AzJESS
Azerbaijanian Journal of Economics and Social Studies

Azərbaycanın İqtisadi və Sosial Araşdırmalar Jurnalı
www.azjess.com
Sayı/Number 4, 2015

DIFFERENT ATTITUDES TOWARD THE QUALITY OF LIFE CONCEPT

Dr Goran Rajović[1]
Mr Jelisavka Bulatović[2]

Abstract

Quality of life is a concept that is changing its contents intensely in during the last century, depending on the angle of scientific disciplines and objectives of the society and man. Now we can say that they generally recognize the area and quality of life indicators, based on which one can determine the current level of quality of life (Arsovski, 2006). It is therefore of great importance it's monitoring and study, It's the only way this can may consider state of spirit and well-being of a nation. The quality of life of citizens of a state depends on the willingness of its government (or political elite) to respond to modern global processes in which comes with appreciation of generally accepted principles and rules, to come to the fore of national and individual specifics. The latest research whose purpose is subjective perception of well-being of individuals surveyed, contained in the within UNDP Human Development Report of 2010, based on degree of the overall satisfaction and specific aspects of the pleasures of the surveyed individuals, puts Serbia on 62 place in the world (out of 148 countries surveyed). With the right Vasović (2003) concludes that "mark life satisfaction in whole, raised material prosperity and personal good fortunes are classified in basic and central beliefs which every man over a lifetime builds.

Except influence they have on the personal life of the new general life attitudes in large part defines and social behavior of people".

Key words: Quality of life, model of life quality, subjective indicators, objective indicators, European Union, Serbia.

[1] Vojvode Stepe 252, Belgrade, Serbia, E-mail: dkgoran.rajovic@gmail.com, Phone: 0038161/19-24-850.
[2] College of Textile Design, Technology and Management, Street Starine Novaka 24, Belgrade, Serbia, E-mail: jelisavka.bulatovic@gmail.com, Phone: 003861/ 30-82-651

Introduction

Quality of life is a complex concept. Despite long lasting of research, there is no universal or definitive concept of quality of life that would be involved in all conceptualizations of the term. Quality of life dealing with many scientific disciplines and each of them pays attention to those aspects of the concepts that are most important from their perspective. It is clear that the concept of quality of life rather abstract and that is for better understanding and more easily measure the important separate it on concrete components (Slavuj, 2013).

Slavuj (2012) relying on research Andrews (1974), Pacione (1982) Diener and Suh (1997) stresses that the research quality of life apply social indicators. In the literature the often speaks of social indicators, so some authors under the concept of social indicators clearly distinguish objective and subjective indicators, while others term social indicators identify only with objective indicators, especially with measures of subjective well-being, i.e. subjective indicators. However objective indicators, as and subjective indicators have their advantages but also the shortcomings but and deficiencies with who was necessary to the researchers well acquainted. According to Vuletić and Mujkić (2002) in terms of connections objective and subjective indicators, there is a weak relationship between man's subjective feeling of satisfaction with life as and its own assessment of the quality of life and objective living conditions. Namely, significant correlation between subjective and objective indicators located the in situations of poverty, when basic human needs are not being met. Namely significant correlation between subjective and objective indicators is in a situation of poverty and misery, when man's basic needs are not being met. With improvement objective conditions of life, at a certain level, this correlation disappears. In the excellent objective living conditions, increasing material wealth contributes very little or no subjective feeling of quality of life. We can therefore conclude that the objective and subjective indicators of quality of life, generally speaking, poorly linked and that the degree of correlation increases when objective living conditions become bad. We can therefore conclude that the objective and subjective indicators of quality of life, generally speaking, poorly connected and that the degree of correlation increases when the objective living conditions become bad. Slavuj (2012) points out that is to the researcher depending on the objectives their studies, spatial coverage and general possibilities who is has at its disposal, alone adopts a decision what type of indicators wants to use.

Research Methodology

It should be emphasized that the research and measurement of quality of life according to Major (2014) relying on research Böhringer and Jochem (2007), Hardi and deSouza-Huletey (2000) very colorful and in great extent are in function the way I've researcher understands and perceives the quality of life. Therefore, similar research problems that are present in the selection of indicators of quality of life, and the methodological procedure determined is understanding own categories of quality of life.

„The first step in researching living conditions is a choice of appropriate indicators. Pacione (1982) and Andráško (2007) first set key spheres of the quality of life. They consider that the crucial ones are the environmental, social and cultural, economic, and institutional areas; then a choice of suitable characteristics should follow. Like Rogerson et al. (1989), Schneider (1974), Baeriswyl et al. (1996), or Civerolo et al. (2007), we focus on social indicators, such as the level and quality of housing, availability of services (education, health and commercial facilities, etc.) transport services, and security, which are supplemented with selected environmental indicators dealing with air quality, saturation with green areas, etc. An important role in choosing the indicators is played by the availability of data for all units of the internal division of a territory" (Kladivo and Halas,2012). Thus, in recent times more and more attention is paid to the territorial aspects of the research quality of life. Use the maps, creates the possibility of comparative analysis of the quality of life of different countries and regions. The authors of this paper discuss theoretical approaches to quality of life interpreted by many researchers, taking into consideration geographical determinants of study. The whole information volume in this article was obtained through specific methods for the selective research, respecting all its stages from the methodological point of view: identification of the researched issue, research framework delimitation, information collection, data processing, analysis and interpretation drawing up the conclusions. Research also played an important role in the article, which consisted, on one hand, in the identification of other studies and articles on the same subject, and in the processing of some statistic data, on the other hand. Hence, the information sources used can be classified into governmental sources (statistic, ministerial and from research institutes), and into non-governmental sources (independent publications)(Sima, 2009; Rajović and Bulatović, 2016).

Analysis and Discussion

The essence of human personality, regardless of epochs, status, education, religion, race, lays a unique desire to live a life in satisfaction. The concept of quality of life is complex and depends on numerous factors, so deal with it a variety of scientific disciplines. The term "quality of life" was first mentioned Pigou 1920, in a book about economics and welfare, and documented use of the term in the medical literature we meet for the first time 40 years ago, in the field of transplantation medicine(Marić, 2014).

As most people as superior quality distinguishes health, there is a use for the definition of quality of life related to health (HRQoL - Health Related Quality of Life). Over the next decade, the number of studies on quality of life is increasing, and the World Health Organization (WHO) provides a definition of quality of life. According to WHO, quality of life is defined as a state of complete physical, mental and social well-being g and is a multidimensional concept that includes physical and psychosocial aspects (Trgovčević et al, 2011).

Table 1. Model of life quality

	Objective indicators	Subjective indicators
Having - material and no personal needs	Objective measurement of living standards and circumstances of the environment	Subjective feelings of satisfaction / dissatisfaction with life circumstances
Loving - social needs	Objective measurement of connection to others	The satisfaction / dissatisfaction of human relations
Being - need for personal development	Objectively measuring attitude towards society and nature	Subjective feeling alienation or personal manifestation

Source: Allardt, 1993.

