## AN ASSESSMENT STUDY OF SOME ASIAN COUNTRIES ON THE BASIS OF PHYSICAL QUALITY OF LIFE INDICATORS

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#### Abstract:

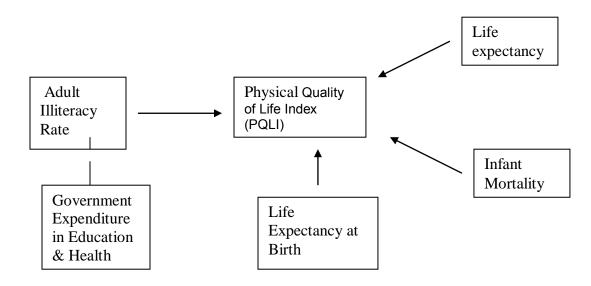
The physical quality-of-life index (PQLI) is an attempt to measure the quality of life or well-being of a country. The value is a single number derived from basic literacy rate, infant mortality, and life expectancy at age one. Quality of life is an umbrella concept that refers to all aspects of a person's life, including physical health; psychological well-being; social well-being; financial well-being; some approaches to quality of life emphasizes the social and psychological aspects of life, and contrast quality of life with quality of care. The growing attention to quality of life and the desire to minimize the negative effects of disease and health care on this quality reflects the highest of public health aspirations. Adult literacy has also risen from 46-70%. Developing world today is healthier, better fed and batter educated. But program has been far from even. The no. of people living in poverty continues to grow. There is almost no improvement IMR &. in education. In poor countries South Asia's IMR today are about the lame in early 1970. So I think there exist some relation between socioeconomic conditions &.health status. In a country, WHO has. listed these two indicators 1.Health Indicators and 2.Physical Quality of

Life Indicator. Among those here I want to consider only the following as social indicators: Y: 1. IMR 2. Adult illiteracy & X: 1. Public exp. on education. % GNP 2. Public expo on health % GDP.I have taken a linear combination of expenditure on education % GNP (Y1) & expenditure on health % GDP (Y2) as U to represent a economic ( welfare ) condition of a country against this I have taken a linear combination of IMR per 1000 ( X1) and adult illiteracy % rate ( X2) as V to represent PQL of a country. After using Canonical correlation I have reached a conclusion that the increase of expenditure on health and education purpose implies decrease of IMR & illiteracy.In 1<sup>st</sup> Quadrant contains only Saudi Arabia whose expenditure on health and education is high but illiteracy rate also high (exceptional one). And 2<sup>nd</sup> Quadrant contains those countries whose expenditure on health and education is high but illiteracy rate also high illiteracy rate and IMR is low. The 4<sup>th</sup> Quadrant contains those countries whose expenditure is lower and illiteracy rate is higher comparatively. Here Iraq Pakisthan , Bangaledesh and Nepal lie. There is no country in 3<sup>rd</sup> quadrant whose expenditure is less and illiteracy is also low. After concrete analysis and from the graph we can rank the 14 Asian Countries according to their better Physical Quality of Life as follows:1. Japan 2. Korea Republic 3. Mongolia 4. Malayasia 5. Srilanka 6. Viatnam 7. China 8. Iran 9. India 10. Iraq 11. Pakisthan 12. Bangaladesh 13. Nepal 14. Saudi Arabia

Keywords: Physical Quality of Life, Health Indicators, physical quality-of-life index, IMR, GNP, GDP.

#### **INTRODUCTION:**

The Overseas Development Council (then under the leadership of Jim Grant) developed and publicized a measure of (physical) quality of life many years ago. It combines literacy rate, infant mortality rate, and life expectancy, using scales from the lowest to the highest values in the global system. It weights the three scales equally. The literacy rate is, in turn, a function of the per capita spending levels on education, estimated cross-sectionally.



