CHAPTER V

SUMMARY AND CONCLUSIONS

Summary

The urban agglomeration is a result of rural migration and a natural growth of urban population. Bereft with the benefits of services, basic amenities and economic opportunities that urban areas offer, the poor face a situation of persistent deprivation. The movement of rural population to the urban areas, in swarms and masses, have resulted in urban congestion, with the accompanying problem of provision of basic amenities to satisfy certain essential needs of all the inhabitants. The manner in which the basic needs of health, education and recreation of the urban dwellers, particularly the urban poor, are met, has become institutionalized. The community facilities which form the institutions to meet the needs of urban inhabitants, make up the physical structure of the city as a social mechanism. The community facilities, offer services of a free or low cost nature, which need to be optimally utilized by those who are in dire need, mainly the urban poor. Utilization of the basic services of health, education and recreation, in an optimum manner, so as to achieve corresponding goals,

should be the aim of every individual, in need of such services. The urban poor families struggle for survival, with several problems of health, education, recreation and others, confronting them, all the time. Households in poor communities are most susceptible to the poor living and environmental conditions affecting health, providing few opportunities for schooling and offering rare recreational outlets. It is this target group that mainly needs the free resources of community facilities, that are so abundantly distributed in major towns and cities.

In such cases, do the urban poor use these facilities as free/low cost resources? If not, when facilities are so freely available, why do not the urban poor, who need them most, make optimum use of them? Are they aware of the facilities/services that exist in the vicinity of the external environment to which they have free access, whenever necessary? What are the determinants of optimum utilization of community facilities by urban poor families? What is it that deprives them of their right to gain access to these facilities? What are the factors which prevent them from or promote utilization of the services of community facilities? What is it they desire to have through community facilities? Are their health, education and recreation goals met satisfactorily through the use of community facilities? What is the range of service they desire, for essential facilities?

Answers to such questions and many more, in order to accentuate the optimum utilization of community facilities

by the urban poor, can only be elicited, through a study which explores into these facilitators and constraints, which act as catalysts or pose as impediments in the utilization of facilities and services. In order to obtain information on this theme, a study of this dimension was framed out.

(I.a) Objectives of the study

The specific objectives of the study were:

(1) To explore the varieties of community facilities available for use by families.

(2) To study the awareness of these existing facilities by families, and extent of their use.

(3) To identify the goals that families aspire to achieve, by drawing upon the use of the specific community facilities, as resources.

(4) To detect the factors that facilitate and constrain the optimum utilization of community facilities.

(5) To assess the features desirable in each specific community facility, as perceived by families.

(I.b) Methodology

The study was conducted in the city of Hyderabad, capital of Andhra Pradesh, taking into consideration four important locales, representing a cross - sectional coverage of the city.

Sample.- The sample of the investigation, comprised 240 households, of which 120 belonged to the Low-Low-Income (LLI) category (*per capita income of Rs 115.00 or less per month) and 120 fell in the Low-Middle-Income (LMI) class (*per capita income above Rs. 115.00 and below Rs. 250.00 per month). Equal representations of 60 households, comprising

fifty per cent of LLI and fifty per cent LMI households, were taken from each of the four identified locales and pockets, in the concerned four circles of the city.

Tool construction.- The interview schedule which was used to elicit the necessary information, was appropriately framed and constructed. It consisted of two sections: section A, contained questions pertaining to the background information of the families and section B, contained four sub-sections, relating to queries, that suitably obtained information which met the objectives listed. Section B, Part I, was structured to obtain information regarding awareness and extent of utilization of the selected community facilities. Part II was structured for assessing the extent of satisfaction derived by families, in achieving the major family goals. Part III which formed the main theme of the research, included an exhaustive list of probable factors, influencing optimum utilization of each community facility, against which respondents were to opine whether each was a facilitator or a constraint in the use of

* Source: A research Project on the Feasibility of Solar Cookers in Urban and Rural Areas undertaken by the Department of Home Management, College of Homescience, Andhra Pradesh Agricultural University, Hyderabad, Andhra Pradesh, India, in collaboration with Sonnenkorb - Luneburg, Germany - 1983-84, P.26)

the facility, together with mentioning the frequency of use of the facility, under the given conditions shown by each factor. The polar concept was used here, with both positive and negative responses. Part IV again, contained a structured list of statements, representing typical features in each community facility, and the respondents were to mention their degree of desirability regarding each feature. At the end of the schedule, the range of service, for the main facilities under health, education and recreation, was obtained in approximate furlongs/kilometres.

Validity and reliability of the tool.- The instrument was validated prior to its use for the pilot study, by seeking the expert opinion, of a panel of twelve judges, from eminent institutions of Baroda. After incorporating the suggestions of the experts, the tool was finalised and tested for its reliability, by way of a pilot study, of a sample of thirty families , in one of the lower socio-economic-strata localities of Hyderabad, identified for the main investigation. No significant changes were found necessary, but the tool was re-organized into a better shape. A Telugu version of the tool proved handy to interview those respondents who could communicate in this language alone. This further assured reliability of the tool as, consistency of thought was maintained, while posing questions in the same form to all such respondents.

Method of data collection.- Data were gathered personally from homemakers, on the interview schedule, from September 1986 to December 1986.

Analysis of data.- The data were analysed using both descriptive (frequency, percentage and mean) and relational statistics (Single-variate Regression Analysis, Bi-variate Regression Analysis, Multiple Regression Analysis, Step-wise Regression Analysis, Principal Component Analysis and Canonical Correlation Analysis). The entire analysis was represented by the two income groups as well as the Overall Sample (OS), viz. LLI, LMI groups separately, as well as combined in the OS.

Major Findings Of The Study

The highlights of the findings of this investigation are reported below under the respective heads.

I. Sample characteristics

(a) Personal characteristics

(1) The mean age of all homemakers was 36.5 and that of all husbands was 44. The mean ages of the LLI homemakers and husbands were 34.9 and 42.8 respectively. The mean ages of the LMI homemakers and husbands were 38.1 and 45.2 respectively.

(2) Almost one-third (32.5 per cent) of the respondent husbands from the LLI category were educated upto primary school, while slightly over one-fourth (26.7 per cent) of LMI respondent husbands, had attained a high school education. The percentage of illiterates was higher in the LLI group (20 per cent) than in the LMI group (10.9 per cent).

(3) A majority of the total sample heads of households (52.1 per cent) were unskilled workers, 58.3 per cent in the LLI and 45.8 per cent in the LMI group. Only 1.7 per cent of the LLI group and 0.8 per cent of the LMI group were unemployed while 6.6 per cent of the LLI and 13.3 per cent of the LMI heads of households respectively, were retired.

(b) Family characteristics

(4) Nuclear families were predominant among LLI (52.5 per cent) and LMI (55 per cent) groups.

(5) In majority of LLI families (54.1 per cent) and LMI families (56.7 per cent) there were zero to three adults. Also, a majority of LLI families (64.1 per cent) and LMI families (65 per cent) had zero to three children. The mean numbers of adults in LLI and LMI families were 3.2 in each case respectively, while the mean number of children in LLI and LMI families, were 2.9 and 2.8 respectively.

(6) The age composition of children showed that, in the LLI and LMI categories, a majority of males, 40.8 per cent and 33.4 per cent respectively, belonged to the ages below 12 years and 18 years and above respectively, while a majority of females, 45.8 per cent and 40 per cent respectively, belonged to the age below 12 years. Also, 83.4 per cent and 80.8 per cent of 'other' members were observed in both groups respectively, who belonged to the age of 18 years and above.

(7) More than half of the LLI families (55 per cent) and LMI families (50.7 per cent) belonged to the monthly family

and 49.2 per cent of LLI and 38.3 per cent of LMI did so for study.

(11) A majority of LLI (89.2 per cent) and LMI (80 per cent) family children, played with other children in the neighbourhood. So also, 82.5 per cent of LLI and 75 per cent of LMI respondents said that the neighbourhood provided play space for their children.

II. Availability And Awareness Of Community Facilities And Services

(a) Awareness of availability and location

(12) A majority of respondents, 63.3 per cent each of both income groups pointed non-availability of a government hospital at walking distance. Also 25.8 per cent of LLI and 23.3 per cent of LMI respondents pointed availability of a hospital at walking distance time of 6 to 10 minutes. A large majority (76.7 per cent) of both groups claimed non-availability of a health centre at walking distance while 22.5 per cent of LLI and 23.3 per cent of LMI respondents, stated availability of the same at a walking distance time of about five minutes only.

