Chapter II
2.1 Quality of Life: The International Context

Several studies have been carried out on quality of life in the International context. The United Nations Development Programme (UNDP 1995) has used the term human development in the place of quality of life. Human development is a process of enlarging the choices for all people, not just for one part of society. Human development means to create a suitable environment for people to enjoy long, healthy and creative lives. The purpose of development is to enlarge all human choices, not just income.

The publication of Human development Report in 1990 revealed the concept of human development and its measurement. It highlighted the relationship between economic growth and human development. It showed that there is no positive relation between human progress and economic growth because high GDP growth in several countries has failed to benefit their people. The Human development Report 1991 concluded that it is often the political policy and not always the lack of financial resources that is responsible for human neglect. The 1992 report examined that trade and financial opportunities in international markets even more than aid to enhance human development initiative in developing countries. The basic
The theme of 1993 report was people's participation. It assessed how much people participated in the decisions and processes that shaped their lives. The 1994 report introduced a new concept of human security—the security of people in their homes, in their jobs, in their communities and in their environment. The 1995 report focuses on gender and development. There are four elements in the concept of human development: productivity, equity, sustainability, and empowerment. People must be enabled to increase their productivity and to participate fully in the process of income generation. So that they become effective agents of growth. People must have equal opportunities also. Equitable opportunities must be available both to present and future generations. Development must be by people, not only for them. People must participate fully in the decisions and processes that shape their lives. Human development is impossible without gender equality. Women should not be excluded from the development process.

The progress of nation’s report 1996 published by UNICEF recorded the significant advances being made by many countries in health, nutrition, education, family planning and progress for women (Mittal, 1997). It highlighted the successes and failures of nation’s states in converting available resources into people’s well being. It showed that economic performances is not everything, and that many poor nations are achieving
levels of health, nutrition, and education that far surpass those of richer nations. The concept of the National Performance Gap systematizes these contrasts and comparison in order to show how well each nation is performing in relation to the average for its level of per capita GNP. The National Performance Gap is the difference between each country's achievement and the average achievement for countries at the same level of economic development. Joblessness, landlessness and increasingly desperate poverty have been allowed to set up the destructive synergists of rapid population growth, increasing environmental pressures, rising social tensions and political instabilities of a kind and on a scale which will eventually leave no community untouched. Unless national governments and the international community renew the economic policies and relationships that will not only create growth but also insure its more equitable distribution, then there is clear danger that these pressures overwhelm both past progress and future hopes.

The report endorsed the idea of doubling the current rate of investment in basic social services nutrition, primary health care, basic education, clear water, safe sanitation and family planning.

Sundaram (1997) reviewed the Human development Report (HDR) 1996 and 1997 which was released in New Delhi by United Nations
Development Programme. HDR 1996 drew attention to many disturbing developments in the international sphere. Millions of people in 89 countries are today worse off economically than they were a decade ago. Over the past 15 years, some countries have made spectacular progress; others suffered a fall in their standard of living. In fact, widening disparities in development have created two worlds. The HDR 1996 introduced a new concept the Capability Poverty Measure (CPM). It attempts to link economic growth with employment and economic well-being. The CPM reflects the proportion of infant mortality, healthy reproduction and the rate of female illiteracy. The index indicates the deprivations of women who play a crucial role in family and society. Low CPM is also a sign of great economic efficiency. The report found that while 21 per cent of the people in developing countries are below the economic poverty line, 37 per cent suffer from capability poverty. The CPM was calculated for 101 countries. In most South Asian nations, capability poverty is more widespread than income poverty. In India, 229 million population suffer from income poverty and 554 million suffer from capability poverty. In Pakistan a third of the population is income poor and more than three fifth are capability poor. In Bangladesh, 55 million are income poor and 89 million are capability poor and in Srilanka capability poverty is less than income poverty. The report highlighted the mutuality of
economic growth and human development. They reinforce each other. According to report, the world has become a very inequitable place. The rich or strong exploits the poor or week. The report of 1996 revealed that amongst the 174 countries listed by it, Kuwait had the fifth highest per capita income but the country has a rank of 51 on the HDI scale. It meant that Kuwait's performance in respect of health and education is dismal. On the other hand, Vietnam whose per capita income gives the country a rank of 147 but occupied 121st rank on HDI scale as against India's 135. It highlighted that income distribution in India has become more equitable during 1960 to 1990. The report praised the efforts made by Kerala in toning up the quality of life of its people.

