

# Quality of Life of Rural Women in Arajiline Block of Varanasi District, Uttar Pradesh

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**Abstract:** Quality of life (QOL) is a broad and multidimensional concept. WHO defines the quality of life as the condition resulting from the combination of effects of a complete range of factors, such as health, happiness, education, social and intellectual attainment, freedom of action, justice and freedom of expression. This paper aims to analyse several factors which have affected the QOL of rural women. The study is based on the primary survey of 400 female respondents in the Arajiline block through an interview schedule to assess the QOL. Composite Index and Standard Deviation technique has been used for analysis mapped through Arc-Map. The research finding shows that the QOL of rural women has improved significantly based on the indicators like literacy, reduced poverty owing to Ration card facilities, and availability of electricity. However, they suffer from basic needs like proper housing facilities, clean fuel for cooking, piped water supply, sanitation and healthcare facilities. So, there is a dire need to provide basic needs and proper implementation of welfare schemes in rural areas considering women's needs.

*Keywords:* quality of life, rural women, satisfaction level, composite index, welfare schemes

Quality of life comprises a complex and multidimensional concept with a wide scope, including various social, cultural, economic, political and environmental elements in any given spatiotemporal context. Seth James (1889) was the first in history to develop the concept of Quality of life and stated that in an ethical theory, we must not regard the mere quantity but also the quality of life.

QOL is newer than public happiness (Kerce, 1992; Meeberg, 1993), whereas some favoured health and welfare concerns (Farquhar, 1995; Roy, 1997). However, the distinction between objective and subjective QOL was also brought to light (Forward, 2003). In addition to this World Bank, World Health Organization, and United Nations also worked and contributed a lot to the enhancement of QOL of people globally (Sinha, 2019).

World Health Organization defines quality of life as the condition resulting from the combination of effects of a complete range of factors, such as health, happiness, education, social and intellectual attainment, freedom of action, justice and freedom of expression. It requires that people's basic and social needs are met and that they have the autonomy to choose to enjoy life, flourish and participate as citizens in a society with high levels of civic integration, social connectivity and other integrative norms, including at least fairness and equity all within a physically and socially sustainable global environment. Thus, quality of life is the product of the interplay among social, health, economic and environmental conditions which affect human and social development.

In the geography discipline, D.M. Smith (1973) titled '*The Geography of social well-being in the United States: An introduction to territorial social indicators*' and Knox's (1975) '*Social well-being: A spatial perspective*' are seminal works. The QOL of both rural and urban people remains one of the important contemporary social issues, which is more complex when we look at rural women who lack adequate basic facilities to lead a good quality of life. Abundant research has been carried out on the Quality of life of rural women in the Hugli district of West Bengal and Mysore District of Karnataka, which has given a detailed focus on their socioeconomic condition through Objective and Subjective indicators.

Around the world, approximately 3.4 billion people live in rural areas. About 90% of the world's rural population resides in Africa and Asia. India has the largest rural population, 893 million, followed by China (United Nations Department of Economic and Social Affairs, 2018). Though rural areas always remain a centre for development in government policies, it is also a bitter fact that the quality of life of people is not improving as in urban areas. Rural women face persistent structural constraints every day around the world that prevent them from fully enjoying their human rights and hamper their efforts to improve their quality of life. It is a fact that rural women play a key role in supporting their households and communities in achieving food and nutrition security, generating income and overall well-being. They make up 43 per cent of the agricultural labour force of developing countries. The UN inter-agency task force on Rural Women has reported that rural women and girls still fare worse than rural men and urban women in every sustainable development goal indicator. Rural Women are key agents for achieving the

transformational economic, environmental and social changes required for sustainable development.

Basic amenities and facilities are important in leading a good quality of life. In the present study, composite scores have been calculated to understand the quality of life in the study area. This will help to know the status of Nyay panchayats, which has a low quality of life, and evaluate the quality of life of rural women amidst the various responsibilities and burdens they bear. Another purpose of the composite index is to help policymakers understand the importance of basic facilities to enhance rural women's quality of life.