(13) A large percentage of respondents, 75.8 per cent each, of both income groups, reported non-availability of a Balwadi, while only 5 per cent each in both cases reported non-availability of a government pre-school. On the contrary 22.5 per cent each of respondents from both the groups mentioned availability of a Balwadi at a distance of zero to five minutes walking time and 34.1 per cent of LLI and 45.8 per cent of LMI

respondents reported the same period of walking time to reach a nearby pre-school. The availability of a government municipal school at six to ten minutes walking time was claimed by 35.9 per cent of LLI while 30.8 per cent of LMI respondents said that it took 11 to 15 minutes to reach the same. A public library was not available to 47.5 per cent of LLI and 41.7 per cent of LMI respondents, while 25.8 per cent of LLI respondents reported six-ten minutes walking time and 25 per cent of LMI respondents reported 11 to 15 minutes walking time to reach one located close by.

(14) It was found that 40.8 per cent of LLI and 42.5 per cent of LMI respondents reported non-availability of a playground nearby while a majority, viz. 54.2 per cent of LLI and 53.3 per cent of LMI respondents said that one was available at a zero to five minutes walking distance time. Almost all respondents, 94.2 per cent of LLI and 99.2 per cent of LMI group, reported non-availability of a nearby park, and only 3.4 per cent of LLI and 0.8 per cent of the LMI respondents said that there was a park available at zero to five minutes walking distance time.

(b) Awareness of numbers and cost of facilities

(15) All the respondents of both income groups were aware of more than one government hospital in the city. It was found that 64.2 per cent of LLI and 70 per cent of LMI respondents were aware of six to ten government hospitals in the city and 99.2 per cent of LLI and 100 per cent of LMI respondents were aware of the 'free services of government hospitals. A majority

viz. 52.6 per cent of LLI and 66.7 per cent of LMI respondents were aware of one to five numbers of government immunization clinics in the city, while 41.7 per cent of LLI and 28.3 per cent of LMI respondents were unaware of their availability. A majority, 58.3 per cent of LLI and 70.8 per cent of LMI respondents, stated the services of these clinics as being free, whereas 41.7 per cent LLI and 29.2 per cent of LMI respondents, who were unaware of their existence in almost all cases, were also unaware of the cost of services of the same. Just above 50 per cent respondents of both income groups were aware of one to five family planning counselling centres functioning in the city, while 46.7 per cent of LLI and 41.7 per cent of LMI respondents were unaware of the existence of such centres. A majority, viz. 53.3 per cent of LLI and 58.3 per cent of LMI respondents were aware that services in these centres were free, while those who were unaware of their existence were also unaware of their cost. With regard to sanitary facilities, 31.6 per cent of LLI and 34.9 per cent of LMI respondents, were aware of the location of about 11 to 15 garbage receptacles in the city, while only 8.3 per cent of LLI and 3.3 per cent of LMI respondents were unaware of the existence of the same. A wide majority, 91.7 per cent of LLI and 96.7 per cent of LMI respondents, were aware of the free cost of these services, while the remaining few were unaware of even this aspect of the facility.

(16) About one to five Balwadis were known to exist in the city by 19.2 per cent LLI and 29.1 per cent of LMI respondents while 80 per cent LLI and 67.5 per cent of LMI

respondents were unaware of the same. It was observed that, 15 per cent and 30.8 per cent of LLI and LMI respondents were aware that the facility use was free, while 81.7 per cent and 68.3 per cent of LLI and LMI respondents, mainly all those who were unaware of the existence of Balwadis, were also unaware of the cost. Again, 55.9 per cent LLI and 52.5 per cent of LMI respondents were aware of one to five government pre-schools, while 15.8 per cent and 10.8 per cent of LLI and LMI respondents respectively, were unaware of its existence and therefore the cost also. On the other hand, 84.2 per cent and 89.2 per cent of LLI and LMI respondents respectively, were aware of its free services. Likewise other educational facilities such as government high schools, public libraries, public reading rooms and Mahila mandals were known to almost 35 per cent to over 60 per cent of the respondents in one to five numbers in each case. Also, 22.5 per cent and 45.8 per cent of LLI respondents and 13.3 per cent and 37.5 per cent of LMI respondents, were unaware of public libraries and reading rooms, respectively. However, 87.5 per cent and 72.5 per cent of LLI and 91.7 per cent and 84.2 per cent of LMI respondents were aware of the free services of government high schools and public libraries, respectively. So also, 50.8 per cent of LLI and 62.5 per cent of LMI respondents were aware of the free services of public reading rooms. A wide majority namely, 94.1 per cent of LLI and 96.7 per cent of LMI respondents and 96.7 per cent each, of both groups again, were aware of one to five numbers of museums and exhibitions held in the city, respectively. A majority, viz. 80.8 per cent and 83.3 per cent of LLI and 80 per cent of both

groups, were aware of the low fee charged for museums and exhibitions as spectator facilities.

(17) About 84 per cent to 95 per cent of respondents of both income groups were aware of one to five numbers of all recreational facilities exhisting in the city, except public swimming pools, fishing and boating sports. It was encouraging to find that 97.5 per cent of LLI and 100 per cent of LMI respondents were aware of the only zoo existing in the city. On the other hand, 64.2 per cent and 83.3 per cent of LLI and 45.8 per cent and 88.3 per cent of LMI respondents were unaware of the existence of public swimming pools and fishing sport, respectively. Again, 35.8 per cent of LLI and 23.3 per cent LMI respondents were not aware of the boating sport in the lakes of the city. Almost a similar percentage of respondents in each case were also unaware of the cost of the same facilities. A large majority, 84.2 per cent to 99.2 per cent of LLI and 90 per cent to 100 per cent of LMI respondents were aware of the free use of picnic spots, lakeviews, playgrounds and parks while, only 54.2 per cent of LLI and 56.7 per cent of LMI respondents were aware of the low cost of the zoo facility. Also, 25 per cent and 39.2 per cent of LLI and 43.3 per cent and 47.5 per cent of LMI respondents were aware of the low cost of using public swimming pools and enjoying boating as a sport.

(c) Awareness of service availability, their cost and utilization

(18) Under health facilities, it was seen that 100 per cent respondents of both income groups were aware of majority of the

services available. Only 8.3 per cent LLI and 6.7 per cent LMI respondents were unaware of the family planning counselling services as well as its cost. Hundred per cent of the LLI respondents in most cases were aware of the free cost of health services, while 92 per cent to 98 per cent of LMI respondents were aware of the same. However, only 55 per cent to 65 per cent of LLI respondents made use of health services, while, among the LMI respondents, the percentage who utilized all services ranged from 40.8 per cent (family planning counselling) to 55.8 per cent (sanitary services).

(19) Regarding educational services, 98.3 per cent LLI and 96.7 per cent LMI respondents were aware of class-rooms and laboratories. It was observed that, 65 per cent and 84.2 per cent of LLI and LMI respondents respectively, were unaware that services of classrooms and laboratories were free of charge, and hence almost the same groups, viz. 58.3 per cent LLI and 81.6 per cent LMI respondent children did not utilize the classrooms and laboratories, while 41.7 per cent LLI and 18.3 per cent LMI children utilized the same. Only a small percentage of respondents of both groups were aware of other educational services available for use, maximum percentage were unaware, and almost a similar high percentage in both groups, were unaware of cost of services and hence, the same groups viz. 94 per cent to 98 per cent among LLI group and 93 per cent to 99 per cent among LMI group, did not utilize the other educational services.

(20) As regards recreational facilities, 99.2 per cent of

both income groups were aware of the availability of all services provided by each facility. Hundred per cent of LLI and 99.2 per cent of LMI respondents were aware of the play space in parks. Above 96 per cent LLI and almost 100 per cent LMI respondents were aware of the free cost of most recreational services, while, a very small percentage of both groups were unaware of the same. About 36 per cent to 42 per cent of LLI and 56 per cent to 60 per cent of LMI respondent families utilized the services provided by recreational facilities.

III. Utilization Of Community Facilities

(a) Duration, kind and frequency of use

(21) In general 29.2 per cent LLI and 35 per cent of LMI respondent families, did not make use of community facilities. Among those who did utilize the same, a majority of both income groups, viz. 35.8 per cent LLI and 30.8 per cent LMI families, used the same for over 15 years. Thus, one-third of respondents had not utilized the facilities, one-third utilized the same for over 15 years and the remaining one-third used the facilities for a period range less than one year to 15 years.

(22) It was found that 42.5 per cent LLI and 38.3 per cent LMI respondent families got innoculated frequently in a government hospital/health centre, while, the remainder mainly got it done in a private hospital or clinic.

