CHAPTER - 1

INTRODUCTION
1.1 Statement of the Problem

The question on "Quality of Life" has existed in front of humanity in different forms and magnitudes. Several researches, debates and discussions have been carried out in this direction, especially during past few decades. With diverse and heterogeneous human societies, the question as to what really constitutes a better quality of life is a debatable issue.

During the past couple of decades, it is noticed that technology, specifically information technology, has made rapid progress and has contributed to the solution of many problems of human life. Economic growth has been greatly facilitated by the miracles of modern science. Due to major discoveries of recent decades, many things considered unattainable in the past have become routine events in our day to day life. These have definitely improved the quality of life of ordinary people, in one way or other.

The concept of Quality of Life is a holistic one, which encompasses not only physical and economic improvements, but also the social, cultural spiritual and even the political ideas of a community. A number of attempts have been made to identify the indicators, which will provide a better measure of the quality of life. In this attempt various indicators and indices had emerged but a set of commonly accepted indicators has not yet evolved due to the changing nature of quality of life.

This study is evolved in this background after an analysis on housing and availability of household amenities in Kerala using secondary data (Gopa Kumar R 1989). During the study it was realised that, a small southern state Kerala performed better in many of the physical, social and human indicators including types of houses, household amenities etc. Pursuing further, it was decided to study on Quality of Life, taking account of major and essential domains of life such as health, education, infrastructure, transport, communication and perceived indicators on quality of life. Since the secondary
data are not available for most of the indicators at micro level, a primary survey of 360 households spread in 24 villages of 4 districts of Kerala and Tamil Nadu was conducted during 1996-97 period. The study mainly depends on the information collected through the primary survey rural households of Kerala and Tamil Nadu.

The study mainly focussed the availability, accessibility and quality of functioning of certain facilities such as health and education, housing and household amenities, infrastructure, transport and communication. While analysing quality of life, physical, social and perceived dimensions are given prime importance. The study is carried out keeping in mind the following major objectives.

1.2 Objectives

1. The primary objective of the study is to identify the basic indicators of quality of life related to health, education, housing, household amenities, infrastructure, transport, communications and perceived indicators on qualify of life related to occupation, workplace, income, family and children and over all life.

2. To study the degree and variation of distribution pattern of quality of life indicators in space with their spatial differentiation and reasons there off.

3. To study the correlation between the indicators of each category of quality of life such as health and education, housing and household amenities, infrastructure, transport and communication and perceived indicators on quality of life.

4. To study the distribution pattern of quality of life indicators in the context of over all development of the study area.
1.3 Sources of Data and Maps

The primary source of data for the study is the information collected from the household survey of 24 villages in 4 districts of Kerala and Tamil Nadu. However, other secondary sources and literature are also used in the study as and when it was required. Information from various census publications, annual reports of various Ministries, Statistical Handbooks, District Census Handbooks, District Gazetteers, District and State level Statistical Handbooks published by Government of Kerala and Tamil Nadu, Centre for Monitoring Indian Economy (CMIE) data etc. are used in the study. For maps, mainly Census Atlas and District Census Handbooks are used.

1.4 Literature survey

The welfare and well being of a community are not new concepts. They are only new technical terms to indicate the notions that are probably as old as humankind. Communities throughout history have been concerned with the welfare and well being of their members. In small communities, hamlets, villages, small and medium towns and cities, where face to face contacts predominated, the permanent exchange of impressions, views, assessments through a process of self-aggregation or self summation - kept the community informed of the welfare and well being of its members. In larger communities, big cities, nation, states and so on, various kinds of networks had to be developed to gather the necessary information for assessing the welfare and well being of the population. It may not be necessarily with the intention of improving it but this may have been the main objectives for centuries to tap resources, ward off crisis situations or social unrest.

Early mercantilists first developed a system of economic indicators. Later, economists assumed a simple and direct relationship between economic growth and the welfare in a country and used them as growth indicators. The physiocrats worked with one basic index, the quantity of grain produced
which measured the economic strength of a country and the well being of the inhabitants as a function of the former. Classical economists, with their emphasis on non-interference, had none of such or similar indices. This school looked on the market as an automatically operating mechanism which need not, and must not, be directed from the outside using information relevant to it.

The Neo-classical or marginalist school of the second half of the nineteenth century argued that there was no unambiguous or direct relationship between economic goods or commodities on one hand, and welfare or well-being on the other hand. It is further stated that goods and commodities are only vehicles of values. (UNESCO 1983)

In the early and middle 1960s, the questions associated with social welfare and well being are raised once again. Faced with multiplying economic and even more social problems and tensions, the conviction grew that economic growth cannot ensure the optimum progress of social welfare and well being. Hence demand for direct measurement of social welfare and well being surfaced again. Unknown and very complex mechanisms had to be discovered which mediated the effects through which a variety of economic and social processes and facts determined the welfare and well being of a society.

Social statisticians and sociologists launched first social indicators movement in the early 1970s followed by the quality of life investigations. The question is whether these two new schools have managed to come closer to social welfare and well being is still debatable which, needs to be researched in detail.