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The term "quality of life" has different meanings to different people. For some researchers and clinicians, quality of life means almost anything beyond information about death and death rates. For others quality of life is an umbrella concept that refers to all aspects of a person's life, including physical health; psychological well-being; social well-being; financial well-being; some approaches to quality of life emphasize the social and psychological aspects of life, and contrast quality of life with quality of care.

By the same token, characteristics of a person, such as income, health status, mental health status, disease profiles, educational level, and housing situation can be summed to create an overall quality-of-life measure.

The growing attention is on the quality of life and the desire to minimize the negative effects of disease and health care. Quality reflects the highest of public health aspirations.

According to WHO report (1976) it was recognized that in both developed and developing countries the standard of health services the public expected was not being provided. Against this background the 30<sup>th</sup> world health assembly resolves in May 1977 that the main social target of Govt. and W.H.O. is to provide them to lead a socially and economically productive life by the year 2000.

On the verge of the 21st century, dramatic, political, social and economic changes have overtaken the world. Living standards have risen over the past 25 years. Despite an increase in population from 2.9 billion people in 1970 to 4.8 billion in 1996 per capita income growth in developing countries has arranged about 1.3% a year. IMR have fallen from I.04 per thousand l.b in 1970 to 1975 to 59 in 1996. On average, life expectancy has risen by 4 month each year since 1970.

Adult literacy has also risen from 46-70%. Developing world today is healthier, better fed and batter educated. The no. of people living in poverty continue to grow. There is almost no improvement IMR &. in education. In poor countries South Asia's IMR today are about the lame in early 1970. So I think there exists some relation between socioeconomic conditions. &. health status in a country.

WHO has listed these two indicators as follows:

## Health Indicators are:

- 1. Public expenditure on education. % GNP
- 2. Public expenditure on education. % GDP
- 3. Expenditure On social activity
- 4. Income distribution.
- 5. Popu. Growth rate
- 6. Work condition.
- 7. GNP or GDP

## **Physical Quality of Life Indicator:**

- 1. IMR
- 2. Adult illiteracy rate
- 3. Human poverty Index
- 4. MMR
- 5. Nutrition status of children
- 6. Life expectancy at birth
- 7. Low birth weight

#### Table-1 Showing characteristics of development indicators

Indicators	IMR(per 1000)	Adult illiteracy % rate	Expenditure on Education % GNP	Expenditure on Health % GDP
Country	Y1	Y2	X1	X2
Japan	11	1	3.8	7.2
China	1722	18.5	2.3	3.8
Korea Rep.	14	2	3.7	5.4
India	3671	48	3.5	5.6

Malaysia	13	16.5	5.3	2.5		
Saudi						
Arabia	33	37.2	5.5	3.1		
Srilanka	11	9.8	3.1	1.9		
Nepal	145	72.5	2.9	5		
Mongolia	8	17.1	5.6	6.7		
Bangladesh	537	61.9	2.3	2.4		
Pakistan	819	62.2	3	3.5		
Vietnam	157	6.3	2.7	5.2		
Iraq	1	42	3.5	1.5		
Iran	Iran 189 21.4 4 4.8					
Data Source: World Development Indicator & Human Development Report.						
AVG =	522.214	29.7429	3.65714	4.18571		

Literacy Rate:-The percentage of people who can with understanding both Read & write a short, simple statement on their everyday life. Literacy rate 111 a sound Indicator of social development.

## METHODOLOGY:

In this problem we define Y1,Y2 & X1,X2 as

Y1= children dying before age 1. (IMR)

Y2=adult illiteracy rate.

XL=. Public expenditure on education. % GNP

X2= Public expenditure on health % of GDP

Here I observe Yl, Y2 & X1, X2 are Correlated.

To find a correlation between Y = (YI, Y2) & X = (X1, X2) we can use canonical correlation.

Here we take a linear combination of Y1, Y2 &. X1, X2 as

V = L1Y1 + L2Y2 & U = K1X1 + K2X2 (say)

We choose L1, L2 & K1, K2 s.t Correlation. Coefficient between U & V maximum and this Correlation. Coefficient is the Canonical Correlation between U & V.