(23) During illness, treatment was frequently sought from a private hospital/clinic, by 43.3 per cent LLI and 50 per cent

LMI families. Almost one-fourth each of families from both income groups frequently utilized the government hospital/health centre during illness, while 29.2 per cent LLI and 21.7 per cent LMI families used the same occasionally.

(24) A majority, 78.3 per cent LLI and 88.3 per cent LMI families, had no member hospitalized in a government hospital till the date of the interview. However, 11.7 per cent LLI and 10 per cent LMI, families, reported one member each as having been hospitalized in a government hospital.

(25) A majority of respondents, 67.5 per cent of LLI and 77.5 per cent of LMI, never used the community health facilities.

(26) As regards educational facility use, it was found that 20.8 per cent LLI and 21.7 per cent LMI family children were being sent to the government high school since about six to ten years. Only 4.2 per cent of LLI family children were sent to the government school for over ten years. On the contrary, 25 per cent of LLI and 27.5 per cent of LMI family children utilized private schools for one to five years, while 22.5 per cent LLI and 36.7 per cent LMI family children utilized the same for six to ten years. It was also found that, 13.3 per cent LLI and 10 per cent LMI children, never used any school for education.

(27) It was found that 34.2 per cent of LLI and 22.5 per cent LMI used educational facilities 'frequently'. Only about 20 per cent of LLI and nearly 40 per cent of LMI families used the library facility, and a majority of these groups used the

facility 'rarely'. While, 39.2 per cent LLI and 56.7 per cent LMI respondents visited the museum 'rarely', 46.7 per cent LLI and 57.5 per cent LMI families visited the yearly exhibition 'rarely'. Over 70 per cent of respondents belonging to both groups, 'never' attended any educative lectures.

(b) Factors influencing use of facilities

Raw Scores

(28) It was found that the Mean Health Feature Score of facilities was the maximum, for respondents' opinion of facilities with regard to the LLI (14.89) and the LMI group (14.19). The Mean Health Frequency Score was maximum, when associated with characteristic features of facilities, with regard to LLI (27.08) and the LMI (22.24).

(29) The Mean Education Feature Score was again the maximum for respondents' opinion regarding facilities, for LLI (7.75) as well as the LMI group (5.89). The Mean Education Frequency Score was again consistently maximum when associated with respondents' opinion of facilities for both the LLI (30.39) and the LMI groups (14.95).

(30) The Mean Recreation Feature Score was the maximum for characteristic features of facilities, for both LLI (18.44) and LMI (18.80) groups. Again, the Mean Recreation Frequency Score was the maximum when associated with characteristic features of facilities, for both LLI (10.08) and LMI (17.68) groups.

Statistical implications

Health

(31) Use of health services was fairly significantly influenced by total adults in the family (Prob.> F = .07; Sig. .10), and negatively by monthly family income (Prob.> F = .08; Sig. .10), again in a fairly significant manner for the total sample. The variable total adults in the family, influenced the use of health services at a lower significant level in the case of the LLI respondents (Prob.> F = .14; Sig. .15).

(32) Under the 'health status' variable, the aspect 'adults do not catch ailments very easily', seemed to have a fairly significant influence over use of services for the OS (Prob.> F = .07; Sig. .10). With regard to the LMI group this aspect of health status was very significant in its influence on health services use (Prob.> F = .01; Sig. .01).

(33) Again, with regard to the LLI group, the frequency of use associated with characteristic features of health facilities was fairly significantly influenced by total adults in the family (Prob.> F = .08; Sig. .10). The variable monthly family income had a low significant negative influence over the dependant variable (Prob.> F = .11; Sig. .15).

(34) The frequency of use associated with situational factors, with regard to the total sample was influenced to a low significant level by the variable total adults (Prob.> F = .14; Sig. .15). With regard to the LLI, total adults

significantly influenced the variable (Prob.> F = .05; Sig. .05), while a low significant negative influence of the variable monthly family income over the same dependent variable was found (Prob.>F = .14; Sig. .15).

(35) With regard to the total sample, frequency of use associated with respondents' opinion, seemed to be negatively influenced by the variable education of head, at a significant level (Prob.> F = .04; Sig. .05). With regard to the LLI category the variable total adults had a low significant influence on the dependent variable (Prob.>F = .11; Sig. .15). The variable monthly family income had a low significant negative influence (Prob.> F = .13; Sig. .15) and the variable occupation of head, again had a low significant negative influence (Prob.>F = .12; Sig. .15) over the variable frequency of use associated with respondents' opinion regarding health facilities.

(36) With regard to the LLI group, frequency of use associated with characteristic features, was negatively influenced to a fairly significant level by the aspect of health status, 'children catch ailments very easily' (Prob.>F = .07; Sig. .10). The aspect health status of adults seemed to have a low significant influence (Prob.> F = .13; Sig. .15) over the dependent variable with regard to the LMI group.

(37) The aspect of health status, 'children catch ailments very easily' fairly significantly influenced the dependent variable 'use' associated with situational factors faced by families, in a negative fashion (Prob.>F = .10; Sig. .10).

(38) With regard to use behaviour associated with respondents' opinion, it was seen, in the case of the LMI group, that the aspect health status of adults had a low significant influence on the variable (Prob.>F = .11; Sig. .15).

(39) The Single-Variate Regression showed that Health Characteristic Feature Frequency Score (CFFRSC) was influenced by the Health Characteristic Feature Score (CFSC) at an extremely high significant level, in the case of the Overall Sample (Prob.>T = .0001; Sig. .0001) and the LLI group (Prob.>T = .0001; Sig. .0001), while at a very significant level, in the case of the LMI group (Prob.>T = .004; Sig. .01).

(40) The Single-Variate Regression of Situational Factor Frequency Score (SFFRSC) on Situational Factor Feature Score (SFFSC) of health, showed an extremely significant influence of the latter over the former in the case of all the three sample groups, which obtained the same Prob.>T values (Prob.>T = .0001; Sig. .0001, for all groups).

(41) The Single-Variate Regression, again showed an extremely significant influence of Respondents' Opinion Feature Score (ROFSC) on the Respondents' Opinion Frequency Score (ROFRSC) with regard to health, for all the three sample groups, obtaining the same Prob.>T values (Prob.>T = .0001; Sig. .0001, for all groups).

(42) A Single-Variate Regression showed that the summarized Health Frequency Score (HFRSC) was again strongly influenced by the Health Feature Score (HFSC) at an extremely significant

level, for the total sample, LLI and LMI groups (Prob.>T = .0001; Sig. .0001, for all groups).

Education

(43) With regard to the total sample, the educational variable 'utilization of School building' classrooms and laboratories, was found to be influenced at an extremely significant level by the explanatory variable 'total children' in the family, (Prob.>F = .0001; Sig. .0001), highly significant negative influence by 'education of head' (Prob.>F = .0002; Sig. .001) and a significant negative influence by 'occupation of head' (Prob.>F = .03; Sig. .05). With regard to the LLI group, classroom utilization was influenced at a level of high significance by 'total children' (Prob.>F = .001; Sig. .001); very significant negative influence by the variable 'education of head' (Prob.>F = .01; Sig. .01). The variable 'family type' had a fairly significant influence (Prob.>F = .06; Sig. .10) and 'occupation of head' also showed a fairly significant negative influence on the dependent variable (Prob.>F = .10; Sig. .10). For the LMI group, it was found that the variable total children significantly influenced 'utilization of school building', classrooms and laboratories, (Prob.>F = .03; Sig. .05), monthly family income significantly influenced it in a negative manner (Prob.>F = .02; Sig. .05). The variable 'total adults' showed only a fairly significant influence on the variable 'school building utilization' (Prob.>F = .08; Sig. .10).

(44) The variable 'display in museum service utilization' was found to be negatively influenced by the explanatory variable 'education of head' at a significant level (Prob.> F = .05; Sig. .05), for the LLI category. The same variable had a low significant negative influence in the case of the LMI group (Prob.>F = .12; Sig. .15).

(45) The variable 'informative exhibitions service utilization' was found to be negatively influenced again by the variable education of head, at a significant level (Prob.> F = .03; Sig. .05), for the total sample. In the case of the LLI, again 'education of head' emerged significant (Prob.> F = .04; Sig. .05) having a negative influence, 'total adults' had a negative influence at a very low significant level (Prob.> F = .14; Sig. .15) and monthly family income had a significant influence (Prob.> F = .05; Sig. .05). In the case of the LMI group, 'only'occupation of head' was significant having a negative influence on use of informative exhibitions (Prob.>F = .05; Sig. .05).

