Chapter VII
CHAPTER-VII
SUMMARY & CONCLUSIONS

7.1  Summary & Conclusions

Quality of life has become commonly used term and gaining importance in social research in recent years. In reality, our world today consists of two worlds— one for rich and other for poor. This is because of imbalances between economic growth and development. Economic performance is not everything and the only way to raise the living standard of people. The inadequacy of per capita income and economic development motivated several researchers to explore new concepts which can reflect human situation better. Quality of life is one such concept in this direction.

Quality of life varies from poor nations to the rich and also from rural to urban areas. Therefore, it is worth researching from geographical point of view. Quality of life implies the inclusion of variety of domains such as demographic, housing, environment, health, income and social relationship etc. The demographic structure such as density of population, age composition and sex composition of population affect quality of life at the areal as well as at household level.
In this study, an attempt has been made to study the relationship between demographic aspects and quality of life in Rohtak city at areal as well as at household level. Previous studies reveal that the demographic factors like family size, gender preference and aging have not been explored so far in the studies of quality of life. The present study has been carried out keeping in view the following objectives:

1) To study the geographical variation in quality of life in Rohtak city.

2) To study the perception of quality of life in regard to various domains of life like education, family, income, neighbourhood and environmental quality etc.

3) To examine the relationship between family size and family planning with quality of life at the household level.

4) To explore the relationship between sex-preference and quality of life at household level.

5) To study the impact of presence/absence of old person on the quality of life of households.

In order to fulfill the above objectives, both secondary and primary data have been collected at ward level mostly from District Census Handbook of Rohtak, 1991. Some other information like data regarding
death rate has been collected from registers available in birth and death registration branch at Municipal office and number of telephone connections from telephone directory. In order to measure the quality of life at household of Rohtak city, a questionnaire was prepared and data have been collected using appropriate sampling method with a sample size of 500 households. The data have been analysed through suitable statistical techniques and cartographic method.

Rohtak is one of the important class I cities of Haryana. It has 28.38 sq/km area and a population 2.16 lakhs in 1990. The population of Rohtak city is increasing very rapidly. The city has been divided in 35 wards by Municipal Committee for better administration in 1991. In order to study the quality of life, indicators like population density, sex ratio, male literacy, female literacy, percent child population, percentage of total workers to total population, per cent scheduled caste population, death rate and telephone connections per 1000 population were selected. A composite index of these indicators was computed at ward level. On the basis of composite score, the 35 wards of Rohtak city were divided into four categories namely high, medium, low and very low quality of life. It is noted that 34 per cent population of city belongs to high quality of life whereas 46 per cent population of city resides in medium quality of life wards, 6 per cent of
population belongs to low quality of life wards and remaining 14 per cent population of city resides in very low quality of life. It is found that wards of high quality of life have low density of population, high level of literacy rate and lower percentage of child population and death rate. On the other hand, wards of low and very low quality of life have low literacy rate, high death rate, high child population and high concentration of scheduled caste population. It is observed that quality of life is better in eastern part of the city because this part possesses new colonies with better infrastructure, whereas western part which consists of older areas of the city has lower quality of life.

An attempt has also been made to study micro-level situation affecting the quality of life at household level. It is examined that whether the head of the household is satisfied or not satisfied in regard to various domains of life namely education, spouse, income, education of children, neighbourhood, number of children, sex composition of children, service and environmental quality.

The analysis showed that in domains like income, education, service, education of children, number of children the respondent belonging to high quality of life are more satisfied than respondents belonging to low and very low quality of life wards. But in regard to environmental quality...
and employment status of children, the respondents belonging to high quality of life ward are more dissatisfied compared to respondents belonging to low quality of life wards. This has happened because people belonging to high quality of life have more awareness regarding their surroundings, cleanliness and garbage disposal etc. and they have high expectations for their children's career and employment also. The overall perception analysis shows that people belonging to high quality of life are more satisfied than people belonging to low quality of life ward.

The quality of life at household level was analysed with the help of some indicators like education of the head of the household, education of wife of the head of the household, per capita monthly income of the household, housing occupancy status, number of rooms, availability of bathroom and toilet, sewerage system, source of drinking water and possession of T.V., Car/Scooter and bicycle. These indicators were combined through self-weighting method to derive a composite score of quality of life at the household level. To know the demographic behaviour, at household level, several demographic aspects have been examined in relation to level of quality of life. The demographic aspects include average number of surviving and desired children, average number of sons and daughters, average number of aged persons, necessity of male child, attitude towards higher education of
girls, practice of family planning, attitude towards sex determination test, helpfulness of aged person in household work and the extent of their involvement in decision making process of the household.

It is found that small family is preferred in high quality of life households and heads of the households belonging to low and very low quality of life want more children and have large family size. It is observed that necessity of male child is more in households of very low quality of life compared to households of high quality of life. Heads of the households belonging to high quality of life have positive attitude towards higher education for girls in comparison with heads belonging to very low quality of life households and it is also noticed that heads of high quality of life households do not disapprove sex-determination test largely, whereas heads of very low quality of life households less intend to approve sex-determination test. On the other hand, heads belonging to high quality of life households like small family size and have lesser son preference among them. However, they want at least one son. Percentage of couples practicing family planning is almost same in the household of different level of quality of life viz. high, medium, low and very low.

The present study shows that average number of aged persons is low in households of low quality of life compared to households of high quality
of life. Similarly percentage of old person (60 +) to total population is high in household of high quality of life and low in households of very low quality of life. Aged persons are more helpful in households of high quality of life but their helpfulness is low in household of very low quality of life. But their influence on decision making is found more in households of medium quality of life. Thus old persons in households of high and low quality of life are less interfering in family matters.

In high quality of life households, members have generally higher level of education. Therefore, it is quite likely that old persons are less interfering in decision making process of the family. In very low quality of life households, on the other hand the old persons do not have any commanding position because family survives on day to day earnings. On the contrary perhaps a different situation prevails in medium quality of life households so far the role and position of aged persons are concerned. In nutshell the analysis of demographic indicators like family size, son preference, number of aged, treatment to girl child and role of aged in decision making show better performance with increasing level of quality of life.
7.2 Policy Issues:

The demographic variables are very important so far the quality of life is concerned. In order to achieve reduction in population growth and for attaining better treatment for girl child in Indian Society, it is essential that quality of life of people should be improved. As revealed by study that even in class I cities, there is a substantial proportion of population has very low quality of life, attention must be paid for better socio-economic and demographic improvement in these areas. Since the study is conducted for Rohtak city, it is suggested that the older areas of city consisting of western and north-western parts should be given more attention for improvement of quality of life of these areas.

7.3 Limitations and Further research:

The study is conducted for Rohtak city, therefore, the conclusion are mostly valid for Rohtak city or class I cities of Haryana. More studies are required to be conducted for generalizations of the hypotheses emerging from this study in the context of large cities of India. These hypotheses should be tested for small town and rural areas of the country as well.