Economic indicators monitor economic process and are based on data supplied by various institutions. They serve to analyse the economic conditions of social welfare. The social indicators monitor social progress mainly at macro levels. This data for various stages of developments are
based on social statistics and to a lesser degree on its quality of services. They serve to analyse the objective conditions of social welfare and well being. The quality of life indicators monitor the subjective reactions to economic and social progress, their attitudes, behaviour patterns and assessments. Their sources are individuals themselves or smaller or larger groups within a society. The tools used to obtain include surveys as well as other sociological, socio - psychological or anthropological methods. Quality of Life indicators monitor the quality of life, at least its perceived dimensions closely and directly while social indicators particularly economic indicators are only able to seize hold of more or less distant conditions or secondary effects of the quality of life.

Quality of Life at present is an oft - quoted phrase used in various contexts with many shades of meaning. The ambiguity of both the phrase and the concept allow the introduction of a great deal of richness and variability in its usage. It is, however, possible to introduce distortion, willfully or inadvertently in communication, which may show up as errors, inconsistencies or extensions in both the use and understanding of the phrase.

Quality of Life is not only an individual but also a social concept, which includes all members of a society. It is a global concept implying a society that is highly participatory in approach and is necessarily flexible as well as mobile.

There is a near universal agreement that promotion of quality of life, at least in the long run, is one of the legitimate goals - perhaps the most important goal of any modern state (F.M. Andrews, 1974). Concern over quality of life seems to have increased proportionally with technological advancement and growth in material wealth. Growing public concern in socio-economic, political and environmental conditions has led to the search for indicators, which adequately reflect the overall condition of the Nation and its citizen's well
being. People started realising that quality of life is not necessarily related to material wealth and more of social indicators need to be used to assess quality of life. It is noticed that interest in the development of quality of life measures grew remarkably during 1960's. It is due to the realisation that such measures are essential to assessment of many aspects of social progress and social accounting and are useful for national goal setting and its prioritisation, programme evaluation and monitoring (Ben-Chieh Liu, 1974). Even though quality of life is a new phenomena, in most of the developing countries, it has spread all over and the venture has become so popular that politicians, policy makers, researchers and social workers who previously spoke of welfare of masses now speak of 'quality of life of people' (Ramakrishna Mukherjee, 1987). Recently, social scientists started showing interest to study the sense of well being, satisfaction or dissatisfaction with life, or happiness or unhappiness in life. The impetus arose, in part, from an increasing concern through out the world about the goals and values of human beings.

The term quality of life gained recognition when many people discovered that their lives and the development of their society are far away from what it should be. The introduction of the term 'quality of life' is first and foremost meant to be a programme of social research that aims at description of individual and social lives (Horst Herlemann, 1987). It is also been realised that what people want is not more national product, but better social conditions, increased well being, availability of basic needs, access to basic health care basic educational facilities etc. This approach recognises implicitly that, facts, which are reflected and measured in terms of economic variables, are not the same as those, which reflect the quality of life and ought to be measured in terms of some social variables as well. So far, all thinking on development has been conducted in terms of economic concepts and economic variables. Those who were ready to recognise the weakness of the method, followed this practice. The reason is simple. It is only in economics that quantitative concepts were developed in terms of which the discussion of
developmental problems could be conducted; the past assessed and the future planned. What is measured in terms of economic variables is certainly an important aspect of social conditions, but does not convey everything that is desirable to know about social conditions or even represent all the elements which are measurable. Therefore it is necessary to supplement the economic variables used so far with a variety of variables representing other aspects mainly on social conditions. All aspects of social conditions, which are not economic, could be given a collective name 'social aspects' and needs to be included in any welfare analysis.

It must also be borne in mind that, social conditions are not totally quantifiable. The quality of life approach is mainly concerned with the level of satisfaction of the needs of the population. It is assumed that, satisfaction of these needs generates the welfare of the population and enhances its life quality. It must be noted that the welfare aspect of social conditions, expressed in terms of social variables, is the most obvious counter part of the familiar 'narrowly economic' national accounting variables.

Some social phenomena are directly measurable and their measurement presents no problems. Only simple non-composite phenomena are directly measurable e.g. Infant mortality. It is a conceptually quantifiable and directly measurable phenomenon. Its nature is such that, it can be expressed in terms of numerical data. But more frequently, a social phenomenon cannot be quantified directly because of an obvious yardstick by which it could be measured. This is true of all composite social phenomena, and most of the social phenomena in which we are interested are composite. Infant mortality is a phenomenon, which is directly measurable, but children's hygiene is a composite one for which no obvious method of measurement exists. This is even more obvious for broader aggregates of facts such as children's welfare, or health condition or educational situation etc. Surprisingly it is such broad aggregates that are relevant for assessing the quality of life. For example, to
measure the housing condition, it is not obvious how this should be done. In such cases, the indirect methods of measurement must be applied. This consists of finding some fairly observable facts, which could be taken to represent the housing situation.

Indirect measurement consists of measuring a phenomenon by means of a number of appropriate indicators. In the case of housing, it is very difficult to find a cardinal indicator, which cannot be expressed in so many units, but in terms of grades which would convey desired information. We may grade the houses into various categories such as pucca, kutcha, semi-pucca etc based on the materials of its wall, roof and floor. The information about the number of houses in each class or type would express an approximate, but significant way the housing situation is prevailing in a region. This categorisation varies from place to place depending on the locally available materials and climate of a region. However, this could serve as an acceptable substitute for cardinal indicators. Indicators derived from this kind of grading operation are called 'ordinal indicators'. They present a less perfect method of measurement, but still can be usefully applied. Studies on quality of life mainly depend on ordinal indicators, which do not have any standardised form. Hence it may vary from place to place and time to time.

