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Assessing and enhancing the quality of life of the selected village

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Abstract

Rural development is the process of improving the quality of life and economic well-being of people living in rural areas, often relatively isolated and sparsely populated areas. Rural development has traditionally centered on the exploitation of land-intensive natural resources such as agriculture and forestry. Rural development is a comprehensive term which has given highest priority for amelioration of the living conditions of the rural masses based on the scientific utilization of India's natural resources. This helps the villagers from ancient times to British period to get benefitted in their socio economic conditions. The experiments could be traced from Srinikethan in 1921 to community development in 1952. After independence, many rural development programmes have been implemented to tackle the problems of poverty and unemployment in rural India. (Steffanie (2016). Urban slums are the settlements or the region located nearby city area which cannot provide the basic living conditions necessary for its inhabitants. People live in slums are deprived of their basic facilities like healthy Food, Clothes and Shelters Sanitation and Education the root cause for these includes the economic conditions of the family and illiteracy. The present study is descriptive in nature. To select 1822 families' purposive sampling technique was used in this study. In this study the root cause of the problem and solutions for those problems in selected Urban Slum area was analysed. The study also focussed to identify the change in quality of life of the respondents in urban slums.

Keywords: Health, education, economic, resources, development

Introduction

Chennai is one of the biggest metropolitan city in India. Technologically our country has upgraded a lot. Being a developing country we are aspiring to become a developed country. But the sad reality of our country is still we have slums and there are people who are not in a position to have accessibility and availability towards sufficient food, clothing and shelter. The Trading Economics global macro models& analysis expectations (2019) reported that the wage in India was expected to be 340.95 INR/day by the end of this quarter of 2019. The Indian average daily wage rate is projected to trend around 372.33 INR/Day in 2020 according to our Economic models. But hardly these expectations are fulfilled for an ordinary labour. Even though government takes many initiatives and steps towards clearing the slums through slum clearance board it was not working up to the fullest. This is because the expectations of the people are totally different when compared with the board.

Rural Development is the process of making the life of rural people better in all aspects but mostly quality and economically. It could be reported that rural life is different from urban life and hence it becomes important to develop rural places to fulfil all the needs for people. This is the major aim and goal of rural development which focus on enhancing the rural area similar to that of urban societies through growth and development (Arup, M. 2013) [2].

The rural development may also be used to refer the processes of change in rural societies. The government does not involve in all the actions of the rural development and hence it acts as a form of state intervention which needs due attention and importance. (Panthasein, A. H.M. (2016) [9] Nowadays cities, urban area, sub-urban area and rural people are in separate places. In this study, an attempt was made to improve the quality of life, utilizing economic wellbeing of selected rural area and also focus on education, entrepreneurship, physical and social infrastructure health wise improvement which plays an important role in developing rural regions.

The study aims at finding ways to improve the rural lives with participation of rural people. To meet the required needs of the society by including the basic necessities of people consist of food, cloth, shelter, basic literacy, primary health care and security of life and property. If either one of them is absent or in critically short supply, it may be stated that has a condition of absolute under development. Poverty, unemployment, transportation problem, lack of awareness in government policy, superstition, and infrastructure are the major problem of the villages (Sachs, J. (2016) [15].

Quality of life is the general well-being of individuals and societies, outlining negative and positive features of life. It observes life satisfaction, including everything from physical health, family, education, employment, safety, security, freedom, religious beliefs and the environment.

Hence the present study is an attempt to assess and enhance the quality of life of the selected area with the following objectives.

- To find out the existing condition of the selected area.
- To identify the availability of resources.
- To make use of available resources to improve the quality of life.
- To evaluate the quality of life before and after the training programme.

Hypothesis: Training programme on utilization of available resources would definitely improve the quality of life.

Methodology: The study was conducted among 1822 families in Kallukuttai, a sub – urban region which is located in Velachery and its hub. Questionnaire was used to collect the information. Purposive sampling technique was used to select the families for the study.

Major Findings: The major findings of the study include the type of family, educational qualification, occupational status, income range and the facilities available and the problem faced by the households are tabulated and discussed below:

1. Type of Family of selected Households

Table 1 emphasis the type of family of the selected household. Family background acts as important criteria for development. The study aims at the development of healthcare in all aspects. This includes physical and mental aspects. The Situation in each family varies based on their economic conditions.

Table 1: Type of Family of the Households

S. No	Types of Family	No. of Families	Percentage
1	Joint family	291	16
2	Nuclear family	1401	77
3	Single headed family	130	7

A majority (77 per cent) of the respondents were living in nuclear families followed by 16 per cent in joint families. As it is a semi-urban society, the number of nuclear families is clearly more in number. Single parent families often feel the strain of economic issues as there is only one earning member in the family. Joint families are at an advantage here as they have more number of earning members, pensioners and have good mental health conditions compared to nuclear families. Child care is a difficult process in these areas because of the lack of Aanganwadi and Balwadi centres in the areas. This causes major health issues in the lives of the younger generation. It is also easier to identify genetic and terminal

illnesses in children of joint families rather than single headed families and nuclear families due to lack of family members.

