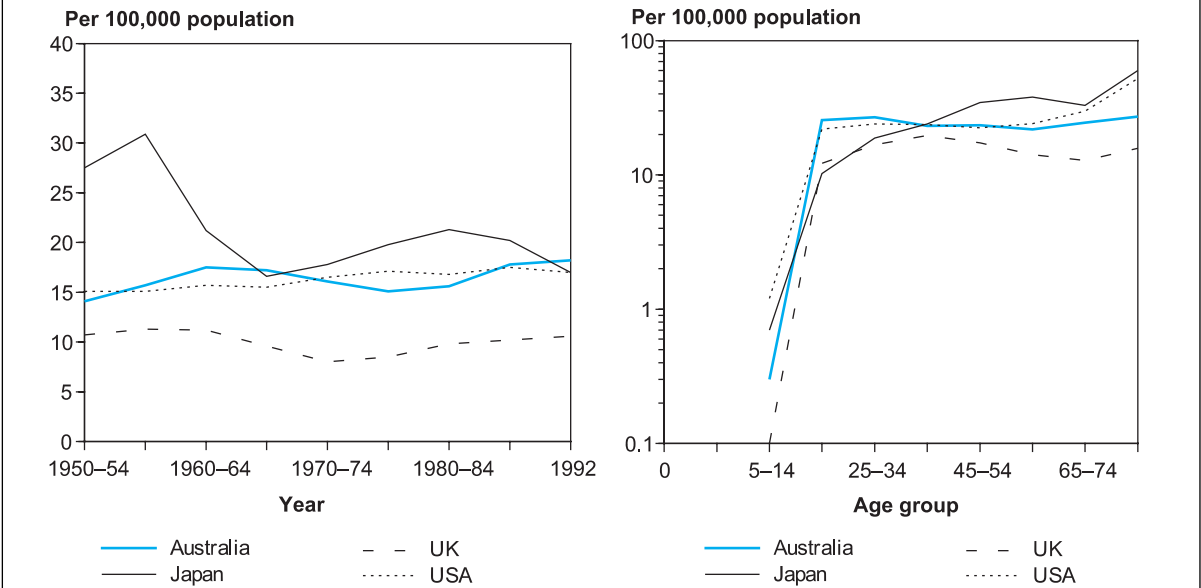


Figure 3: Trends in male death rates, suicide, 1950–54 to 1992

Figure 4: Age-specific male death rates, suicide, 1992

## Mortality, males, suicide (ICD E950–E959)

Death rates<sup>(a)</sup>, males, suicide (per 100,000 population)

Country	1950–54	1960–64	1970–74	1980–84	1992	1993	1994	% change 1950–54 to 1992
Australia	14.1	17.5	16.1	15.6	18.2	16.4	18.1	29.1
Canada	11.0	12.2	17.3	19.6	18.0	18.2		63.6
Denmark	28.3	22.0	26.0	31.3	22.0			–22.3
France	20.4	20.1	19.5	24.6	23.5	24.6		15.2
Germany (FRG)	22.2	22.2	24.1	23.4	18.0	17.1	17.4	–18.9
Greece	—	4.6	3.8	4.3	4.1	4.7	4.3	—
Hong Kong	—	16.0	16.2	11.1	12.8	10.1	11.4	—
Ireland	3.4	3.6	4.4	9.8	16.1			373.5
Israel	—	—	—	7.3	10.9	10.1		—
Italy	8.7	7.0	6.9	8.4	8.9			2.3
Japan	27.5	21.2	17.8	21.3	17.0	16.8	17.3	–38.2
Netherlands	7.8	7.5	9.3	11.6	11.1	10.9		42.3
New Zealand	13.1	12.2	12.0	14.9	21.9	18.7		67.2
Norway	9.7	9.8	11.7	17.8	18.0	17.6		85.6
Singapore	—	—	17.4	11.4	10.6	11.8	13.1	—
Spain	8.9	7.4	5.7	6.8	8.5			–4.5
Sweden	21.8	22.0	24.3	21.9	16.6	17.0		–23.9
Switzerland	29.5	23.4	24.4	29.8	24.3	23.4	24.6	–17.6
UK	10.7	11.2	8.0	9.8	10.6	10.2	10.1	–0.9
USA	15.1	15.7	16.5	16.8	17.0			12.6

(a) Age-standardised to the World Standard Population.