(46) When the use of other educational services was regressed on the same social variables, the same variables emerged significant. 'Education of head' was found to predominantly influence every dependent variable in the case of the 'total sample' and LLI group, at a highly significant level, except for the dependent variables 'visit museums' and 'attend lectures', where the level of significance was fair (10 per cent), in the case of LLI only). Other popular influencing variables were 'monthly family income, occupation of head, family type, total adults and total children'.

All these factors influenced use behaviour of LLI mostly, and therefore, the total sample. The variable 'occupation of head' was outstanding, in influencing the use of all the services related to educational facilities, in the case of the LMI group.

(47) The Characteristic Feature Frequency Score (CFFRSC) was influenced to a highly significant level by the variable 'education of head' (Prob.>F = .001; Sig. .001) having a negative influence on the total sample. 'Total children' was highly significant (Prob.>F = .0007; Sig. .001) in its influence for the total sample. For the LLI group, the variables 'family type' was significant (Prob.> F = .01; Sig. .05), 'total children' was significant (Prob.>F = .03; Sig. .05) and 'education of head' was very significant (Prob.>F = .004; Sig. .01), in influencing use, associated with characteristic features of educational facilities.

(48) The Situational Factor Frequency Score (SFFRSC) was negatively influenced by 'education of head' (Prob.>F = .0008; Sig. .001) at a highly significant level, 'total children' was highly significant (Prob.>F = .0004; Sig. .001), and 'monthly family income' was fairly significant, having a negative influence (Prob.>F = .09; Sig. .10), in the case of the 'total sample'. For the LLI group, 'education of head' was again significant with a negative influence (Prob.>F = .02; Sig. .05), 'total children' was significant (Prob.>F = .02; Sig. .05) and 'Family type' was very significant (Prob.>F = .005; Sig. .01). For the LMI group, 'education of head' had a slight negative influence, significant at a low level (Prob.>F = .11; Sig. .15)

and 'total children' also was significant at a low level. (Prob.>F = .13; Sig. .15).

(49) The variable ROFRSC was negatively influenced by the variable 'education of head' at a highly significant level, (Prob.>F = .001; Sig. .001) and 'total children' also was highly significant (Prob.>F = .0005; Sig. .001) in the case of the OS. 'Monthly family income' negatively influenced the variable, at a low level of significance (Prob.>F = .12; Sig. .15). In the LLI group, 'education of head' negatively influenced the variable and 'total children' had a significant influence (Prob.>F = .02; Sig. .05) and (Prob.>F = .03; Sig. .05) respectively, while 'family type' emerged very significant (Prob.>F = .009; Sig. .01). In the case of the LMI, the variable 'total children' had a low significant influence (Prob.>F = .11; Sig. .15) on use associated with respondents' opinion.

(50) The Single-Variate Regression of CFFRSC on the feature scores, showed significance at an extremely high level for the entire sample (Prob.>T = .0001; Sig. .0001), highly significant for the LLI (Prob.>T = .0002; Sig. .001) and extremely significant for the LMI (Prob.>T = .0001; Sig. .0001).

(51) Similarly the SFFRSC, in all the sample categories, were influenced at extremely significant levels by the feature scores (Prob.>T = .0001; Sig. .0001, for all groups).

(52) Again for ROFRSC, all the sample groups, showed extremely significant influence of the corresponding feature

scores (Prob.> T = .0001; Sig. .0001, for all groups).

(53) The Single-variate Regression of the summarized Educational Frequency Scores (EFRSC) on the Educational Feature Score (EFSC) in all the three groups, showed an extreme level of significance in the influence of the latter over the former (Prob.> T = .0001; Sig. .0001, for all groups).

(54) The CFFRSC was very significantly influenced by 'Balwadi availability and distance' (Prob.> F = .003; Sig. .01), while the 'Government Municipal School availability and distance' influenced the variable at a low level of significance (Prob.> F = .14; Sig. .15) for the OS. For the LLI, 'Balwadi distance' was again highly significant (Prob.> F = .0009; Sig. .001).

(55) The SFFRSC, was very significantly influenced by 'Balwadi distance' for the total sample (Prob.> F = .002; Sig. .01) and LLI group (Prob.> F = .002; Sig. .01) alike.

(56) The ROFRSC was very significantly influenced again by 'Balwadi distance' (Prob.> F = .004; Sig. .01) for the total sample, and at a highly significant level by the same variable, (Prob.> F = .001; Sig. .001) for the LLI group.

Recreation

(57) A Single-variate Regression showed that the physical variable CFSC had a significant influence on the 'use of play space in parks' (Prob.> T = .05; Sig. .05), very significant influence on 'quiet study in parks' (Prob.> T = .005; Sig. .01), significant on 'pleasant view in parks' (Prob.> T = .04; Sig. .05), and 'use of recreational services' (Prob.> T = .05; Sig. .05)

and fairly significant on use of 'Safari in Zoo' (Prob.>T = .08; Sig. .10), with regard to the OS. In the LLI group, the CFSC, significantly influenced 'quiet study in the park' (Prob.>T = .03; Sig. .05). In the case of LMI, the variable had a fairly significant influence on all the services, at 10 per cent level of significance only.

(58) The Single-variate Regression of the same 'use' variables on SFFSC, exposed an extremely significant influence of the latter on all kinds of service utilization, for the total sample, highly significant influence on services use by the LLI and very significant and significant influence for all services use in the case of LLI and LMI groups respectively.

(59) The regression of 'use' variables on ROFSC, revealed a significant influence of the variable on use of play space in playgrounds (Prob.>T = .02; Sig. .05) alone, for the total sample, as well as the LLI group, (Prob.>T = .05; Sig. .05).

(60) The CFSC, very significantly influenced, in a negative manner, the activity 'read/study in the park' (Prob.>T = .006; Sig. .01), significantly influenced 'relax in the park' (Prob.>T = .03; Sig. .05), 'get together in park' (Prob.>T = .02; Sig. .05), 'play in the playground' (Prob.>T = .01; Sig. .01), and 'extent of use of recreational services' (Prob.>T = .02; Sig. .05) all in a negative form. It influenced to a fairly significant level, the variable 'play in the park' (Prob.>T = .07; Sig. .10). Activities like 'visit zoo', and 'visit lakeview' were very [illegible] slightly influenced by the variable (Prob.>T = .10 and .11; Sig. .15, respectively), in the case of the total

sample in a negative manner. For the LLI group the activity, 'read/study in park' was very significantly influenced by CFSC (Prob.> T = .01; Sig. .01), 'play in playground' (Prob.> T = .04; Sig. .05) and 'extent of use of recreational services' were significantly influenced (Prob.>T = .05; Sig. .05). Other activities were only fairly influenced by this variable at significant levels of ten to fifteen per cent. All the activities were negatively influenced by the variable.

(61) Single-variate Regressions of each activity on the SFFSC, revealed a very high level of influence on all the activities in the total sample, the influence being of a negative nature for all the activities. In the LLI group, the variable had a negative significant influence on the activity 'get together in the park' (Prob.>T = .02; Sig. .05), and the 'extent of use of recreational facilities' (Prob.> T = .03; Sig. .05). It influenced negatively, at a very significant level, 'play in the playground' (Prob.> T = .004; Sig. .01). The activities 'read/ study in park', 'play in park', 'visit zoo' and 'visit lakeview', were only fairly influenced by this variable in a negative way at a ten per cent level of significance only. In the case of LMI, the activities 'relax in park', 'get together in park', 'play in playground' were influenced by the situational factors, at a highly significant level (Prob.>T = .0007; Sig. .001 for all the three activities). The activities 'play in the park' (Prob.>T = .01; Sig. .01), 'visit zoo' (Prob.> T = .005; Sig. .01), 'visit lakeviews' (Prob.>T = .003; Sig. .01) and 'extent of use of recreational facilities' (Prob.> T = .002; Sig. .01) were very significantly influenced by the explanatory variable,

all in a negative manner.

(62) In the case of the LMI, the explanatory variable Respondents' Opinion Feature Score significantly influenced, in a positive way, the activity 'read/study in the park'. All other activities, except 'play in the park', was influenced only at a fairly significant level, 10 per cent, by this variable.

(63) The Single-variate Regression, of CFFRSC on the corresponding feature score, revealed a very significant influence of the variable in the case of the total sample (Prob.>T = .002; Sig. .01) and LLI group (Prob.>T = .01; Sig. .01), but a fairly significant influence in the case of LMI group (Prob.>T = .07; Sig. .10).

