Chapter - I
CHAPTER-I

INTRODUCTION

1.1 Background

The concept of quality of life got wide spread currency during 1970s. Economists, educationists, sociologists demographers interpret the term in different ways depending upon the context being used. The concept of quality of life came into existence due to the inadequacy of concepts like economic growth and development. The two later concepts are highly biased towards per-capita income and ignore the human dimensions of development. The study of the problem of quality of life is relevant due to following reasons.

a) Inadequacies of the parameters like per-capita income and economic growth have compelled the researchers to explore a new paradigm which can reflect human life situations better. The concept of quality of life is one such attempt in this direction.

b) Quality of life problems like any other subjects of geographical inquiry have spatial manifestations and dimensions. It is likely to differ from one area to another and also between rural to urban areas. Therefore, it is worth researching from geographical point of view.
c) Quality of life is a holistic concept which includes economic social, demographic and cultural dimensions of human life.

The discipline of geography has experienced a major change in its methodology. During the 1960s there was growing emphasis on the use of quantitative techniques in geography. This was popularly known as "quantitative revolution" in the field of geography. The first book on statistical methods for geography appeared by Gregory in 1963 (Smith, D.M. 1977). The focus of attention during this period in human geography was on methods rather than subject matter. Thus, it was never accepted by substantial old guards of geography. There was general feeling that the discipline was failing to respond to major contemporary social issues like poverty, hunger, social inequality or injustice. Thus human geography experienced a second revolution which was popularly characterized as "radical" (Smith 1971) or concerned with "Social relevance" (Prince 1971). This has occurred at the end of the 1960s although the research on social issues had been building up steadily throughout the decade. From the beginning of the 1970s the literature on social problems and welfare issues expanded rapidly. Poverty formed the subject matter of some issues of Antipode a new radical Journal (Peet 1970, 1972). Texts on the Black Ghetto (Rose 1971), the Geography of Crime (Harris 1974) and Health Care
(Shannon and Dever, 1974) followed. D.M. Smith(1972; 1973) took lead in advocating the cause of " Geography of Social Well Being" under the conceptual framework of "who gets what where and how". The stress on where underlines the geographer's preoccupation with spatial or areal inequality with differences in living standards according to place of residence (Smith, 1983).

The study on quality of life is the outcome of social relevance paradigm in Geography. Quality of life is a concept which involves societal goals and objectives which rose in the early seventies, gained a prominent place in public discussion and then lost its importance being differentiated into a variety of meanings. There is a still a basic consensus about the meaning of quality of life which holds that welfare of a society should not be measured in economic terms alone. This concept implies that a variety of life domains such as housing, health or social relation has to be included in order to monitor the quality of life (Wolfgang, G and Hans, M.M. 1987).

Hence one of the main objectives of the research on quality of life is to explore the suitable indicators and their measurement in different socio-economic and geographical settings. An entire academic journal entitled "Social Indicator Research" is devoted completely to measuring social and economic changes and their impact on quality of life. The journal is
1.2 Statement of the Problem

Demographic aspects such as density, population growth, age composition of population, social and economic composition of population and gender preference affects quality of life both at the areal as well as household level. While density and growth of population are often discussed in the literature of quality of life affecting quality of life negatively, the other demographic aspects however have been little explored in the area of research on quality of life. In this, study an attempt has been made to study the relationship between demographic aspects and quality of life at the aggregate as well as at the household level.

The rural-urban domain constitutes two different dimensions of quality of life. Life chances are better in urban areas with provisions of basic services and amenities of human well being. Therefore, these two domains should not be mixed together. This study makes an attempt to study the demographic aspects of quality of life for urban areas. The urban areas are also not a homogenous category. The quality of life situation is likely to differ from one urban area to another. India is a rapidly urbanising country having urban population of 217 million population with a number of 4689
towns in 1991. These towns vary greatly in their size. The census of India has classified towns in six size categories:

However some researchers have classified towns into Metropolises (Million cities), Cities (Class I cities), Medium town (Class II and Class III towns), Small towns (Class IV and V towns) and Mini towns (Class VI towns) (R. Ramachandaran, 1995).

The towns which have more than one million population are called metropolises. It is quite known that metropolises face serious problems in terms of congestion, pollution and slum formation and medium and small towns generally lack in infrastructural facilities. The cities, which have

<table>
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<th>*Size Class</th>
<th>Population</th>
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<tbody>
<tr>
<td>I</td>
<td>100,000 or above</td>
</tr>
<tr>
<td>II</td>
<td>50,000-99,999</td>
</tr>
<tr>
<td>III</td>
<td>20,000-49,999</td>
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<tr>
<td>IV</td>
<td>10,000-19,999</td>
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<td>V</td>
<td>5,000-9,999</td>
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<tr>
<td>VI</td>
<td>Less than 5,000</td>
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population of one lakh or above but less than 10 lakh have not found prominent place in the study of urban quality of life. Therefore, an attempt in this direction is worthwhile. Keeping in view this point along with factors like proximity and acquaintance, the city of Rohtak (2.16 lakh in 1991) was selected to fulfil the objectives of the present study given below.