The HDR 1997 presented the Human Poverty Index which takes into account the policy of government towards illiteracy, longevity and access to health, safe water and nutrition. The four variables were taken in HDR 1997: life expectancy at birth, adult literacy, the combined gross enrollment ratio and the per capita gross domestic product according to the purchasing power parity. More visible achievements were seen in developing countries which have halved child death since 1960, reduced malnutrition by one third and raised school enrollment rates by one quarter. They report drew attention to India's lack lustre performance in sphere like free and compulsory education,
Sundaram (1996) pointed out that both the developed and developing countries are facing the problems to fulfill their basic needs. Economists also emphasised the fulfilment of basic needs. They also give the importance to a new index called Physical Quality of life Index (PQLI) which is a composite index incorporating the basic literacy rate, infant mortality upto age one and life expectancy at age one. It is realized that higher growth rate or even a higher level of income is not an end in itself. Income generation is necessary but it is not the sum total of human life. Major efforts are needed to enlarge people's access to welfare indicators like education, health, housing and Transport. According to International Labour Organisation (ILO) the satisfaction means meeting the minimum requirements of a family for personal consumption; access to essential services, provision of remunerative job to every individual willing to work; satisfaction of needs that are more qualitative in nature and popular participation in the making of decision. To attain desired goal a change in production and consumption pattern is urgently required (ILO 1976: 7).

The call for basic need approach to development arose as a result of widening disparities in developed and developing countries and also the
persistence of humanly unacceptable widespread poverty. The protection of human survival and satisfaction of basic needs is a laudable call for universal decency (Afxention 1994: 107). The neglect of basic needs is a global phenomena. Human development Report indicated a disparity between economic growth and social progress in many countries. Sundaram (1991) noted that the fulfilment of basic need is, to some extent, related with growth rate. Several studies have shown that there is a direct relationship between quality of life and GNP, particularly in respect of relatively low per capita income countries, though this may not be so for richer countries (Larson, 1985-6).

The basic needs strategy cannot be successful by simply redistribution of goods currently produced. Not only must the structure of production change, but the total amount produced must also rise over time. Hence, a rapid rate of economic growth is an essential part of basic needs strategy (ILO, 1976). An important ingredient of the basic needs oriented development strategy is the active involvement of people in the development process (Dasgupta, 1985:27).

Bridges of Barensen (1993) conducted a study in relation to regional development and socio-economic well being in Oregon and Washington. The objective of this study was to determine the changes in quality of life for the
counties of Oregon and Washington from the Census year 1950-80 by constructing indices of socio-economic well being from selected variables. The variables selected were:

1) Median family income
2) Percentage of home lacking some or all plumbing
3) Percentage of workers in non-primary activities
4) Unemployment rate
5) Median School years completed by persons aged twenty five years
6) Infant mortality rate

The measures were reduced by the use of Z score into a single value that represents quality of life in a single county for a specific point in time. The most pronounced regional economic changes were observed during the study period due to changes in wood products industry, the aero space defense industry and other high technology sector.

The central theme of conference on Population and Development held in Cairo, 1994 is to accord an improved quality of life to the people of the world. The main aim of development should be the people's material and non-material security. Quality of life is a subjective notion and all
individuals have different characteristics, life experience and socio-economic circumstances. According to commission, we have universal and basic human right, likewise, we must recognise that quality of life can also be measured by objective and universal characteristics. These objective characteristics are not only the basic need but also include other things like improved education health facilities and better employment opportunities. The emphases have been on programmes directed towards achieving economic growth to fulfill material needs rather than towards the improvement of the quality of life of people. Population changes are equally important for quality of life because some of the carrying and caring burdens come from rapid population growth. The capacity to respond to these burdens lies in the role of public policies. These policies have been concerned over growth, however, the fact remains that we have had more and more mouths to feed as such we must modify public policies, in which the central aim should be a better quality of life for all population.

The improvements of material condition through economic growth is not the sole aim of development but also important is the quality of life of the people.

Quality of life has become a commonly used term and one which has assumed growing significance in political and economic terms. In Britain the
Government and the Media have often used the phrase in relation to the state of the physical environment whilst some academics have used it in the context of evaluating people's health and well being. Helbourn (1982) offers a useful definition stating that quality of life relates to the degree to which the necessary conditions for happiness in a given society or region have been obtained.