The ability to satisfy some of the basic requirements such as, drinking water, food, clothing, housing, education and health would constitute a paradigm of primary needs related to basic levels of living. Bertrand Russel, in his autobiography made a philosophical reference to four most preferred values in human life. He considered freedom from ill health and from poverty along with a sound relationship with the members of the family as well as recognition and satisfaction in the chosen field of work as the core constituents of better quality of life.
Since the overriding goal of the true development is improvement in the quality of life of people, the growth rate of Gross National Product (GNP) alone would be an incomplete measure. Indeed changes in quality of life can't be easily measured, though of course, such changes would be quite perceptible. There are several reliable measures of the physical quality of life of people. Degree of inequality of income distribution, percentage of the population below the poverty line, infant mortality rate, life expectancy, general literacy rate, female literacy rates etc. The experience of several countries clearly shows that improvement in the physical quality of life can be brought about even at low levels of per capita GNP and that a high level of per capita GNP does not necessarily bring about improvement in the physical quality of life. (Richard Franke 1994).

According to Abraham Maslow, the needs of human beings are hierarchical and that as each level is satisfied, the subsequent level becomes salient.

The order is:

(a) Physical requirements (Food, Shelter, Clothings etc.)
(b) Safety and security
(c) Companionship and affection
(d) Self esteem and esteem of others
(e) Self actualisation

Maslow's theory implies that, as material wealth increases, the first two needs are to be fully met, and that human beings will then turn to the satisfaction of the other three higher needs. But the path of industrialisation followed in the west has not had this result. (Abraham Maslow in Malgavkar 1996)

Various economic theories and development strategies have at various times expressed six different types of indicators of quality of life: (i) per capita income, (ii) growth of per capita income, (iii) quality of life index, (iv) basic
needs satisfaction, (v) levels of living, and (vi) Maslowian theory, the hierarchy of needs.

It is understood that, one can't live by the growth in GNP alone and at the same time can't live without it. A certain minimum growth rates or per capita income or entitlement is a necessary condition for quality of life, no matter how it is defined. However, an increase in income cannot be subject to usual utility function because beyond a point not only diminishing utility sets in, but a certain falsification of wants takes place. When needs are transformed into wants without any restraint in the personal or social aspects, there is always a danger of erosion of quality.

The first important assumption for a good quality of life is that, the economic system should ensure a no-poverty society. It does not follow that it must be a pro-affluent society. Between the two, there is a gap, which is filled by various modern development theories and strategies. All societies can move towards no-poverty situation, but all cannot move towards any unlimited affluence or even that level of affluence, which is available in the developed societies. Therefore, although development does mean absence of poverty, it need not and must not, mean creation of affluence, particularly when affluence is achieved at the cost of destruction of natural resources and ecological balance. A few countries achieved affluence and tried to increase it further, and have brought poorer nations of the world in this trap. A no-poverty society can create goods and services for its higher needs. However, if these higher needs are not hierarchically defined, growth and development, but rapid improvements in technology, may rest on inequalities, exploitation, which in turn create poverty for some sections of the population. No-poverty society does not mean no development or no growth, but beyond a point, growth can work when inequality as a value is enshrined. As a social goal, development may not function when only a few people have access to it. (Pockets of affluents are also detrimental to quality of life.)
On the other hand levels of living are defined in terms of satisfaction of human needs, some of which are considered absolutely essential and are defined, as subsistence needs. These are needs with which any society should strive to satisfy, such as the need for potable water, food, clothing and shelter. Modern societies also regard, education and health care equally important. These six components together satisfy the primary needs. Others are societal needs or human requirements such as proper environment, security, leisure, entertainment, etc. Indicators have to be worked out both for primary and secondary components to measure quality of life. Whereas it may possible to have some statistical indicators for primary needs, but it is not possible to do so, for the secondary needs. Even for primary components, not only there is a problem of weightage of components, but there is also a problem of scope of each component. The only definite statement can be made is that, absence of many of the components will not satisfy any theory of levels of living. The fact that the development strategy followed during the last two decades has failed to reach the benefits of development to the poor people has led to a search for alternative strategies. But the success has been partial. One of the new strategies suggested is the Basic Needs Strategy (BNS) or the Minimum Needs Strategy (MNS).

In seeking improvement in the quality of life, highest priority should be assigned to meeting the basic minimal survival needs of the population. At poverty level and below, quantity is of the essence for both income and services. Indeed a certain, minimal quantity is essential before there can be meaningful quality. Above survival level, however quality is significant to people in so far as it contributes to quality of life - helping to reduce discrepancies and minimise gaps. (Report of the Independent Commission on Population and Quality of life; 1996).

There are many elements to quality of life. They are based on secure enjoyment of health and education, adequate food and housing, a stable
environment, equity, genders equality, dignity, security etc. Each of the elements is important in its way, but lack of fulfillment of even one of them can undermine the subjective sense of quality of life. Much of what people call their quality of life is culturally defined, even within a single society. The notion of quality of life always retains an element of subjectivity as well as of cultural diversity. A threat to one's livelihood is also a threat to everything that income and property provide nutrition, health, housing etc. Among the poorest people, threats to livelihood are threats to life itself. Environmental security has grown in importance because environmental change can affect health, livelihood, and sometimes survival.