### **Approaches to Study Quality of Life**

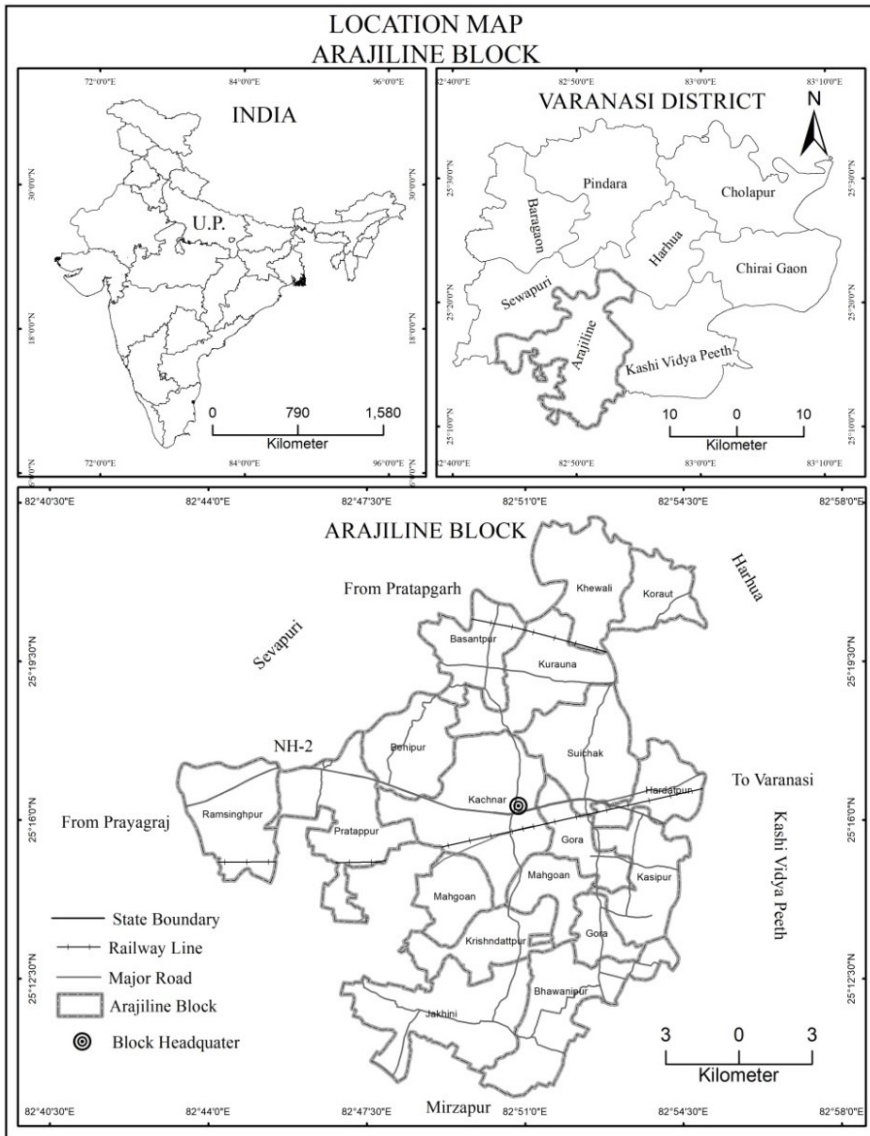
QOL studies can be construed from different perspectives like the health approach, needs approach, Happiness versus life satisfaction and resource management approach. However, there are two major approaches to assessing the QOL – Objective and Subjective Approach, Measurable and Non- Measurable aspects of human living. The objective approach concerns whether people are healthy, well-fed, have proper housing and economic stability, and are well-educated rather than happy and satisfied with their environment. The subjective approach concerns happiness and satisfaction with objective indicators such as income, health, marriage, education, house etc. In this study objective approach has been used for assessing the QOL of rural women.

