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QUALITY OF LIFE - AN INDICATOR OF COMMUNITY MENTAL HEALTH IN AN URBAN PERSPECTIVE

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ABSTRACT :

The Quality of Life is a broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of their environment (WHO, 1997:1). 'Urban Quality of Life' measures the components of quality of life in urban locations, specifically among the population of this study. The study population was the total beneficiaries of JNNURM-BSUP Housing (In-situ) scheme, implemented during the Phase-I, within Coimbatore city Municipal Corporation, in four zones, which totalled to 2,707, as per the records of Detailed Project Report (DPR). Thus, a total of 271 JNNURM beneficiaries were selected as sample respondents for this study. Thus, participants reported highest level of satisfaction regarding access to healthcare services (M = 3.68 ± 0.606); followed by transportation facility (M = 3.68 ± 0.623) and personal relationship (M = 3.60 ± 0.691) as first, second and third highest level. Participants' least satisfaction was availability of money for daily needs (M = 2.61 ± 0.951).

KEYWORDS : Quality of Life (QOL), JNNURM, Urban.

INTRODUCTION

World Health Organization (WHO) defines quality of life as an "individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (WHO, 1997:1). "It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of their environment" (WHO, 1997:1). 'Urban Quality of Life' measures the components of quality of life in urban locations, specifically among the population of this study, which include individual perceptions and feelings of people, their experiences within the space they live, quality of facilities and infrastructure available to them, their cultural, social, economic, environment, and personal factors that have an effect on the quality of their life. This study is an attempt to know the urban quality of life which is an indicator of community mental health. The Quality of life is an umbrella term which covers various aspects in it. The determinants of quality of life are economic status, educational
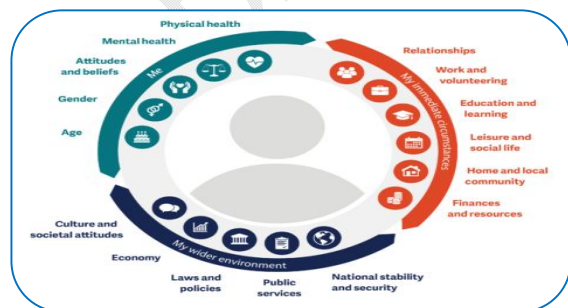
qualification, physical and mental health of individual and environment aspects. The Quality of Life (QOL) standard indicators that are physical and mental health build environment, education, social belonging, recreation and leisure time. The macroscopic feature relating to economic and social situation, of perception of well-being of a person. The Rate of increase in urban population in India is very high. According to Census of India 2011, the total population of India was 1,210.98

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million, out of which 31.16 per cent (about 377.10 million) lives in urban areas (Desai *et al*. 2013). The urban population grew from 62 million in 1951 to 285 million in 2001 and expected to touch 540 million by 2021 and by 2031, the urban population would be 600 million (Karnad, 2011). The increasing concentration in urban population has led to various problems like lack of quality housing, drinking water supply, drainage facility, storm-water structure, bridges, insufficient transport facilities, lack of open spaces, inadequate power, etc. (Joshi, 2013:89). Due to lack of sanitation infrastructure and toilets, about 50 million people of India defecate in the open (Pandey *et al*. 2013:33). More and more people are living in informal settlements (Desai *et al*. 2013) and in slums or slum-like conditions within the urban limits (John *et al*. 2008). "Standard indicators of the quality of life include not only wealth and employment but also the built environment which include: housing, natural environment, public services such as water, sanitation and other basic services" (Sharma *et al*. 2010:60).WHO/UNICEF points out that in 2008, only 54 per cent of the population living in urban locations in India had access to better sanitation facilities; 18 per cent of the urban population still open defecates and 21 per cent use shared toilets. Solid waste management, sewerage and storm water drainage structures were in a still grave situation. This present study examines the perceived quality of life of the beneficiaries of Basic Services for the Urban Poor, Phase-I, one of the sub-missions of Jawaharlal Nehru National Urban Renewal Mission (JNNURM), implemented in Coimbatore city in Tamil Nadu State.

