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AN ANALYTICAL STUDY OF INTER DISTRICT VARIATI IN QUALITY OF LIFE IN TAMILNADU

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Abstract

Quality of life is a concept to formulate welfare development a social, psychological and environmental issues. In this context a resear analytical study of Inter district variation in quality of life in Tamilnadu" with the objectives of computing quality of life index for different District to find out the extent of variation in different components of quality of life factors causing inter district variation in quality of life in Tamil Nadu related to 30 districts in Tamil Nadu and the required data were compiled Hand Book of Tamil Nadu (2010), Census of India 2001 and District Level Es and Child Mortality (2001). The study estimated Gini co efficient ratio and regression analysis. As per the study quality of life index was the highest i and lowest in Theni and Krishnagiri (0.52). The application of multiple re revealed that total population and per capita income were significant fac quality of life. The estimated multiple regression was statistically valid as R^2 value (0.60) and F value (1.77). To improve quality of life in various d Nadu the study recommends establishment of more number of colleges and up of more number of primary health centres and strengthening inc activities in backward districts.

Keywords: Quality of Life, Literacy Rate, Life Expectancy, Infant Mortality I Income.

Introduction

Quality of life is a concept to formulate welfare development. Qu multidimensional matter. This concept is related to social, psychological, psychological and social issues. The well-being or quality of life of a p important concern in economics and political science. It is measured by n economic factors. A large part is standard of living, the amount of money goods and services that a person has; these numbers are fairly easily measu

freedom, happiness, art, environmental health, and innovation are far harder to measure. This has created an inevitable imbalance as programs and policies are created to fit the easily available economic numbers while ignoring the other measures that are very difficult to plan for or assess.

Many key indicator systems are bringing into the mix measures that give a more humanistic interpretation of what constitutes well-being, satisfaction, or desirability, i.e., the quality of life (QOL). In this sense, QOL indicators are measures that are non-monetary, socially-oriented, and qualitative in context. They manifest the pervasive agreement or general consensus of a population on what is valued and desired.

The quality of life of people in Tamil Nadu is unique Tamilnadu has a very ancient history which goes back some 6000 years. Tamil Nadu ranks fourth among major States in terms of per capita income. Tamilnadu per capita income (at current prices) was Rs 19,889 in 2000-01. Tamilnadu per capita income was higher than that of Kerala (Rs 19,463), Karnataka (Rs 18,041) and Andhra Pradesh (Rs 16,373). The literacy rate of the State has been increasing progressively over the years. As per the 2001 Census, the literacy rate stands at 73.47 per cent, next only to Kerala and Maharashtra and far higher than the all-India level of 65.38 per cent. The sample registration system (SRS) estimates for the year 1997-2001 ranked Tamil Nadu's life expectancy at birth (65.2 for males and 67.6 for females) next only to Kerala, Maharashtra and Punjab. The crude birth rate (CBR) for the State declined from 31.4 in 1971 to 19.3 in 2000 (SRS), and was second only to Kerala (18.2). The crude death rate (CDR) declined from 14.4 in 1971 to 7.9 in 2000 (SRS) and the State ranks eighth in the country in this respect. The NFHS-2 survey shows that the State stands fifth among major States in IMR with Kerala maintaining the lead (16.3) and Maharashtra (43.7) replacing Punjab as the State with the second lowest IMR.

Current Population of Tamil Nadu in 2013 is estimated to be 7.4 Core. The state also maintains a good sex ratio of 995 females for every 1000 males. However there exists variation in components of quality of life in various district of Tamilnadu. While people in Chennai have got the high quality of life people of Dharmapuri have got low quality of life.

Review of literature

Sheyki (2006) made an extensive sociological study of Quality of life by examining the fertility behaviour from a multidimensional perspective. Noronha and Nair (2005) adopted participation process, case histories, biomedical health analysis and spatial and environmental analysis in developing a Quality of Life.

Mishra etal(2009) tried to access the Quality of Life of People Around Bargarh Cement Works of Orissa The survey was organized to collect information on socio-economic variables at the village level from census data of the government as well as household level data through questionnaire method. The study focused primarily the village level analysis and variations across social groups as well covering three aspects viz., Socio-economic

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Introduction

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profile of the region and the people, health status of people and assessment of Quality of life of the people and the villages. It is observed that for the overall sample households the quality of index stands at 4.19, which is considered to be "Average" in the value function. Highest quality index was registered by general caste followed by OBC and the lowest index is noted for SC followed by ST. However only general caste recorded a "fair" quality of life compared to all other groups identified as having "Average" quality of life. Occupation wise it is noticed that highest index was registered by service class followed by business and household industry (with a "fair" quality of life) and the lowest was noted in case of persons dependent on forestry (with a "poor" quality of life) followed by non-agricultural labour, artisans and agricultural labour, with "Average" quality of life. Cultivators were found to be having a "Average" quality of life as well.