An extensive academic literature exists relating on quality of life and human well being (Rogerson 1987). An entire academic journal entitled "Social Indicators Research" is devoted almost completely to measuring social and economic changes and their impact on quality of life. The Journal is regularly published since 1974 from Dordrecht, the Netherlands. The main conclusion arising from the substantial methodological literature on quality of life is that the variables included in any study and the techniques used to combine these variables to produce an overall index of well being are critical in determining the outcome (Rogerson 1989). Any one index can be challenged by those who dislike its findings on the grounds that key variables were omitted or particular dimensions over emphasised.

Third world cities face many persistent problems; poor environmental quality is one of them. A study by Omuta (1988) investigates the environmental problems of Benin City, Capital of BenEdal State of Nigeria.
According to him the quality of life and Urban environment may be analysed at two levels: the environment as seen from the outside may be differentiated from the environment as perceived from the inside by the people who live in various neighbourhoods for this purpose. Five broad dimensions, with a of number variables, were used in the study. The employment dimension is measured by obtaining information on the proportion of residents who work within the neighbourhood, the proportion that work in contiguous neighbourhood and the proportion that work outside contiguous neighbourhoods. The housing dimension was measured by the average age of the building in the neighbourhood and household rental payment as a proportion of household incomes and occupancy rates. The occupancy dimension was measured by the reliability of electricity supply the reliability of water supply and the accessibility to health facilities. The educational component was measured by the number of primary and secondary schools within the neighbourhood, on the one hand, and in contiguous neighbourhood, on the other. The socio-economic dimension was measured by three variables: average household incomes, years of formal education received, and the proportion of residents who have a private automobile. Regarding nuisance dimension information was got on the
number of noise generating agencies with the neighbourhood as well as in the contiguous neighbourhood.

To measure perceived environment, respondents were asked to express in percentage their level of satisfaction with each of the environmental dimensions. To collect the data on all variables, the stratified random aligned traverse sampling procedure was adopted. A composite conceptual index of quality of life is derived from the six dimensions and compared with an index of perceived quality for each area. The study showed that quality of life was highest in that place where the neighbourhood had the best overall combination of employment, environment, housing environment, amenity environment, education environment, social amenity environment and pollution generation environment. The study also showed difference in measurement and perception of neighbourhood environmental quality because of difference in weighting that residents put on the various environmental variables. This difference in weighting was related to difference in the socio-economic characteristics of the various neighbourhoods.

Wolfgang and Hans (1987) have pointed out that there is a conflict about how to measure quality of life. Whether there should be some objective indicator such as the person to room ratio or the number of social
contacts a person has or rather subjective indicators like satisfaction with housing or positively evaluated social relations. According to them both objective and subjective aspects of welfare should be studied in different life domains. Moreover, the question can be asked how objective and subjective elements of welfare are related to each other. Because of unavailability of subjective data, a survey was conducted which is called Quality of Life Survey or Welfare Survey or Comprehensive Survey. It emphasized on the measurement of subjective data. The questionnaires contained several subjective questions also accompanied by objective questions in nearly every life domain. This is very useful for the assessment of the state of the society by scientific experts.

An article by Salan (1986) examines the variations in quality of life at the relatively neglected inter urban scale in Nigeria. The majority of people are residing in the rural areas. But the rate of urbanisation as well as the total population growth is one of the highest in the world. In 1921, there were 16 cities with a population of 20,000 and above in Nigeria. The number of cities (Lagos and Ibeda) with a population of 100,000 and above had risen to 24 by 1963. The rates of growth of Nigerian cities have not been uniform as major cities have recorded and are still recording the highest growth rate, and the number of cities with a population of and 500,000 and above had risen
from only two in 1963 to about fourteen in 1984. The sample survey of 3800 heads of households had been conducted in Nigerian cities. The Cities were ranked into three categories: Major cities, medium sized cities and small towns. The population of each city was obtained from census publications. A stratified random sampling method was adopted in selecting households in which questionnaires were administered. The questionnaires were prepared in a way to include questions which try to find out how people view their quality of life and its contributory environmental factors (Subjective Social Indicators) as well as questions which attempt a direct evaluation of people's social condition by a researcher (objective social indicator). It was found that the quality of life is related to city size. This study also highlights the fact that the rapid urban growth may not be as harmful within the social context of Nigeria as we think, because the respondents from large cities have positive attitude towards their neighborhood. They don't think their neighborhood are overcrowded than medium and small cities. They also prefer to stay in their present location.