Sources: WHO 1988, 1994, 1995a, 1996d.

- Suicide, especially among males, has emerged as a major mental health issue in developed countries. Suicide rates are often used as one of the few available indicators of mental health, since suicides are often seen as breakdowns in social integration and cohesion.
- At 18.2 deaths per 100,000 population in 1992, Australia has a high male suicide rate, but is exceeded by Switzerland, France, Denmark and New Zealand (Figure 1). Many other countries have similar rates, including Canada, Germany and Norway. The rates for the Mediterranean countries (Greece, Spain, Italy and Israel) in comparison are low.
- Australia's male suicide rate has shown a 29% increase between 1950–54 and 1992—from 14.1 to 18.2 deaths per 100,000 population (Figures 2 and 3). Several other countries, including Ireland, Norway, New Zealand and Canada have shown marked post-war rate increases. In comparison, other countries—including Japan, Sweden and Denmark—have recorded declines. Japan's post-war suicide rate rose steadily until the mid-1950s, then declined sharply until the mid-1960s.
- The issue of suicide among young Australian males continues to receive prominence. In the early 1990s, the rate was similar to that for Canada and Norway, lower than in New

Zealand and Switzerland and higher than in most European countries, Japan and Singapore (Harrison, Moller & Bordeaux 1997). The rate is consistently amongst the upper third of developed countries for which data are available.

- Unlike the all-ages rate, the rate among Australian males aged 15 to 24 years has trebled from 1960 to 1990, a trend mirrored in New Zealand, Canada, the United States and certain other European countries.
- Suicide rates are invariably underestimated, as it is often not possible to fully determine the intent in many cases of suspected accident. Underreporting of suicide also occurs, although this may have lessened over the past several decades with improved coronial determinations of suicide as the cause of death.

**For more information, see:**

Cantor CG et al. 1996. Suicide trends in eight predominantly English-speaking countries 1960–1989. *Soc Psychiatry Psychiatr Epidemiol* 31: 364–73.

Pritchard C 1996. New patterns of suicide by age and gender in the United Kingdom and the Western world 1974–1992. *Soc Psychiatry Psychiatr Epidemiol* 31: 227–34.

Mortality, females, suicide (ICD E950–E959)

