CHAPTER VII
OVERVIEW AND SCOPE FOR FUTURE STUDIES

Mortality statistics are one of the important factors to access quality of life. It is the most essential data source for monitoring the health of a community. It contributes the maximum information regarding national and sub-national burden of diseases.

To fulfil a task of collecting mortality statistics and to see the trends of mortality in an urban set-up of north east of India, this study should find due attention and considerable importance in the planning of health programme by government. The study of mortality situation in Guwahati city in the last quarter century, 1986-2011 includes study of death rate of Guwahati city since the year 1986 to 2011, life tables for different study years of 1986 to 2011 and their comparisons among male and female, cause of deaths and cause specific life tables, 1986-2011, dynamic consideration of period life tables, survival analysis of admitted patients suffering from some selected diseases at Gauhati medical college and hospital, 2001.

In the second chapter, we focused on to see the differences and improvement of mortality situation in Guwahati city, over the last 25 years since 1986 to 2011 by sex, by various age groups with causes, accompanied by various changes in the months. This study concludes that Guwahati city has been showing an overall reduction in death rate for both male and female. The childhood and adult mortality has a downward shift from young ages of mortality to progressively older ages. Cardiovascular diseases are the top ranked disease and cause of death for most of the study years since 1986 to 2011.
In third chapter life tables for male and female since 1986 to 2011 were studied. Inter comparison of Life tables were also observed. A common fundamental aspect of human development is to live a long and healthy life. It was found from the study of life tables that, expectation of life at birth in Guwahati city has been improving over the years. This study reveals that, that there is gain in life expectancy in almost all the age groups for both males and females(expect for males in the age group 80—85 and 85+). Life expectancy at birth has increased from 63.56 years to 71.51 years in 1986-2011 for males and from 64.55 to 72.71 years for female. Expectation of life at birth has increased by 1.34 years and 3.03 years for male and female respectively in the period 1986-1991 which became 0.56 years and 0.31 years for male and female respectively in recent period 2006-2011 in Guwahati. The gain in life expectancy at birth is may be due the improvement in mortality rates for the middle age group.

In fourth chapter, cause specific deaths in Guwahati city since 1986 to 2001 have been studied. For both male and female in Guwahati city most deaths are due to the cause of non communicable diseases. It is found that of among all non communicable diseases cardiovascular disease is the top in all major causes of death. While analysing the life expectancies at birth for male and female, Guwahati between year 1986 and 2011 by age and cause specific decomposition method (Table 4.10) it is seen that, 23.95% of the 7.9433 additional years of life expectancy at birth (male) in 2011 and 31.01% of the 7.7828 additional years of life expectancy at birth(female) in 2011 is attributable by mortality due to CVD from all age group.

In fifth chapter, dynamic consideration for periodic life tables for 10 years and 25 years were studied. The probabilities of death under this consideration are lower than corresponding usual probabilities of death. Consequently expectation of life under
dynamic consideration are compared and found that dynamic life expectancies are greater than the usual life expectancies.

In sixth chapter survival analysis of patients attending Gauhati Medical College and hospital has been studied. Cardiovascular diseases (CVD) have been a major share in the incidence of non-communicable diseases. CVD alone took 325.0 death per lakh population in 1986 in Guwahati and increased in 2011, became 480 per lakh for age of 60+ years. Hence, study aims on the survival analysis of patients who get admitted in GMCH. Our focus was mainly on patients with cardiovascular disorder. Therefore, the survival analysis was done on admitted patients of cardiology and nephrology department of Gauhati Medical College and Hospital, 2011.

It is necessary to control and prevent the incidence of communicable and non-communicable diseases from rising, but only focusing on the needs of individual is not the solution. What is needed of the Government as well as the community is total holistic approach which looks other public amenities like health utilisation services, supply of medicine, safe drinking water, sanitation, waste disposal and vaccination etc. It is believed that, this study will also get attention from the citizens of Guwahati regarding their health care seeking behaviour, physical activities and food habits.

This study reliably document not only the underlying number deaths, trend of mortality, cause of death in Guwahati city, but also makes a reflect on key risk factors of life style diseases under urban residence like stroke, diabetes, heart ailment, cancer, kidney, liver disease etc. One important useful application of this study is the life tables for both male and female since last quarter century (1986-2011) and also the dynamic extension of life tables. One may forecast the life expectancy at birth and at all age groups in other district and other urban set-up of India. Dynamic extension of
period life table may give life expectancies and probabilities of death at metropolitan cities like New Delhi, Mumbai, Kolkata, Bengaluru, Hyderabad, Chennai etc.

Despite broad classification of cause of death, the death data will be better source of information to study the demographic transition in Guwahati city an urban area of north east of India in the last twenty five years,. This study builds capacity for research and for public health action. It provides a large representative and reliably track the health status of urban set-up of Assam from North East of India.

In future we attempt to study the cause specific mortality in the selected cities of India and compare and contrast between them.

We shall also compare these values with the other cities of the developed and developing countries. This is expected to give mortality situation prevailing in urban set up of India and policy maker would be able to take decision to improve the health scenario in urban areas of India. We shall study the cause specific mortality in the selected districts of India make comparison of urbanisation and mortality.