### **Objectives**

1. To understand the spatial pattern of quality of life in the study area.
2. To analyse the existing government programmes in improving the quality of life of rural women in the study area

### **Study Area**

Varanasi lies on the left bank of the river Ganga and has been held sacred by the Hindus since very early times. The Ganga River forms its natural boundary in the east, and the Gomati flows on the northern boundary. The total Geographical area of Varanasi district is 1535 sq. km. The total population is 3,676,841, of which males and females are 19, 21,857 and 17, 54,984, respectively, per the 2011 census. Arajiline had a population of 3.61 lakhs; males constituted 52.29%, and females constituted 47.70%. The rural population in Arajiline block is about 3.17 lakh. According to the 2011 census, 87.75% population of Arajiline block lives in rural areas. The work participation rate is 47.0 % and 19.4% for males and females, respectively. So, it is essential to understand the quality of life at the micro level to find relevant issues and resolve them to enable a good quality of life for rural women (Fig.1).

**Figure 1**

### **Data Source and Methodology**

The study is primarily based on Primary data collected through an interview schedule of 400 households of Arajiline Block. Here composite rank index method for Stratified random sampling has been used as given by Kumar and Sharma (2015). For determining sample units (followed by the sample size and respondent design) 'six-step method' is utilised, which is more appropriate for statistical analysis. In the present study, the above sampling method has been applied to generate a sample of

households for the entire block of Arajiline consisting of 226 revenue villages belonging to 16 Nyay Panchayats. Since the sampling unit is vast enough, a sample household for 4% of the total household was selected to make 400 samples. Table 1 shows the sample villages calculated by the earlier sampling techniques. For the cartographic representation, maps have been prepared with the help of ArcGIS software. Ten socioeconomic variables have been mentioned below:

1. Type of house (X<sub>1</sub>)
2. Availability of electricity (X<sub>2</sub>)
3. Fuel used for cooking (X<sub>3</sub>)
4. Source of drinking water (X<sub>4</sub>)
5. Sewage disposal facility (X<sub>5</sub>)
6. Sanitation facility (X<sub>6</sub>)
7. Female literacy (X<sub>7</sub>)
8. Medical facilities (X<sub>8</sub>)
9. Bank account (X<sub>9</sub>)
10. Working Status (X<sub>10</sub>)

**Table 1**

*Sample Villages in Arajiline Block*

Selected Nyay Panchayat	Total No. of Villages	No. of sample villages (40%) of the total
Kachanar	12	5
Ramsinghpur	22	9
Hardattpur	7	3
Jakhini	16	6
Korout	11	5
Kashipur	14	6
Kurauna	9	4
Total	91	38

Source: Computed by Authors

### **Calculation of Composite Scores and Levels of Quality of Life**

A composite Index and standard deviation technique (Bracy, 1952; Singh et al., 1979) is used to analyse the quality of life of rural women in Arajiline block. With the help of ten variables, composite scores have been calculated. Reasonable weights were assigned to each variable. Composite scores of all variables are taken as X value, and the mean value and standard deviation have been calculated (Tables 2 & 3).

The mean value of the composite score is 20.3, with a standard deviation of 0.53. Further, the quality of life under deviation is grouped into low, medium and high (Table-4).