Dalke and Rourke (1973) applied a procedure to identify group value judgment with respect to what is determining the quality of life. As sample method was used. The most important component was loving, caring and affection. Secondly self respect and third was peace of mind and emotional
stability. The result was culturally important because they reflected a society in which basic need for food and shelter was more important.  

Bradshaw & Fraser (1989) made an attempt to analyze the relationship among city size, economic development and physical quality of life in China. Several variables were taken to these concerns. Economic development is measured as per capita income (in Chinese Yuan), and quality of life is measured in terms of infant mortality (number of infant deaths per 1000 births), death rate (number of deaths per 1000 population) and illiteracy (percentage of population aged 12 and over that is illiterate or semiliterate). These variables were reported for seven different categories of settlements ranging from urban to non-urban areas of extremely large (metropolis) cities. The study is based on a sample size of 2304 cases. All data were derived from a published data source titled “The Population Atlas of China” (People’s Republic of China 1987). The Population Atlas of China did not include data on per capita total gross domestic product; however, it contained information on per capita gross domestic values of industrial and agriculture’s output, a reasonable close substitute for per capita gross domestic product. The data analysis produced three major results. First all sized cities enjoy higher levels of economic development and physical quality of life relative to non urban areas. Second, externally oriented cities possess
higher level of economic development but not a better quality of life. Third, education and industrial employment contribute to both economic development and physical quality of life.

In a significant study, Defrances (1996) has found that residential location plays an important role in determining one's quality of life. The quality of schools, health and sanitary condition, municipal services, safety and much else depend in part on where one lives, while comparing the middle class blacks and middle class whites. Defrances observed that proximity of concentration of poverty affects quality of life of middle class Whites in Western countries.

Holloway and Pandit (1992) tried to focus on the development-welfare disparity. They raised three questions: how can it be measured; how is it distributed geographically; and what factors influence it? They devised a development welfare disparity measure by computing the difference between a country's actual PQLI (Physical Quality of life Index) which is related with GNP per capita. A high degree of geographical variation was observed with countries in the Middle East and North Africa exhibiting the lowest values on the index and countries in eastern Asia exhibiting the highest values. The associating factors are: distribution of wealth and economic power, trade dependency, social spending external debt, population structure, military
expenditure and civil political right. Correlation and multiple regression techniques were used to evaluate development welfare disparity. The analysis showed that the mean value of disparity Index for each region improved considerably relative to North America and Europe, when relevant factors were controlled. This analysis supports the argument that improvement in human welfare can be realized at the current level of development by addressing inequalities in the distribution of economic power and the distribution of Govt. expenditure. Ultimately if human welfare reflected more closely the level of economic development then improvements in economic development should be translated more directly into improved human welfare.

In reality, our world today is two worlds. In one world self sustaining economic growth has permitted successive improvements in human welfare, in the other many are locked into self perpetuating cycle of poverty and misery. Population growth is not the sole cause of poverty. Because a few countries have high growth of national product along with rapid population growth. Nevertheless if economic growth is always measured by conditions of well being then no doubt continuing rapid population growth, in developing countries, is obstacle in welfare programme (Brown, 1974).
It has been observed that the developing countries have experienced unprecedented rates of urbanisation in recent years. The urban population share in low and middle income countries increased from 24% in 1965 to 42% in 1989. So the present trend in the developing countries therefore is more towards an increase in the share of urban population in the total population. The poor comprises the majority of people living in the cities and urban areas. The urban share of developing country population has risen from 1.8 billions in 1988 to 2.4 billions in 1993 and a future increase has been predicted. Because of this there is unprecedented pressure on infrastructure services in the urban sector. Cities were planned to cater for a limited population. So the distribution of these services for unlimited urban population is a major problem in recent years. The quality of life depends not only on the condition of the houses in which they live but also on their access to basic infrastructure services such as water, sanitation, nutrition, latrines, a clean environment, education, electricity and employment etc.