Quality of life responds to material, social and psychological needs. People consistently rate good health as an important element in assuring better quality of life. The good health implies a right to access to basic preventive and curative health-care. Education, enables people to satisfy several material, social and psychological concerns regarding quality of life.

To reach sustainable improvement in the quality of life, a practical and feasible strategy is needed. This should be based on setting minimal quality of life standards that would apply to all citizens and should be measurable and verifiable. A timetable needs to be agreed upon for bringing these minimal standards to everyone. Once the minimal standards are attained, progressively higher standards may be set in due course for further improvement in quality of life. Emphasis should then slowly shift from quantity to quality.

This will require firm commitment, nationally and locally, to pro-active social policies. Minimal quality of life standards must be non-negotiable: they should become goals of the highest priority, for everyone, and as soon as possible. For each element of the quality of life, there is a need to establish indicators and minimal standards per indicator. Below minimal levels, the right to quality
of life should be considered unfulfilled and should be given highest priority in national goal setting agenda.

The targets for the improvements in the quality of life should be converted into the form of indicators, measurable and verifiable parameters relating to individuals, society, economy and environment. Indicators selected to assess the quality of life may serve many purposes. They serve the purpose beyond the sphere of targets as rhetoric into the arena of concrete action and accountability. The indicators also allow setting precise goals for future action. They enable governments and civil society to monitor progress towards the goals set, and they give warning signals of emerging problems that need correction, acceleration and retardation.

Indicators are not only meant for governments. They should be formulated with the citizen participation and widely publicized. Indicators can empower civil society and the public as a whole. They inform everyone about how things are. They provide the public with a yardstick to measure progress towards existing objectives, a basis upon which to press for improvement when targets are not being met. Indicators also raise awareness and induce people themselves to change life styles, to improve their health and that of the environment.

The indicators to measure quality of life should be easily available, measurable and easy to understand. They must also be comparable among different geographical areas and time-periods. The indicators should be same or different at micro and macro level depending on the availability of data.

Targets and indicators not only concretize various aspects of the quality of life; they also constitute the major mechanisms for governments to commit themselves to change, and civil society to hold its government(s) accountable.
1.4.1 Definitions of the term 'Quality of Life'

A great deal of controversy has been generated on the nature, meaning and definitions of the term Quality of Life and the construction of a quality of life index. Quality of Life has been defined as the "totality of those goods, services, situations and state of affairs which are delineated as constituting the basic needs of human life" (Paul Del Harwood, 1976). Harland and Liu have considered Quality of Life as a concept, which varies across time, place and individuals. It is defined as the output of two aggregate input factors: physical (quantifiable goods and services, material wealth etc) and non physical (non-measurable psychological factors such as community belongings, esteem, self-actualisation etc) (Ben Chieh Liu, 1974).

Undoubtedly, there will be multiple criteria for assessing the quality of life in a region. Torbjorn Moum's view is that, quality of life sometimes is a function of living conditions in the broadest sense: income, housing, work and occupational life, leisure, inter personal relations, social and political participation etc (TorbJorn Moum, 1983). Lowdon Wingo in his article mentioned that, Quality of Life is a term in the public domain, any one has a right to define it in his/her own way - it is, fundamentally a normative construct like welfare and happiness and presents problems of clarity of definitions.

Economic definitions relate quality of life in some fashion to personal welfare. According to Lowdon, the definition of Quality of Life must include two elements such as an internal physio-psychological mechanism, which produces the sense of gratification, and the external phenomena, which engage that mechanism. (Lowdon Wingo, 1973). Quality of Life depends on personal happiness which might be considered as a state of mind totally independent from material living condition and the social environment that one lives in (Horst Herlmann, 1987). Quality of Life is a complex psychic state, composed of the intricate interplay of conscious and sub-conscious as
well as emotional and cognitive elements (UNESCO, 1983). Dalkey's opinion is that, the more usual meaning of the term Quality of Life, is related to the environment and the external circumstances of an individual's life; pollution, quality of housing, aesthetic surroundings, traffic congestion, incidence of crime etc (Dalkey Norman, 1973).

According to Mr. Shahidul Islam, the Quality of Life as reflected in urban housing is considered to be the function of three major components: (i) individual and the family life, (ii) neighbourhood and (iii) production environment (Mir Shahidul Islam, 1982). Quality of Life is conceptualised as including such elements as improve dietary conditions, clothing, housing conditions, health, education and opportunities or social interaction, work experience, and improved community cohesion and social as well as political participation (United Nations, 1977). Ben Cheih Liu expresses that, definitions on quality of life can be as heterogeneous as, the peoples are (Ben Chieh Liu, 1974). An expert committee meeting on quality of life research was held at UNESCO head quarters in Paris 6 - 9 December 1976. This meeting discussed the meaning of the term quality of life and stressed the point that, quality of life is a concept, which most people seem to recognise, but it is very difficult to define in a manner, which everybody conveys. The definition of the term advanced in this meeting was that, quality of life is the sense of being pleased (happy or satisfied) with those life elements, that are most important to a person. (This meeting did not discuss or identify any such elements). Although satisfaction, happiness or pleasure is the central element in this definition, it should not be seen as a momentary state of happiness or pleasure, but a long-term sense of happiness. May be it is best expressed as a sense of fullness or a completeness of life. One view advanced in the meeting was that, quality of life could also be regarded as the, totality of conditions in which people live, which can be assessed by observing objective facts about life and not by asking people how they feel about their own situation (UNESCO, 1976).
It was suggested in this meeting that Quality of Life should not be seen as a static state of satisfaction but rather as a process of development, making it be important for a society to encourage appropriate development. Quality of Life is still a largely unexplored and in all likelihood rather complex social phenomenon. According to Elemer Hankis, 'Quality of life or a sense of well being is a complex psychic state composed of the intricate interplay of conscious and subconscious as well as emotional and cognitive elements.

