



QUALITY OF LIFE AMONG RURAL AND URBAN COLLEGE GIRLS : A COMPARATIVE ANALYSIS

Dr. Babita

Associate Professor, K. R. Girls P.G. College, Mathura

ABSTRACT **Background:** Quality of life is described as a personal perception of their status of life in terms of the culture and value systems in which they live and in association to their aims, expectations, principles, and concerns. It appears as the satisfaction of life, relating most to family, physical health, education, business, income, religious belief, finance and environment. **Objectives of the study:** The obvious fact is that the integrated approach of the body and brain to boost performance is due to body image, body shape anxiety, and quality of life, that's why the scholar felt this study to work on quality of life in relation to rural and urban college girls. **Selection of subjects:** For the purpose of the study total one thousands (N=1000) college girls were selected, in which 500 girls from rural and 500 girls were from urban colleges. **Data Collection:** SF – 36 Health Related Quality of life Questionnaire developed by Ware 2001 was used for assessing the Quality of Life of Rural and Urban College Girls. **Data Analysis:** As per the purpose of the study researcher intent to investigate health related quality of life between rural and Urban college Girls of Delhi and Uttar Pradesh. The descriptive statistic (mean, standard deviation) and for comparing two means of large sample Z-Test was used at significance level of 0.05 level. **Findings:** Results of analysis of data are shown in table presents significant calculated Z|value for one tail test, that guides researcher conclude that the mean quality of life of Urban College girls is significantly greater (2.4874%), than the mean quality of life of Rural College Girls.

KEYWORDS : Rural, Urban College Girls, Quality of life

INTRODUCTION

A QOL (quality of life) is the well-being of human and societies that emphasize the positive and negative effects in life. It appears as the satisfaction of life, relating most to family, physical health, education, business, income, religious belief, finance and environment. Quality of life references including global enlargement, politics, employment and healthcare. This is insignificant to add this concept of quality of life with the growing area of quality of life related to health.

Quality of life related to health (HRQoL) tell us what health effect one's ability to function in the mental, social and physical dimensions of life. The part of H.R.Q.o.L combine basic functions such as general activities as well as activities related to their work i.e. careers or homework. This also combined the limitation of interaction ability with friends and family (social functioning). Working is considered associatively objective rather self – evaluation information may be compared with other data such as measures of performance or observations (Reuben DB, 1995).

The good part of H.R.Q.o.L is a little bit great subjective than the functional element, as it depends almost absolutely on the subjects' inner observations. It includes whether the individual feels sad, happy, and anxious or depressed (mental wellness), however they are in extreme pain or without any pain, and whether they are active or tired. HRQoL's inclusive actions contain matter that assesses the psychological, social or physical dimensions of life.

QoL (Quality of life) is most important social facts that commonly used in daily life and causing the element and incomplete of political and cultural terminology. "Possibly the classic example is of the class. Among the most socio-political theories of social interaction, class refers to power relations between social groups, particularly in terms of economic power" (Giddens & Birdsall, 2001). However it is used in many ways in daily life, usually to describe various social groups in terms of lifestyle and culture. "As a result, it is also used to stigmatize different social groups, for example the so-called 'underlie'. Whereas in daily life 'class' is used as a descriptive label rather than as an analytical concept. We can describe the working class people as less well-off economically than the middle-class people, but when invoking the terminology of sociopolitical principles of classes, the trait of the strong relationship between groups is only understood. Parallel outcome has given rise to the theory of quality of life. Similar to the class, 'quality of life' has been associated with social-science theories since long time, but over the past forty years it has gradually initiation of cultural and demographic terms. Concept Users in the social sciences comes to a wider meaning. Thus the use of the concept encompasses the subjective experience of the constructed, physical, economic and social environment as well as the meaning and quality of life for the individual. An objective of this literature is to investigate the concept of 'quality of life' using social-science studies for analyzing aging and to experience life from an important epidemiological point of view. Study will approach to provide a vital important to the concept

and analyze the quality of life in later age of society, social health and social care research. Researchers are not given a source of quality of life methods or measures in their research as many of these already exist". (Bowling, 2003) and (Carr, 2003).

By using quantitative research methods of the SF-36 questionnaire, it is possible to assess dimensions of quality of life scientifically. Based on the results of an assessment of a person's health-related quality experience, specific interventions, such as medication or psychological counseling, may be conducted to improve physical, psychological, and social well-being person. The SF-36 questionnaire also makes it possible to compare perceptions of people suffering from health on the one hand, and people on the other hand, on the one hand. Except for a few studies, such as the work of there remains, however, an important goal in the literature regarding comparative data on the health quality of life of people living with chronic diseases. Population of healthy individuals. Further studies, using the SF-36 questionnaire as a measuring tool, may address this theoretical difference

As coaches and physical educators follow different means and methods of training for the development of performance in the field of physical education and sports, scholars have undertaken this study after undergoing various research studies published in books, magazines and web sites. The obvious fact is that the integrated approach of the body and brain to boost performance is due to body image, body shape anxiety, and quality of life, that's why the scholar felt this study to work on quality of life in relation to rural and urban college girls.

METHODOLOGY

Selection of subjects

For the purpose of the study total one thousands (N=1000) college girls were selected, in which 500 girls from rural and 500 girls were from urban colleges. The subjects were confined to Delhi and Uttar Pradesh only. The data collected on all subjects without differentiating on social economics status and their home back ground level.

