Occupational Medicino

Sickness absence pattern in developing countries

On reviewing twenty studies (eight published and twelve unpublished) on sickness absence carried out on an Iraqi unpublished) on sickness absence carried out on an Iraqi population, it is possible to conclude that the behaviour of Iraqi people in taking sick leave does not differ from that of Iraqi people in the developed countries. Factors such as age, the people in the developed counsickness absence among people in the developed countries, appeared to have more or less a similar effect on Iraqi people. The study recommends that occupational health physicians may benefit from studying sickness statistics to improve the employees health conditions.

Introduction

Studying sickness absence may be valuable for many reasons. It can be a measure of the general health of people¹, a way to avoid the occurrence of some illnesses² or a way to reduce sick leave³. In fact sickness absence is a complex phenomenon that involves several factors (social⁴, especially the conditions relating to where people work⁵, economic, ethnic or personal⁶) although some of them might not be directly related to illness⁷.

Data on sickness absence are not always available and at the same time are not easy to collect. Inaccuracies can exist in recording all sick leave or in clarifying the cause of illness® or the diagnosis. However, this does not absence as it still can determine detect specific occupational

The aim of this study was to show whether the pattern of sickness absence in developing countries (Iraq as an example) differs from that of the developed countries. It is known that there is little difference in sickness absence between different developed countries.

Material and methods

This study is based on results obtained from twenty studies (eight published and twelve unpublished) on sickness absence carried out in different firms in Iraq (each firm in the study is represented by a number) for a period of ten years (1979-1988).

The data used were collected from the medical department of each firm and were checked with the health certificate usually kept in the personal file of each worker. These studies have examined the effects of a number of factors on sickness absence (each study examined the factors of the available data). The factors include age, sex, marital status, family responsibility, wage, length of service. level of responsibility occupation, place of work, day of the week in which the sickness was granted, season and diagnosis Different rates were examined (average number of spells pe person (inception rate), average days lost per person and average

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lost per spell) and the and the positive binominal requerty binominal) were megaline of them while it sudred in the others to was possible spells according to dassily into These studies were therrun out by factory doctors arricu under my supervision.

Table 1 shows the frequency distribution of people according othe number of spells in some of louic studies. As age, sex and occupation are the main factors affecting sickness absence, Tables land III then show the inception ale of these factors in some others.

Results and discussion

Although no consistent pattern was found in all of these studies, one can show that the rates of sickness absence are different from one firm to another and from one department to another, and the total number of spells of short duration (less than three days) were in the range between 70 to 90 per cent. On the other hand the number of people who had no sick leave during the study period was in the range between 10 to 56 per cent (Table I).

				TAB	LEI						
FREQU	JENCY D	ISTRIB FERENT	UTION	OF EMP	LOYE	ES HAVI	NG 0,1	,2, ETC	SPELLS		
. No	- artis	A 9	15.07.5			Let solve		14 85 75	1 124 3		
No. of spell		No. of employees in different Firms Firms No.									
		1	2	3	6	8	18	19	20		
	0	243	304	32	31	110	56	100	64		
	1	446	488	60	33	59	27	79	42		
	2	476	513	73	17	14	8	47	27		
	3	439	395	94	21	7	5	14	13		
	4	329	274	141	12	2	1	6	10		
	5	184	151		5	3	1	3	8		
	6	120	87		8	3	2	_	3		
	7	74	70		3	-		1	1		
	8	38	33			2			1		
	9	20	28		9				1		
	10	22	15	a sin.	2						
	11	8	10		3						
	12	4	8		1						
	13	2	2	1.50	1	000	100	250	170		
	Total	2405	2378	400	140	200	100	250	170		

Rates of sickness absence increase with age (Table II), females show higher rates in comparison to males (Table III). Married women have higher rates than single women and married women with children have higher rates than married women without children. The rates are higher the more children she has.

The inception rate tends to decrease with the length of service

and the reverse is the case when the average days lost per spell or per person are considered. The level of sickness absence is inversely related to that of the responsibility of the employee. Wage levels show a negative association with sickness absence rates.

Saturday (the first working day of the week) tends to be always the day most favoured for the beginning of sick leave. The pat-



INCE	PTION RATE	(SPELLS)	BYAGEGRO	UP IN DIF	FERENTFIR	MS
Firm No.	Hada 24		e group (Yea	rs) 45+	Total	116
Firm No.	Under 24	25-34	35-44	457	Total	
1	2.1	2.8	3.2	2.9	2.8	
2	2.1	2.9	3.4	3.1	3.0	
3	2.7	4.6	5.8	6.3	5.7	
4	0.4	1.4	1.6	1.8	1.5	
5	2.2	2.1	2.9	3.8	2.4	
6	2.5	2.6	3.0	_	2.7	
7	0.5	0.7	1.6	0.8	0.9	
8	0.5	0.6	1.3	1.7	0.7	
9	0.4	0.7	1.2	1.7	0.8	
10	2.5	2.0	2.0	2.2	2.1	
11	0.2	1.4	1.7	2.1	1.5	

tern declines throughout the remaining days of the week with

duration. Again, one day spells were randomly distributed among