(64) The impact of SFFSC on the corresponding frequency score, was extremely significant for all the three groups. (Prob.>T = .0001; Sig. .0001).

(65) The ROFSC, very significantly influenced the frequency score (Prob.>T = .006; Sig. .01) with respect to the LMI group alone.

(66) The Single-variate Regression of summarized frequency scores (RFRSC) on corresponding summarized feature scores (RFSC) showed a significant influence in the case of LLI (Prob.>T = .02; Sig. .05) and a highly significant negative influence, in the case of the LMI (Prob.>T = .0007; Sig. .001) groups. When the groups were combined into the total sample, the influence was only fairly significant (Prob.>T = .08; Sig. .10).

(67) The Bi-variate Regression Analysis of the use of recreational facilities for various activities on the aspects of housing revealed, that the 'space utilization outside the house' showed a negative significant influence on the use of parks, for 'quiet study, pleasant view and the safari in zoo' as well as, the overall use of recreational facilities (all significant at .05) for the total sample. Only the 'use of play space in parks' was influenced by 'space utilization outside the house' for play at a fairly significant level (Prob.> T = .06; Sig. .10). In the case of the LLI group, the 'space utilization inside the house' for play, significantly influenced only the use of 'safari in zoo, pleasant view in parks' and the overall use of services (all Sig. at .05). 'Quiet study in parks', 'use of play space in play grounds and parks' were influenced to a fairly significant level by 'space used inside the house for play' (all Sig. at .10). 'Space used outside the house for play', negatively influenced to a low significant level, the activity 'quiet study in the park'.

(68) The Bi-variate Regression of each activity for which recreational facilities were used, on two aspects of neighbourhood, showed a significant influence of the aspect 'play with neighbourhood children' on use of 'play space in parks, playgrounds, quiet study in parks' (all significant at .05) and a very significant influence on use of 'Safari in zoo, pleasant view and on the general use of recreational services' (all significant at .01), in the case of LLI group alone. The aspect 'neighbourhood provides play space', seemed only fairly significant in its negative influence on the 'use of play space in playgrounds' (Prob.> F = .06; Sig. .10) for the LLI group alone.

(69) The influence of both aspects 'play with neighbourhood children' and 'neighbourhood provides play space' was found to significantly influence the activity 'read/study in the park' (Sig. at .05), the former having a positive influence and the latter a negative influence on the dependent variable, in the case of the LMI category alone.

(70) The variable CFFRSC was significantly influenced by the aspect 'neighbourhood provides play space' (Prob.> F = .02; Sig. at .05 per cent) for the LLI class. In the case of LMI it emerged only fairly significant at 10 per cent having a slight negative influence. 'Play with neighbourhood children' also very significantly influenced use behaviour of LMI group, associated with characteristic features (Prob.> F = .003; Sig. .01).

(71) With respect to the dependent variable SFFRSC, the LLI group alone, was significantly influenced by the explanatory variable 'neighbourhood provides play space' (Prob.> F = .02; Sig. .05).

(72) Again with respect to ROFRSC, only the LLI group was significantly influenced by the aspect 'neighbourhood provides play space' (Prob.> F = .03; Sig. .05).

(73) The Bi-variate Regression of the use of recreational services on 'playground availability distance' and 'park availability distance', showed that the latter had a low negative influence on the 'use of play space in parks' and 'pleasant view', and a low positive influence on 'quiet study in parks' (Sig. at 15 per cent only), in the case of the total sample alone.

(74) With regard to activities carried on in the recreational facilities, it was seen that, the aspect 'playground availability distance' had a fair, negative influence, on the use variable 'read/study in the park', for the total sample (Prob.> F = .06; Sig. .10) and a very significant influence for the same 'use' variable with regard to the LMI group (Prob.>F = .009; Sig. .01). The aspect 'park availability distance', had a low level of significance (Prob.>F = .12; Sig. .15) in influencing the activity 'get together in the park', for the total sample alone. The same aspect was again fairly significant in negatively influencing the activity 'play in playground' (Prob.>F = .06; Sig. .10).

(75) The Single-variate Regression Analysis of SFFRSC on resource availability and location, the aspect 'park availability and distance' was fairly significant (Prob.> F = .06; Sig. .10), for the LLI category, alone.

(76) Again, 'park availability and distance' was highly significant in influencing the ROFRSC (Prob.> F = .01; Sig. .01) for the LLI group alone.

IV. Degrees Of Satisfaction In Goal Achievement

(77) The mean scores for each health goal was computed and classified as bringing only the 'Satisfied' degree of satisfaction, in achievement through the use of community health facilities, in the case of the two income categories and the total sample. The broad health goal too, assumed the 'Satisfied' degree for all the three groups.

(78) The mean scores for each education goal was computed and classified as bringing an 'Undecided' degree of satisfaction in achievement through the use of community educational facilities, except for, the goals 'to avail the school lunch facility' and 'to increase creativity and get trained at skilled crafts', with regard to the LLI category. The latter two goals achieved the 'Dissatisfied' degree of satisfaction . On the whole, the broad educational goals showed an 'Undecided' degree of satisfaction score. All the educational goals, including the overall broad educational goals, obtained a 'Dissatisfied' degree of satisfaction score in the case of the LMI group. The total sample too, showed all goals bringing the 'Dissatisfied' degree of satisfaction, including the broad educational goals, excepting three goals, which assumed the 'Undecided' degree of satisfaction score, viz., 'to secure school education and/adult literacy', 'to gain knowledge through reading material and increased social contacts' and 'to inculcate good values, principles and evoke discipline in children'.

(79) Again, the mean scores for each recreation goal, under all the three sample groups, including the overall broad recreation goals for all groups, was assessed as bringing only the 'Satisfied' degree of satisfaction in achievement through the use of community recreational facilities, in each case.

V. Degree Of Desirability Of Significant Features Regarding Community Facilities

(80) A wide majority of LLI respondents, 65 per cent to over 90 per cent, and LMI respondents, 45 per cent to 88 per cent,

considered each of the salient features as 'most desirable' under health facilities. Only 9 per cent to 34 per cent in LLI group and 11 per cent to about 47 per cent in the LMI group considered the features to be 'desirable'. Very few families considered 'free consultation' and 'location of medical store within the hospital premises' as 'not being essential'.

(81) Most of the LLI respondents, ranging from 60 per cent to 92 per cent considered three-fourths of the significant features as being 'Most Desirable', with regard to community educational facilities. However, 55 per cent, 69.2 per cent and 71.7 per cent of them considered the features 'provision of bus facility', 'variety of extra curricular activities' and 'lectures should be held at convenient timings' respectively, to be just 'Desirable'. Again 29.2 per cent of LLI and 25 per cent of LMI respondents, respectively, considered 'provision of bus facility' as 'Not Essential'. A majority of the LMI respondents too mentioned most of the features as being 'Most Desirable'. The feature 'lectures should be held at convenient timings' was considered 'Desirable' by 73.3 per cent of LMI respondents. About 54 per cent to 67 per cent of the LMI respondents considered certain other features 'Desirable' while only a few families reported some of the features as being 'Not Essential'.

(82) A vast majority of LLI respondents, ranging from 65 per cent to over 90 per cent, and LMI respondents, ranging from 59 per cent to about 86 per cent considered all significant features of recreational facilities as being 'Most Desirable', with about 9 per cent to 30 per cent of LLI and 12 per cent to

30 per cent of LMI respondents, who considered the features as 'Desirable' except, in the case of one feature, viz. 'pleasant music' should be played in the park', where 30 per cent of LLI and 40.8 per cent of LMI respondents, felt it as being just 'Desirable'. Very few features were considered 'Not Essential' by a meagre number of LLI respondents, and only 4.2 per cent LMI respondents considered the feature 'only medically certified persons should be permitted to use the swimming pool', as being 'Not Essential'.

VI. Range Of Service Preferences Regarding Community Facilities

(83) Very similar requirements, of majority of both income groups were observed, for the range of service preferred, with regard to the selected community health, educational and recreational facilities. It was seen that 48.3 per cent of LLI and 51.7 per cent of LMI respondents said that a hospital or health centre could be located over one kilometre, but not beyond two to two-and-a-half kilometres. Also, 43.3 per cent of both income groups wanted it to be located within half to one kilometre from their residence.