2. Age Group of the Households

Table 2 states the age group of the selected respondents. The 1822 family comprises 6571 members which include children, adolescence adult and old aged.

Table 2: Age Group of the Households

S. No	Age Group	Gender		Total	Percentage
		Male	Female		
1	0 – 12 years	938	843	1781	27
2	12 – 20 years	396	385	781	12
3	20 – 65 years	1819	1798	3617	55
4	Above 65 years	180	212	392	6

The classification of age group was made based on the stages of development of age given by Elizabeth Hurlock in Developmental Psychology. The table shows that more than half of the respondents (55 per cent) are between the age group of 20 - 65 years followed by 27 per cent of the respondents below 12 years. Hence from this it is clear that most of the households taken for this study belong to adulthood.

3. Educational Status of the Households

Education is the most important tool in today’s modern world. Education empowers one and all to achieve one’s life goals. Education is important in all age-groups. Children learn many subjects and many life skills through their education at school. Build awareness of the importance of Education for rural people as a crucial step to achieving (Aijuan. (2018). It helps to overcome the urban-rural education gap, to increase access to basic Education for rural people and to improve the quality of basic education in rural areas. Table 3 portrays the educational status of the selected respondents.

Table 3: Educational Status of the Households

S. No	Educational Status	Frequency		Total	Percentage
		Male	Female		
1	Illiterate	1370	1686	3056	46
2	Primary	651	603	1254	19
3	Secondary	422	470	892	14
4	Higher Secondary	503	363	866	13
5	College	303	200	503	8

Nearly half of the respondents (46 per cent) of the total respondents are illiterates. Education is the most important criteria to be taken account. Education has to be given to all irrespective of their social and economic conditions. Through the questionnaire it is found out that out of these 6571 members 3056 people are illiterates in which 1370 were males and 1686 were females. The table also reveals that only 8 per cent comprising of 303 women and 200 men had their college education.

4. Total monthly income of the Households

Household income is a frequently reported economic statistic. Because many households consist of a single person, median household income is usually less than median family income, another frequently reported economic statistic, because a household consisting of a single person is not included in the average family income calculation. (Ward, Neil and Brown, David, 2009) [22]. Table 4 explains the total monthly income of the selected households.

Table 4: Total Monthly Income of the Family

S. No	Total Monthly Income	No. of Families (N = 1822)	Percentage
1	Up to Rs. 5000	937	51
2	Rs. 5001 – Rs. 7500	522	29
3	Rs. 7501 – Rs. 10000	312	17
4	Above Rs. 10000	51	3

The above table 4 shows that most of the respondents (51 per cent) make an income of less than or equal to Rs. 5000 per month. This is followed by 29 per cent of the respondents making an income of Rs. 5001 – Rs. 7500. This shows that majority of the families make an income below Rs. 7500. Hence the minimum income they earn and most of the family falls under the categories clearly shows they are not able to fulfil their daily needs.

5. Facilities available and requirement of overall village

Since the slum is quite away from the city, they don't have much facility available for them. They don't even have basic facilities. Table 5 give details about the health, education and other facilities that are available and accessible to the households.

Table 5: Facilities Available and the requirement

S. No	Facilities of the Village	Existing
1	Health	1 – Anganwadi Centre
2	Education	Nil
3	Other Facilities	20 - Street lights 10 – Water tanks 30 – Self Help Groups

The above table shows that among the different facilities analysed it could be found that the village has one Anganwadi Centre, 20 Street lights and 10 Water tanks. Apart from this there are 30 Self Help Groups functioning in the selected village. Apart from this there are no other facilities available in the village. There is no government or private hospitals doctors available for them. Since the population of the area is little huge they are in need of one hospital. Public health centre and at least two anganwadi centres is essential. So far there are no schools in the area. Besides all these things the area needs other facilities like transport, Police station and Banking and cooperative facilities. This area needs at least one play ground to encourage sports and other activities among children and Fair price shop.

6. Health Problem identified in the Area

Health is a state of physical, mental and social well-being in which disease and infirmity are absent. The meaning of health has evolved over time. In keeping with the biomedical perspective, early definitions of health focused on the theme of the body's ability to function; health was seen as a state of normal function that could be disrupted from time to time by disease. (World Bank, 1975).

Table 6: Health Problem identified in the Area

S. No	Health Problem	Frequency		Total	Percentage
		Male	Female		
1	Diabetes	428	513	941	33
2	Blood pressure	493	372	865	30
3	Anaemia	43	256	299	10
4	Under nutrition	432	345	777	27

From the above table 6 the health problems of the people living the area are given. Nearly 800 children are under nutritious and people suffer from disease like anaemia, blood pressure and diabetes. Among the households 33 per cent people are having diabetes followed by 30 per cent identified with blood pressure.