In a case study of Colombo city by Mudalige (1994), it was observed that infrastructure services are not being adequately provided. It was also observed that a very few in these communities expressed their affordability of paying for services which may be privatised, while the majority were of the opinion that such action would worsen their struggle for survival.
Information was obtained through key informants through in depth interviews & group discussions. Secondly data and information from various institutions relevant to the studies were used. The low income slum and shanty settlement were selected for the study. The study reveals the appaling condition in the state of infrastructural facilities in Colombo city. A study has been conducted by Mahapatra and Pati (1987) in relation to Population growth and Quality of life. According to them population growth has made many problems harder to solve. It creates new problems and hampers individual progress. The over population has made social targets, such as universal literacy and full employment's much harder to attain and slowed down improvement in health and nutritional standards. There are different trends of population growth in different countries of the world at different times. The demographic conditions of developed countries are homogenous but there is a heterogeneity among the developing countries. So there is different level and trends of growth rates in developing areas of the world. Our problem of population explosion is multifaceted. Population explosion is not only an obstacle in our socio-economic development but also a threat to our quality of life.
2.2 Quality of Life: The Indian Context

The concept of quality of life is comparatively recent concept having a multitude of interpretations. Quality of life includes economic, social and cultural dimensions of human life. Its meaning varies from individual to individual. Shafi (1994) explores the relevance of quality of life in a country like India. The basic question is that how any study is concerned with people living in metropolitan or in non metropolitan city or in rural areas of India. All three areas have different level and dimensions of quality of life. The quality of life even differs widely over various areas or localities that make up a metropolis. For example, the high-tech articles like washing machine, automatic dishmakers, microwave open etc may be important to some but at the same time irrelevant to the vast majority of the people. The physical quality of life Index portrays a more realistic picture of the living conditions of an Indian city and it mainly includes health environment, clean air and safe water supply in the city. Citing examples from the prime metropolis of Delhi, Shafi (1994) advocates to rework the equation and indices which should determine the living standards and quality of life in an Indian metropolis. According to him, in Indian context, the following aspects have pertinence in arriving at an acceptable indicators reflecting the quality of life.
1. Availability of safe drinking water.
2. Quality and quantity of food intake.
3. Shelter and delivery of basic services and facilities within a habitat.
4. Medical and health care services.
5. Basic/Primary education, literacy levels.
6. Environmental sanitation, air and water quality, solid waste (garbage) collection and disposal.

Kumar (1991) made an attempt to construct the Human development Index (HDI) for 17 Indian States as per the methodology adopt in UNDP's human development Report. Data on life expectancy, literacy and per capita income were collected to construct human development index. A life expectancy at birth of 78 years had been taken as the maximum value and 42 years as the minimum value. The lowest value for adult literacy was 12 per cent and the maximum was 100 per cent. The human development index for 17 Indian states had been constructed for the year 1987 using the same methodology as in the report. The absence of disaggregated data on health and life expectancy for the Union Territories and for the states of north-east prevented the computation of human development index for these regions. The human development index ranges from a low 0.272 in Uttar Pradesh to
a high of 0.651 in Kerala. Only four Indian states out of 17, Haryana, Punjab, Maharashtra and Kerala, had a human development index in the medium category. Ranking the states of India along with the countries ranked in the Human development Report makes for an interesting comparison. India as a whole ranks 37 in terms of human development index. Among the Asian Countries, it had a higher human development index than Afghanistan, Bhutan, Nepal and Bangladesh but its HUMAN DEVELOPMENT was much lower than Sri Lanka, Thailand, China and Philippines. If India is compared with African countries, it had done better than Somalia, Ethiopia, Nigeria and Uganda but not as good as Botswana, Zimbabwe, Zambia and Egypt.

There were only 19 countries with a lower human development index than Uttar Pradesh, the state with one of the lowest human development in India. The human development for Bihar, Rajasthan, Madhya Pardesh and Orissa are in the same range as in Bangladesh, Nigeria, Uganda, Haiti and Ghana. Kerala, the state with the highest human development in India, comes between Botswana and Tunisia ranked 58th and 60th in the world respectively. Kerala’s achievements are exceptional given that the level of human development has been achieved despite low per capita income. There
were only 51 countries in the world with higher life expectancy and 53 countries with a higher adult literacy than the levels achieved in Kerala.

