

This study aims to describe the trend of mortality, and to ascertain the influence of changes in causes of death on the level of mortality of the Thai population, during the period 1961 to 1986. The data used is based on that compiled by the project entitled "Morbidity and Mortality Pattern of Thai Population." Data on death is available by age, sex and cause of death.

The mortality of the Thai population has gradually declined. The death rate reduced more among males than females. The age-specific death rate of the under 1 year age group has declined most rapidly, and the decline in age-specific death rates decreased with increasing age. The age-cause specific death rates showed a decline among infectious disease group, and an increase among non-infectious disease group. For those which are included in the infectious disease group, mortality from respiratory diseases and that from digestive diseases have declined, but not much evidence in sex differences, except for the 65 years old and over. For non-infectious disease group which includes circulatory diseases and neoplasm, the age-cause specific death rates have increased in all age groups. The increase in the death rate was greater among males than females, however, for circulatory diseases; but sex differences in neoplasm mortality seemed to be minimal and have no clear pattern.

The cause-specific death rates which showed a declining trend and thus contributed to the decline in the overall mortality level included infectious diseases, respiratory diseases and digestive diseases; for all of these, the elasticity of death rate was higher for males than for females, but with an exception for digestive diseases. The cause-specific death rates which showed an increasing trend and thus impeded the decline in the overall mortality level were circulatory diseases and neoplasm. For both causes, the elasticity of death rate increased with age, and was higher among males than females.

The results from this study is expected to be useful for the preparation of the preventive and curative plans, which should be in line with the age-sex differentials in cause-specific mortality.