REVIEW OF LITERATURE

Sharma et al. (2010) examined how effectively JNNURM has changed the life of urban and how their quality of life has been improved among the urban poor people in Bhopal city. The study concluded that implementation of JNNURM has enabled equitable distribution of revenue generated, towards the welfare of the poor. Living condition of, not only the poor but also of other classes of people, would improve due to the improvements in the basic infrastructure; the environment and health of the people through the provision of appropriate and adequate sewerage and solid waste management and ultimately results in a "vibrant and competitive economy". Under JNNURM, width of the carriageway was increased and the existing road surface was upgraded with cement concrete; storm water drainage, streetlights were provided. Encroachments and unauthorized settlements were removed. Bus stands were revived and parking facilities had been improved. Jha and Tripathi (Undated) conducted a study to explore the quality of life among the residents of slums in Varanasi city by comparing the conditions in the slums with the targets of United Nation Millennium Development Goals. Data was collected from 150 heads of households in five slums, viz. Rajghat, Onkareshwar, Sigra, Durgakund and Nagwa. Quality of life was measured using the Composite Index consisting of 10 variables, viz. source of lighting, cooking fuel, source of drinking water, house condition, sewage facility in the slum, waste management, healthcare facilities, overall literacy level, female literacy level, and types of ration cards issued. Among the five slums, quality of life was comparatively better in Sigara slum; medium in Onkareshwar and Durgakund slums, poor quality of life in Nagwa slum and quality of life was very poor in Rajghat slum. Compared to the UN MDG targets, the situation in all the five slums were very pitiable. Meaningful participation and inclusion of local nongovernmental organizations was emphasized. Ghosh et al. (2014) conducted a study to assess the quality of life among 120 older people living in an urban slum in India. Quality of life was measured using WHOQOL-BREF construct. Results failed to indicate significant difference in the mean QOL scores between the sexes, age groups, castes, and family types.

Those who were married, had higher levels of education, and higher income perceived higher level of quality of life. Significantly better quality of life was also observed among those older individuals who had their own income and not dependent on others for money and those who were living with their children. It was concluded that higher education, living with children significantly improved quality of life among older people living in urban slums.

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METHODOLOGY

The study population was the total beneficiaries of JNNURM-BSUP Housing (In-situ) scheme, implemented during the Phase-I, within Coimbatore city Municipal Corporation, in four zones, which totalled to 2,707, as per the records of Detailed Project Report (DPR). Thus, a total of 271 JNNURM beneficiaries were selected as sample respondents for this study. The 'urban quality of life' measures the components of quality of life in urban locations, specifically among the population of this study, which include individual perceptions and feelings of people, their experiences within the space they live, quality of facilities and infrastructure available to them, their cultural, social, economic, environment, and personal factors that have an effect on the quality of their life. The participants' quality of life was measured using the 10-item Urban Quality of Life Scale (UQOL), developed by Nihal Senlier, ReyhanYildiz , E. DigˇdemAktas (2008).

RESULTS

Table- 1: Distribution of Respondents by Level of Urban Quality of Life

S.No.	Level of Urban Quality of Life	Frequency	Percent
1	Low	76	28.0
2	Moderate	150	55.4
3	High	45	16.6
	Total	271	100
Source: Primary data			

The participants' perceived urban quality of life was divided into three levels for qualitative interpretation, viz. *Low* (31 and below) *Moderate* (32 – 38) and *High* (above 38). Distribution indicated larger number of participants had Moderate level of urban quality of life (150, 55.4%) and 76 (28.0%) participants perceived Low level of urban quality of life and the remaining 45 (16.6%) perceived High level of urban quality of life.

Perceived quality of life among the participants was examined based on ten components of quality of life factors as shown in the above table. Satisfaction level on each of the 10 components was measured using five-point Likert scoring, ranging from 1 = very poor to 5 = very good. Based on the mean and standard deviations the satisfaction levels of the components are ranked from one to ten. Rank 1 indicates highest level of satisfaction and rank 10 means lowest level of satisfaction. A tie was observed between *access to health services* and *transportation* and priority was determined based on the standard deviations of the respective components. Thus, participants reported highest level of satisfaction regarding *access to healthcare services* (M = 3.68 ± 0.606); followed by *transportation* facility (M = 3.68 ± 0.623) and *personal relationship* (M = 3.60 ± 0.691) as first, second and third highest level. Participants' least satisfaction was *availability of money for daily needs* (M = 2.61 ± 0.951). The order of other UQOL components can be seen from the above table under the Rank column.

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Table - 2: Components of Quality of Life

Components of Quality of Life	Very Poor	Poor	Neutral	Good	Very Good	Mean	SD	Rank
Rate of Quality of Life	3	52	64	147	5	3.37	0.849	8
	1.1%	19.2%	23.6%	54.2%	1.8%			
Health satisfaction	1	50	45	172	3	3.46	0.815	5
	0.4%	18.5%	16.6%	63.5%	1.1%			
Safety in daily life	1	40	58	171	1	3.48	0.759	4
	0.4%	14.8%	21.4%	63.1%	0.4%			
Physical environment	53	0	63	0	155	3.38	0.793	7
	19.6%	0.0%	23.2%	0.0%	57.2%			
Money for daily needs	16	146	37	71	1	2.61	0.951	10
	5.9%	53.9%	13.7%	26.2%	0.4%			
Opportunity for leisure activity	2	50	53	0	166	3.41	0.811	6
	0.7%	18.5%	19.6%	0.0%	61.3%			
Satisfaction on personal relationship	1	29	47	0	194	3.60	0.691	3
	0.4%	10.7%	17.3%	0.0%	71.6%			
Satisfaction on condition of living space	14	68	20	167	2	3.28	1.015	9
	5.2%	25.1%	7.4%	61.6%	0.7%			
Satisfaction on access to healthcare services	20	0	47	0	204	3.68	0.606	1
	7.4%	0.0%	17.3%	0.0%	75.3%			
10.Satisfaction on transport	23	0	40	0	208	3.68	0.623	2
	8.5%	0.0%	14.8%	0.0%	76.8%			