(84) Again, 57.5 per cent of LLI and 55.8 per cent of LMI respondents, desired the school to be within quarter to half kilometre. A confluence of preferences was again observed, when 35 per cent of LLI and 35.8 per cent of LMI respondents, desired the school to be within quarter kilometre of their residence. The public library was required to be located within quarters to half kilometre from the residence of 47.5

per cent of LLI and 45.8 per cent of LMI respondents. Similarly 30 per cent of LLI and 33.3 per cent of LMI respondents, wanted it within quarter kilometre.

(85) With regard to location of a park, 59.2 per cent of LLI and 60.8 per cent of LMI respondents expressed the desired range of service to be between half to one kilometre, while 17.5 per cent of LLI and 20.8 per cent of LMI respondents did not mind travelling over one kilometre to reach a park. Again, 58.3 per cent of LLI and 52.5 per cent of LMI respondents desired a playground to be quarter to half kilometre from their residence, However, 38.3 per cent of LLI and 39.2 per cent of LMI respondents, desired location of the facility within quarter kilometre of their residence.

The findings of the study, apparently, have accommodated all minute differences that may have arisen between the two income groups, and thereby the total sample. The generalizability of the findings of this study, and the inferences drawn, are, limited to those areas, income groups, and socio-economic strata, where the study has been conducted, and to such other areas which resemble the study areas in its relevant aspects.

No precedence was available, on the basis of which, the entire present study could be modelled. Therefore, in terms of selection of factors, methodological approaches etc., the present study has been more in nature of a fact-finding enquiry. To look for definite conclusions in this study, which can be used as a blanket prescription, applicable to another place may be hazardous, and any attempt in that direction should be preceded

with cautious appraisal of local situations and problems, and of the similarity of a given situation with the situations studied in this project.

Every effort has been made to display the data so as to enable the reader, both, to judge the degree of confidence that can be accorded to observed differences, and to consider further analyses, or even studies, that would confirm trends or relationships. If new modes of analysis are suggested by the data, or better sources of data are developed, from ideas generated here, the methods employed will have served their heuristic purposes intended.

II. Conclusions

On the basis of the findings of the investigation, summarized above, the following general conclusions regarding determinants of utilization of community facilities, and specific conclusions regarding determinants of utilization of health, educational and recreational facilities by the LLI and LMI respondents, were drawn.

General conclusions

(1) The extent of awareness regarding availability of community facilities in the near environment is similar among LLI and LMI respondents, the LLI respondents being a little more aware than the LMI respondents, in terms of proportion of respondents.

(2) The extent of awareness increases with increase in the

extension of the environment from the near to the far environment, and with increase in the socio-economic status, the LMI groups having an increased extent of awareness than LLI group, in terms of both proportion of respondents and proportion of numbers of community facilities available for use.

(3) Awareness of numbers of community facilities available for use, increases with the increase in income, LMI respondents having a wide range of awareness than LLI respondents, in terms of proportion of respondents, and proportion of numbers of community facilities.

(4) Awareness of numbers and costs of facilities, increases with increase in income, LMI being more aware than LLI respondents.

(5) Awareness of costs of community facilities/services being 'low' or 'free' decreases with increase in the distance of location of community facilities (in the far environment) from residence, with respect to LLI respondents, but increases or remains stable with the increase in distance of location of community facilities from residence, with regard to LMI respondents. In other words the LMI have a wider knowledge about numbers and costs of community facilities than the LLI respondents.

(6) The extent of awareness of facilities and services' availability and their cost is positively influenced by the literacy level of the families.

(7) Unawareness of availability and costs of facilities, is a function of non-use of those facilities.

(8) Awareness of the characteristic features of community facilities is not influenced by income. Both LLI and LMI respondents are well aware of the existing conditions of community facilities, even if they do not make use of the same.

(9) The use of health and educational community facilities increases with decrease in income, while, the use of recreational facilities, increases with increase in income. A larger percentage of the LLI group use health and educational facilities, while a larger lot of the LMI group are inclined to use recreational facilities, perhaps due to the commutation problem, which the LMI group are able to overcome to a certain extent, having a better know-how about direction, and having funds for travel expenses.

(10) Many poor families do make use of community facilities, but not optimally, due to drawbacks in the facilities. Several, resort to private aid, even if it is a costly exercise.

(11) There is moderate satisfaction in the achievement of family health and recreational goals by both income groups, but total 'Dissatisfaction' and 'Undecidedness' in achievement of family educational goals, by both income groups.

(12) Both the LLI and LMI respondents are knowledgable about the degree of significance of salient features of community facilities, which are either 'Most Desirable', 'Desirable' or 'Not Essential' to them.

(13) The range of service preferences for major community facilities, does not differ much with the income groups studied.

Specific conclusions

A. Determinants of use of health facilities and services

(14) The utilization of government health facilities increases with decrease in income. The LLI families use health facilities more than the LMI families, in terms of proportion of percentage of users and proportion of frequency of visits to health facilities.

(15) Community health facilities are not used by a majority of LLI and LMI families, a higher percentage of the latter.

(16) The utilization of health facilities and services is influenced positively by total adults and negatively by monthly family income.

(17) Education and Occupation of the head of the family, negatively influences use of health facilities and services.

(18) A good health status was enjoyed by the LLI and LMI families alike, (at the time of data collection), which did not seem to particularly influence the use of community health facilities in a significant manner. The health status, being good, influenced non-use of health facilities.

(19) The characteristic features of health facilities, situational factors faced by families and the respondents' opinion regarding health facilities influence use of the same.

B. Determinants of use of educational facilities and services

(20) A smallest proportion of respondents of both income

groups utilized community educational facilities and between them, the LLI utilized schools more than the LMI, in terms of proportion of families. That is, community educational facility use decreased with increase in income, and increased with decrease in income.

(21) The use of higher-order, knowledge-based educational facilities, like museums, exhibitions, educative lectures etc., increases with the increase in income, and likewise decreases with the decrease in income. The LMI respondents use these facilities more than the LLI respondents, in terms of proportion of respondents, kinds of facilities, and frequency of visits.

(22) The total number of children in the family and to a small extent the type of family influence the use of government schools.

(23) The higher the educational level, occupational status of the head of the family, and monthly family income, the lower the use of educational facilities, mainly schools, Hence, education, occupation of head and monthly family income, induce non-use rather than use of community schools.

(24) The total adults in the family, education and occupation of the head of the family, slightly influences non-use of the higher-order, knowledge-based educational facilities, such as museums, exhibitions, lectures, etc., in the case of the LMI group alone, who are better educated than the LLI group. The total adults in the family and monthly family income also influence use of museums, exhibitions, lectures, etc.

(25) Education of the head of the family has a strong influence on the use of all community educational facilities, except museums, exhibitions, lectures, etc., in the case of LLI group.

(26) Education of the head of the family influences non-use of educational facilities, associated with characteristic features of the facilities.

(27) The characteristic features of facilities, the situations faced by families and the respondents' opinion regarding the facilities, influence use of the same.

(28) The availability and distance of the Balwadi, influences use of the same by the LLI group alone. Availability and location of no other facility, influences use by either LLI or LMI family children.

C. Determinants of use of recreational facilities and services

(29) The use of recreational services increases with increase in income. Thus, a substantial percentage of LMI and a low percentage of LLI respondents use the facilities, in terms of proportion of percentages, numbers of facilities and services used, and frequency of visits made.

(30) The extent of influence of characteristic features of recreational facilities and services, increases with decrease in income.

(31) The extent of influence of situational factors faced by families in the use of recreational facilities, is the same for the LLI and LMI groups.

(32) The characteristic features of recreational facilities, have a negative influence on the use of recreational facilities by the LMI group, and a positive influence on the same, by the LLI group. The situational factors also have a negative influence on the use of recreational facilities.

(33) The extent of influence of respondents' opinion on the use of recreational facilities, by the LLI group, is negligible, but by the LMI group, is significant. The respondents' opinions fairly influence, in a positive manner, the use of recreational facilities, by both income groups, more so by the LMI group.

(34) On the whole, a positive influence of features of recreational facilities increases with decrease in income, while a negative influence of the same also increases with increase in income. In other words, the features tend to have a positive influence promoting non-use of facilities by the LMI group.

(35) The housing space inside, positively influences the use of facilities for almost all recreational activities.

(36) The housing space outside the house, hinders use of recreational facilities for study and promotes use of recreational facilities for play.

(37) The presence of children in the neighbourhood, encourages the use of recreational facilities with regard to the LLI families. Play space in the neighbourhood, discourages the use of playgrounds by the LLI respondent families' children.

(38) Play with the neighbourhood children facilitates reading/studying in the park, while, play space in the neighbourhood constrains the use of the park for reading/studying by the LMI respondent family children.