To find L1, L2 & K1, K2 we do the following:

1. Find the variance covariance matrix of X & Y and represent it by Q.

2. We do partition  $Q = (Q11 \quad Q12)$ 

Q21 Q22)

A=inv(Q11)Q12 inv(Q22)Q21 & &

B=inv(Q22)Q21 inv(Q11)Q12

3. Find Eigen values of A & B corresponding Eigen vectors. Let the Eigen value of

A are  $\lambda 1 > \lambda 2 > \lambda 3$  then Eigen vector corresponding to  $\lambda 1$  say a will be our k

Then the Eigen value of B am  $\mu 1 > \mu 2 > \mu 3$  then Eigen vector corresponding to  $\mu$  say b will be our l.Root of maximum ( $\lambda 1, \mu 1$ ) is the Correlation between U & V.

We calculate  $\lambda 1$  or  $\mu 1$  & corresponding eigen vector by Power Method.

- 1. Set k=1 let Y 0= any orthonormal vector.
- 2. Zk=AY(k-l)
- 3. Find norm or Zk ie. Cardinality (Zk)
- 4. Yk=Zk /norm (Zk)
- 5. If = (approx.) Y(k-1), then norm (Zk) is the largest Eigen value & Yk is the Corresponding Eigen vector.
- 6. If Yk not equal to Y(k-l), increase k by 1 & repeat the procedure until

Yk=Y(k-1).

#### **RESULTS AND DISCUSSION:**

**Table-2 Showing Averages** 

Indicators	Yl	Y2	Xl	X2
AVG =	522.214	29.7429	3.65714	4.18571

$$Q = \begin{bmatrix} 13658742 & 91682.97 & -4289.37 & 3372.943 \\ 91682.97 & 7529.214 & -94.0643 & -168.831 \\ -4289.37 & -94.0643 & 15.97429 & 4.091429 \\ 3372.943 & -168.831 & 4.091429 & 41.21714 \end{bmatrix}$$

Ql1=	[13658742 91682.97	<i>Q</i> 22=	[15.97429 4.091429
	91682.97 7529.214]		4.091429 41.21714]
<i>Q21</i> =	[-4289.37 -94.0643	<i>Q12</i> =	[-4289.37 3372.943
	3372.943 -168.831]		-94.0643 -168.831]
	Al= [-0.00025 0.000433	A2=	[-297.029 -4.9656
	-0.00944 -0.02769]		111.3181 -3.60322]
INV(Q11) =	= [.079708 -0.9707	INV(Q22) =	[.06423400638
	-0.9707 0.000145]		-0.00638 .02480]
Al= [·	-0.00025 0.000433	A2=	[-297.029 -4.9656
-(	0.00944 -0.02769]		111.3181 -3.60322]

A= /	A1*A2 = [0.122638 -0.00031 -0.27865 0.146668]
Bl=	[-297.029 -4.9656 111.3181 -3.60322]

 $\begin{array}{rrrr} B2{=}& [-0.00025 & 0.000433 \\ & -0.00944 & -0.02769] \end{array}$ 

 $B = \begin{bmatrix} 0.121335 & 0.008953 \\ 0.006114 & 0.147971 \end{bmatrix}$ 

Z = A\*Y0 Y0 = 1 0

NORM (Z) = CARDINALITY (Z) = CAR (Z) (say)

 $B = \begin{bmatrix} 0.121335 & 0.008953 \\ 0.006114 & 0.147971 \end{bmatrix}$ Y0 = 10Z1 = B\*Y0 = 0.1213350.006114