Dasgupta (1990) felt that current consensus on the ways of measuring the quality of life is premature because these measures are misleading. He made an attempt to include some other aspects as measures of well being. Apart from the indicators like per capita national income, the infant survival rate, life expectancy at birth and adult literacy, he stressed on environmental and natural resources. Because all production are based ultimately on natural resources. It is observed that growth rates of Net National Product is low in poor countries because environmental resources are currently being depleted. Political and civil liberty also play very important role for quality of life. Political rights means to be the right on the part of citizens to play in determining who governs their country. The researcher was interested in the quality of life in poor countries. He considered low per capita income for judging poverty for the year 1979-80. He considered the countries that in 1970 enjoyed per capita National Income less than $1,500. Using ranking method it was found that political and civil rights were positively and significantly correlated with growth in national income per head with improvement in life expectancy at birth and with improvement in infant survival rates. Increase in national income per head were positively and
significantly correlated with improvement in longevity and infant survival. Improvement in adult literacy were not correlated significantly with national income per head or with its growth or with improvement in infant survival rates. But they were negatively and significantly correlated with political and civil liberties.

Moriss and Mcalpin (1982) tried to measure the condition of India’s poor. The Physical Quality of life Index (PQLI) was used for this purpose. The three indicators used in PQLI are life expectancy at age one, infant mortality and literacy. For each indicator, the performance of individual state was placed on a scale of 0-100, where 0 represents an absolutely defined worst performance and 100 represents an absolutely defined best performance. Once performance for each indicator was scaled to this common measure a composite index was calculated by averaging the three indicators giving weight to each of them. The resulting Physical Quality of life Index was scaled 0 to 100. The data were taken from the Census and Sample Registration System. It was observed that there was extreme variations among the states Utter Pradesh had the lowest PQLI (25) and Kerala had the highest level of PQLI (70). In International terms, Uttar Pradesh had the same level of PQLI as in Senegal, Gambia, Mozambique, Nigeria and Nepal and Kerala’s PQLI was like that of the peoples Republic
of China, Mauritius the Philippines and Columbia. It was also found that Physical quantity of life is higher in Urban than in rural areas. Male female difference was also observed. The female PQLI was only 55 per cent of the male PQLI in U.P. while in Kerala female PQLI was 93 per cent that of males. Literacy was the only cause for the male female PQLI difference. But this study neglected the economic growth which is necessary to sustain the infrastructure on which a rising and high quality of life depends. The same method was also used to measure the conditions of the world’s poor, (Morris & Morris, 1979).

An attempt is made by Aziz (1981) to determine the dimension of urban growth in Uttar Pradesh. it is based on a survey of the conditions in urban areas which affect the quality of life. The urban growth has a bearing on the quality of life in a state and are reflected in the density of population, buildings and in the density of house in mates and in the paucity of amenities. It shows that large number of towns and large number of people are living in a sub-standard and often sub-human life. The quality of urban environment as emerges from the preceding study is poor and far from satisfactory and that increasing growth of urban areas spilling over into the countryside. So the urban growth must be tackled scientifically to fulfill social and economic goals.
Governmentha (1987) made an attempt to identify some of the indicator of quality of life with special reference to Karnataka. The study was at district level. The indicators chosen for this purpose was literacy, per capita income, number of hospitals, women and children beneficiaries from maternal and child health services and family planning acceptance rate. The main objective was to compare the district on the basis of quality of life. It was better in Coorg, Chiklaglour, Shimoga, Dakshina, Kannada and was worst in Belegum, Bijpur, Gulburge and Raichur. Rest of the districts falls in between. Ranking the districts and ranking correlation coefficient method were used for further analysis of the data.

Mehar (1993) also tried to define the basic amenities and quality of life of Raurkela Industrial Complex. The study was mainly based on direct and intensive observations of various localities of the city according to 1991 Census. The city presently has a total population of 3,98,692. On account of the high growth of population in contrast of the plan estimate for the city, it was observed that there is a lack of basic amenities such as potable water, drainage and sewerage, electricity, latrine and bathroom etc. There is a difference in supply of these amenities to different localities of the city. Therefore, the people living in slums and squatters are the worst sufferers. It is observed that steel township, especially, the sector area is better off than
The households in the steel township have more latrine coverage as compared to civil township. The steel township is a modern planned city with well developed basic infrastructure and civic amenities, whereas the civil township area is more congested, dirty and polluted except some posh localities. The overall quality of life is also not very good because the steel plant is without well planned pollution controlling measures, uncontrolled growth of informal sector activities associated with growth of slums and many more large, medium and small industries in and around Rourkela. Further, the lack of developed infrastructure base and scarcity of basic amenities for a large section of people residing in slums and other localities of the civil township aggravates the living condition of the people residing in the city and its periphery. The people residing in the city suffer from asthma, sore throat, burning of eyes, headache etc. because of release of a large amount of untreated effluents such as carbon monoxide, sulphur oxide, naptha, nitrogen oxide and hydro carbons. People also have to use polluted water.