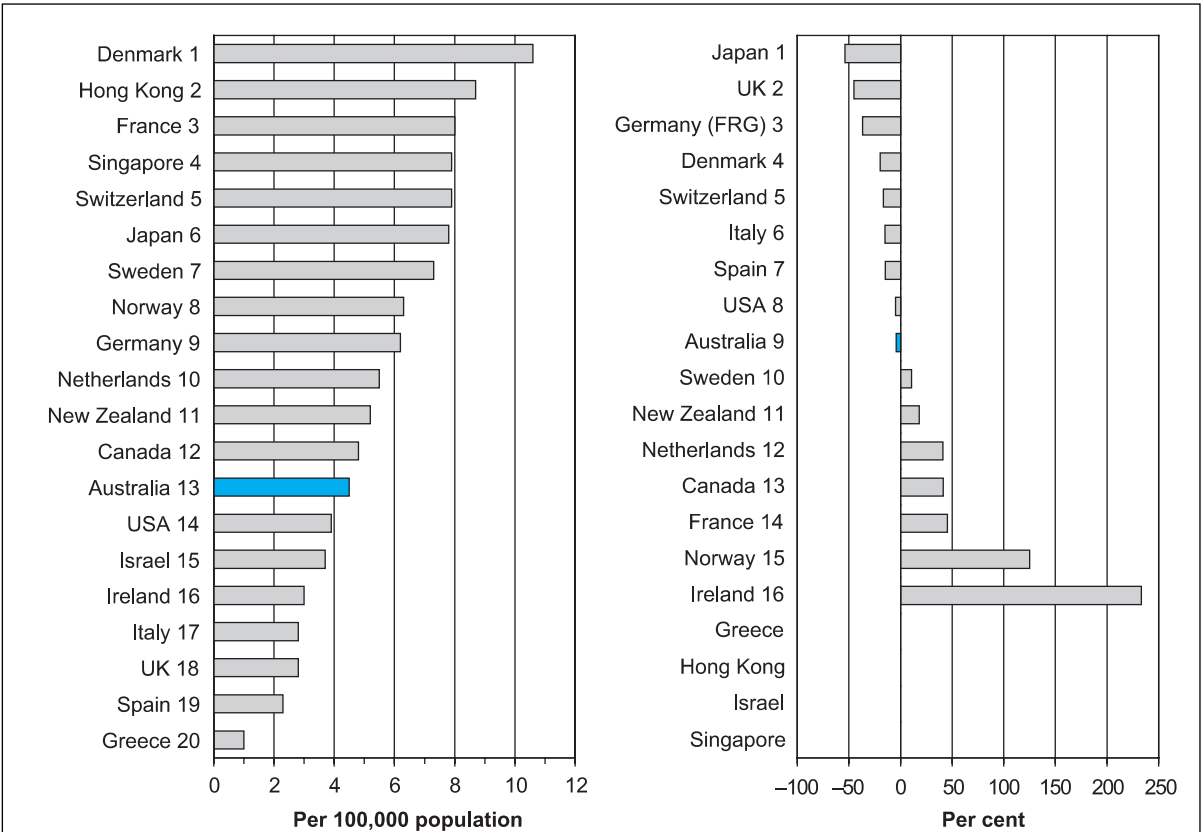


Figure 1: Age-standardised female death rates, suicide, 1992

Figure 2: Changes in female death rates, suicide, 1950–54 to 1992

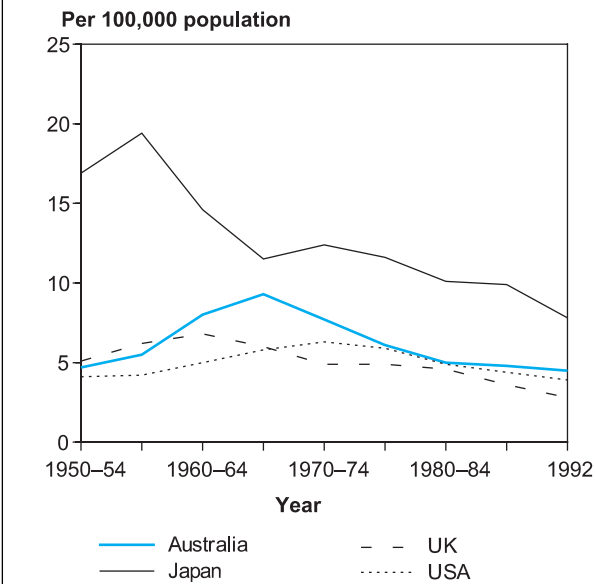


Figure 3: Trends in female death rates, suicide, 1950–54 to 1992

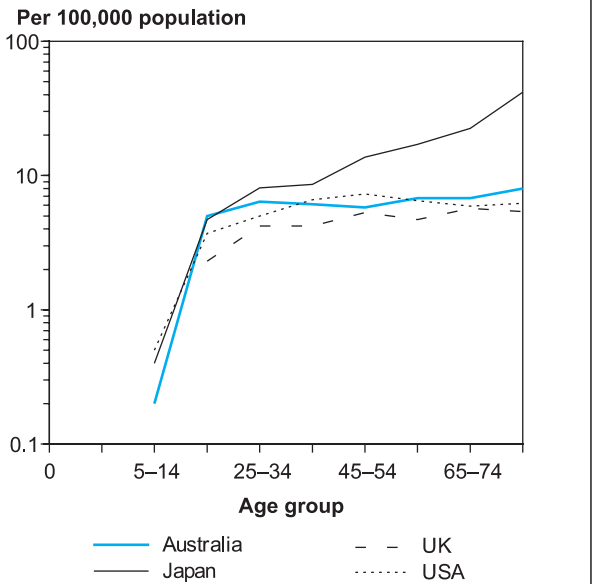


Figure 4: Age-specific female death rates, suicide, 1992

## Mortality, females, suicide (ICD E950–E959)

Death rates<sup>(a)</sup>, females, suicide (per 100,000 population)