Quality of life is the most important indicator of happiness and satisfaction in every society. It is therefore of paramount importance and its monitoring study, because the only way to monitor the state of mind and well-being of a nation. Quality of life is monitored by the index of quality of life. However, Milivojevic et al (2015) are asking what focuses on the quality of life, satisfaction with life and happiness? Is it this average point in some moment of time or has been made some goal a smaller range, which currently generates satisfaction and happiness? On the other sides, how to measure these values, and how to calculate the indices mentioned parameters of human life, as well as which are the dominant generation in these studies that the value of the index was realistic. In doing so, it should strive to study the quality of life, life satisfaction and happiness to the entire life cycle of man and determine the dynamics of changes of this magnitude in accordance with the stages of life: the concept, prenatal, birth, childhood, adolescence, adulthood, old age and death. Life goals, needs, life attitudes, expectations, and their achievements are significantly different at each stage of the life cycle. The dynamics of change is very rapid, and the mood and feeling of fullness of life are changing from minute to minute, from day to day. The question therefore arises whether it is possible to make a universal questionnaire for all ages at the same time?

Lipovčan Kaliterna et al (2015) demonstrates relying on research Cummins et al (2003), Eftimoski (2006), Marcs et al(2006), Veenhoven (2005) that to measure national well-being and quality of life using different indices that consist of a series of subjective and/or objective indicators. Prominent among these indices are: International index of well-being, Human Development Index, Index of happy years of life, planetary happiness index, Index of quality of life.

International index of well-being (International Wellbeing Index IWI) consists of the Personal Wellbeing Index, PWI and the National Wellbeing Index, NWI). This index is based on estimates of how many people dissatisfied with their material status, health, achievement in life, relationships with family and friends, physical sense of security, acceptance of the environment and the future safety. National well-being is assessed based on individual measures of satisfaction throughout the environment in which he lives, or are being explored with the employment situation, the environment, social conditions, government, business and national security... Human Development

Index HDI consists of three main indicators; life expectancy, education and gross national income. Evaluation of development companies, according to this indicator shall be in the range of 0.001 to 1. On the basis of points ranked and compared the state._The Economist Intelligence Unit's Quality of Life Index includes a unique and comprehensive methodology for measuring quality of life in different world nations. Individual indicators of quality of life include: material well-being, health, political stability and safety, family life, the life of the community, climatic conditions and geographic location, job security, political freedom and gender equality._Happy Planet Index-HPI quality of life in a country is primarily based on GDP. HPI is actually a measure of eco-efficiency to achieve well-being, and consists of three components: life satisfaction, life expectancy and ecological impression._Happy Life Years - HLY has developed Veenhoven (2005). To calculate the national HLY is necessary assessment of the global life satisfaction multiplied by the average life expectancy at birth:_Happy years of life = Life expectancy at birth Luck or X Global life satisfaction. High HLY implies that citizens live a long and happy, while lower results indicate that the average citizen lives a short and not very happy. Mean values of HLY-may mean: the mean duration of life and medium life satisfaction; long-lasting life, but unhappy; short but happy life (Lipovčan Kaliterna , 2015).

As time goes by Milivojević et al (2011) are increasingly putting emphasis on the quality of life of the individual, but there are a large number of inconsistencies and problems._Observed in general, each person has their own philosophy of life, and it points to the problem of simplifying and generalizing the index of quality of life._On the other pages life of an individual is directly related to the value system of the community in which he lives, the value system of the family in which he grew up, legal regulation of the country in which he lives, culture, the environment in which he grew up and where he lives, the personal characteristics of the person and his projection of life values, as well as the depth of his emotional life and knowledge. This problem is extremely complex and leaves little room for comparison the index of quality of life of nation and state.

Clark (2000) suggests …that quality of life for an individual is affected significantly by his or her social environmentº, hence there is a strong collective or public dimension to QOL to complement the private individual dimensions, and the social environment is in many ways closely connected to the built environment. Clearly planning has to be directly concerned with QOL issues. There are many references to QOL in planning studies, and the planning literature offers a wide variety of interpretations, definitions and applications of the concept. QOL means different things to different people and embraces wellbeing and satisfaction which focuses on the individual, to `good place' that is centered on location. Because there is no single standard operational definition of QOL Dissart and Deller (2000) suggest that related terms have emerged, for example, well-being, level of living, standard of living, life satisfaction, happiness and morale. Implicit in all this is the notion of the possibility for an individual to take some control of the outcomes of their life, as opposed to the fateful

acceptance of things as beyond control or being in the hands of the supernatural. According to Saul (1997) as perhaps the most significant human experience that is confronting the contemporary world. Governments are expected to provide conditions to enhance QOL of citizens, while reducing tax levels and offering improved public services.

In Table 2 are given indicators of the quality of life in function of ages of man. Of course, this is not a definitive or complete set of indicators for either of these ages. Here are for better understanding of the complexity of the concept of quality of human life presents some of the key indicators and measuring quality of life**.**

Table 2. Indicators of quality of life in function of ages

Vitally era	Time period Key groups of indicators	Dominant in life	Key groups of indicators
1	2	3	4
Prenatal - Zygote - Embryo - Fetus	0 to 2 weeks from 2 weeks to 2 months from 2 to 9 months	Good genetics Proper development Maternal health Good nutrition Good environment	Genetics-concept Development towards the concept Health mothers A good environment (food, good emotions-love)
Neonatal - baby	to 1 month after birth	Adaptability to the environment Development towards the concept Maternal health Good environment	Adaptation to the environment Development towards the concept Health mothers A good environment (food, harmony in the family - love)
Childhood in their infancy - early - late	from 2 to 15 months from 15 to 30 months	Adaptability to the parents and brothers / sisters Realization of one's personality Research environment Proper development Harmony in the family love certainty A good environment (food, water, air, peace) The formation of attitudes	Adaptation to family Proper development Health Security Harmony in family love Environment (food, water, air, peace) Communication (verbal, nonverbal) Respect personality

1	2	3	4
Childhood - early - medium - late	2½do 5 years 5 to 9 years 9 to 12 years	Adapting to social community (kindergarten, school) The growth of awareness of their own personality Research wider environment Proper development Harmony in the family -love Certainty A good environment (food, water, air, peace) The development of the scale of values and attitudes	Adaptation to social Community Proper development. Health Security Harmony in the family -love. Environment (food, water, air, peace) Communication Understanding of injustice Social status Environment
Adolescence - Early-puberty - Medium - late	(girls 11 ½ to 14 ½ to 12 boys 15½) (girls 14 to 16 boys 15 ½ to 17½) (girls 16 to 19 boys 17 ½ to 21)	Adapting to the wider community (kindergarten, school, meetings) Further increase awareness and of his own personality Research broadest environment Proper development Harmony in the family -love Security A good environment (food, water, air, peace) The development of the scale of values and attitudes The love for the opposite sex Sexual desires and experiences, Sport Arts Science	Adaptation to social community The proper physical and mental development Health Security Harmony in the family -love Environment (food, water, Air, peace Communications, A strong sense of justice Sport Love Sex Social status Environment Science and technology