1.3 Objectives:

1) To study the geographical variations in quality of life in Rohtak City.

2) To study the perception of quality of life of Rohtak city in regard to various domain of life like education, family, neighbourhood and environmental quality.

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 the household level.

5) To study the impact of presence/absence of old persons on the quality of life of households.
1.4 Study Area

Rohtak is one of the important cities of Haryana which is situated on 28°57' North latitude and 76°35' East longitude. It is an administrative centre of Rohtak district. Rohtak has an area of 28.38 sq.km with a population of 2.16 lakh constituting 1.15 lakh males and 1.01 lakh females in 1991. The city is situated on Delhi-Fazilka National Highway, about 70 km away from Delhi. This city is well connected by roads with Delhi, Hissar, Sonepat, Jind and Bhiwani. Rohtak is an important railway junction at Delhi-Ferozpur line and well connected by railway line with Jind, Bhiwani. The city has been divided into 35 wards by Municipal Committee for better administration. The ward has been taken as the unit of analysis for the present research work in order to examine the intra-urban variation in quality of life in Rohtak city.

1.5 Data and Methodology

Both secondary and primary data have been collected in order to fulfill the objectives of the present study. The main sources of secondary data are the census publications, municipal records and record of other offices such as the office of Public Health and Telephone office located in Rohtak City. Each indicator of quality of life has been analysed and interpreted through maps. A composite score has been calculated in order to ascertain
the aggregate picture of quality of life reflected by the various indicators. Since some indicators were positively associated with quality of life whereas some are negatively associated with it, therefore, problem has arisen in aggregating them. A technique developed by Morris (1982) has been used to solve this problem which is also used by other researchers (Unisa, 1990). The methodology is outlined as below:

Let $X_{ij}$ represents the size of $i$th indicator in $j$th ward ($i=1,2,\ldots,n$, $j=1,2,\ldots,n$). The following transformation is used for positively associated variable.

$$Y_{ij} = \frac{X_{ij} - \min_j x_{ij}}{\max_j x_{ij} - \min_j x_{ij}}$$

where $Y_{ij}$ = the transformation of indicator $i$ in $j$th ward

$X_{ij}$ = value of $i$th indicator in $j$th ward

$\min_j x_{ij}$ = minimum value of $i$th indicator

$\max_j x_{ij}$ = maximum value of $i$th indicator

In case of negatively associated variables the following transformation has been used:

$$Y_{ij} = \frac{\max_i x_{ij} - x_{ij}}{\max_j x_{ij} - \min_j x_{ij}}$$
The description of negative transformation remains same as for the positively associated variables.

On the basis of above techniques each indicator has been transformed and added together. The average value has been taken as the composite score of quality of life of different wards of Rohtak City.

The indicators at ward level have been selected on the basis of following criteria:

1) Closely associated with quality of life.

2) Availability of data either in published or unpublished form.

3) Non-duplication of indicators.

On the basis of above criteria eleven variables have been selected at ward level for the study of quality of life. The list and rationale of these variables are presented in Chapter IV. On the basis of composite score of quality of life, the wards have been categorised into four groups viz. high, medium, low and very low quality of life and one ward from each category is selected for further detailed analysis. A sample of 500 households was drawn in total from four different wards of the city. A quota sample of 125 households was allocated to each different ward of the city. The systematic
sampling method was followed till the quota was complete. The head of the household whose wife is in the reproductive age (15-49) has been interviewed. If the head is an old person whose wife is not in the reproductive age group then the next elderly person in the reproductive age group has been interviewed. In case the house was found locked and the respondent not available, the house was visited again with prior information to them. Even then, if the respondent was not available, the house was left and the next house was selected in lieu of it.

In the household level survey more closely associated indicators are incorporated in the questionnaire which were generally left out due to non-availability of data at the ward level. The indicators derived from household survey have been combined through a self-weighting method based on the importance of indicators as judged by the researcher through her experience during the field-work. The household survey was completed during October, 1996 to March, 1997.

1.6 Organisation of thesis:

The present thesis consists of VII Chapters. Chapter I provides the statement of the problem, objectives of the study, sources of data and methodology. Chapter II presents the review of literature both at the International as well as in Indian context. Chapter III presents the brief
geographical and socio-economic and demographic description of Rohtak district as well as Rohtak city along with the historical background of the region. Chapter IV includes the indicators of quality of life at areal level, their description and composite score. Chapter V analyses the perception of quality of life in regard to various domains of life in different level of quality of life of wards in Rohtak city and Chapter VI analyses demographic aspects such as number of children, sex composition of children, family planning and presence/absence of old persons in the household and their association with the quality of life of the household. Chapter VII presents summary and conclusion of the present study.