2018

Bahrain: Cardiovascular Disease

Sandra Morales

*Augustana College, Rock Island Illinois*

Follow this and additional works at: [https://digitalcommons.augustana.edu/pubh100global](https://digitalcommons.augustana.edu/pubh100global)

Part of the [Cardiovascular Diseases Commons](https://digitalcommons.augustana.edu/pubh100global/), and the [Epidemiology Commons](https://digitalcommons.augustana.edu/pubh100global/)

**Augustana Digital Commons Citation**


This Report is brought to you for free and open access by the Public Health at Augustana Digital Commons. It has been accepted for inclusion in Global Public Health by an authorized administrator of Augustana Digital Commons. For more information, please contact digitalcommons@augustana.edu.
CARDIOVASCULAR DISEASE IN BAHRAIN

Bahrain overview: Bahrain, better known as the Kingdom of Bahrain, is an island nation in the Middle East. The island is in the Arabian Gulf (Persian Gulf), east of Saudi Arabia, north of Qatar. Bahrain is connected to Saudi Arabia by the King Fahd Causeway which is 25 kilometers (CIA, 2017). As of now the population of Bahrain is about 1.5 million; however, it has the smallest population of the five Gulf states. The male population exceeds the female population with 62.6% for male and 37.4% for female. Immigrants make up approximately 50% of the total population as of 2015. Its population is made up of: 46% Bahrain, 45.7% Asian, 4.7% Arab, 1.6% African, 1% European, and 1.2% other. When it comes to religion most people are Muslim. Muslims make up for 70% of the population, 14.5% Christian, 9.8% Hindu, 2.5% Buddhist, 0.6 Jewish, less than 1% folk, and 1.9 % unaffiliated (WHO, 2017).

Government: Bahrain is a constitutional monarchy. The legal system is a mixture of Islamic law, English common law, Egyptian civil, criminal and commercial codes. Political parties are prohibited, but political societies were legalized under a July 2005 law (Bahrain, 2014, The Economist). The head of government and supreme commander of the Bahrain defense force is Khalifa bin Salman Al Khalifa since 1970. Bahrain is divided into four governates: the capital, Muharraq, the Northern, and the Southern governates. Elections, both parliamentary and municipal are under judicial supervision and national monitoring at all stages to ensure transparency of the electoral process (Bahrain 2014, The Economist).

Major challenges: Bahrain’s major challenge is cardiovascular disease. For men, the deadliness of cardiovascular diseases in Bahrain peaks at age 80; however, cost-effective interventions exist, and have worked. The most successful strategies have employed a range of population wide approaches combined with interventions for individuals (Al-Nooh et al., 2014). There are not any real issues in terms of healthcare, funding, or unemployment. Bahrain does not have any international issues. Surprisingly, the criminalization of domestic workers is common (OSAC, 2017).

Public health issue: Cardiovascular disease is a prevalent problem in Bahrain. Cardiovascular disease (CVD), also called heart disease, refers to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, chest pain or stroke (Mayo Clinic, 2017). It accounted for 34% of deaths in 2002 (Al-Nooh et al., 2014). Out of the 2388 total deaths reported in 2010, 379 were due to circulatory diseases (Al-Nooh et al., 2014). It is a major cause of morbidity and mortality in Bahrain.

Basic epidemiology: Men are more at risk for the disease. The prevalence of hypertension based on diastolic blood pressure reading among males was 31.4%, but 13.1% for females (Al-Nooh et al., 2014). Being overweight and being inactive were the top two risk factors while low density cholesterol was at the bottom. Tobacco can also increase the chance of CVD. More than 5,000 children and 185,000 adults use tobacco every day in the country (Bahrain Archives, 2017). Low fruits and vegetables intake was one of the dietary behaviors that were linked with increased risk for CVD. The indirect effects of CVD...
stem from changes in the heart muscle as a result of sudden decreased blood flow which leads to cardiac arrest and some irregular heart rhythm (Afshin et al., 2015). The percentage of years of healthy life lost attributed to risk factors is 91.1% (Graphiq, n.d.).


Identifying the problem and providing solutions: CVD is identified in various ways. Shortness of breath, irregular heartbeat, and chest pain are all warning signs. The best way to prevent CVD is by living a healthier life; it depends on the individual for the most part. Without living well and eating healthy there is a higher chance of diabetes and obesity. Education about the benefits of an improved lifestyle is vital to reducing CVD. The Bahrain government has allocated budgets to bolster the quality of care, private sector companies are raising awareness of major health issues, and improved healthcare services are being created (Bahrain Archives, 2017).

Suggestions: I think that schools should provide students with healthier choices during lunch. Many children are growing up obese which only increases their risk of CVD. It is better to train children in the right direction than let them eat whatever they want. In addition, I would also suggest that healthier choices be more available to people than unhealthy food. Maybe fining people will make them better decision makers when it comes to deciding what to put in their body.

References:


