Research takes the advantage of the knowledge which has accumulated in the past as a result of constant human endeavor. It can never be undertaken in isolation of the work that has already been done on the problems which are directly or indirectly related to a study proposed by a researcher. Research investigation may be conducted either to explore new field or to test hypothesis where already a substantial body of research or theoretical background exists. In both the cases it is essential to review the literature which is either directly connected to the research problem or which throws light on its relevant aspects. In this chapter a review of literature concerning quality of life is being presented with a view of ascertaining the impact of certain psychological and social variables on quality of life, in the context of present study.

Ali (1991) found that the real sufferers were the inhabitants of Jhuggi-Jhopri bustees. Due to the high cost of treatment and non-availability of public medical services, the poor were suffering from many diseases like, tuberculosis, fevers, coughs, colds, measles, stomach disorders, diarrhea, hookworms, malaria and typhoid etc. Similarly, educational facilities like anganwadis and primary schools etc. were also inadequately provided.
Chant (1992) in which he found that the women undertake all kind of tasks that are necessary for the sustenance of their household.

Studying the slums Ali (1995) reported that metropolis is facing many problems, like population growth which has increased more than 22 times in just about mine decades. According to 1991 census the state of Delhi population is 93.7 Lakhs. At present three fourth of this populations live in sub-standard areas which have features similar to slum. These include 14.0 Lakhs people living in unauthorized colonies, about 13.0 Lakhs in jhuggi jhopri clusters about 12.0 Lakhs in resettlement colonies 1.5 Lakhs in urban villages and about 5 Lakhs in rural areas. It can be concluded from this study that the available urban utilities are inadequate in slums and squatters leading to various urban problems like pollution. It has already crossed permissible limit and in coming days, safe survival of human beings may not be possible.

Parikh (1996) found that the women residing in typical slum area in Mumbai had unhygienic environment.

Singh (1996-97) studied gender differences in self concept and social conformity. Results indicate that male and more positive self concept than female and social conformity was significantly higher in females than males. Self esteem was the best predictor of general satisfaction (Anderson, 1977).

Ryff and Heidrich, (1997) in their study found how past life experiences are linked with adults’ assessments of their present and future well-being. Typical events and transitions were contrasted with a typical stresses. In this context, sample of 308 men and women, divided between
young, midlife and older adults, completed past life event inventories and rated themselves on multiple dimensions of well-being. Hierarchical regression analyses revealed that normative events were significant predictors of multiple aspects of present and future wellness, but there were marked age differences in which domains were key influences.

Family climate can be perceived and evaluated on many dimensions. Some of the important dimensions given by Vohra (1997) are competitive framework, cohesion, independence, expressions, recreational orientation, moral orientation, and organization. Cohesion and expression in the family climate help to gauge relationship between the members. These tap the degree of commitment and support family members provide for one another and the extent to which they are encouraged to express their feelings directly. Personal growth of family members can be seen by the dimension of independence, competitive framework and recreational orientation (Vohra, 1997). The way families spent their time together, the amount of support they give and the interest they share determine the extent to which they encourage to development of a healthy family climate.

This was known as “Social indicators movement” in well being research (Ryff, keys and Hughes, 1998), which held that some socio demographically defined group (e.g. married people, those with higher income, younger’s people) were happier than other because of differential availability of psychological, physical and material resources. But more recent work has cast doubt on these perceptive.
Daya and Husain (1999) compared the quality of life of working women pursuing different occupations. A sample of 200 working women aged 45 years, 50 each from 4 occupational groups - clerks, doctors, nurses and teachers was taken. The women’s quality of life scale (Daya and Hussain, 1997), was administered on each respondent. Significant differences were noted between the mean (quality of life) scores of clerks, doctors, nurses and teachers. Result was analyzed according to 8 factors of quality of life. On the whole nurses obtained the highest score in quality of life in comparison to other professional group.

Shukla, Singh, et al (1999) evaluated the quality of life in patient with breast cancer. It was concluded that social life, self care and recreation were important parameters influencing the quality of life of patient with breast carcinoma.

Islamabad Based Progressive Women’s Association (2000) found that every second women is a victim of a direct or indirect form of mental or physical violence and the most vulnerable are those who work in a formal sector, like domestic worker.

Madhiwale (2000) found that slum dwellers suffer more frequently from all types of illness.

Polle and Others (2000), have reported that satisfaction and social support was significantly and positively correlated with coping and quality of life.
Srivastava et al (2000) studied quality of life of 40 scheduled caste (SC) female farm labors (age 26 to 65 years). Results revealed significant differences on 3 dimensions of quality of life, work, and personal and socio-economic status dimensions among the 3 groups of labors. On the whole, women farm labors had a poor quality of life, but the oldest age group had the lowest of quality of life.

Patel (2000) investigated the perceived differences and similarities with respect to various aspects of family functioning and environment. Results revealed that there were significant differences between lower and middle economic groups and between lower and upper economic groups with regard to such dimensions of family environment as cohesion, expressiveness, conflict, independence, organization and control, on the other hand, similarities were observed between upper and middle economic groups.

Anuradha and Martin (2000) have reported that the existence and frequency of family and friendship relation showed that the greater frequency of contact with adult children, other family, and neighbor was related to less loneliness and greater source of life satisfaction. According to Anderson (1977) self esteem was the best predictor of general satisfaction.

83 people in the slum of Calcutta, India were interviewed and responded to several measures of subjective well-being. The respondent come from one of the 3 group: Those living in slum housing (aged 18 to 70), sex workers (prostitutes) residing in brothels (aged 18 to 50), and homeless.
individuals living on the streets (aged 18 to 75). They responded to question about life satisfaction and satisfaction with various life domains, as well as to a memory recall measure of good and bad events in their lives. The conclusion is that the slum dwellers of Calcutta generally experience a lower sense of life satisfaction than more affluent comparison groups, but are more satisfied than one might expect. This could be due, in part, to the strong emphasis on social relationships and the satisfaction derived from them (Biswas Diener, Robert and Diener, 2001).

Choudhary and others (2001) have found a significant difference between the perceived personal quality of life of male and female. They reported the males were better quality of life in them in comparison to their male counterparts.

Ruback (2002) interviewed 242 male and 243 female resident (age 17-91 years) of 4 slums in Dhaka, Bangladesh and 198 male and 206 female residents aged 24-75 years of 4 slums in Islamabad, Pakistan, about household and environmental stressors and about their mental distress and physical health. Within each city the slums differed in terms of household level variables (e.g. number of peoples and number of rooms per house) and contextual variables (e.g. number of families sharing a water sources).

In a Community based study in the squatter settlements of Karachi, Fikree (2002) found a high prevalence of gynecological morbidity among young married women. This affirms the risks associated with early marriage and the need to improve and broaden reproductive health service and education.
Inang and Agrawal (2003) reported a study carried out on 240 students studying in professional colleges. The role of various demographic and psychological variables in predicting subjective well beings, quality of life, optimism, spiritual health and subjective well being was studied. Tests regarding above variables were administered on engineering and medical student studying in the last year of college. They also filled out demographic information about age, mother and father’s education and income etc. Findings show that quality of life in Psychological and social domains, satisfaction with life and spiritual health jointly predict 63% of variance in subjective well being in doctors and engineers.

Ayres et al (2003) found that education has the potential to enable people enhance their capabilities in functioning and can contribute to the achievement of sustainable livelihoods. The evidence for rural Tamil Nadu indicates a complex relationship between education and poverty. Educational attainment is strongly correlated with gender and caste. This study reveals that educational exclusion related to a range of economic, spatial, institutional, social and cultural structure and processes. Statistical correlations, however, provide only partial insight into a complex problem. This study highlights the importance of the underlying conditions of life, the existential realities of different socio-economic groups, and the contradictions and tensions families face in taking decision about education. Entitlements and livelihood opportunities needs to be analyzed holistically and the paper conclude with an assessment of the role of education in poverty alleviation and a number of policy suggestions.
Oluremi (2003) studied the livelihoods and survival strategies of low-income households in two urban locations in Ibadan, drawing primarily on interviews with 96 women who sell goods from makeshift stalls or who live in poor-quality houses. This include reports of these women’s perceptions of poverty, their incomes (44% earned less than US 1 dollar per day), and the strategies they used to avoid poverty (for all, working longer hours; for most, having their children engage in income-earning activities although, for most, this was after school or during holidays; and for some, working in more than one business). Many had at one time farmed (mostly using “idle” land), but few now did so as the availability of land for farming had diminished.

Tripathi (2003) found that slum women do heavy manual work even till day of delivery. Women were delivered by neighboring women or relatives or by traditional midwives. During the first delivery most women stayed at home up to one year before returning to work. From the next delivery on words they stayed for a period ranging from one month to three months. But the women workers do not know that if pregnant women carry heavy loads run a high risk of abortion. So, it is very important for the slum women who are working to have knowledge about the reproductive health.