**Table 2**

*Selected Variables for Quality of Life of Rural Women and their X value*

Variables	Parameters	Indicators	Weightage value	Hardattpur		Jakhini		Kachanar		Kashipur		Korout		Ramsinghpur	
				% of HH	X value	% of HH	X value	% of HH	X value	% of HH	X value	% of HH	X value	% of HH	X value
X1	House Type	pucca	3	55.8	1.7	51.8	1.6	50.8	1.5	44.2	1.3	82.1	2.5	54.5	1.6
		semi pucca	2	27.4	0.5	28.6	0.6	33.3	0.7	32.6	0.7	14.3	0.3	27.3	0.5
		kachha	1	16.8	0.2	19.6	0.2	15.9	0.2	23.3	0.2	3.6	0	18.2	0.2
X2	Availability of electricity	Yes	2	90.5	1.8	94.6	1.9	88.9	1.8	90.7	1.8	100	2	93.9	1.9
		No	1	9.5	0.1	5.4	0.1	11.1	0.1	9.3	0.1	0	0	6.1	0.1
X3	Fuel used for cooking	LPG	3	38.9	1.2	35.7	1.1	50.8	1.5	30.2	0.9	53.6	1.6	18.2	0.5
		wood/LPG	2	42.1	0.8	37.5	0.8	38.1	0.8	60.5	1.2	28.6	0.6	60.6	1.2
		Wood/dung	1	18.9	0.2	25	0.3	7.9	0.1	9.3	0.1	17.9	0.2	21.2	0.2
X4	Source of drinking water	pipd water	4	18.9	0.8	0	0	6.3	0.3	4.7	0.2	3.6	0.1	0	0
		handpump	3	51.6	1.5	67.9	2	31.7	1	76.7	2.3	53.6	1.6	72.7	2.2
		submersible	2	27.4	0.5	32.1	0.6	50.8	1	16.3	0.3	42.9	0.9	15.2	0.3
		well	1	1.1	0	0	0	4.8	0	2.3	0	0	0	3	0
X5	Sewage disposal facility	sewer	5	30.5	1.5	32.1	1.6	49.2	2.5	18.6	0.9	17.9	0.9	36.4	1.8
		compost post	4	7.4	0.3	0	0	6.3	0.3	7	0.3	0	0	6.1	0.2
		pond	3	14.7	0.4	33.9	1	9.5	0.3	16.3	0.5	14.3	0.4	15.2	0.5
		field	2	5.3	0.1	0	0	7.9	0.2	11.6	0.2	21.4	0.4	12.1	0.2
		open area	1	42.1	0.4	33.9	0.3	27	0.3	46.5	0.5	46.4	0.5	30.3	0.3
X6	Sanitation facility	Yes	2	87.4	1.7	100	2	88.9	1.8	81.4	1.6	92.9	1.9	84.8	1.7
		No	1	12.6	0.1	0	0	11.1	0.1	18.6	0.2	7.1	0.1	15.2	0.2
X7	Medical facilities	Government	2	7.4	0.1	28.6	0.6	15.9	0.3	23.3	0.5	10.7	0.2	21.2	0.4
		Private	1	89.5	0.9	39.3	0.4	58.7	0.6	39.5	0.4	42.9	0.4	39.4	0.4
X8	Bank account	Yes	2	77.9	1.6	91.1	1.8	95.2	1.9	95.3	1.9	100	2	97	1.9
		No	1	22.1	0.2	8.9	0.1	4.8	0	4.7	0	0	0	3	0
X9	Female literacy (% pop.)	literate	2	68.4	1.4	91.1	1.8	87.3	1.7	65.1	1.3	82.1	1.6	63.6	1.3
		illiterate	1	31.6	0.3	8.9	0.1	12.7	0.1	34.9	0.3	17.9	0.2	36.4	0.4
X10	Working status	Yes	2	83.2	1.7	89.3	1.8	90.5	1.8	74.4	1.5	64.3	1.3	90.9	1.8
		No	1	16.8	0.2	10.7	0.1	9.5	0.1	25.6	0.3	35.7	0.4	9.1	0.1