1	2	3	4
Maturity - wound - Medium - late	women 19 to 30 men 21 to 35 women 31 to 45 men 36 to 50 years women 45 to 70 men 50 to 70	End of school Choice of profession The army Economic independence Love and selection of partners Starting a family Children, Social status Contribution to the community Health Sex His / her marriage Children Grandchildren Pensions.	Represented are a set of indicators all four dimensions of quality of life: Economic, Social Environment Science and technology
Age of 70 years after death	Of 70 years after death	Maintenance and service health Decent life in old age Attention and care by family and society Friendship Jan range of interests Creating a strategy for long life	Health Health services Economic status Attention and Care Social needs Interests Striving for long life Preparation for death
Death			Health Fear of death and Easy to death

Source: Milivojević et al 2014.

As shown in shown in Table see nearest classical model for calculating the index quality of life is ripe age. But it should be noted that they differ significantly sets of indicators for sub-phase life cycle of man: early maturity and late maturity, populations that enters into a full life and the population will retire and fast approaching old age. Their goals need expectations and life attitudes in many respects fundamentally different. Hence, if it is necessary that for each age man making methodology that will give real indices of quality of life, not some generalized that do not reflect the real situation in the human population (Milivojević et al,2015).

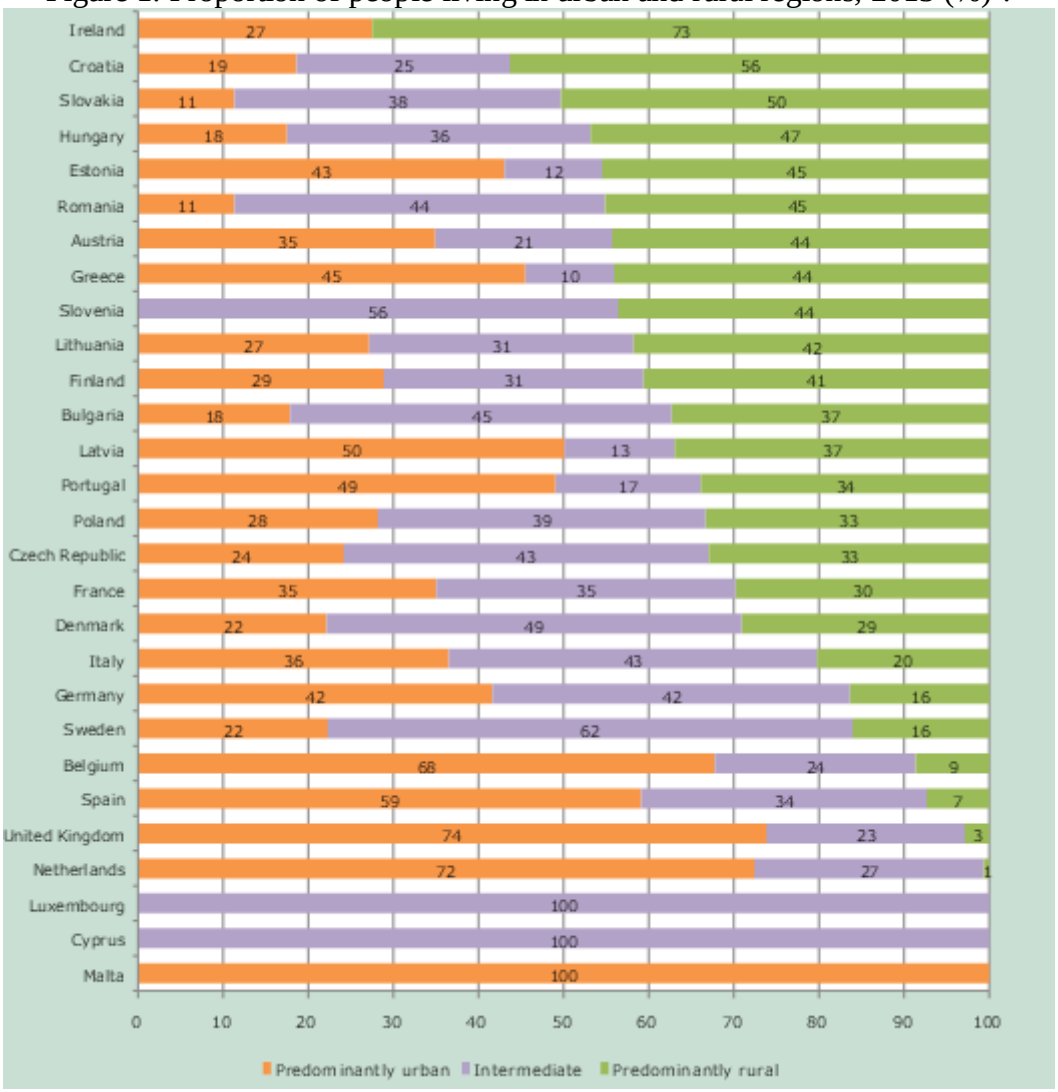
Hoggart et al (1995) state that "on a European scale are there is little chance of reaching consensus on what is meant by rural". This problem arises not only because of the difficulty faced in defining what is rural, but also because of the different histories, cultures, demographics, and political, socio-economic and physical conditions of countries. This results in different attributes being characterized as "rural". Within the EU Member States, national definitions tend to rely on what is non-urban as being rural.

Even where countries adopt a similar approach to defining rural (e.g. population thresholds are used in Denmark, France, Ireland, Italy, Spain and Sweden), the level of the thresholds and how they are arrived at can vary widely. Despite a diversity of approaches at national level, there is still a disposition towards defining the urban population and treating rural populations as residual entities (Bengs and Schmidt-Thomé, 2005).