Tests for Hypotheses

Hypothesis: The urban quality of life (UQOL) of beneficiaries belonging to Scheduled Castes will be less than that of beneficiaries from other communities. **Null Hypothesis:** There is no significant difference between the Urban Quality of Life (UQOL) of beneficiaries to Scheduled Castes will be less than that of beneficiaries from other communities with regard to UQOL. **Test**: Kruskal-Wallis test was applied to examine the significance of differences in the overall urban quality of life score between the four caste categories.

Table - 3: Kruskal-Wallis Test Statistics: Community Groups vs. UQOL

Community Group	N	UQOL Mean Rank	Kruskal-Wallis Statistics	Test
General	2	134.75	Chi-square	15.031
Scheduled Caste	205	125.90	Df	3
Most Backward Caste	25	158.82	Sig	.002
Backward Caste	39	174.51		
Total	271			

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Table - 4: Post Hoc Statistics for Community Groups vs. UQOL

Community Group Pair	N	Mean Rank	Mann-Whitney U	*P*
Scheduled Caste	205	112.44	1935.5	.045
Most Backward Caste	25	140.58		
Scheduled Caste	205	115.55	2573.5	.000
Backward Caste	39	159.01		

Since the group sizes were extremely unequal and homogeneity of variances was violated (Levene statistic < .05), Kruskal-Wallis test method was employed. Chi-square test statistics indicate the presence of statistically significant differences in the mean UQOL scores between the four caste groups compared [χ^2 (3) = 15.031, *p* = .002] since the computed *p*-value was less than the critical alpha value .05. Mean Rank UQOL indicates the UQOL score for Scheduled Caste group was lower (MR = 125.90) compared to the mean UQOL scores of other three Caste groups. Post Hoc test for group comparison was performed using Man-Whitney U-test to explore which pairs of community groups differed significantly. Results indicated that mean rank UQOL score for Most Backward Caste (MBC) (U = 1935.5, *p* = .045) and Backward Caste (BC) (U = 2573.5, *p* = .000) were significantly higher than the mean rank UQOL scores of Scheduled Caste group. Results confirmed that UQOL score was significantly lower among Scheduled Caste beneficiaries of JNNRUM participants than compared to other community groups. Based on the above findings, the null hypothesis was rejected. The discussions are presented interlinking the findings of this study. One of the most crucial indicators of housing adequacy is "space per person and minimum acceptable size" (RAY Survey Report: xiii). Most of the respondents' houses were built with a floor area of 270 square feet (67.2%), followed by respondents' houses with a floor area between 271 and 350 square feet (19.2%). Some of the participants' houses had more than 350 square feet floor area (13.7%). A study by Shankar and Vasanthi (2015) revealed that 90 per cent of the beneficiary participants of BSUP mission in Bangalore were satisfied with the carpet area. The perceived urban quality of life (UQOL) is the same among the five community groups (Gen, BC, MBC, SC and ST). The perceived urban quality of life was not same among the five castes-groups (*p* < .01). Urban quality of life was perceived to be the lowest by Scheduled Caste groups and highest by Backward Caste category of BSUP beneficiaries. The null hypothesis has been rejected.

CONCLUSION

Millennium Development Goal 7D states, "Achieve significant improvement in lives of at least 100 million slum dwellers, by 2020". In India, regardless of the improvement in the living conditions in slums, number of households in the slums were also swelling (Mahadevia, 2013), making more and more urban poor to live in inferior condition with poor quality of life. As the findings of this study indicate, education and income are the critical domains, which would transform the living conditions in the slums. Increasing the number of toilets, maintaining sanitation, providing adequate quantity of safe water are crucial in improving the standard of living of the urban poor, particularly living in the urban slums. Another major approach should be promoting awareness among the urban poor and slum dwellers and educating them on healthy and hygienic practices is imminent. Such awareness and education programmes should be periodical and regular, particularly should target the children and youth. Government initiatives to improve the living conditions of the urban poor, without addressing the root causes will not achieve its goals and objectives qualitatively and quantitatively and also such results will not be sustainable. By improving Quality of Life (QoL) in urban the community mental health also can be improved.

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