Conclusion

The development of a country does not depend upon simply economic development. It needs to improve on all levels in a stable and sustainable manner. That includes an improvement in the health and wellness sector as well. There can be no hope for economic development if the human resources of the nation fall short and find it difficult to perform their duties due to lack of resources and health issues. From the data gathered, it is safe to conclude that the lack of resources and facilities has resulted in several diseases that are seriously affecting the physical and mental health of the citizens. It is also clear that those who live in the rural areas are the most affected people. So, it is also imperative that those who benefit from the facilities need to takes initiatives to contribute for the improvement of healthcare and proper facilities. It is only stable, national development if the urban parts of the country use their capabilities and resources to educate those regions that still remain underdeveloped. This analysis is accompanied by a reflection on public policy that takes two forms. First, a critical analysis has been made of the policies implemented, their key features and their Limitations. Second, a large part of the research conducted on this question is aimed at the implementation of new rural development policies and of recommendations to public decision-makers: this expresses a need to translate reflection into concrete measures and operational solutions that can produce results in the near future, and a desire to serve the actors of Development.

References

1. Anil K Rajvanshi. Roadmap for Rural India, Current Science, 2016, 111(1).
2. Arup, M. Effect of land acquisition and displacement on education: An anthropological study. International Journal of Research in Sociology and Social Anthropology 2013.
3. Chalapati S. Sufficiency economy as a response to the problem of poverty in Thailand. Asian Soc. Science 2008;4:3–6.
4. Chukwuedozie KA, Patience CO. The Effects of rural-urban migration on rural communities of southeastern Nigeria. Int. J. Popul. Res 2013;12:1–10.
5. Hurlock, Elizabeth B. (Elizabeth Bergner), 1898-1988. Developmental psychology: A life-span approach. New York: McGraw-Hill 1980.
6. Wasiyoddin, Niranjan K. Social work and Community Participation, ABD publishers. Jaipur. 2019, 49-51.
7. Moseley, Malcolm J. Rural development: principles and practice (1. publ. Ed.). London [ea.]: SAGE. 2003, 7. ISBN 978-0-7619-4766-0.
8. Nayak KB. Rural Development and Underdevelopment. Department of sociology, Sant Gadget Baba Amravati University, Maharashtra. 2008, Pp.43.
9. Panthasein AHM. The King's Sufficiency Economy, Analysed by Economist's Definitions; Thailand Development Research Institute (TDRI): Bangkok, Thailand, 1999. Societies, 2016;6(26):18-20

10. Pellissery, Sony Rural Development. Encyclopaedia of Sustainability. 2012;7:222–225.
11. Tadele Zemedu Wubayehu. Conceptualizing rural development in the twenty-first century. Int. J Agric. Extension Social Dev. 2021;4(1):18-23.
12. Prasad K. NGOs And Socio-Economic Development Opportunities, Deep & Deep Publication Pvt. Ltd 2001, Pp. (3-5, 24-30)
13. Richard ML. Building trust. Centre for Economic Studies. Massachusetts Institute of Technology
14. Rowley, Thomas D. ed. Rural development research: a foundation for policy (1. publ. Ed.). Westport, Conn. [u.a.]: Greenwood Press 1996. ISBN 978-0-313-29726-7.
15. Sachs J. World Happiness Report 2016, Update (Vol. I). New York: Sustainable Development Solutions Network. 2016.
16. Savith S, Venom. Family resource management: Historical and contemporary developments. Dominant publishers & Distributors pvt ltd. Pp(135-145,272-2014; 262&351-356)
17. Zhenzhong SI, Scott, Steffanie. The convergence of alternative food networks within “rural development” initiatives: the case of the New Rural Reconstruction Movement in China Local Environment 2016;21(9):1082-1099.
18. Singh B, Ryan J. Managing Fertilizers to Enhance Soil Health; IFA: Paris, France 2015.
19. Social Development Board (NESDB): Bangkok, Thailand, 2001.
20. Van der Krieke, *et al.* Temporal Dynamics of Health and Well-Being: A Crowdsourcing Approach to Momentary Assessments and Automated Generation of Personalized Feedback Psychosomatic Medicine 2016;79(2):213–223.
21. Wang H, Chua V, Stefanone MA. Social ties, communication channels, and personal well-being: A study of the networked lives of college students in Singapore. Am. Behav. Sci 2015;59:1189-1202.
22. Ward, Neil, Brown, David L. Placing the Rural in Regional Development. Regional Studies 2009;43(10):1237–1244. Doi:10.1080/00343400903234696.
23. World Bank. Rural development. Sector policy paper. Washington, DC: The World Bank 1975. <http://documents.worldbank.org/curated/en/522641468766236215/Rural-development>
24. Piboolsravut P. Sufficiency Economy and a healthy community. In Proceedings of the 3rd IUCN World Conservation Congress, Bangkok, Thailand, 2004, 17–25.