Country	1950–54	1960–64	1970–74	1980–84	1992	1993	1994	% change 1950–54 to 1992
Australia	4.7	8.0	7.7	5.0	4.5	3.8	4.1	–4.3
Canada	3.4	3.5	6.7	5.9	4.8	4.6		41.2
Denmark	13.2	11.0	14.4	16.6	10.6			–19.7
France	5.5	6.0	6.8	8.8	8.0	8.5		45.5
Germany (FRG)	9.8	10.1	11.1	9.8	6.2	5.7	5.6	–36.7
Greece	—	2.3	1.6	1.6	1.0	1.4	1.0	—
Hong Kong	—	10.4	10.6	7.6	8.7	6.9	9.1	—
Ireland	0.9	1.1	1.5	4.1	3.0			233.3
Israel	—	—	—	3.7	3.7	3.2		—
Italy	3.3	2.9	2.9	3.2	2.8			–15.2
Japan	16.9	14.6	12.4	10.1	7.8	7.3	7.2	–53.8
Netherlands	3.9	4.3	6.0	7.0	5.5	5.3	5.1	41.0
New Zealand	4.4	5.5	5.7	5.5	5.2	4.9		18.2
Norway	2.8	2.7	4.0	6.1	6.3	5.2		125.0
Singapore	—	—	10.1	8.4	7.9	7.2	8.5	—
Spain	2.7	2.2	1.8	2.1	2.3			–14.8
Sweden	6.6	7.8	10.0	8.9	7.3	7.4		10.6
Switzerland	9.5	8.6	9.2	11.3	7.9	8.3	8.7	–16.8
UK	5.1	6.8	4.9	4.6	2.8	2.7	2.6	–45.1
USA	4.1	5.0	6.3	4.9	3.9			–4.9

(a) Age-standardised to the World Standard Population.

Sources: WHO 1988, 1994, 1995a, 1996d.

- In Australia, the female suicide rate is less than one-quarter the male rate. In 1992, the female age-standardised suicide rate was 4.5 deaths per 100,000 persons.
- The Australian female suicide rate falls in the bottom half of the 20 developed countries for which data are available (Figure 1). In 1992, Denmark had the highest rate at 10.6 deaths per 100,000 persons, followed by Hong Kong's 8.7 deaths per 100,000 persons. As in the case for males, the Mediterranean countries – Greece, Spain, Italy and Israel – all experience lower suicide rates. The United Kingdom and Ireland also had rates lower than 4 deaths per 100,000 persons (Figure 1).
- The Australian death rate has not changed appreciably over the last ten years. The period from the mid-1950s to the mid-1960s saw a steady increase, followed by a steady decrease until the early 1980s. The current Australian rate is similar to that of the early 1950s – in 1992 it was only 4.3% lower than for the period 1950–54 (Figure 3). Self-poisoning, mostly by pharmaceuticals, was the most frequent method of female suicide in the 1960s. The decreasing prescription of barbiturates since that time has lowered the frequency of this method.
- Ireland and Norway have seen increases of well over 100% since the early 1950s. In Japan

and the United Kingdom on the other hand, female suicide rates have decreased by approximately 50%. The immediate post-war Japanese suicide rate was especially high, however.

- The age-specific rates for females in Australia, the United Kingdom and the United States are similar for all age groups from the late teenage years onward (Figure 4). In Japan, however, the rate increases with age.