(39) Play space in the neighbour-hood positively influences the use of recreational facilities associated with characteristic features, situational factors and respondents' opinion of facilities, by LLI families, while, the same influence is negative in the case of LMI families.

(40) Play with neighbourhood children influences the use of recreational facilities, associated with characteristic features, in the case of LMI families alone.

(41) The location of a playground close to the residence, positively influences the use of a park for reading/studying by the LMI family children.

(42) The proximity of location of a park or playground influences use, while, distance constrains use for the LLI families alone. Distance of location of recreational facilities does not seem to be a major constraint for the LMI families, in utilization of the same.

General conclusive observations

From the personal contacts made by the investigator and constant interactions with the urban poor surrounds, during the course of data collection, certain general conclusions could be drawn, with regard to the urban poor families studied. These are discussed in the following paragraphs.

Although the slum people are largely illiterate, they possess common sense, shrewdness and ability. Through encouragement and stimulation, they show interest in their own betterment without political feelings, hindering work. Even though poor, they are not happy to live in filthy surroundings, or remain illiterate, and they are aware of the contrasts in their lives to that of the many others they have seen in the city.

Mainly, with regard to the health sector, the poor have consistently reported lower levels of health and more disability than the non-poor. The poor are generally less likely than the affluent to have a family doctor and easy access to a primary provider.

The emerging social class system in the cities has created inequalities based mainly upon socio-economic status. Differential socio-economic status produces inequality in all walks of life including differential standard of living, educational and occupational achievements and access to various facilities available in the community. Access to health services is no exception to this. All the health services in the city are not available to the lower strata of the community, and they are handicapped in using even the freely available health services due to various factors.

The social class system of the urban community has certain characteristics which affect the utilization of health services. First, the life style of the lower classes are different from the upper classes. The poorer sections of the community are underfed

and they eat low quality food, which may lower their health status and thus make them more prone to ill-health conditions. The poor quality of life of the lower classes, is congenial to communicable diseases and malnutrition, which often attack the city slums in epidemic form.

While the upper classes meet their health needs competently, the lower classes are in a disadvantageous position to consume health services due to various factors. The social class system provides differential educational opportunities for different social classes, which lead to differential educational status. In the cities, the gap is so wide that the lower class adult members are often illiterate or just literate with primary school education. This lower educational status is a knowledge barrier for the lower classes, as also seen from the statistical applications to the data.

Moreover, educational status is also a barrier to knowledge about the available health services in the community. So, the lower social classes are handicapped in knowing about available health services. They are even ignorant of the freely available health services in the Government and Municipal dispensaries, which are meant for them. Though the lower classes visit the well-equipped Government hospitals for their health needs, their knowledge is mostly restricted to the out-patient department alone. They are ignorant of the special departments in government hospitals. On the other hand, the upper classes are well aware of the public and private health services, and they utilize the well-equipped special departments of the government hospital, when certain special equipment are not available in

private hospitals.

This reveals that there is a wide gap between social classes in their knowledge of freely available government health services. The low and the very low classes, who are in need of free services have lesser knowledge of these services, whereas the higher classes who can afford private services and are less dependent on free government services, are well aware of the government services. The major reason for this knowledge gap of the low and very low classes can be attributed to their ignorance due to low educational status, as stressed through the statistical inferences.

Apart from the lack of proper knowledge of health problems and available health services, poor perception of health service needs, also comes as a barrier for the lower social classes in utilizing health services. Even if the low classes are aware of their health problems, and the source of health services to meet these health needs, sometimes they fail to perceive the need to seek health services. The lower classes often try to live with their illnesses as far as possible, till the disease starts affecting their day to day work or incapacitating them. They consider their illnesses as one of the many crises that they face in their day to day life.

Apart from the knowledge barrier, income is also a major barrier in consuming health services. While the upper classes can utilize both public and private health services, the poor income of the lower classes, restricts their use of health services, only to the public sector. Even these freely available

public health services, are not easily accessible to some of the lower class individuals. The very poor or the poorest among the poor, cannot afford to pay for the transportation to these public health centres. Further, they have to pay for special food and sometimes for medicines also, when certain medicines are not available in the health centres. So, by providing free health services alone, one cannot break the income barrier.

Though the health needs of the upper classes are fewer, they consume adequate quantum of health services to meet their health needs, as they do not face the barrier of poor life style, lower educational status and low income. They come to know their health problems earlier and seek treatment at an earlier stage, thereby requiring a lesser quantum of health services. On the other hand, the lower social classes ignore their day to day life and go for treatment at a later stage. This aggravation of the health problem, calls for both extensive and intensive health services, but they are ignorant of the availability of health services and their lower income too restricts them from going in for more intensive and extensive treatment. So the health needs of the lower classes are greater, but they are not in a position to receive enough health services to meet their health needs. Thus the upper classes consume a larger quantum of health services to a larger extent than the lower classes, despite the needs of the latter being greater.

Hence, most important, seem to be the economic factors which enable the poor families to meet the expenses on account of sickness. The capacity of the family to meet these unusual

expenses depends on factors like, savings with the family, which is affected by source of income. A daily wage earner having a limited income, which is just sufficient to meet his daily necessities, can hardly save for such accidental expenses on health services utilization.

Certain types of social security facilities can be availed of, by persons who are in service, such as, facilities like sick leave without having monetory loss. A daily wage earner is likely to lose his wages, on account of sickness which refrains him from utilizing health care services, unless labour and minimum wages acts protect him.

Intensity of illness affects utilization of health services. The more the severity, the higher is the degree of utilization. Social dysfunction as measured by inability to perform usual occupational, domestic, educational or social activities, because of being bedridden, or, ill-health which restricts normal activities, is an important determinant deviation from state of health.

Utilization of health facilities, is therefore, conditioned by a number of interacting factors, many of which are exogenous in nature. Among these, type of family, social class and literacy status are of vital importance. Other equally significant determinants are distance involved from health facility, attitude of professional rendering the service, quality of health needs and health awareness of beneficiaries. Similarly, educational and recreational facility use have somewhat similar interacting factors which determine utilization of the

same by the poorer class of society.

The findings of the study reveal the gap between the two income groups in many aspects, most prominent ones being their educational, occupational and economic status, housing conditions in terms of type of residence, number of rooms, and basic amenities at home.

From the findings, one may conclude that, social inequality, however minor it may be, plays a vital role in the utilization of community facilities. The lower strata of the urban community are handicapped in the use of private services, while public services are open to all. Thus unequal distribution of services, puts them in a disadvantageous position to meet their needs. Even the freely available public services are favourable to the upper strata of the community. Alleviating these problems would undoubtedly promote the utilization of government facilities and institutions by the poor families on par with those who are fairly better off economically.

From the above, one thing is clear. One factor mitigating against replacement, if not complete or partial liquidation of the indigenous and occult system of medical relief is that of communication facility. No other factor is as potent as communication facility in popularizing modern medical system of relief.

III. Implications Of The Study

The findings of this investigation, of the use of community facilities pertaining to health, education and recreation of four

locales of the city of Hyderabad, seek to improve understanding and communication among those concerned with the provision of services to populations, and is addressed to two audiences: the policy makers, planners, administrators and managers in governmental and other agencies and organizations, and the scholars, investigators and students of community development in universities and research institutions. Among both groups, it hopes to inform professionals, scientists and concerned laymen to raise the level of empirical research and to improve both the pre-requisites for the climate of decision-making and resource allocation.

The findings of this study help in focussing the attention of national policy makers, planners, and city administrators on the manifold problems of community life in growing cities, which if not tackled satisfactorily and in good time, might assume alarming proportions.

If the factors influencing the use of community facilities by the low income families, is viewed seriously and necessary action taken forthwith, by the government, this research study may offer valuable guidance in tackling indirectly, the problems arising due to urbanization in India.

The research findings should lead to a better understanding of health, education and recreation problems, more rational policy and programme planning and, more effective and efficient use of resources with special reference to health, education and recreation. Community facility research of this nature, should address itself specifically to the coverage of the disadvantaged,

under-privileged sections of society. It is essential for the continuous development and tuning of health, educational and recreational policies and practices.

The results of this study have strong implications for the government's policies, programmes and financial allotments, as also for the urban planners, administrators, policy makers, urban development and Municipal Corporation authorities, city landscape designers, medical and educational professionals, as well as for the consumers of services related to health, education and recreation. Since these three areas are indispensible for a reasonable quality of life, the results of the study need to be taken with a serious view towards betterment of several aspects of community facilities, in order to enable full benefit, to those who are in dire need of the services from these facilities - the masses of the urban poor.