Sundari (2003) examined the quality of life of the migrant households in slum Of Coimbatore city, Tripur town, Chennai in terms of selected parameters. The study reveals that migrant households live in unhygienic and congested places devoid of basic necessities for a healthy life like
housing, water supply, drainage and sanitation. Women and children are the worst victims of physical, mental and emotional conditions they face. The rehabilitation program of the Tamil Nadu slum clearance board is totally inadequate in relation to the growth of slum. Hence, a comprehensive package incorporating measures to improve urban environment and health status should be launched on a massive scale.

Iceland (2003) found that income growth explained most of the trend in absolute poverty, while inequality generally played the most significant role in explaining trends in relative poverty. Rising inequality in the 1970s and 1980s was especially important in explaining increases in poverty among Hispanics, whereas changes in family structure played a significant role for children and African Americans through 1990. Notably, changes in family structure no longer had a significant association with trends in poverty for any group in the 1990s.

Bapat and Agarwal (2003) investigated the slum dwellers, primarily women, in Mumbai and Pune, and discussed the conditions they cope with every day with regard to water and sanitation, and the ways these conditions have changed over time. These women live in variety of circumstances-on pavements, beside railway tracks, in swampy areas, on steep slopes-and this affects the particular problems they face. But in all cases, dealing with their needs for water and sanitation is a stressful and time-consuming challenge. These interviews provide the kinds of insights that rarely emerge in quantitative studies.
Chandramouli (2003) found living conditions have direct impact on health. Slum in Chennai are greatly disadvantaged as far as quality of housing and availability of basic amenities like drinking water, electricity, drainage, none polluting fuels and the like. Any improvement in the standards of health will have to start in the slums.

Srivastava and Rastogi (2004) investigated the quality of life of slum women of Lucknow city (U.P.). The sample consists of 200 slum women belonging to four slum areas. The age range was between 18-45 years. Hindi version of World Health Organization Quality of Life Scale (WHOQOL group, 1995) developed by Saxena was used to assess the quality of life. The scale provides separate scores of 24 facets under 6 domains namely physical, psychological, level of independence, social relationship, environmental and spiritual, religious and personal belief domains. All the domains scores were below average but the scores on Environmental and Social Relationship Domain were very low. Results reveal a poor quality of life of slum women because of being under the shadows of neglect, sufferings, ignorance and alienation.

Asthana and Verma (2004) studied quality of life as function of social support in a gender perspective. The result revealed that social support did not affect quality of life. Sex difference in quality of life was obtained. Female student perceived better quality of life in them in comparison to their male counterpart.

Videon, (2005) has illustrated the unique influence of father on adolescents’ psychological well-being in a nationally representative sample
of students in Grades 7 through 12 living in intact homes. Results of multivariate analyses revealed that the father-adolescent relationship has an independent impact on adolescents’ psychological well-being than the mother-adolescents’ relationship. Comparatively, the magnitude of effect was similar for mother and fathers on sons’ and daughters’ well-being. Examining the dynamic nature of parent-adolescent relations through time revealed that adolescents’ have more volatile relations with fathers with mothers. Changes in adolescent’s satisfaction with the father-adolescent relationship significantly influence fluctuations in sons and daughters psychological well-being. The effect persists after controlling for changes in mother-adolescent relationships. These findings underscore fathers’ unique direct contribution to their children’s psychological well-being.

In a study Poonam (2006) found that there is no difference in well being of male and female elderly. Professional women were urban, well educated and were employed as administrator, doctors, manager, scientist and lawyers. They did not necessarily have an easy time working in male dominated world but were better educated and considered work as an expression of the self. They experienced many instances of discrimination in male dominated world. Achieving status and recognition was an uphill task which involved tremendous mental and physical strain. In one of the surveys, these women unanimously reported that the main hurdle in the way of women’s career was marriage (which they all viewed as a desirable goal). However, discharging their twin responsibilities called for sacrifice on both fronts.
Seiling (2006) found low income mothers often experience many and varied changes over a relatively short period of time. Resulting resource losses may trigger progressive, chronic stress. Using longitudinal qualitative data, this study focused on low-income mothers (N=23) who had many changes in health, work, family, personal, and/or financial categories during the first year of the study. The analysis used the Recent Life Changes Questionnaire to rank families’ changes. Hobfoll’s Conservation of Resources Theory was then used to assess the gain/loss of resources. Two contrasting cases illustrate the interplay between life changes and depletion or restoration of resources, linking changes to loss spirals.