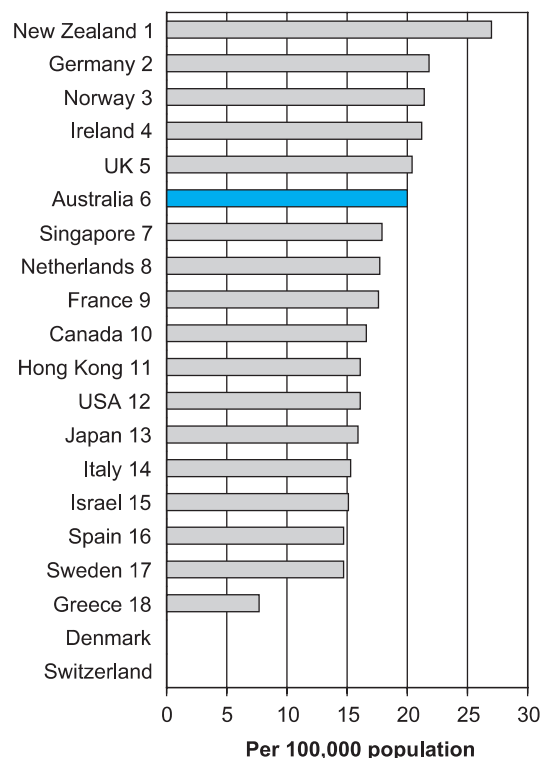
**For more information, see:**

Cantor CG et al. 1996. Suicide trends in eight predominantly English-speaking countries 1960–1989. *Soc Psychiatry Psychiatr Epidemiol* 31: 364–73.

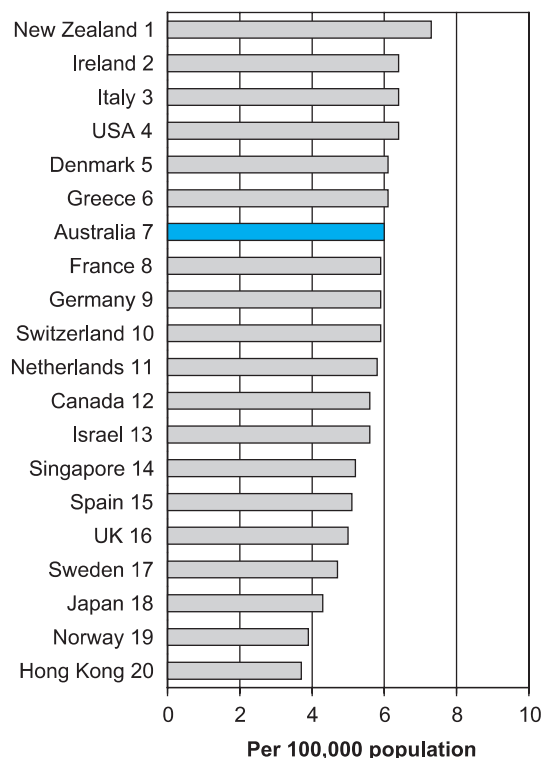
Pritchard C 1996. New patterns of suicide by age and gender in the United Kingdom and the Western world 1974–1992. *Soc Psychiatry Psychiatr Epidemiol* 31: 227–34.



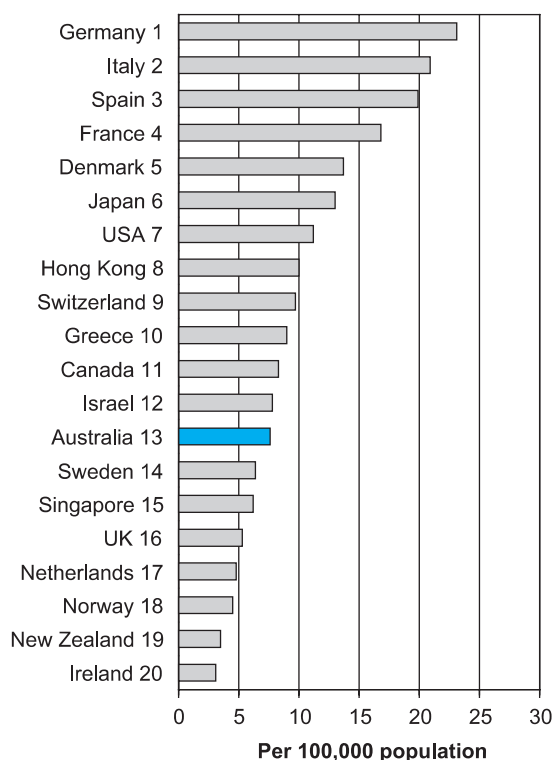
## Mortality, males, other selected causes