Research Design

Reminding the objectives of this research subjects were considered as the true representative of Indian population of entire rural and urban girls at the time their assessment was done.

Present research design was a status study, that didn't need investigator to manipulate any variables included in the study. Whereas data was gathered through standardized tools that gives to researcher accurate insight towards quality of life that was not determined by any other ways.

Tool of data Collection: SF – 36 Health Related Quality of life Questionnaire developed by Ware 2001 was used for assessing the Quality of Life of Rural and Urban College Girls.

STATISTICAL PROCEDURE

As per the purpose of the study researcher intent to investigate health related quality of life between rural and Urban college Girls of Delhi and Uttar Pradesh. The descriptive statistic (mean, standard deviation) and for comparing two means of large sample Z-Test was used at significance level of 0.05 level.

ANALYSIS OF DATA

Table – 1: Descriptive Statistics of Quality of life among Urban And Rural College Girls

Groups	Mean Quality of life	Std. Deviation	Range	N
Urban College Girls	105.49	14.69537	72	500
Rural College Girls	102.866	13.25683	71	500

Descriptive statistics shows that the Mean Quality of life of Urban college girls (N=500) was 105.49 of range 72. And Rural college girls (N=500) are having their Mean quality of life 102.866 of range 71. Whereas Standard deviation of Urban College girls of quality of life was 14.6953 and the standard deviation of quality of life of Rural College girls was 13.256.

Table – 2: Comparison of Mean Quality of life of Urban and Rural College Girls

Quality of life	Urban College Girls	Rural College Girls
Mean	105.49	102.866
Standard Error Mean	±0.657197	±0.592863
Obtained value	2.964651*	

The mean Quality of life of Urban College Girls > the Mean quality of life than Rural College Girls by 2.48744%.

* Significant at 0.05 level

** Z value for one tail test to be significant at 0.05 level 1.64

Results of analysis of data are shown in table presents significant calculated Z|value for one tail test, that guides researcher conclude that the mean quality of life of Urban College girls is significantly greater (2.4874%), than the mean quality of life of Rural College Girls.

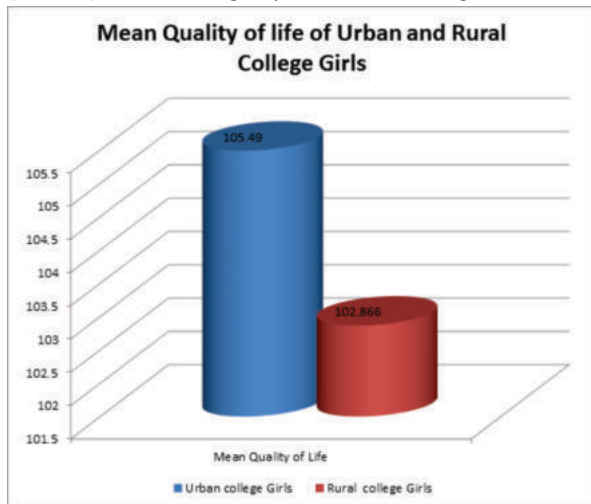


Figure – 1

DISCUSSION OF FINDINGS

Results of analysis of data are shown in table presents significant calculated Z|value for one tail test, that guides researcher conclude that the mean quality of life of Urban College girls is significantly greater (2.4874%), than the mean quality of life of Rural College Girls. The quality of life depends on many interrelated factors such as family income, expenditure, quality of food, maintenance of physical health, shelter, education, socio-economic status, family size, society and environment etc.

REFERENCES

1. Bowling, A. (2003). Let's asks them: A national survey of definitions of quality of life and its enchancement among people aged 65 and over. International Journal of Aging and human development , 56(4), 269-306.
2. Carr, A. H. (2003). "Quality of life". London: BMJ Books.
3. Giddens, A., & Birdsall, K. (2001). "Sociology" 4th Edn. Cambridge: Polity Press.
4. Lawler, M., & Nixon, E. (2011). Body dissatisfaction among adolescent boys and girls: The effects of body mass, peer appearance culture and internalization of appearance ideals. Journal of Youth and Adolescent. Pub Med , Vol.40,P.51–71.
5. Levine, M., & Smolak, L. (2018). Prevention of Negative Body Image, Disordered Eating, and Eating Disorders: An Update, Annual Review of Eating Disorders; . London,

UK: CRC Press:

6. Mazzeo, S. E. (1999). Modification of an existing measure of body image preoccupation and its relationship to disordered eating in female college students. Journal o f Counseling Psychology (46), 42-50.
7. Möller, P., & Smit, R. (2004). Measuring their health-related quality of life: A comparison between people living with AIDS and police on active duty. Health SA Gesondheid, 9(2).
8. Newman, D. S. (2005). Psychosocial Aspects of Body Mass and Body Image among Rural American Indian Adolescents. Journal of Youth and Adolescence 35(2) , 265-275.
9. Reuben DB, V. L. (1995). Measuring physical function in community-dwelling older persons: a comparison of self-administered, interviewer-administered, and performance-based measures. J Am Geriatr Soc (43), 17–23.
10. Rosen, J. (1998). Negative Body Image. In E.A. Blechman & K.D. Brownell (Eds.), Behavioral Medicine and Women: A Comprehensive handbook. New York: Guilford Press.