Source: Computed by Authors

**Table 3***Composite Score for Rural Women of Arajiline Block*

Nyay Panchayat	X <sub>1</sub>	X <sub>2</sub>	X <sub>3</sub>	X <sub>4</sub>	X <sub>5</sub>	X <sub>6</sub>	X <sub>7</sub>	X <sub>8</sub>	X <sub>9</sub>	X <sub>10</sub>	X	(X- $\bar{X}$ )	(X- $\bar{X}$ ) <sup>2</sup>
Hardattpur	2.4	1.9	2.2	2.8	2.7	1.8	1	1.8	1.7	1.9	20.2	-0.1	0.01
Jakhini	2.4	2	2.2	2.6	2.9	2	1	1.9	1.9	1.9	20.8	0.5	0.25
Kachanar	2.4	1.9	2.4	2.3	3.6	1.9	0.9	1.9	1.8	1.9	21	0.7	0.49
Kashipur	2.2	1.9	2.2	2.8	2.4	1.8	0.9	1.9	2	1.9	20	-0.3	0.09
Korout	2.8	2	2.4	2.6	2.2	2	0.9	1.6	1.8	1.7	20	-0.3	0.09
Ramsinghpur	2.3	2	1.9	2.5	3	1.9	0.6	1.8	1.7	1.9	19.6	-0.7	0.49
Total											121.6		1.42

Source: Computed by Authors

**Table 4***Levels of Quality of Life Rural Women of Arajiline block*

Category	Composite Score	Name of Nyay Panchayat
Low	19.2 to 19.8	Ramsinghpur
Medium	19.9 to 20.8	Hardattpur, Kashipur and Korout
High	20.9 to 21.4	Kachanar and Jakhini

Source: Computed by Authors

## Results and Discussion

### Spatial Variation of Quality of Life in Arajiline Block

For selected variables, the X value (Composite Scores) has been calculated for each nyay panchayat shown in Table 2. After that, Composite scores were drawn to calculate the mean score and standard deviation, and then all the nyay panchayats were grouped into three categories, i.e., low, medium, and high, to understand the levels of quality of life of rural women in Arajiline block (Table 4).

**Figure 2**





Table 4 & Figure 2 shows the levels and spatial pattern of quality of life of selected Nyay panchayats. It has been found that Kachanar and Jakhni Nyay Panchayat enjoy a good quality of life, and the condition of women is better than other Nyay panchayats. The basic reasons for their high quality of life are location near Varanasi city, availability of educational facilities and transport connectivity, which helped them economically empowered. In contrast, Hardattpur, Kashipur and Korout have moderate quality of life due to a lack of basic facilities. Ramsinghpur experienced a low quality of life as it lacks basic facilities like proper housing, drinking water facilities and clean fuel for cooking, as well as its remote location from the towns and Varanasi city and ignorance of local government towards its development.

### **Government Welfare Schemes and Quality of Life**

#### ***Pradhan Mantri Awas Yojana (PMAY)***

It was launched in 2015 with a target of constructing 50 million new housing units by 2022, of which 30 million are proposed to be constructed in rural areas and 20 million in urban areas. However, the study area reveals that half of the respondents still do not have pucca houses. It has been found that under the PMAY, only 22 per cent of the beneficiaries (rural women) have availed the housing facilities which were not fully constructed or structured. There is a lag in implementing and allotting the PMAY to the study area's beneficiaries, hampering rural women's quality of life.

#### ***PM SAUBHAGYA- Sahaj Bijali Har Ghar Yojana***

In rural areas, electricity is required for cooking, basic lighting, irrigation, communication and water heating etc.; the use of electronic equipment by women aids their cooking process and saves time and energy by reducing their manual power. So, it provides them sufficient time for leisure, entertainment and other such requirements to lead a better quality of life. PM Saubhagya was launched in September 2017, and its target of 100% electrification nationwide is yet to be achieved. However, in the study area, it is 92%, and it is satisfactory among the respondents. Rural electrification is often considered to be the backbone of the rural economy, and it is essential for improving the quality of life as it is required for various basic purposes in rural households.

#### ***Pradhan Mantri Ujjawala Yojana (PMUY)***

Using clean fuels will help reduce indoor and outdoor pollution, enhance women's empowerment and ensure better health. The unclean cooking fuel causes

deaths mostly due to non-communicable diseases, including heart disease, stroke, pulmonary disease and lung cancer. In 2019, about 3 lakh women died prematurely from diseases which are caused due to polluting cooking fuels in India. It is noted that it affects women and other family members, as most of the time is spent indoors. Pradhan Mantri Ujjawala Yojana (PMUY) was launched in 2016 for household clean cooking fuel. The scheme originally envisaged the distribution of 59 million LPG connections to women below the poverty line. However, the major issue is affordability to refill and difficulty in getting a refill, which is the reason for switching to conventional cooking fuel such as cow dung cake and wood etc., and the study area also reveals this fact. Despite the success of the yojana, a significant portion of these users are hesitant to use LPG as an exclusive fuel, forcing us to rethink the yojana. About 68 % of the beneficiaries have LPG connections in the study area, but it is not widely used due to its high cost.