**Figure 1: Age-standardised male death rates, colorectal cancer, 1992**



**Figure 2: Age-standardised male death rates, leukaemia, 1992**



**Figure 3: Age-standardised male death rates, chronic liver disease & cirrhosis, 1992**



**Figure 4: Age-standardised male death rates, homicide, 1992**

## Mortality, males, other selected causes

### Death rates<sup>(a)</sup>, males, other selected causes, 1992 (per 100,000 population)

Country	Colorectal cancer (153–154)	Leukaemia (204–208)	Chronic liver disease & cirrhosis (571)	Homicide (E960–E969)
Australia	20.0	6.0	7.6	1.9
Canada	16.6	5.6	8.3	2.6
Denmark	—	6.1	13.7	1.3
France	17.6	5.9	16.8	1.2
Germany	21.8	5.9	23.1	1.2
Greece	7.7	6.1	9.0	1.7
Hong Kong	16.1	3.7	10.0	1.6
Ireland	21.2	6.4	3.1	1.1
Israel	15.1	5.6	7.8	1.6
Italy	15.3	6.4	20.9	3.4
Japan	15.9	4.3	13.0	0.7
Netherlands	17.7	5.8	4.8	1.7
New Zealand	27.0	7.3	3.5	3.2
Norway	21.4	3.9	4.5	1.5
Singapore	17.9	5.2	6.2	2.2
Spain	14.7	5.1	19.9	1.2
Sweden	14.7	4.7	6.4	1.6
Switzerland	—	5.9	9.7	1.6
UK	20.4	5.0	5.3	1.1
USA	16.1	6.4	11.2	15.2

(a) Age-standardised to the World Standard Population.

Sources: WHO 1994, 1995a, 1996d.

- Colorectal cancer is the second most common cause of cancer mortality in Australia. In 1996, 3.7% of all male deaths were due to colorectal cancer. The disease correlates strongly with the adoption of a western lifestyle and diet (McMichael & Giles 1994).
- In 1992, New Zealand had the highest death rate for colorectal cancer among developed countries (27.0 per 100,000 population), and Greece the lowest (7.7 per 100,000 population) (Figure 1). Australia's rate (20.0) ranked sixth in 1992.
- Leukaemia remains the major cause of cancer mortality for younger age groups. In 1996, there were 768 male leukaemia deaths in Australia, accounting for 1.1% of all male deaths. Australia's rate of 6.0 deaths per 100,000 population in 1992 was amongst the upper half of rates for developed countries. New Zealand had the highest rate, and Hong Kong the lowest (Figure 2).
- Cases of chronic liver disease and cirrhosis are largely precipitated by the excessive intake of alcohol. There is great variation in death rates between countries for this particular cause of death. In 1992, Germany and Italy had rates in excess of 20 deaths per 100,000 population, whereas Ireland, New Zealand, Norway and the Netherlands had rates of less than 5. Australia's rate of 7.6 was moderate (Figure 3).
- In 1992, the Australian male homicide rate of 1.9 deaths per 100,000 population was in the upper third of rates for 20 developed countries (Figure 4). The 1992 homicide rate in the United States of 15.2 deaths per 100,000 population was more than four times higher than that for the next ranked country, Italy.
- The high homicide rate in the United States is largely attributable to the very high rate of firearm ownership. In 1992, male firearm homicides in Australia accounted for 29% of all homicides, while in the United States it accounted for over 70% of all homicides.