According to Shucksmith (2000) has attempted to summaries what this means in terms of contemporary understandings of rural-urban differences: firstly, there are differing historical legacies, notably in terms of the dominance of agricultural production and perhaps also of conservative political ideologies. These are important issues in leaving behind, for example, low wage economies, non-unionized labour forces and, in the UK, a relative lack of social housing, secondly, rural areas are associated in popular discourse with a distinctive organization of space, namely sparseness of population and spatial acceptable these characteristics also generate distinct manifestations of social exclusion and quality of life. They might include, for example, higher costs of accessing services and consumer goods, or greater car dependency; thirdly, rural areas are different because people view them as being different: people's own social construction of rurality influences both their actions and the structures that regulate their actions. For example, in rural UK, the quality of the environment is protected by preventing house - building, whereas in urban areas it is typically pursued through design standards. Moreover, in some EU countries, social exclusion is less likely to be addressed by policy, precisely because exclusion in rural areas is widely viewed as a contradiction in terms. Those countries' dominant representation of rurality as a pastoral idyll does not admit the possibility of exclusion. In other countries, the reverse is the case. In relation to each of these aspects, there is diversity among rural areas within Europe, so that processes of exclusion manifest unevenly and in different ways from one locality to another. The importance attached to the local context in the literature on social exclusion is therefore particularly helpful, both in understanding the differences between rural and urban manifestations of social exclusion and in acknowledging the diversity between rural areas in different countries. Without going further into this issue we will use the data Euro found (2014). Namely, Figure 1 indicates Proportion of people living in urban and rural regions countries - members of the European Union.

According to the latest data Eurostat (2014) presented in Figure 1 show the distribution of the population in the different Member States in 2013 across rural, intermediate and urban regions. In some countries, population is concentrated in densely populated areas (Belgium, Netherlands, UK). In other countries, the largest proportion live in sparsely populated areas (Ireland, Croatia) and few in densely populated areas (Romania, Slovakia). In other countries, most people live in intermediate regions (Bulgaria, Denmark, Slovenia, Sweden). Then there are countries where both the proportions of people living in densely populated areas and living in sparsely populated areas are high, while few live in intermediate areas (Estonia, Greece, Latvia, Portugal).

Figure 1. Proportion of people living in urban and rural regions, 2013 (%)[3].



Source: Euro found (2014).

National-level proportions hide the fact that in some countries urban areas are concentrated in a small geographical area. Examples include Finland and Sweden where the proportion of people living in urban areas is similar to other Member States, but

[3] Data for Germany and Romania are from 2012. Classification is based on NUTS3 regions. In Luxembourg and Cyprus, all NUTS3 regions were classified as "intermediate", and in Malta all were classified as "predominantly urban".

they are concentrated in small areas around capital cities, with otherwise particularly large rural areas (Euro found, 2014).

Table 3. Measuring quality of life in rural municipalities

Measuring quality of life in rural municipalities	Population under 18 years old
	Number of births
	Number of deaths
	He level of GDP / capita
	The average net salary in the Municipality
	Debts of households, of income
	Living space
	The percentage of unemployed
	The share of illiterate
	The share of highly educated
	Separation financing from the municipal budget for education
	Separation of finance from the municipal health budget
	Safety residents
	Separation financing from the municipal budget for recreation, culture and religion
	Satisfaction with existing infrastructure
	The quality of municipal services
	Satisfaction with cultural facilities

Source: Authors - according to Arsovski and Stojković, 2014.

According to Arsovski and Stojković (2014) value of indicators of quality of life can be used to encourage the diversification of economic activities, namely: non - agricultural activities, support for the development of business activities (entrepreneurship), activities in the field of tourism, basic services for the economy and population, renovation and development of rural communities, conservation and monitoring of rural resources, providing training and giving information, acquire and retain the necessary knowledge for the preparation and implementation of the strategy for local economic development (LED), development and implementation of projects based on LED strategy ... to conclude Arsovski and Stojković (2014) in the future we may expect a significant increase in the number of QoL research and determine the strategy of development of rural municipalities in terms limited resources.

According to Rezaei (2015) referring to the research Qanbari et al (2013), Mosavi et al (2013), Lotfi (2009) life quality has three features: life quality is defined based on condition of people, life quality is a multidimensional concept, life quality beside objective indices is evaluated by subjective indices. Generally, urban life quality approach is an effort to create healthy city and providing suitable urban services for all people in sustainability framework (Mosavi et al., 2013).Thus, the research about life quality attempts to evaluate the combinational effect of these subjective and objective factors on human welfare. Indeed, discussing about urban life quality is not meaningful

without considering urban sustainable development. When discussing about urban sustainable development the term urban life quality is emerged (Lotfi, 2009).

Table 4. The principles and criteria of urban life quality

	Dimensions	Index
Urban villages	Environmental	Diverse green spaces, Avoiding air pollution, Recreational areas and parks, Natural resources.
	Social	Social or public security, Leisure time spaces, Pedestrian spaces, Open and green spaces.
	Economic	Providing primary resources, Purchase power, Value of residential land, Job satisfaction.
	Physical	Residential space, Major housing facilities, Housing ownership, Number of rooms, Arrangement of buildings, Spatial order, Perspective sequence, Readability, Image, Spatial perception.
	Communication	Communication tools, Public transportation, Traffic flow, Satisfaction of intercity trips.

Source: Rezaei (2015).

According to Euro found (2014) citing research Euro found (2012) emphasizes those patterns at the EU level in terms of quality of life mask differences across Member States. Table 3 shows how urban and rural areas compare in the various Member States using the same indicators. A complex pattern emerges, with rural areas in some countries performing worse than urban areas for most indicators (Croatia, Cyprus, Romania, Slovakia), and others where urban areas do worse on most indicators

(Austria, Czech Republic, France, Germany, Ireland, Luxembourg, Netherlands, Sweden, UK). There is also a group where rural areas generally do somewhat worse than urban areas for many indicators, but the difference is not that clear on most accounts (Bulgaria, Denmark, Finland, Hungary, Latvia, Lithuania, Malta, Poland, Portugal, Spain). There is a fourth group of countries where rural areas do worse on some Indicators and urban areas on others, with a mixed pattern overall (Belgium, Estonia, Greece, Italy, Slovenia).

In Cyprus, Romania and Slovakia, people in rural areas according to Euro found (2014) citing research Euro found (2012) points out that more often have difficulties making ends meet or are more often materially deprived than in urban areas (this is indicated by the dark green color in Table 2). The difference is somewhat smaller, but also considerable in Greece, Poland and Spain. The situation is reversed in France, Germany, Ireland, Luxembourg, Malta and the Netherlands where more people in urban areas have difficulties making ends meet (and are more often materially deprived) than in rural areas. Satisfaction with accommodation is lower in urban than in rural areas particularly in Austria and France. While dissatisfaction with accommodation is generally more of an urban problem, in some of the countries with high deprivation in rural areas, these areas do worse in terms of accommodation than urban areas (Croatia, Lithuania, Romania, Slovakia). Social exclusion is more of a rural than an urban problem especially in Croatia, Lithuania and Romania. In contrast, it is more of an urban issue especially in Greece and the UK. A higher proportion of people have lower life satisfaction in rural areas than in urban areas in Croatia and Slovakia in particular, but in more countries, urban areas score worse, with the largest difference in Ireland.
Overall, the urban - rural divide is generally more in favors of urban areas in most of the Member States that have joined the EU since 2004 apart from the Czech Republic, Estonia and Slovenia. In Member States that had joined before 2004, the balance in contrast is more in favors of rural areas except in Belgium, Denmark, Finland, Greece, Italy, Portugal and Spain. Given the many exceptions, the results largely confirm an earlier observation that this division between Member States that joined the EU since 2004and those that joined before is becoming inappropriate for many aspects of quality of life (Euro found, 2014).