The concept of Quality of Life is fast becoming popular over worldwide. The concept embodies new ideas about the state of the environment, housing, people's state of happiness, work and marital satisfaction and the total well being of the population. Quality of Life is, certainly not what scientists imagine, it could be what higher quality of life cannot be decreed by small groups of knowledgeable and better-informed experts. Quality of life is what people regard as quality of life. A set of infrastructure or other types of indicators can't express the Quality of Life profile of a city. But depends on what people perceive and evaluate about their quality of life. There is no a commonly accepted social welfare function or value system, whose existence is a necessary condition for an efficient indicator of quality of life, meaningful to all the people. Every one has his or her set of favoured criteria in defining and consequently own method in evaluating the quality of life.

There is no consensus as to what the quality of life is, how the quality of life indicators should be defined and for whom and in what manner they should be constructed. This is due to the absence of a commonly accepted social welfare function or value system. The concept of quality of life therefore to be evolved any region in the context of its own socio - economic, political, demographic and cultural life. Very little work has been done on quality of life, perse especially in developing countries in general and India in Particular. An attempt has been made in this study to develop the concept of quality of life considering people's own perception and analysing the availability and
accessibility and quality of basic needs such as health and education, housing and household amenities infrastructure, transport and communication.

1.4.2. Studies on Quality of Life

The first scholar to employ modern methods of analysis to the history of living standards was J.E. Throttled Rogers, a radical social reformer and professor of economics in University of London and Oxford. With his remarkable energy and persistence, he collected massive information on prices and wages from 1759 to 1793, published in seven volumes between 1866 and 1902. His interpretations of these figures (information on Six Centuries of Work and Wages) first appeared in 1884 and went through many reprinting and editions. In his publication, he mainly argued that agricultural workers had suffered a continuous fall in their living standards since the middle age. Since then various scholars adopted various techniques and indicators to measure welfare, levels of livings, standard of living, quality of life etc. of the people.

Ganguli and Gupta (1976) visualise the levels of living as a level of satisfaction of the needs of the population assumed by a given flow of goods and services in a unit time. Ben Chieh Liu (1974) in US metropolitan areas did similar works. These differed from other studies that, they started with a two dimensional mode, fundamental but not rigorous reflecting the psychological and physiological attributes of the quality of life.

In the intricate study of social well being for Tampa City, Smith selected six criteria, many of which are common to other works. UN components of level of living constitute an acceptable international catalogue of the components of levels of living.

There are many approaches to study the quality of life. Robert C. Ziller (1974) suggests a new approach called 'Phenomenological approach' to study the quality of life. In this approach, the quality of life evaluation is assumed to be
in the eye of experiencer. To facilitate the experiencer's communication, a non-verbal technique of measuring the personal meaning of events and environments is employed. This approach mainly deals with gain or loss of social status, love, marriage and parenthood; and transitional state. The objective of this approach is to know a person as he knows himself, and the point of view of the experiencer is central.

In a study conducted by Ben-Chieu-Liu (1974), a systematic methodology was used to assess social, economic, political and environmental indicators to reflect quality of life in the United States using published data. Nine indicators including individual status, individual quality, living conditions, agriculture, technology, economic status, education, health, and welfare of state and local governments were compiled for more than 100 variables. He used factor analysis, and other sophisticated statistical techniques to assign weightages to each component variable in index computation. Frank M. Andrews (1974) assessed a person's life quality, while understanding the combinations of affective responses to life domains; which are of two types - role situations and value judgements. In his study, over 100 items are used to measure a wide variety of 28 items used to assess perceived overall life quality. In a study conducted by Nicholas Rescher (1972), based on mental health and happiness, quality of life was assessed with the help of the cross-sectional survey. In this approach, lengthy interviews were held with the representative population. Example of an interview question is: 'Taking all this together, how would you say things are these days - would you say 'you are very happy', 'pretty happy' or 'not too happy'?

Few other studies are based on the self-ratings on the happiness scale such as very happy, fairly happy and not happy. In this approach, it is difficult to check the verbal self-reporting and in most cases, the observations lack a theoretical framework.
Gold Stein Joshua (1985) focuses on infant mortality as an indicator of the satisfaction of basic needs. The long term benefit of meeting basic needs were found to include reducing fertility, increasing productivity and creating a political environment conducive to stable development.