#### For more information, see:

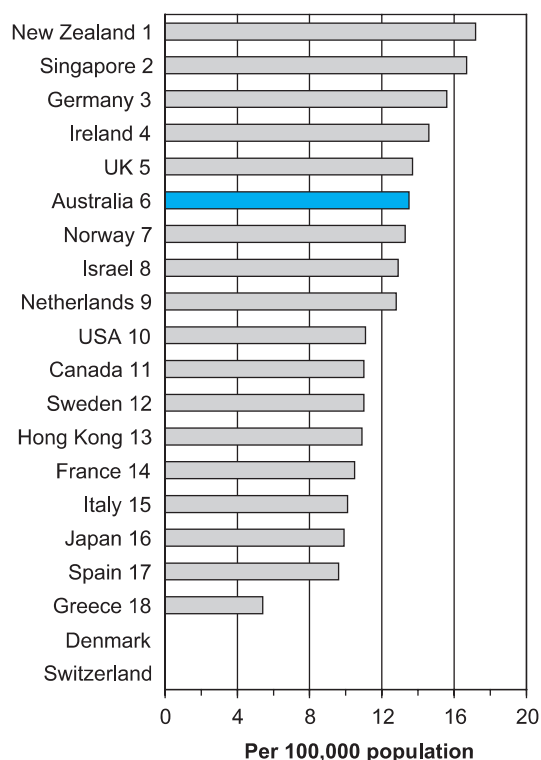
McMichael AJ, Giles GG 1994. Colorectal cancer. *Cancer Surv* 19–20: 77–98.

Stiller CA, Parkin DM 1996. Geographic and ethnic variations in the incidence of childhood cancer. *Br Med Bull* 52: 682–703.

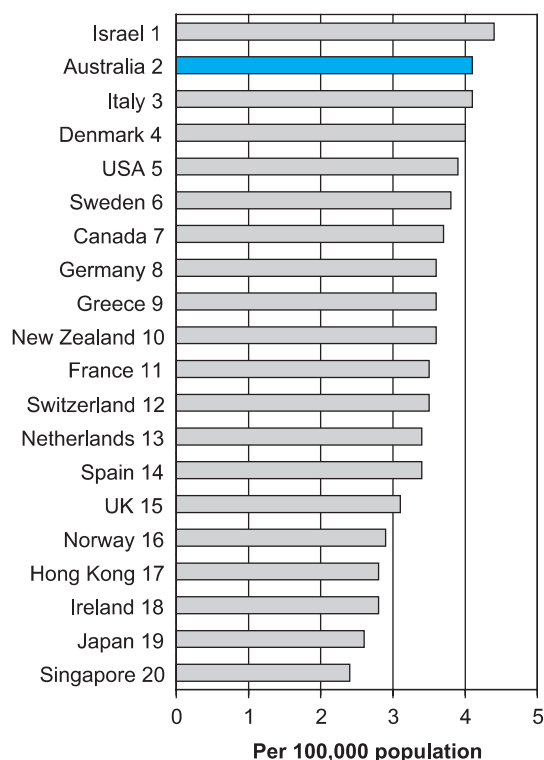
Lehto J 1993. Alcohol consumption and related problems. *World Health Stats Q* 46: 195–8.

Bourbeau R 1993. Comparative analysis of mortality due to violence during the 1985–1989 period. *World Health Stats Q* 46: 4–32.