Siddique et al (2007) worked on case study of the Slum Improvement Project (SIP) in Dhaka Metropolitan City, by the Local Government Engineering Department (as of 1991). The study was undertaken to highlight some of the innovative socio-economic programs implemented for urban slum dwellers, as well as some lessons learned from them. The overall achievement of the SIP was satisfactory, as the model made a breakthrough in providing an integrated package of basic physical, social, and economic infrastructure services to the urban poor. The SIP has empowered poor women through community involvement, particularly through the savings and credit program, thereby raising the overall status of women in families and communities. Some of the components of the project were barely able to reach the poorest of the poor, who remain virtually outside the reach of SIP credit and savings programs.
Singh (2007) observed no difference between doctors and housewives with regard to subjective well being. They report relatively happy and satisfied with their lives, because it appears that overall human being have a strong tendency to look on the bright side of things, to be optimistic and upbeat in a wide range of situation. So, both the groups were found to be satisfied. The main purpose of the study was to find out the relationship of well being and social support of elderly people. For this purpose a test of social support and a test of well being were administrated to the sample. Based on the findings and discussions, following conclusions were drawn from this study.

- There was no gender difference in well being of elderly people.
- There was no difference in well being of old and advance old people.
- There was a positive relationship between social support and well being.

Izazola Haydea and Jowett Alan (2008) reported that the interest for the environmental aspects of population displacements has recently grown among a number of disciplines, particularly as a response to recent phenomena linked to climate change such as floods, draughts and forest fires. Environmental migrants and refugees have gained increasing recognition in the scientific debate concerning climate change. Environmental migration in rural areas is more closely linked to the population’s livelihood and economic factors in general; in urban areas, however, that relationship is more diffuse and not necessarily straightforward. Thus, the study of environmental migration from urban
areas can offer new insight to other, noneconomic causes of environmental migration. They simply illustrate the complexity of the relationship between migration, the environment and quality of life from a gender perspective.

Kotwal et al (2008) studied the impact of work and environment on the women living in slum areas of Jammu city. The sample for the study consisted of 100 working women from four different slum areas of Jammu city. The results revealed that there is a strong relationship between women’s work lives and health. Lack of education compelled women to join low paid sectors. Apart from the general hardships living in an area with a poor environment, women of slum area suffered from many disadvantages, they faced a heavier work burden because employment did not free them from responsibility of housework. The dual task (paid and unpaid jobs) and the poor environment became more demanding on the health of the women and women experienced weakness, fatigue, breathlessness, poor appetite, and frequent illnesses.

Akhter (2008) depicts socioeconomic condition of slum dwellers and their consumption pattern, while it has been found that majority of them can’t afford nutritious food which is expensive to them. Planned migration and secured socioeconomic factors are suggested through this paper to lessen exposure to further poverty and food insecurity of urban poor. The study is based on both primary and secondary data. The trend of environmental displacement and population growth in slums is supported by secondary data. Living conditions of slum dwellers is depicted using
primary data. Mohammadpur slum which is oldest and one of the largest slums in Dhaka city has been selected for sample survey. The survey questionnaire includes household’s socio-economic, physical environment, health behavior and health outcome. For this study, total 385 datas were collected to investigate household’s food security by collecting information on selected factors. The target group of questionnaire survey is mothers of the children who are supposed to be well-informer about children’s food intake and health status. Living condition of urban poor is considerably poor in socio-economically according to the survey findings. Socioeconomic status of slum dwellers can be characterized as mainly low income group with inadequate education (for both parents and children).

Johnson and Roberson (2009) interviewed newly married young women in the Pakistan slum area about their experiences of marriage. A narrative analysis of the interviews revealed the submissive nature of the respondent.

Ballesteros (2010) examined the linkages of poverty and environment at the household level in Philippine slums. Rapid urbanization and the inadequate infrastructure and basic services in large towns and cities have led to the proliferation of slums and informal settlements in the country. While poverty incidence of population in key metropolitan centers is on average 17% compared to the national average of 32%, slum population has been exponentially rising at an average rate of 3.4%. In Metro Manila, which is the prime city, an estimated 37% of population or over 4.0 million Filipinos live in slums in 2010 and slum population growth
rate is at 8% annually. These slum dwellers and informal settlers confront on a daily basis another dimension of poverty which is environmental poverty. The underserviced and bad living conditions in slums impact on health, livelihood and the social fiber. The effects of urban environmental problems and threats of climate change are also most pronounced in slums due to their hazardous location, poor air pollution and solid waste management, weak disaster risk management and limited coping strategies of households. It has also been argued in several studies that possible trade-offs exist between bad housing and medical care and between bad housing and education. Bad living environment thus deepens poverty, increases the vulnerability of both the poor and non-poor living in slums and excludes the slum poor from growth.