According to research Eurobond (2013) in the publication "The quality of life in the enlargement countries, Third quality of life in Europe -Srbija", indicates that on average, people in Serbia assessed their life satisfaction at 6.3 on a scale of 1 to 10. This is far below the average of 7.1 in the EU 27, where life satisfaction varies from 5.5 in Bulgaria to 8.4 Denmark. In comparison with other surveyed countries enlargement, the figure for Serbia almost at the lowest level. Report on the quality of life in Europe demonstrates that health, income, unemployment and age most closely associated with subjective well-being in the EU (Euro found, 2012). Analysis of the data suggests a similar association in Serbia, where unemployment is less powerful indicator than in the EU27. As in most countries, people in Serbia generally assessed their life satisfaction

lower grade than chance (7.1), and the difference between these two indicators of subjective well-being is -0.8.

Research suggests that people, especially in countries where the dissatisfaction with life much, fail to compensate for dissatisfaction with the quality of your life by, for example, family relations and personal adjustments. In Serbia, satisfaction with family life (8.0) is slightly higher than in the EU27 (7.8). In Serbia, 60% of the population is optimistic about the future, which is above average in the EU27 of 52%. Other respondent's enlargement countries also show a higher degree of optimism; However, it is in some neighboring countries are much higher (Montenegro 68%, Croatia 66%, Macedonia 62% ...). The level of optimism recorded for the unemployed (51%) was also significantly lower than the average.

As stated in the publication Euro found (2013) "The quality of life in the enlargement countries, Third quality of life in Europe - Serbia", the proportion that is optimistic about the future has a positive correlation with average satisfaction with the economic situation in the country and trust in government. On average, people's satisfaction with their health in Serbia was 7.4 on a scale of 1 to 10.

It is similar to the average for the EU27, amounting to 7.3, and where the results range from 6.5 in Latvia to 8.4 in Cyprus. After Croatian, Serbia has the lowest level of satisfaction with their own health of all seven countries that are not EU members, and were interviewed for testing the quality of life in Europe. Index mental well being of the World Health Organization (WHO-5) in Serbia is 54, the lowest recorded score of all 34 surveyed countries. With a score of 5.3, Serbia has to last in terms of satisfaction with standard of living of all 34 surveyed countries (located above Bulgaria, which has a rating of 4.7). Misery index, a measure that gives a general overview and assembles the unemployment rate and the inflation rate is among the highest in all 34 surveyed countries, amounting to 30.3. This index in 2011 was higher in the Former Yugoslav Republic of Macedonia (35.9). In fact, Serbia has the highest percentage of the population that is experiencing conflict between work-family life (80%) of all the countries in which the test was made. The difference in the contribution of men and women to housework in Serbia (50 percentage points) is above the EU average. Higher than in Croatia (43 per cent), but is similar to other Western Balkan countries. In Serbia, like other enlargement countries (except Iceland), there is a relatively high percentage of women of working age, 49% of which are not part of the workforce. Euro found (2013) analysis public services, the population of Serbia is the highest score for quality, given child care (6.1); it is similar to the average of the EU27. Percentage of population with children who use the services of babysitting (23%) was similar to that in other Western Balkan countries, but lower than the average in the EU27 (34%).The quality of health services is estimated to 5.1, while in the EU27 on 6.3. The quality of long-term care is assessed similarly (5.0).

Table 4. Difference in proportion of people experiencing low quality of life between urban and rural areas[4]

	Difficulties making ends meet	Materially deprived	Dissatisfied with accommodation	Socially excluded	Dissatisfied with life	Low trust in local government	At risk of bad mental health	Bad health
Rural areas score clearly worse on most indicators								
Romania								
Slovakia								
Croatia								
Cyprus								
Rural areas score somewhat worse on most indicators								
Finland								
Hungary								
Denmark								
Portugal								
Bulgaria								
Poland								
Spain								
Malta								
Latvia								
Lithuania								
Less clear urban-rural divide: rural areas score worse on some, urban on other indicators								
Slovenia								
Italy								
Greece								
Belgium								
Estonia								
Urban areas score generally worse								
Luxembourg								
Sweden								
Austria								
France								
Czech Republic								
UK								
Netherlands								
Germany								
Ireland								

Source: Euro found (2014).

The population of Serbia is experiencing great difficulties when it comes to access to health services. The cost of doctor visits is great difficulties for 14% of the

[4] Percentage - point difference, urban-rural. Table is sorted by sum of differences. A lot of green suggests rural areas are doing worse than urban ones for many aspects and a lot of orange suggests urban areas are doing worse: dark green = - 8 percentage points or lower; light green = -7 to - 3 percentage points; white = - 2 to 2 percentage points; light orange = 3 to 7 percentage points; dark orange = 8 percentage points or larger.

population; this figure is slightly higher than the average in the EU27. In addition, 30% claim that they delay when scheduling doctor visits because great difficulties and 24% say that they hold for inspection on the day when they have scheduled inflicts great difficulties. These figures are among the highest of all the surveyed countries (higher only in Greece, with 33% and 27% respectively). The population in rural areas is at a considerable disadvantage of the population in urban areas when it comes to the availability of banking services, cinema or cultural centers as well as public transport. A total of 45% of the population in rural areas, he said he was not using cultural services. Overall, in Serbia, the level of general trust in people is located at a position 4.6 on a scale of 1 to 10. When this is compared with the results for the EU27 (average 5.1) shows that 17 EU member states have a higher degree of confidence in the people of Serbia, the result is similar to that for Bulgaria (4.5) and Lithuania and Malta (both 4.7). When it comes to public institutions, trust in the government in Serbia (3.0) is significantly lower than the average for the EU27 (4.0), and lowest of the seven countries in the enlargement that took part in the study. Confidence in the national parliament (2.9) and local government (3.3) is also a little. The relatively low level of trust in local government represents what most enlargement countries (except Iceland) differ from almost all EU countries, where the population has a higher degree of confidence in local government than in national institutions. Perceptions Index of Social Exclusion in Serbia is 2.5 (on a scale of 1 to 5). Serbia, have the highest levels of perceived social exclusion among the enlargement countries; in the EU27, higher level was recorded in three countries - Bulgaria, Cyprus and Greece (Euro found, 2013).