## Mortality, females, other selected causes



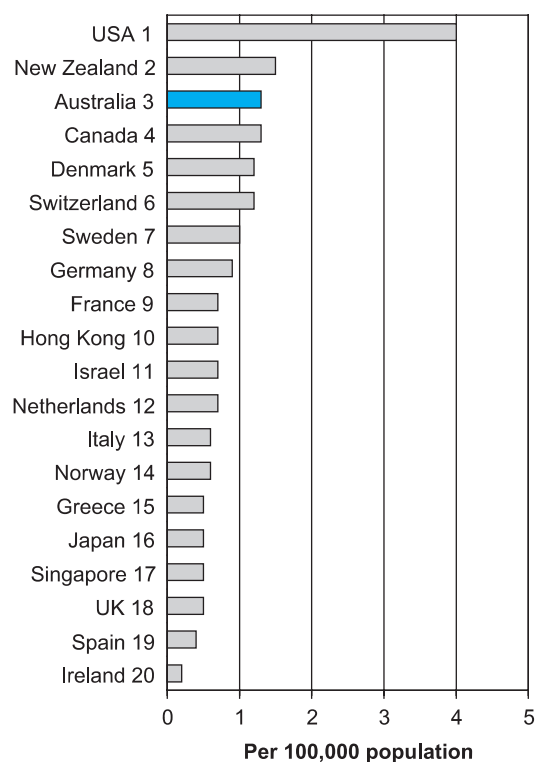
**Figure 1: Age-standardised female death rates, colorectal cancer, 1992**



**Figure 2: Age-standardised female death rates, leukaemia, 1992**



**Figure 3: Age-standardised female death rates, chronic liver disease & cirrhosis, 1992**



**Figure 4: Age-standardised female death rates, homicide, 1992**

## Mortality, females, other selected causes

### Death rates<sup>(a)</sup>, females, other selected causes, 1992 (per 100,000 population)

Country	Colorectal cancer (153–154)	Leukaemia (204–208)	Chronic liver disease & cirrhosis (571)	Homicide (E960–E969)
Australia	13.5	4.1	2.3	1.3
Canada	11.0	3.7	3.4	1.3
Denmark	—	4.0	6.5	1.2
France	10.5	3.5	6.6	0.7
Germany	15.6	3.6	9.3	0.9
Greece	5.4	3.6	3.0	0.5
Hong Kong	10.9	2.8	3.3	0.7
Ireland	14.6	2.8	1.4	0.2
Israel	12.9	4.4	3.9	0.7
Italy	10.1	4.1	9.0	0.6
Japan	9.9	2.6	4.5	0.5
Netherlands	12.8	3.4	2.6	0.7
New Zealand	17.2	3.6	1.7	1.5
Norway	13.3	2.9	2.2	0.6
Singapore	16.7	2.4	2.0	0.5
Spain	9.6	3.4	6.2	0.4
Sweden	11.0	3.8	3.0	1.0
Switzerland	—	3.5	3.7	1.2
UK	13.7	3.1	3.3	0.5
USA	11.1	3.9	6.5	4.0

(a) Age-standardised to the World Standard Population.

Sources: WHO 1994, 1995a, 1996d.

- In 1992, the age-standardised death rate for colorectal cancer among Australian females was 13.5 per 100,000 population. Among developed countries, Australian females ranked similar to Australian males—sixth—for colorectal cancer death rates (Figure 1).
- There are notable male–female death rate differentials in all countries. Singapore, however, in an exception, with similar rates for males and females. Australian mortality was 33% higher for males than females in 1992.
- Although differences are small, Australian females had a higher rate of leukaemia mortality compared to most other developed countries in 1992, 4.1 deaths per 100,000 population, and second only to Israel (Figure 2). Lower rates are noted among the Asian countries (Singapore, Japan and Hong Kong), and Ireland.
- Female rates of death from chronic liver disease and cirrhosis are much lower than male rates. The 1992 Australian female rate of 2.3 deaths per 100,000 population was only 30% of the male rate. In the United Kingdom and the United States, however, female rates are approximately 60% of male rates. Germany and Italy had rates of 9.3 and 9.0 deaths per 100,000 population in 1992—higher than male rates in many countries. Ireland and

New Zealand on the other hand, had very low rates in 1992, at under 2 deaths per 100,000 population (Figure 3).

- The homicide rate among United States females was almost three times that of New Zealand females in 1992, the country with the second highest rate (Figure 4). Australia's rate of 1.3 deaths per 100,000 population was comparatively high, ranking equal third with Canada. Most countries had homicide rates of less than one death per 100,000 population.

#### For more information, see:

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