Campbell (1976) utilised semantic differential approach to assess the overall life quality in the United States. In this approach, a number of adjectives intended to describe the respondent's life were connected by seven-step scale on which the respondent could check off the step which appropriately characterised his-her own life. In other words, a number of adjectives were presented in pairs, one positive and one negative adjective in each pair, the assumption being that people with high quality of life would tend to describe their lives in more favourable terms. Cantril Hanley (1965) developed a technique for measuring satisfaction or level of goal attainment in diverse culture. A ladder with ten rungs is used where the top rung represents the best possible situation, and the bottom rung stands for worst possible state of affairs that the respondent could imagine.

A large amount of work was undertaken by the United Nations Research Institute for Social Development (UNRISD) to develop better indices of quality of life. Drenowski and Scott (1966) developed the level of living index, which was defined as The level of satisfaction of the needs of the population as measured by the flow of goods and services enjoyed in a unit time. They used expert opinion to derive a linear scale system reflecting set levels of basic needs satisfaction. They tried both equal weights and a system of sliding weights under which deviation from the normal were given more weight than indices close to the normal. Using the same methodology, Ganguli and Gupta (1976) calculated the level of living for the fifteen major states of the Indian union for three periods of time, i.e., 1955, 1960 and 1965. Mc Granahan (1972) examined 73 indicators, which covered economic and social characteristics and found that there was fairly high inter-correlation

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between these indicators. Through a process of elimination, he constructed a
development index based on 18 core indicators, which included 9 social and 9
economic indicators. A study by the United Nations (1975) - ECOSOC sought
to analyse the development, by ranking 140 countries by 7 indicators. These
include two social indicators along with energy, manufacture, and number of
telephones. An overall rank for each country was calculated by giving equal
weight to the ranks under each separate indicator. This index was heavily
weighted by economic rather than by purely social indicators. Morris D. Morris
(1982) undertook another study. His Physical Quality of Life Index (PQLI)
uses three simple indicators; life expectancy at age one, infant mortality and
literacy. For each indicator, the performance of each country is placed on a
scale of 0 to 100 where 0 represents an absolutely defined worst performance
and 100 represents an absolutely defined best performance. Then a
composite index is calculated by averaging the three indicators giving equal
weights to each of them. The resulting (PQLI) is thus also scaled between 0
to 100.

It is noticed that most of the studies on quality of life are in developed
countries. The indicators used in these studies and the methodology adopted
do not match with the prevailing social system in developing countries like
India. Hence it is felt that, a new list of indicators should be explored to study
the quality of life at micro level which will be useful in micro level planning.

Considering the need to the study quality of life, at micro level, present study
mainly depends on 'quality of life indicator approach'. An indicator is a token
or symptom of some condition. Some indicators are highly reliable while
others are less reliable. A single indicator may not indicate exactly what we
want to indicate. In order to reduce the inaccuracy between indicator and
indicated, one has to use more than one indicator to express what one wants
to indicate.
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There are many life styles and each of them ensues in some degree the wellbeing or misery. A quality of life indicator is supposed to contribute to the assessment of this degree of well being. For example, let 'S' be a set of reliable indicators of the state of the individual components of some human community 'C'. Then if X belongs to 'S', 'X' is a quality of life indicator if and only if 'X' is an indicator of the physical, social, economic, political or cultural well-being of individual members of 'C'. The quality of the air people breath, and the water they drink the value and quality of food they eat, the size and quality of their shelter. The satisfaction they derive from their life and job, the degree of their participation in the affairs of the community, indices of street safety, the number of books read and theater performances attended - all these qualify in principles as quality of life indicators. An attempt is made in this study to include most of these indicators.

1.4.3 Indicators selected by scholars to study Quality of Life

Here an attempt is made to analyse the domains and indicators adopted by various scholars to study quality of life.

1. B.N. Ganguli and Gupta's (1976) levels of living in India.
   a. Nutrition
   b. Housing
   c. Medical care
   d. Education
   e. Clothing
   f. Leisure
   g. Security and Environment.

   a. Status of individual
   b. Equality
   c. Democratic process
   d. Education
   e. Economic growth
   f. Technological change
INTRODUCTION

g. Agriculture
h. Living conditions
i. Health and welfare

   a. Economic
   b. Political
   c. Environmental
   d. Health and Education
   e. Social

   a. Economic
   b. Environment
   c. Health
   d. Education
   e. Social Disorganisation
   f. Participation and Equality

5. UN (1977) components of levels of living
   a. Food and nutrition
   b. Education including literacy and skills
   c. Condition of work
   d. Employment situation
   e. Aggregate consumption and savings
   f. Transportation
   g. Housing including household facilities
   h. Clothing
   i. Recreation and entertainment
   j. Social Security
   k. Human freedom.

6. Drewnowski's (1974) study on Levels of Living Index
   a. Nutrition
   b. Clothing
   c. Shelter
   d. Health
   e. Education
   f. Leisure
   g. Security
   h. Social environment
   i. Physical environment
7. Organisation for Economic Co-operation and Development (OECD) study on Social Concern.
   a. Health
   b. Individual development through learning
   c. Employment and quality of working life
   d. Time and leisure
   e. Personal income situation
   f. Physical environment
   g. Personal safety and administration of justice
   h. Social opportunity and participation
   i. Accessibility

8. UN study on areas of social indicators.
   a. Health
   b. Food and Nutrition
   c. Education
   d. Work
   e. Family life
   f. Participation
   g. Security and community stability.