Brush (1986) conducted a study on Bombay. He found that rising population of Bombay is outcome of industrialization. Bombay island had highest density of population in the country. The central areas of Bombay
was concentrated with high social rank and high economic status people. People of low income and low status was found on the edge of the city.

Fakhrudin (1991) carried out an important study with respect to quality of life in Lucknow city. It was observed that rapid growth of population led to decline of the quality of life in the city. To analyze the quality of life 31 variables were used as indicators. They were related to material status, health and nutritional status, cultural level, housing standard and territorial stresses. The city was divided into three areas: old city, modern city and parallel city. The old city was like slum. The modern city was best part of the city with stylish buildings, low congestion and good infrastructure facilities. The parallel city was lacking in every thing. Data were collected from Census and from government or quasi government offices. These sources were not sufficient to provide the required information particularly in relation to the socio-economic status and housing conditions. Therefore, five per cent sample survey was conducted. Stratified and Random sampling procedure was adopted. Multivariate regionalisation based on factorial ecology techniques was used in the analysis.

Rao & Tiwari (1986) conducted a study with special reference to Bangalore city. The city was divided into three parts: Core, Intermediate and periphery, in terms of density, residential housing and living condition. It
was experienced that core is congested place in population density and density of houses. But intermediate and periphery were characterised by higher level of housing, higher living condition, high income group who owned more refrigerator, cooking gas and have higher percentage of household with independent toilet facility.

Paul (1994) focused, in his report, on the effectiveness of public services with special reference to the urban poor. For this purpose the slum dwellers, in three large cities namely Ahmedabad, Bangalore and Pune were selected. It was found that Pune led in the satisfaction of the urban poor with their access to most public and civic services whereas Ahmedabad had the least satisfied urban poor and Bangalore was in between. Sanitation was the least satisfactory in all three cities. In contrast to access to services, the responsiveness of public agencies was rated as unsatisfactory by the urban poor in all three cities. But Pune was better in this regard than Bangalore and Ahmedabad. Bangalore led in the prevalence of corruption in Public services. Significant proportions of urban poor were willing to pay for household water taps and toilet in all three cities. Slum represents the concentration of urban poverty in India though some non-poor persons may also be found to be living in such areas because of the acute shortage of housing. Two well known research methods, focus group discussion and random sample survey
were used. The number of household visited by investigators were 340 in Pune, 301 in Ahmedabad and 307 in Bangalore.

Krishan, Dasgupta and Buch (1993) have tried to generalize on some of the major aspects of the delivery of urban services. They noted that there is inadequacy of basic services i.e. transport, water supply sewerage and drainage, garbage disposal etc. The delivery of these services, in terms of both quality and quantity, is less than demand. Civic authorities create more and more facilities and services but they are not interested to serve sincerely. The main problem are administration and maintenance of these basic services. Our authorities give priority to new projects. These services are not spread uniformly. More importance given to better off than slum dwellers. The charges and payments of various services are very seldom. Water rates are rarely imposed on tubewell owners. As a rule, the richer pay less for more of such services. Other problem is that any development of infrastructure is seldom undertaken after consultation with the intended beneficiaries in various areas. When old markets are redesigned and modernized no efforts are made to seek the opinion of attended population. The author have tried to provide some possible solution also. Urban planning play an important role for the development of peripheries. However, urban services would be better and accessible if we spend the fund for the development of rural areas also.
A noted Indian Economist has observed that it is not only level of indicator that is important but the change in them for assessing different policies for improving the human conditions by the Govt. (Alagh 1997).

2.3 **Concluding Remark**

The above said studies reveal that the research on quality of life are multidimensional. These studies mainly deal with empirical, philosophical and methodological questions related with the study of quality of life in different parts of the world. The topics on quality of life includes income, health, education population, transport, law and political system etc. It is generally agreed that economic growth might not improve the quality of life of the people. In a recent article, noted economist Amaratya Sen (1993) has observed that poor countries need not wait to get rich before they can improve the lives of the citizen. There is a scope for improvement in the social economic and demographic condition of population. The role of demographic factors except population growth like family size, gender composition and aging have not been adequately explored in influencing quality of life in the existing literature. These aspects need the attention of researchers.