PREFACE

Study of Mortality Statistics is one the important factors to understand quality of health. These measurements are the key to observe the trend in the health conditions of a population. Recording of key events of life or vital statistics is not a new concept. In England, during 1194 A.D. the investigation of deaths by coroner was started. In 1400 A.D. The oldest system of registration of vital events is found in Scandinavian countries beginning with Finland in 1628, Denmark in 1646, Norway in 1685 and Sweden in 1686. Though vital registration system in India is very old, more than hundred years old, unlike now earlier it was not compulsory and there was no uniform law for birth and death registration. It was Birth, Death and Marriages Registration Act, 1886 (Act 6 of 1886). It was an act to provide for the voluntary registration of births and deaths, for the establishment of General Registry Offices for keeping registers of births, deaths and marriages, and for certain other purposes. Registration of births and deaths in India is being done under the legal provision of the Registration of Birth and Death (RBD) Act, 1969. It made registration of all birth and death compulsory. Now, both National Government and International Community also give high priority to civil registration system.

This thesis is done on Mortality situation of Guwahati city an urban set-up of North east India during last 25 years (1986-2011). A rapidly urbanizing city Guwahati is now the centre place for business, many government and non government offices, institutions and health care facilities in the entire north eastern India. Life of people in the city Guwahati get changed due to economic development, sedentary life style, changed food habits.
There are seven chapters in this thesis.

Chapter I reviews in brief the research work done on mortality statistics and the summary of the contents of the subsequent chapters.

Chapter II we set our objectives to see the mortality situation in Guwahati city, since 1986-2011. The mortality data we considered were from registered death cases of Guwahati city in every 5 year interval starting from 1986 to 2011. Here we had consider total population percentage of Guwahati city from census of India for 1991, 2001, 2011 and for the year 1986, 1996 and 2006 we calculated the total population from 1991, 2001 and 2011. There were total 24,145 death cases over the study years in Guwahati.

Chapter III A comparative study of the life tables of Guwahati, since 1986 -2011. Here we adopted Greville’s method for construction of life table. Life expectancies, the most important findings of a life table have been compared with the life expectancies calculated by SRS based Abridged life table 1986 to 2011. The expectancies of life, probabilities of deaths were analysed and compared between the age groups and study years.

Chapter IV attempted for a study on cause specific death ratios and cause specific life tables for Guwahati, since 1986-2011. Deaths are usually registered under Guwahati municipality corporation with underlying cause of death. We selectively had taken cause of death into some broad categories. Cause specific life tables have been constructed.

Chapter V is about study of dynamic life table of Guwahati city for the year 2011 over previous 10 years and 25 years for both male and female. Forecasting death probabilities
and life expectancies are our goal. We had taken two period life tables of 1986 and 2001 for male and female and dynamic life tables were constructed.

Chapter VI devoted for the study to see the trend and pattern of diseases of patients attending Gauhati Medical College and Hospital in 2011. Survival analysis was performed for patients admitted in Gauhati Medical College and Hospital, in the year 2011. Since cardiovascular diseases have been identified as major cause of death in Guwahati city in the last quarter century since 1986 to 2011, we consider admitted patients from two specific department of Gauhati Medical College & Hospital for Survival analysis, cardiology and nephrology. Last chapter VII gives the overview of the study and scope for further studies for discussion. At the end of the study, references are presented followed by Annexures.

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