Franklin, S. (2011) found that the rapid process of urbanization bringing people to the edges of cities in the developing world is one of the great development challenges of the 21st century. This paper examined the link between formal housing, home production and employment, by evaluating the impact of a government housing subsidy program in South Africa. Their estimation give significant, and often very similar impact of treatment in all specifications and checks strong indication that government housing has important impacts on household income through it effect on labour supply.

Mudey et al (2011) reported that the all aspects of health status, lifestyle, satisfaction, mental state or well-being together reflect the Multi dimensional nature of quality of life in an individual. India has acquired the
label of “an aging nation” with 7.7 percent of its population being more than 60 years old. Changes in population structure will have several implications for health, economic security, family life and well being of people. The present study was carried out with two-fold objectives to assess the difference of quality of life between rural and urban elderly population and to find out the association between the socio-demographic profile and quality of life of elderly population. The community based cross sectional study was conducted on 800 elderly subjects selected from urban (n= 400) and rural (n= 400) using multi stage simple random technique. Interviews were conducted using pre-tested questionnaire by trained interviewers to collect data. The WHO-QOL BREF was used to assess the quality of life. The study showed that the elders living in the urban community reported significant lower level of quality of life in the domains of physical 51.2±3.6 and psychological 51.3±2.5 than the rural elderly populations. The rural elderly population reported significant lower level of quality of life in the domain of social relation 55.9±2.7 and environmental 57.1±3.2 than urban population. The difference between the quality of life in rural and urban elderly population is due to the difference in the socio-demographic factors, social resource, lifestyle behaviors and income adequacy.

Govindaraju (2012) investigated the quality of life of slum women of Mangalore city (Karnataka).The sample consists of 200 slum women belonging to four slum areas. The age range was between 18-45 years. Hindi version of World Health Organization Quality of Life Scale (WHOQOL group, 1995) developed by Saxena was used to assess the quality of life.
The scale provides separate scores of 24 facets under 6 domains namely physical, psychological, level of independence, social relationship, environmental and spiritual, religious and personal belief domains. All the domains scores were below average but the scores on Environmental and Social Relationship Domain were very low. Results reveal a poor quality of life of slum women.

Rai and Singh (2012) found that a good number of people of low socio-economic status consistently been correlated with poor health and lower quality of life.

Rajpoot and Gupta (2012) studied slum areas in Varanasi District to determine conditions under which the urban poor live. The methodology adopted involved the use of structured questionnaire for the collection of information on the basis of socio-economic characteristics, which might influence the occurrence of poverty in one or the other form. The study revealed that there is existence of poverty in the urban slum areas in Varanasi City. It was revealed that there was considerable inequality in wealth and different poverty levels were distributed to unequal opportunity to get some level of education, type of occupation and difference in household size and number of person working in the household.

Rastogi (2012) examined the level of poverty prevailing among the women of India. It has also been tried to examine the relationship between poverty among the women and their power in the family and society.
Singh (2012) attempted to determine the extent of poverty in Delhi slums through consumption pattern, employment and educational status of slum population. High levels of poverty were synonymous with poor quality of life, deprivation, malnutrition, low human resource development, poor sanitation and unhygienic condition of living. This paper examined the awful condition in non notified slum through a case study of Jahangirpuri slum.

Singh and Tiwari (2012) found that income and education play a vital role in improving well being of villagers.

Tripathi and others (2012) reported the fact that 31% of the slum people were satisfied with quantity of water supplied but only 50% were satisfied with the water quality.

Fink, Günther and et al (2013) used data from Demographic and Health Surveys across 37 countries. They documented the changes in child mortality over the last twenty years, with a special focus on urban slums and on differences between small and large cities. They show that slum areas face worse than other urban areas across all child mortality categories and all city categories, but that generally children growing up in urban slums face at least as well as children in rural areas. Moreover, the improvements in child mortality appear to have affected slum residents at least as much as other urban and rural residents, indicating a neutral role of slum settlements in the mortality transition of developing countries. The average household contains 7.5 members, and 13.4 percent of households are headed by a female. In total, 22,767 deaths under the age of 3 are recorded and analyzed in the sample.