### ***Jal Jeevan mission***

Access to safe and hygienic drinking water is the most basic human health and quality of life requirement. It helps in achieving good health because lack of safe drinking water affects QOL as it is the root cause of many diseases such as diarrhoea, cholera and typhoid etc.; further, economic productivity suffers due to the unavailability of potable water as rural women lack access to piped drinking water supply and have to travel a long distance for fetching water which is time and energy consuming process. About 82% of the respondents are waiting to install a tap in their homes. Jal Jeevan mission was launched on August 15 2019, to provide safe piped drinking water to every rural household in the country by 2024. In the Nyay Panchayat sample, only Hardattpur have piped water connection, and only 18 % of the households benefit from piped water connections. So, this fact shows a pathetic picture of the Jal Jeevan Mission in the study area.

### ***Swachh Bharat mission- Gramin***

It was launched on October 2 2014, to ensure cleanliness in India and make it open defecation free in five years. It seeks to improve cleanliness in rural areas through solid and liquid waste management activities and to make gram panchayats open-defecation-free, clean and sanitised. However, in the study area, only one-third of households have sewage facilities, and despite the availability of toilets, most beneficiaries prefer open defecation because of improper construction of these toilets. This is due to the ignorance of the local government, where. They are unable to fulfil the need for proper drainage facilities. Ending open defecation and

promoting social inclusion by improving sanitation is essential. This will lead to increased security, convenience and self-respect for women and dignified life.

### ***National Rural Health Mission***

Health is an essential input for the development of human resources and the QOL and, in turn, the social and economic development of the nation. The health of the country's female population has profound implications for the health and education of children and the well-being of households and the women themselves. The main objective of NRHM is to reduce maternal mortality rate, minimise anaemia tendencies in women and provide quality healthcare and service delivery in rural areas. In the study area, the no. of Primary health care centres (PHCs) is limited; 8% of the centres do not have doctors or medical staff, 39% do not have lab technicians, and 18% PHCs do not even have a pharmacist. Because of above mentioned reasons, women prefer private hospitals in the study area.

### ***PM Jan Dhan Yojana***

Rural women tend to have minimal or no access to financial information, coupled with a lack of literacy which leaves them unable to engage with banking services. According to NFHS-5 (2019-21), 77.4 % of women have a bank or saving account that they use. The finding also reveals that most respondents have bank accounts under the PMJDY, operated by their family members.

### ***Targeted Public Distribution System***

Accessing Ration Card is a significant indicator of poverty in rural areas in India. It is important to avail the subsidised rate of food items for the poor people in rural India; hence, it plays a vital role in the rural economy. Over three-fourths of the households have ration cards in the study area under the TPDS.

Thus, to improve the quality of life of rural women, it is necessary to implement government programs efficiently. There is a dire need to focus on the problems of rural women to improve their quality of life and achieve the targets of welfare schemes.

### **Conclusion**

The study reveals that low quality of life found in the Ramsinghpur Nyay panchayat because of poor infrastructure facilities and the high quality of life experienced in Kachanar Nyay panchayat due to high Literacy rate, proper housing facilities, clean fuel, and piped water supply. In rural areas, basic facilities play a crucial role in determining the status of rural women as it affects their physical and

mental quality of life directly or indirectly. Therefore, to improve the quality of life of rural women, rural infrastructure should be improved, and all government schemes should be implemented evenly and timely. For this, there is a need to strengthen the role of NGOs, participatory planning, gender-based planning and other inclusive planning measures.

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