EU leaders in June 1993 at a meeting in Copenhagen set three criteria that each candidate country must meet before it can join the European Union: that they have stable institutions guaranteeing democracy, the rule of law, human rights and respect for minorities; that there is a healthy market economy; to take over the whole of the acquits and commit to follow the objectives of the European Union. An important condition for the growth of quality of life is an increase in production and exports in a much regulated "unique" or "internal" EU market, which provides, primarily technical harmonization that is the most extensive and most serious task for the candidate countries, the economy and businesses, but also for every citizen. For competition with other important actors in the world, the European Union needs a modern and efficient economy, as a condition for a better quality of life for its citizens. At a meeting in Lisbon in March 2000 the political leaders of the EU have adopted the "Lisbon Strategy" and set a new goal: that within the next decade the EU achieve "knowledge-based economy, the most competitive and most dynamic in the world, capable of continuous growth with more and better jobs and higher social cohesion"(Uzunović and Jakšić,2007).

Rightly Uzunović and Jakšić (2007) conclude that the contemporary processes of globalization, nothing happens by itself - already dominates the clear strategy groups, countries, corporations and individuals. The quality of life of citizens of a country depends on the willingness of its government (or political elite) to respond to modern

global processes in which, taking into account the generally accepted principles and rules, to come to the fore of national and individual specifics. Stable country's institutions guaranteeing democracy, the rule of law, human rights and respect for minorities, an important condition for competition of political ideas, on which the final decision given by the citizens in free and democratic elections. Science and profession ... must become long-term interest and most important pillar of serious political parties and their programs, which are fighting for voter support - offering them, primarily, higher quality of life. In order to raise the general quality of life of society, citizens remains a possibility to support those political options that would ensure faster economic development and growth in GDP, in attracting investment, and it is necessary basic organization of the state institutions and infrastructure - which will be at the service of economic development, increasing competitiveness and export products.

Conclusion

Our research records in the form of concluding observations suggest the following:

1. "Specialized literature contains a great number of studies dealing with questions of the theory and methodology of the QoL. In spite of this, plurality or only partial, consensus prevails in opinion on the given theme. Even if it may seem that this situation is the result of the multidisciplinary nature of QoL, the differing views on the concept appearing in studies pertaining to the same scientific disciplines consistently point to the highly subjective nature of the concept. It is manifested in subjective perception and interpretation of QoL by any individual regardless of his/her qualifications or specialization. From the point of view of the scientific approach to QoL, above all definition or interpretation of the content of the concept, the related terminology, methodological basis and criteria dependence or criteria by which the QoL is estimated are the factors where a considerable plurality of views exists" (Ira et al, 2009). It is only possible to talk about partial consensus when the idea of a "two-dimensional" or "multidimensional" structure of QoL is accepted. In spite of terminological similarity (which is confusing to some extent) the two characteristics of QoL possess their individual content and meaning. Although an attempt was made to discern the content of two-dimensionality and multidimensionality, it is true that the term dimension still appears in the context of QoL in dual meaning. In connection with the question of defining the QoL but also of the relevant terminology the use of so-called meta-concepts should also be mentioned. Among the most frequently applied meta-concepts are: well-being, life satisfaction, happiness, health, quality of place, sustainability, and livability. Based on an extensive overview of the meta-concepts, arrived at the conclusion that due to their contents they all can be broadly comprised in the common quality of life concept (Ira et al,2009),
2. Research on quality of life according to Mayer (2014) is usually based on two broad models: the Scandinavian model, which is focused on the living standards and living conditions and quality of life of the American model._Comparing the two models

Kovacs (2007) according to Mayer (2014) points out that the focus of the Scandinavian model resources, with emphasis on the role of factors stemming from living conditions and directly affects the quality of life. The American model, in contrast, assumes that individuals alone can best assess the quality of their own life, and this model emphasizes the importance of subjective evaluations and observations, and on the basis of subjective mood tends to measuring the development of society and quality of life measures,

3. Ilić et al (2010), relying on research Schalock (2004) and Schalock (1996) indicates that there are many different approaches to measuring quality of life, and that "pluralist" methodological approach pointing out the multidimensional nature of quality of life with the claim that the different dimensions of quality of life can best be measured by a variety of techniques. In this way the quality of life can be measured simultaneously and the objective and the subjective perspective, including subjective and objective evaluation of objective factors. Namely, ,according to Ilić et al (2010) there is a certain difference between the methods used for measuring the quality of life in the general population and those who are used to measure the quality of life of individuals. In both approaches, the dominant methodology can be described as a positivist and based on quantitative methods. The quality of life of the population is based on the traditional "social indicators". This usually involves identifying indicators and measures related to a number of dimensions / domains, in order to calculate a single index of quality of life. For the quality of life of individuals - including ethnographic studies and observation of behavior, the dominant approach to measuring the self-assessment instruments or questionnaires. This is the case for each of the Schalock (1996) two groups of "measuring focus": personal and functional assessment,
4. First, the fundamental geographical studies of these problems in the seventies of the last century are primarily used objective measures. But very quickly there are works that apply subjective indicators. These works were mainly related to the strengthening of knowledge about the importance of perceptions and experiences of individuals and feelings that they have for the area. Today, the geographic papers used both objective and subjective indicators of quality of life, but studies that combine both types of measures are relatively rare (which is also the case with the works of other professions). In a decision which will apply indicators investigator in the study play a major role specific objectives of each study, its geographic coverage, and, in general, opportunities and resources that are available to the researcher(Slavuj,2012),
5. Quality of life is geographically interesting theoretical and methodological problem. His research provides a complementary application of different methods, but also the involvement of diverse geographic knowledge available to explain this complex phenomenon. In doing so, the research quality of life of rural communities has its theoretical and relevance and social actuality. In the first case, the relevance stems from the role of rural communities in modern societies, changes in their structures,

changes in the way notions of rural development (in particular its agents) ... In the second case, the actualization of this problem follows from the need for rural reconstruction and development(Bokić and Čikić,***),