9. Morris D. Morris (Physical Quality of Life Index)
   a. Life expectancy
   b. Adult Literacy
   c. Infant Mortality

10. Ashish Bose (Household Misery Index - VHAI 1997)
    Deprivation of the household of basic needs such as
    a. Pucca Housing
    b. Safe drinking water
    c. Toilet facilities
    d. Electricity
    e. Availability of proper fuel for cooking.

11. Gonzalez (Socio-economic Development index)
    a. Per capita GDP
    b. Diet - Kilo calories and proteins
    c. Health - Infant mortality and life expectancy
    d. Education - Literacy, proportion of population enrolled in higher education.
12. Richard J. Estes (Index of Social Progress)
   a. Education
   b. Health
   c. Status of women
   d. Defence
   e. Economics
   f. Demography
   g. Geography
   h. Political Stability
   i. Political Participation
   j. Cultural diversity
   k. Welfare efforts

   (Source: 11 and 12 Malgavkar P.D. 1996)

   a. Health
   b. Public Safety
   c. Education
   d. Employment
   e. Earnings and Income
   f. Poverty
   g. Housing
   h. Family Stability
   i. Equality

   (Note: For details of comparison refer Drewnowski Jan 1974, UNESCO - 1970 and Malgavkar P.D. 1996)

The comparison highlights that health, education, housing and household amenities are reflected in most of the studies on quality of life.

UNDP's Human Development Reports (HDRs) released since 1990 have repeatedly pointed out that people are the real wealth of a nation. Human progress is not about income expansion and accelerating commodity production, but about expanding human capabilities. Development is defined by the HDRs as a process of enlarging people's choice. Such choices tend to be very wide-ranging starting with some very basic ones like the option to stay healthy, acquire knowledge and so on to greater social, economic and political freedoms including the opportunities to be creative and productive,
enjoy personal self-respect and be assured of human rights. At all levels of development, however, especially from a viewpoint of poverty and inequality, three of the most essential choice is for people to lead a long and healthy life, to acquire knowledge and to have access to resources needed for a decent standard of living. The Human Development Index (HDI), which the HDRs present annually, reflects the levels and achievements of different countries on these three important dimensions of human development. By ranking countries of the world, the Human Development Index (HDI) shows how far a country has to travel in order to provide these three essential choices to its entire people. Human development Reports have advocated the use of the Human Development Index (HDI) to measure a country's average achievements in human capabilities.

It is noticed that most of the studies on Quality of Life have been carried out in developed countries. Similar studies were also been conducted in many advanced countries like Japan, France, Netherlands etc. During early 70s, the American society has also been much concerned with the quality of life. Though the western countries seem to be sinking deeper into the quick sands of over industrialisation and over urbanisation, the quality of at least mental life in those countries is deteriorating fast. In contrast, industrialisation and urbanisation in the developing countries like India, Pakistan, Bangladesh and other developing countries is still at a lower level. Concepts developed in the developed countries may not be suitable for a better understanding of the situation in the developing countries. The studies conducted in India by Ganguly, Morris, Ashish Bose etc. could cover only few aspects of life. Hence the need for a micro level study on quality of life especially for rural areas is strongly felt. It is essential for the assessment of various aspects of social progress and accounting and is useful for national goal setting, project planning, priority ranking, programme implementation and performance evaluation and is highly useful in micro level planning.
In India, it is noticed that in every Five-Year Plans and Annual Plans, more emphasis is given for growth in GDP, economic growth etc. and improvement in quality of life always gets a low priority due to various reasons. Contrary to that Eighth Five Year Plan identified Human Development as its main focus. The objectives of the Ninth Plan arising from the Common Minimum Programme of the Government, the Chief Ministers conference on basic minimum services and the suggestions that have been put forward by the Chief Ministers of various states during extensive consultations identified 9 major objectives. In order to achieve these objectives it is realised that, there is a need for "growth with equity" approach. This approach mainly depends on 4 important dimension of State Policy such as quality of life of citizens, generation of productive employment, regional balance and self-reliance.

Quality of life covers not only the economic opportunities available to the people, but also their ability to take advantage of these opportunities, and the existence of living conditions which permit a healthy and productive life. Eradication of poverty and provision of basic minimum services are integral elements of this strategy to improve the quality of life.

It should be realised, that social indicators couldn't improve merely through increased investment, but in addition require a significant change in social attitudes and behavioural responses of the people. In order to achieve these objectives, there is no alternative to social mobilisation and community participation. In this process, the role of women is critical. The process of empowerment of women at the political level has already begun, but it needs to be reinforced and carried forward into the social, economic and other spheres as well.

In the past, food and nutritional security has been largely considered as an indicator for availability of basic food products in the country. The concept of food security needs to be broadened to include peoples access to basic
nutritional requirements, both physically and economically. This problem is particularly acute in the vulnerable sections of society and in the difficult and inaccessible regions of the country. The Ninth Five Year Plan emphasised on developing strategies by which such inadequacies can be minimised by integrating the food production and distribution system with the employment and poverty alleviation programmes. In particular, the Public Distribution System needs to be further restructured, in order to provide food grains at substantially lower prices to the poor in a focused and manner consistent to ensure availability of essential commodities in the remote and deficit areas.

