CHAPTER VII

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Health of a person is an index of human welfare and thus plays a significant role for the economic growth of a nation in general and of a region in particular. Thus the study of health status find due attention and considerable importance in the policy formulation of the government. Health status study includes both the factor of mortality and morbidity of a region. As a result the study of prevalence and incidence of diseases among infant, the children and the adult of a region is urgently needed. In this context we attempted to make a study among the residents of Silchar town. Further a study has been made regarding the mortality and cause of death and morbidity among the resident of Silchar town. Endeavour is also being made to develop models related on these issues.

Study of prevalence and incidence of diseases mainly communicable diseases among infant and the children of Silchar town revealed that diseases encountered them in the town due to the affect of socio-economic factors like place of dwelling, educational qualification of mother and income level, demographic factors like age group, caste and environmental factor like drinking water, fuel for cooking, types of toilet provided to children. The afore-mentioned factors those are highlighted for the prevalence and incidence of diseases in Silchar town affect more the slum dwellers than the non-slum dwellers. Moreover in our study we include maximum of slum dwellers so we hope health awareness campaign by public
health workers and social scientist in slum areas may reduce the prevalence and incidence of diseases among infant and the children.

Life expectancy is considered as a summary measure and it is also being used for comparing mortality situation at two points of time. Also increase of life expectancy at birth is an indication of decline of mortality. As a result life tables of Silchar town at two points of time at interval of 5 years have been constructed to see increase and decrease of mortality. It is observed that the life expectancy at birth has increased during 5 years interval though not substantially. But whatever increases are noticed it is a clear indication of decline of mortality. As regard changes of age sex wise cause specific death rate at two points of time, we observed that both in males and females ‘cardiovascular’ is the leading cause of death in both the time and other diseases followed are malignant neoplasm, diabetes, liver cirrhosis. To reduce the death rate particularly from non-communicable diseases, the people of the Silchar town should be aware about health by conducting health awareness programmes.

The profiles of major causes of diseases have been changed due to health transition. As a result attention of health status study has now been shifted more to non-communicable diseases than to communicable diseases. In this context endeavour has been made for multivariate analysis for the prevalence of non-communicable diseases and also for communicable diseases among the resident of Silchar town. Multivariate analysis was done by Logistic regression for non-communicable diseases for people aged 30 years and above and for communicable
diseases irrespective of ages. It is noticed that non communicable diseases are prevalent in the town due to the impact of age, marital status, educational qualification of household, occupation, annual income, food habit, religion, mother tongue, media exposure of household, whereas communicable diseases are prevalent due to the factor like age, gender, type of houses, caste, purification of water, sanitation facilities and media exposure. Further more; our analysis of healthy expectancy of Silchar town during 2002-06 indicates that healthy expectancy has increased over the years for the people of Silchar town. But healthy expectancy has not increased as rapidly as life expectancy does, as healthy expectancy is possibly influenced by chronic diseases. But it is noticed that in Silchar town females are having higher health expectancy than their male counterparts. To prevent the prevalence of non-communicable diseases among the adult persons above 30 years the social scientist and public health workers of this region may conduct health camp to aware about the menace of chronic diseases and aware those different means by which these can be controlled. Further communicable diseases around this town may be controlled by improving sanitation facilities, provision for purification of water and by encouraging people about media exposures. We hope the estimation of health expectancy for non-communicable diseases for the people of Silchar town; will provide noteworthy impetus to health policy makers.

Increase of Health expectancy being used as a good indicator of health status. But the estimation of healthy expectancy for developing country like India,
its state and district level is not possible due to non-availability of prevalence rate of diseases. In this context regression equations are developed for healthy expectancy corresponding to life expectancy. Study revealed that during last three decade in India healthy expectancy has increased in total, rural and urban population. As regards to the states during the year 2002-06, we noticed that Kerala registered the highest and Madhya Pradesh and Uttar Pradesh registered the lowest. For district level, it is found that males healthy expectancies are higher than their female counterparts. But among the Indian States, the scenario of healthy expectancy seems to be worst in case of north east India including Assam.

Human development index is considered as a good indicator for measuring development of a nation. It is, in this context, we hope that our study is attempted to modify human development index by replacing life expectancy index by healthy life expectancy index. It has been observed that modified human development index for selected countries of the world and Indian states of India registered lower values than the not modified Human development index.

The findings regarding indirect estimation of health expectancy for India, its states and district level and modified form of human development index of India will help in adopting different strategic planning related to health so that people can look forward to a better healthier life free from prevalence of diseases in future.

Owing to globalization, changes of life style and changes of dietary habit of the people result a corresponding changes of prevalence of diseases in the world as well as in India. Now non communicable diseases are found more concern than the
other diseases. Also it is found that people above 50 years are mostly affected by non-communicable diseases like cardiovascular and cancer. But in India due to non-availability of cause specific death rate data one should go for indirect estimation of cause specific death ratio. Further from study it is found that cause specific death ratio of diseases varies with life expectancy at birth. More over cause specific life table of number of countries of the world are available. So we may endeavour to develop regression equation for cause specific death ratio on life expectancy at birth. From the estimated values of cause specific death ratios, we observe that the states of India which are having higher life expectancy at birth having higher cause specific ratios due to cardiovascular and cancer diseases.