The results suggest that the focus of policies and programmes of the government and other allied institutions, should be on propagating maximum awareness among the poorer and less advantaged sections of society, by educating them through all types of literacy programmes and demonstrations regarding the kinds of facilities and services that exist for their health, educational and recreational needs. The results also suggest that the community facilities that exist to serve the poor are in an inexorable state of affairs, and this needs to be mended with immediate action, if optimum utilization of the same is to be made by those who need them most. The results emphasize the indispensible needs of the poor, who form the major disadvantaged section of the country's population. The results also imply the

need to educate the masses of the urban population, particularly the poor, in bringing about attitudinal changes towards the features and functioning of community facilities. Apparently, this would follow, if the former intervention by the government authorities, policy makers and decision-makers, as well as administrators and designers, to whom the study is mainly directed, in improving and enhancing the community facilities, is taken on a war footing. The findings of this study, most of all, will help in designing further research studies, in related areas, by institutions and research centres to propagate the utilization of community resources by the poor families mainly, in order to improve the welfare of this deprived lot. This can also be done by using the study findings to educate the homemakers of the urban poor families, through resource-utilization action programmes and demonstrations, regarding effective methods to meet their health, education and recreation needs, which pose as problems to the country as well. Moreover, the biggest problem facing the country, that of overpopulation, and thence the requirements for health, education and recreation may be emphasized, and methods of alleviating the same or decreasing their intensity, can be suggested through the findings of this report. Families proficient in efficient resource-utilization from the larger environment, may propagate the advantages of the same to those who are deprived of the benefits from these resources. Moreover, home economists, researchers, health workers, academicians and entertainers of recreational pursuits, can reach out to the individual families through concrete action-oriented community development programmes, which would encourage optimum

utilization of community facilities and advocate a general shift in ideas, with regard to the impressioned misconception that 'free resources are poor quality resources', which generally seems to be the feeling among consumers.

IV. Recommendations For Future Research

Certain significant suggestions for future research are as outlined below.

(1) The present study is guided by the traditional emphasis on those health services which involve a large number of users and which provide extensive data about the general use of health, education and recreation resources and services. It is of interest therefore, to single out one categorical area of community need, of substantial prevalence among similar sections of society, study the services devoted to its fulfilment, and alleviation of problems related to it, so as to test the applicability of the study methods to other specific components of community services system. Hence, one area among health, education or recreation may be selected, the determinants of utilization of services concerning all aspects of the area may be delved into greater details, by way of an in-depth study.

(2) Empirical welfare indices, or subjective indices of urban life quality may be gathered through survey methods, which lead to asking the citizens themselves, about the quality of their perceived environment. By analysis, the original development plans of the urban areas with the actual preferences and judgements of the citizens, some useful insights can be obtained, to be used by experts, town planners and politicians.

The essential simplicity of the design and the emphasis on the methodology of arriving at subjective indices of urban life quality, may provide valuable inputs into an approach geared to the needs of less developed countries.

The need to measure users' (citizens') perception of satisfaction of either specific elements of the sub-system or the general urban environment including utilization of facilities and services, seems imperative.

(3) Objective indicators of the performance of urban sub-systems through the provision of basic community facilities and services, should be complemented by subjective indicators, which express the perception and/or satisfaction and dissatisfactions, the attitudes and behaviour of various individuals and groups. Subjective indicators should, whenever possible, be related to the corresponding objective indicators, in order to derive the total utility value of the facilities and services provided by the urban environment. A study measuring the utility aspect of community facilities through this combined mode of indicators, would give an all round picture, from both the providers' and the users' points of view.

(4) A study to ascertain the influence of resource utilization, on attitudes and managerial behaviour of homemakers, with regard to community facilities, needs to be conducted.

(5) The attitude of families towards free resource utilization and actual 'use' behaviour patterns may vary. It would be of interest to undertake a study to determine the level of

consistency in attitude-behaviour relationships by the families of different socio-economic strata, and thereafter make a comparative analysis of the findings.

(6) The relations between urban facility-use patterns and users' attitudes need to be further researched, so that association between the level of facility-use and the degree to which a resident may or may not be characterized as holding metropolitan (or urban) attitudes can be stated with some degree of certainty, through a related study of this nature.

(7) The socio-cultural, socio-economic status and lifestyles which differ from state to state, could lead to inter-state comparisons of consumption patterns of community facilities as resources, of one or more areas. A longitudinal study of this dimension would clearly distinguish, utilization trends, on account of the above differences, between states.

(8) A comparative study of the extent of utilization of facilities and services in major areas, between the high and low social classes of society, may be rewarding.

(9) A cost-benefit analysis of community facility utilization, in comparison with private facility utilization, with regard to different need areas, and social classes, may be enlightening.

(10) A study on the socio-cultural facilitators and constraints that promote or impede the utilization of significant community facilities, by rural households, may prove very useful while studying them as such, or in comparison with the same in urban areas.

(11) One possible classification of facility-use patterns or complexes at a family level might distinguish:

(a) Employment and related facility uses

(b) Keeping house and related facility uses

(c) Children's use of facilities

(d) Various adult leisure uses of facilities

Utilization of community facilities may be compared among different social classes, in urban areas on the basis of this classification.

V. Action Programmes

In order to achieve more equal utility of community services, an overall integrated plan for the poor, to narrow the social inequality, is required. Then, certain restrictions are needed on the private services, so that they too can serve the poor, to some extent. Finally, the whole public community service system has to be re-organized, so that the poor will get the total benefit of the public community facilities. To uplift the poor and to narrow down the gap between the social classes, the poor should get a lion's share in the National Development Plans. Other action programmes, that may be taken up, which could promote better utilization by those more in need, are listed.

(1) A housing programme along with the establishment of public amenities of all kinds, located at accessible distances. This would raise the standard of living of the poor, together with a marked improvement in their health status, resulting in fewer health needs.

(2) A useful educational programme for children and adults, leading to the development of awareness among the poor regarding various facilities available in the community.

(3) A major action programme should be directed towards eradication of unemployment, which would lead to economic upliftment and thence to the consumption of private services too.

(4) Comprehensive health, education and recreation service programmes, which take care of all corresponding needs of the poor society, in particular. This integrated development programme, would surely narrow down the gap between the rich and poor, if not remove it completely. This upliftment of the poor or the achievement of equality, would break the barriers of income, ignorance and poor or faulty perception to consume community services. Once these barriers are broken, and poor are moulded to take care of their needs or to consume services, it is essential to create a situation where a larger quantum of community services would be available for the poor.

(5) At the present state of economic development, the country cannot afford a National Health Service Scheme as in Great Britain, to cover the entire population. However, certain programmes in the line of Employees State Insurance (ESI) Scheme, may be started to cover the major portion of the urban working population. The ESI Scheme, should be extended to smaller industrial units, business firms, shops, hotels, etc. where there are permanent employees. White collar job holders should be covered by other health insurance schemes. If this is done, a major portion of the working population will receive adequate

health services. Only the unorganized sector workers, would be left out and they represent the poorest among the poor.

(6) The government and local bodies should take care of the health, educational and recreational needs of this poorest section of the community, directly. For this purpose, every city must have a comprehensive services system, which meets all their needs. Well-organized health, educational and recreational machineries should be set up at various levels. For instance, at the ward level, there should be a health centre which could take care of the basic health needs of the poor people living in slums. These health centres should be well-equipped with laboratory facilities. The wards where the slum dwellers are greater in number should have more than one health centre. A group of health centres should be attached to one general hospital in the area, where any serious cases which need special health services can be referred to. Also, location of strong and dependable educational and varied recreational infrastructures should be set up, atleast on a small scale, which may be located nearby the residential areas of the urban poor, who can thus gain easy access to the same.

(7) Private community facilities should be made available at cheaper cost. For this purpose, the government should formulate certain control over private practice under health facilities, as well as, private educational institutions. First, private facilities should be spread all over the city, instead of concentrating in the upper class areas alone. For this, the government should bring a licensing system which prevents

opening of new private health centres and educational institutions, where there are many such facilities. Incentives may be given to those who start clinics and schools in lower class areas. The government must provide loans to these clinics and schools, and some income tax exemptions may be given. The poor can approach these services for emergency purposes.

(8) Services of all health, educational and recreational community facilities should be absolutely free or of a very low cost, with optimum standards of functioning and cleanliness, so as to attract consumers, as in the case of private institutions.