In view of the resource constraints being faced by the Government at all levels, the prioritisation of the various facets of quality of life would have to be carried out on a region specific basis. In particular, it will be necessary to identify those areas of the country where the growth process will more or less take care of the problem of acute deprivation. The focus of anti-poverty programmes would have to be shifted to those other areas, which are as yet inadequately benefited by the growth process. This shows that the policy makers realised the importance of quality of life and realised the ways to improve it initially in the direction of poverty alleviation.

In the present study an attempt is made to identify the indicators of quality of life and its distribution pattern in selected villages of Kerala and Tamil Nadu.

1.5 Hypotheses

H1. Higher the availability and accessibility of basic health and education, housing and household amenities, infrastructure, transport and communication facilities, better will be the quality of life.

Rationale: It is assumed that the quality life in an area mainly depends on availability of basic facilities of health, education, housing and household amenities such as drinking water, toilet, electricity and necessary
infrastructure (road, irrigation) and communications (post, telegraphs, telephones and PCOs). The availability, accessibility and quality of these indicators have strong influence on quality of life.

H2. Higher the educational attainment of head of the household and spouse, better will be the household level quality of life.

Rationale: It is assumed that, if the educational attainment of the head of the household and spouse is high, the household level quality of life indicators will also be high. Higher educational attainment helps to get better employment, and better employment will provide better quality of life.

H3. Higher the social development, better will be the quality of life.

Rationale: It is assumed that at macro level, if the social development indicators are high, the quality of life indicators will also be high. In areas where the literacy rate, human development index etc. are high, the percentage of households living in pucca houses, drinking water from safe sources with in the premises of the house, availability of toilet, electricity etc. will also be high.
1.6 Chapter design

The study is mainly organized into 6 chapters with summary, conclusion and suggestions. Chapter - I, is on Introduction which begins with the genesis of the study, objectives and literature survey. Further the study elaborate history of the studies on quality of life, types of indicators used to measure welfare such as social indicators, economic indicators and quality of life indicators. Then this chapter further discusses various definitions of the term 'Quality of Life', and its critical evaluation. The chapter also includes analyses of various studies on quality of life, and comparison of various domains and indicators used by few scholars to study quality of the life.

Chapter - II deals with the methods and materials of the study. This chapter gives a brief idea about Kerala and Tamil Nadu, two states selected for the study and continues the description to selected districts such as Coimbatore, Pudukkottai, Ernakulam and Wayanad. For each of the districts, a brief description of the economic, social and demographic aspects are carried out in order to have an idea of the position of the district in respective states and for comparison between the selected districts. This chapter also discusses the methodology adopted to select the states, districts, taluks and villages for the primary survey response rate, and quality of response. The chapter also discusses the research design and methodology adopted in the study.

Chapter III deals with important aspects, which determine the quality of life such as Health and Education. The first part deals with health and the second part deals with education. The initial discussions on health aspects were mainly on the relevance of health to quality of life. Then health situation of Kerala and Tamil Nadu are discussed in brief. Then the chapter elaborates the availability of health facilities in selected villages with the help of an index of availability of health facilities. This is followed by household level analysis on quality of health care institutions. The second part of the chapter deals with
Education in a similar pattern. The chapter mainly analyses the availability, accessibility and quality of services of educational facilities. An attempt is made to highlight the types and quality of service provided by government institutions and the opinion of the people on various services were analysed in detail. The chapter concludes with a summary and major findings of the chapters.

Chapter IV deals with an equally important dimension of quality of life, housing and availability of household amenities. The chapter first gives an overview of housing situation in India, housing reflected in various Five Year Plans, and housing situation in major states with special reference to Kerala and Tamil Nadu. The chapter also analyses important policies on housing, initiatives of the government to popularise low cost housing and housing reflected in recent Union Budgets. Then the chapter further deals with the district level analysis of housing and household amenities in Kerala and Tamil Nadu. The chapter elaborates Village level analysis of housing situation and household amenities. In households level analysis, all major aspects on housing and household amenities are covered. The second part of the chapter deals with availability of household amenities such as drinking water, toilet, electricity etc. and availability of few household utility items. The chapter also ends with summary and finding of the chapter.

Chapter V deals with Infrastructure, Transport and Communication. Initially the chapter discusses the relevance of infrastructure transport and communications to quality of life. In this chapter, the village level analysis is carried out separately for Infrastructure, Transport and Communications and a combined index is calculated. This is followed by household level analysis on availability, accessibility quality services of all the three items and problems faced on each items are highlighted. The chapter concludes with summary and findings.
Chapter VI is mainly dealt with quality of life. In this part a total of 32 indicators are identified from health and education, housing and household amenities, infrastructure, transport, communications and few perceived indicators on quality of life. For each of the items, ranks are assigned and villages are grouped on the basis of the rank attained on each of the indicators. Statistical tools such as mean, standard deviation, range, coefficient of variation and correlation are used to analyse the distribution pattern and relation between each of the indicators.

The last part of the study is on summary, conclusion and suggestions of the study. In this section, an attempt is made to highlight the major objectives findings, acceptance / rejection of hypotheses, its explanation and suggestions. Bibliography and few appendices follow this.
END NOTES

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