6. Quality of life in the city according to Slavuj (2013) relying on research Sereke Tesfazghi (2009), Li and Weng (2007), Tuan Seik (2000) has been intensified in recent decades along with the growth of population in urban areas. Among researchers, urban planners and government consensus exists that studies the quality of life in cities is extremely necessary because research results show invaluable in planning urban development and management of sustainable development. Among other things, these studies are applied to the fulfillment of the key tasks such as informing and educating the population and decision-makers about trends in quality of life. They help formulate strategies for improving the quality of life because they enable the identification of problem areas within the city, discovering the causes of discontent among the population, getting to know the priorities of citizens and monitoring and evaluation of the effectiveness of policies and strategies across a number of indicators of quality of life,
7. The first survey on the quality of life of the population in 28 European countries was conducted2003 (Quality of life in Europe: First European Quality of Life Survey), second 2007 (Second European Quality of Life Survey Overview) and special surveys 2009 (Special Euro barometer). Changes recorded 2003 - 2009 are reflected in changes in the quality of life caused by the enlargement of the EU, which particularly applies to new Member States. In the countries which joined the EU in 2004 improved quality of life was felt more than in the old member states. This refers to the satisfaction of the people private aspects of life such as housing and living standards, as well as public services such as education, health and public transport. Trends in quality of life between 2007 and 2009 were affected by the global economic crisis and unemployment in Europe, but it is essential, interpret changes in satisfaction with different aspects of life and identify social groups that the economic crisis has hit hardest (Jakopin, 2011). Thus, the average level of overall life satisfaction across the EU fell by 4%. At the same time there is a difference in reducing the sense of life satisfaction between men and women. However, a clear difference exists between the older and younger population: in people aged between 18 and 34 years the rate reduction emotional well-being fell by only 1%, while among older people, this decrease amounted to 5%. People with 65 and older in the 12 new Member States have felt a sharper decline in life satisfaction (down 10%) than their counterparts in the old EU-15 (3%), because the older people from the 12 new member states enjoy less benefits of enlargement, and they feel vulnerable to the risks of global crisis. Reducing the level of satisfaction of EU citizens living standards on average 5%(Jakopin,2011),
8. The latest survey covering and Serbia, and dealing with the subjective perception of well-being of individuals surveyed, contained in the UNDP Human Development Report, 2010. On the basis of the degree of overall satisfaction and specific aspects

of the pleasures of individuals surveyed, Serbia ranks 62 in the world (out of 148 countries surveyed). Dimensions used within the HDR for assessing the degree of satisfaction of individuals all life as work, health, standard of living, the expediency of life, respect, social support networks. In addition to the new concept of measuring deviations of the actual (HDI) and the potential human development index (IHDI), one of the major methodological innovations is a measurement loss due to inequality in human development. The loss of Serbia's human development from 11% the greatest impact had unequal distribution of wealth in the country (Jakopin, 2011).

Quality of life in relation to urban-rural interaction depends on choices and actions based on individual preferences. Four different patterns can be described that are determined by peoples' desire to combine the 'best' parts of 'urban' and 'rural' milieus. The first pattern addresses individuals who prefer entirely rural areas and use urban areas only occasionally for instance for shopping or cultural activities. The second pattern corresponds to individuals who prefer rural areas as place of residence but their attitudes and needs towards urban areas are versatile. People who prefer urban areas as places of residence but use rural areas regularly and are actively for instance for recreational activities, or those who own a second home etc., are included in pattern. The fourth pattern refers to people to whom rural areas do not have any particular importance or meaning in their daily life (Lange Scherbenske and Kahila,2012).

Thus far, the various efforts undertaken and the methods used in respect of the management of quality of life in the framework of urban-rural interaction have been rather limited. The challenge for planners and policy makers remains to link micro - level interactions to macro-level changes. There is then a clear need to understand the various dimensions of quality of life. However, exploring the spatial aspects of quality of life in relation to urban-rural interaction on the basis of quantitative methods alone would be inadequate. Qualitative approaches are required in order to properly consider individual choices based on preferences and values (Lange Scherbenske and Kahila,2012).

Finally, according to Arsovski (2006) Quality of life is the goal of every individual and society; quality of life requires in practice the involvement of all stakeholders; in terms of research, quality of life is an interdisciplinary and multidisciplinary field, in some areas trans-disciplinary; at this moment Serbia lags behind in the field of research and monitoring the quality of life in relation to the EU, USA, Canada ...; in order to effectively and efficiently joined the worldwide movement for the improvement of the quality necessary to the quality of life viewed as a process, which is in Serbia in the early stage of development; with regard to a number of limitations related to the social consensus, the economic situation, the existing level of knowledge, separation of entities, should draft a national movement for quality of life and it clearly specify the projects and their structure.

References

1. Arsovski,S.,(2006), Quality of life- constant process of human values achivement, 1 National Conference on Quality of life, Quality Festival, 10-12 May, pp. B-1 B-6, Kragujevac.
2. Vasović,V.,(2003), Transition, democratization and "personal welfare", *Sociološki pregled*, *37*(1-2), 3-32.
3. Slavuj, L., (2013), Quality of life in selected neighborhoods of the City Rijeke, *Hrvatski geografski glasnik*, 74(2), 69-88.
4. Slavuj, L., (2012), Objective and subjective indicators in the study of the concept of quality of life, *Geoadria*, 17(1), 73-92.
5. Andrews, F. M., (1974), Social Indicators of Perceived Life Quality, *Social Indicators Research*, 1(3), 279-299.
6. Pacione, M., (1982), The use of objective and subjective measures of life quality in human geography. *Progress in Human Geography*, 6(4), 494-514.
7. Diener, E. & Suh, E. (1997). Measuring quality of life: economic, social, and subjective indicators, *Social Indicators Research*, 40(1), 189-216.
8. Vuletić, G., Mujkić, A., (2002), What makes the personal quality of life: A study on a sample of Croatian urban population, *Liječnički vjesnik*, *124*(2), 64-70.
9. Major, Đ., (2014), Quality of life as a concept for resolving the paradox of development, *Tims. Acta: naučni časopis za sport, turizam i velnes*, *8* (1),55-60.
10. Bohringer, C., Jochem, P., (2007), Measuring the immeasurable: A survey of sustainability indices, *Ecological Economics*, 63(1),1-8.
11. Hardi, P., de Souza-Huletey, J.A., (2000), Issues in Analyzing Data and Indicators for Sustainable Development, *Ecological Modelling*, 130(1-3),59-65.
12. Kladivo, P., Halás, M., (2012), Quality of life in an urban environment: A typology of urban units of Olomouc, *Quaestiones Geographicae*, *31*(2), 49-60.
13. Andraško, I., (2007), Vnútorná štruktúra mesta z hľadiska kvality života, Dizertačná práca, *Geografický ústav SAV*, Bratislava.
14. Rogerson, R.J., Findlay, A.M., Morris, A.S., (1989), Indicators of quality of life: Some methodological issues, *Environment and Planning*, A, 21, 1655-1666.
15. Schneider, M., (1975), The quality of life in large American cities: Objective and subjective social indicators, *Social Indicators Research*, 1(4),495-509.
16. Baeriswyl, I., De Buman, A., Fallot, M.J., Hertig, M. J., Roten, M., Ruffieux, D., (1996), *Local climate and pollution in the city of Fribourg (Switzerland)*, Institute of Geography, University of Fribourg.
17. Civerolo, K., Hogrefe, C., Lynn, B., (2007), Estimating the effects of increased urbanization on surface meteorology and ozone concentrations in the New York City metropolitan region, *Atmospheric Environment*, 41(9), 1803-1818.
18. Sima,E., (2009), Impact of organic farming promotion upon the sustainable rural development, *Agricultural Economics and Rural Development*, New Series, Year VI(2),217–233.