Beck and Mishra (2010) formulated a study on Socio economic profile and quality of life of selected Organ tribal living in and around Sambalpur town, Orissa. The main objective of the study was, to analyse the socio economic condition of the selected organ tribal families along with the infrastructural facilities available in the locality where the tribal people live, to evaluate the quality of life of these tribal people by the quality of life index. The required data has been collected from 120 organ tribal household. The study found that 35 % of migrant tribals have per capita income between Rs. 3000 to Rs.5000 18.3% of migrant tribal have per capita income between Rs 5000 to Rs 10,000 and 1.7% of migrant tribals have per capita income between Rs. 200 to 500.

Rashid Ashraf Wani (2011) examined some aspects of Socio-economic and quality of life of people of Srinagar city of Kashmir Valley. The study was related to 68 wards of Srinagar City covering 1045 households. The major findings of the study revealed that the socioeconomic and quality of life of very higher income group is far better than the low and middle income group.

However there had been little attempt concentrating on the analysis of inter district variations in quality of life of people. As such a research study on "An Analytical Study on Inter District Variation in Quality of Life in Tamil Nadu" was formulated with the following objectives.

a. To compute quality of life index for different Districts of Tamil Nadu
b. To find out the extent of variation in different components of quality of life of different Districts of Tamil Nadu and
c. To identify the factors causing inter district variation in quality of life of in Tamil Nadu

Methodology

The study is related to 30 districts in Tamil Nadu - Chennai, Kancheepuram, Thiruvallur, Vellore, Tiruvannamalai, Cuddalore, Villupuram, Thanjavur, Nagapattinam, Thiruvarur, Salem, Namakkal, Dharmapuri, Krishnagiri, The Nilgiris, Tiruchirappalli, Karur, Perambalur, Pudukkottai, Coimbatore, Erode, Madurai, Theni, Dindigul, Ramanathapuram,

Sivaganga, Virudhunagar, Thirunelveli, Thoothukkudi, Kanniyakumari. The present research work extensively depends on the Secondary data from various official sources

1. Statistical Hand Book of Tamil Nadu (2010)
2. Census of India 2001, Director of census operations and
3. District Level Estimates of Infant and Child Mortality (2001)

Following the method adopted by K.R. Gupta (2011) for measuring development, the current study tried to estimate quality of life index based on the following indices.

(i) Index of 'literacy rate ' is given by:

$$IE = \frac{\text{(Actual value)} - \text{(Minimum value)}}{\text{(Maximum value)} - \text{(Minimum value)}}$$

The minimum and maximum value are fixed as 0 and 100 respectively

(ii) Index of 'life expectancy' is given by:

$$IE = \frac{\text{(Actual value)} - \text{(Minimum value)}}{\text{(Maximum value)} - \text{(Minimum value)}}$$

For life expectancy, the upper limit was assigned to 77 years and lower limit 1 was assigned to 28 years.

(iii) Index of 'infant mortality ' is given by:

$$IM = \frac{\text{(Actual value)} - \text{(Minimum value)}}{\text{(Maximum value)} - \text{(Minimum value)}}$$

For infant mortality, the upper limit was set at 9 per 1,000 and the lower limit at 229 per 1,000.

(iv) Actual value of Purchasing Power Parity is given by:

$$PPP = \frac{\text{Per capita income of the state}}{\text{Per capita GDP}} * 1240$$

Hear, PPP refers to the purchasing power parity of rupee equivalent to dollar. The per capita GDP at the All India level is considered as $ US 1,240 as given by the UNDP. The per capita GDP of India at current price stood at Rs. 6,262 in the year 2010-2011.

(v) Index of per capita income of the state is given by:

$$IPCI = \frac{\text{(Actual value of PPP of the state)} - \text{(Minimum value of PPP)}}{\text{(Maximum value of PPP)} - \text{(Minimum value of PPP)}}$$

Here the UNDP assume the minimum and maximum values of per capita GNP at PPP to be $US 100 and 5,448 respectively.

(vi) Index of quality of life is given by:

$$Qli = \frac{\text{Sum of index numbers of all items of quality of life}}{\text{Number of items of quality of life}}$$

Hypotheses formulated

i. There exist no district wise variation in different component of quality of life an
ii. Geographical area, food grain production, number of schools, number of prin health centres and per capita income are insignificant determinants of quality life.

Tools used

Gini co- efficient ratio

The current study tried to estimate Gini co efficient ratio to find out the exten variation in the selected variables life expectancy at age, infant mortality and literacy, capita income,total population, geographical area, area sown, gross cropped area, gi irrigated area, net irrigated area, cropping intensity, rainfall, food grain producti employment.

The formula used was

$$G = \frac{N+1}{N-1} - \frac{2}{N(N+1)U} \sum_{i=1}^{n} piXi$$

Pi = The rank assigned to the districts;
Xi = Actual value assigned to the districts;
U = Actual value of the districts / number of districts
N = Number of district

Multiple regression analysis

To identify the factors influencing quality of life index, multiple regress equation was specified as under

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \beta_5 X_5 + \beta_6 X_6 + \beta_7 X_7$$

Y = Quality of life index
X_1 = Total population
X_2 = Per capita income
X_3 = Employment
X_4 = Geographical area
X_5 = Food grains production
X_6 = Number of schools
X_7 = Number of primary health centres