NORM(ZI) = 0.121489Y1 = Z1/CAR(Z1) = [0.998733]0.050324] Z1= [0.122638 CAR(Z1) = 0.304441-0.27865] Z2 = A\*Y1= [0.049691 NORM (Z2) =0.251447 -0.24649] Y2 = Z2/CAR(Z2) = [4.197618]-0.98028] Z3= A\*Y2= [0.024544 NORM (Z3) = 0.20035-0.19884] Y3=Z3/CAR (Z3)=[0.122507 -0.99247] NORM (Z4) =0.180352 Z4= A\*Y3= [0.015337 -0.1797] Finally we get MAX(NORM(Zk)) =0.152696 where K2= -0.99982 , K1=0.019206 and L1=0.31762 , L2=0.948218

Therefore,

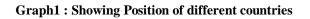
U = K1(Y1-MEAN(Y1))+K2(Y2-MEAN(Y2))

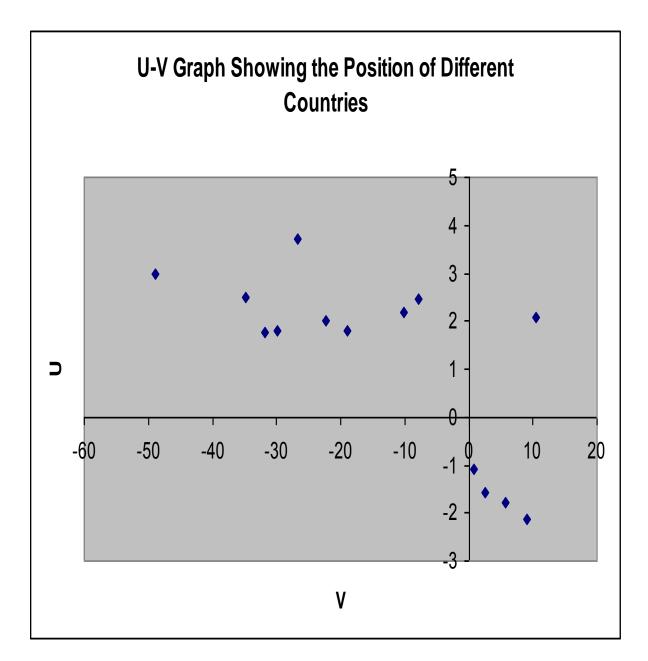
V = L1(X1-MEAN(X1))+L2(X2-MEAN(X2))

#### Table 3: Showing Different countries and their U, V values

Sl. No.	Country	u	V
1	Japan	-48.9842	2.9835
2	China	-18.9789	1.7917
3	Korea Rep.	-34.8732	2.4937
4	India	-7.8328	2.4517
5	Malaysia	-29.934	1.8013
6	Saudi Arabia	10.4806	2.0719
7	Sri Lanka	-26.7572	3.7243
8	Nepal	9.0143	-2.134
9	Mongolia	-31.8674	1.7513

10	Bangladesh	5.7981	-1.7832
11	Pakistan	2.5515	-1.5893
12	Vietnam	-22.3018	1.9983
13	Iraq	0.7958	-1.103
14	Iran	-10.1347	2.1735





## **CONCLUSIONS:**

I have taken a linear combination of expenditure on education % GNP (Y1) & expenditure on health % GDP (Y2) as U to represent a economic ( welfare ) condition of a country against this I have taken a linear combination of IMR per 1000 ( X1) and adult illiteracy % rate ( X2) as V to represent PQL of a country. After using Canonical correlation I have reached a conclusion that the increase of expenditure on health and education purpose implies decrease of IMR & illiteracy.

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There is no country in 3<sup>rd</sup> quadrant whose expenditure is less and illiteracy is also low.

After concrete analysis and from the graph we can rank the 14 Asian Countries according to their better Physical Quality of Life as follows:

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- 6. Viatnam
- 7. China
- 8. Iran
- 9. India
- 10. Iraq
- 11. Pakisthan
- 12. Bangaladesh

13. Nepal

14. Saudi Arabia

The 'r'value has come 0.397.

After using Canonical correlation I have reached a conclusion that the increase of expenditure on health and education purpose implies decrease of IMR & illiteracy.

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