19. Rajović,G., Bulatović,J.,(2016), Life as a geographical theme - one more contribution to the study of quality of life. ***World Scientific News,*** 28, 41 – 57**.**
20. Marić,F., (2014),_ Quality of life of people with disabilities in Serbia, *Socijalna misao*, 2, 47 - 57.
21. Trgovčević, S., Kljajić, D., Nedović, G., (2011), Social integration as a determinant of quality of life with traumatic paraplegia, *Godišnjak fakulteta političkih nauka*, 6, 493–505.
22. Allardt, E., (1993), Having, loving, being: An alternative to the Swedish model of welfare research, In M.C. Nussbaum & A.K. Sen The Quality of Life (pp. 88-94), Oxford: Oxford University Press.
23. Milivojević,J., Đorđević, A., Stojanović,S., (2015), Model of sustainable quality of life. 42 National Conference on Quality and 10 National Conference on quality of life, Quality Festival, pp. B 73 - B 88, Kragujevac.
24. Lipovčan Kaliterna,Lj., Burusić,J., Tadić,M.,(2015), The Quality of Life Indicators, Handbook for the psychological activity in protecting and promoting mental health, Institute for Public Health Holy Rok Virovitičko-Podravske counties.
25. Cummins, R. A., Eckersley, R., Pallant, J., van Vugt, J., Misajon, R., (2003), Developing a national index of subjective wellbeing: the Australian unity wellbeing index, *Social Indicators Research*, 64, 159-190
26. Eftimoski, D., (2006), Measuring Quality of life in Macedonia-using human development indicators,*Zbornik radova Ekonomskog fakulteta u Rijeci*, 24 (2), 257-272.
27. Marcs, N., Abdullah, S., Simms, A., Thompson, S., (2006), Happy Planet Index Report, London: New Economics Foundation.
28. Veenhoven, R., (2005), Apparent Quality of life in nations: How long and happy people live? *Social Indicators Research*, 71, 61-68
29. Milivojević J., Kokić - Arsić A.,Kanjevac Milovanović K., Đokić S., Savović, I.,(2011), The new philosophy of quality of life, Life satisfaction - key aspects, 38 National Conference on Quality and 6 National Conference on quality of life, Quality Festival, pp. B 121 – B 130, Kragujevac.
30. Clark N.M., (2000), Understanding individual and collective capacity to enhance quality of life, *Health Education and Behavior*, 27 (6), 669-707.
31. Dissart J.C., Deller S.C., (2000), Quality of life in the planning literature, *Journal of Planning Literature,* 15 (1),135-161.
32. Saul J.R., (1997), Refections of a Siamese Twin: Canada at the End of the Twentieth Century, Viking, Toronto.
33. Milivojević,J.,Stojanović,S., Đorđević,A.,(2014), Quality of life satisfaction in the entire human life cycle, 41 Nacionalna konferencija o kvalitetu and 9 Nacionalna konferencija o kvalitetu života, pp. 41-1 45-19, Kragujevac.
34. Hoggart, K., Buller, H., Black, R.,(1995), Rural Europe: Identity and change, London: Arnold.

35. Bengs, C., Schmidt-Thomé, K., (2005), Urban-rural relations in Europe. ESPON Project 1.1.2 Part 2: Results of the Project (eds.), Centre for Urban and Regional Studies, Stockholm: Nordregio.
36. Shucksmith, M., (2000), Exclusive countryside? Social inclusion and regeneration in rural Britain York, Joseph Rowntree Foundation.
37. Eurofound (2014), Quality of Life in Urban and Rural Europe. Publications Office of the European Union, Luxembourg.
38. Arsovski S., Stojković D.,(2014), Quality of life on rural communities. 41 National Conference on Quality and 9 National Conference on quality of life, Quality Festival, pp. 34-1 34 -7, Kragujevac.
39. Rezaei,S., (2015), Using principles of urban villages as a solution to improve life quality of citizens, *Cumhuriyet University Faculty of Science, Science Journal*, 36 (3), Special Issue 3902-3908.
40. Qanbari, A., Soltanzade, A., Sadigh, M., (2013), The comparative study of urban life quality in integrated villages with des in cores (Case study, Tabriz city), *Urban sociological studies*, 3(7), 167-192.
41. Mosavi, M., Hassani, M., Manuchehri, M. A.,(2013), Analysis of social capital of citizens and its impact on life quality: Miandoab city townships, *Human geography researches*, Period 45, No, 4.
42. Lotfi, S., (2009), The concept of urban life quality: Definitions, dimensions and its evaluation in urban planning, *Scientific-research journal of human geography*, Year 1. No. 4
43. Eurofound (2012), Third European Quality of Life Survey – Quality of life in Europe: Impacts of the crisis, Publications Office of the European Union, Luxembourg.
44. Eurofond (2013), The quality of life in the enlargement countries, Third quality of life in Europe – Srbija, European Foundation for the Improvement of Living and Working,Ireland.
45. Uzunović,R.,Jakšić,B.,(2007), Quality of life and proceses of globalization, 2 National Conference on Quality, Quality Festival, 08-11 Maj, Kragujevac.
46. Ira V.,Andraško I.,Michalek A., Podolak P.,(2009), Quality of life: geographical research in Slovakia, *Geographia Slovaca*,26,101-120.
47. Kovács, B., (2007), Életminőség-boldogság-stratégiai tervezés, Polgári Szemle.
48. Ilić, I., Milić, I., Aranđelović, M., (2010), Assessing quality of life: Current approaches, *Acta Medica Medianae*, *49*(4),52-60.
49. Schalock, R. L.,(2004), The Concept of Quality of Life: What We Know and Do Not Know, *J Intellect Disabil Res*, 48(3), 203-16.
50. Schalock, R. L., (1996), Quality of Life, Conceptualization and measurement, Washington: American Association on Mental Retardation.
51. Bokić, J., Čikić, J., (***), Quality of life in rural areas, Available from: http://www.doiserbia.nb.rs (13.11 2015).

52. Sereke Tesfazghi, E., (2009), Urban quality of life and its spatial distribution in Addis Ababa: Kirkos sub-city, Available from: http:// www.itc.nl (14.11 2015).
53. Li, G., Weng, Q., (2007), Measuring the quality of life in city of Indianapolis by integration of remote sensing and census Dana, *International Journal of Remote Sensing,* 28 (2), 249-267.
54. Tuan Seik, F., (2000), Subjective assessment of urban quality of life in Singapore (1997–1998), *Habitat International,* 24 (1), 31-49.
55. Jakopin,E.,(2011), Measuring prosperity and quality of life: What we know everything about me, Business and Finance, http:// www.naslovi.net (15.11 2015).
56. Lange Scherbenske, S., Kahila, P., (2012), Managing Quality of Life in the Context of Urban - Rural Interaction: - Approaches from the Baltic Sea Region, Stockholm: Nordregio.