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Research Paper

Wellbeing differences in poor households: Male vs Female headed households

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Abstract :

The role of women especially poor woman is distinct from man when it comes to the reduction in poverty and the effort required for it. Women's work both paid and unpaid is indispensable for the survival and wellbeing of the households that are poor. Women as active economic actors are responsible in the production and processing of food for the household. They are also the primary care takers for the dependent members in the family – children, elderly and the sick members in the family. Women's income and labour is many a times utilised for making provisions for education to children, health and wellbeing of the family.

Wellbeing gain to slum households due to gender differences is a crucial enquiry. To understand the gender bias in wellbeing attainment of poor households in slum the present study attempts to find out the difference in wellbeing index of male headed and female headed households in a slum in suburban area of Dombivli.

Key words : Migration, Slum, Wellbeing, Women

The magnitude of poor rural migrants to cities can be indirectly understood from rising number of slums. The expansion of slum areas in cities can suggest and to some extent prove that out of total migrants, poor rural migrants are in majority and because they are exposed to all kinds of vulnerabilities in rural areas, they come to urban areas and find or construct shelter in slums adding to ever rising urban poverty.

Determination of urban poverty extends far beyond labor market outcome. It cannot be captured only in terms of the head count ratio of poverty. Multiple dimensions of deprivation have been discussed in the past (Measurement of Poverty 2011) (Haq 1994) (Sen 1985). These dimensions include education, health, shelter, drinking water and sanitation, freedom, security, opportunity, asset, and vulnerability among others. Migration may lead to some improvement in these dimensions in the lives of migrants. The rural-urban migration is the most important factor for rapid urbanization with urban slums being a popular destination for poor rural-urban migrants.

Bhagat and Mohanty interpolated the data for the communities for which census operations cannot be conducted in 1981, 1991 and 2001 and used provisional estimates for the 2011 census to estimate trends of urbanization. According to the data given by them, from 2001- 2011, growth in the urban population observed was spectacular; for this period, it has gone up to 377 million from 286 million. Since independence, it has been the first time that the urban population (91 million) has outpaced rural population growth (90.5 million). However, the increase in the number of new entrants in the urban areas is very significant for this period. According to Bhagat (2011), the contribution of natural addition to urban growth for the period 2001-2011 has dropped to 44%.

Most of the poor migrants who come to urban areas take shelter in slums. A Slum, for the purpose of Census, has been defined as residential areas where dwellings are unfit for human habitation by reasons of dilapidation, overcrowding, faulty arrangements, design of such buildings, narrowness or faulty arrangement of street, lack of ventilation, light, or sanitation facilities or any combination of these

factors which are detrimental to the safety and health.

Migration typically leads to higher income, but its association with wellbeing remains unclear. This can be understood objectively by constructing the wellbeing index based on certain diverse characteristics of slum households (Yuko March 2006).

Women are the important economic agents. The role of women especially poor woman is distinct from man when it comes to the reduction in poverty and the effort required for it. Women's work both paid and unpaid is indispensable for the survival and wellbeing of the households that are poor. Women as active economic actors are responsible in the production and processing of food for the household. They are also the primary care takers for the dependent members in the family – children, elderly and the sick members in the family. Women's income and labour is many a times utilised for making provisions for education to children, health and wellbeing of the family. Many studies conducted in 1918 provide evidence that the woman perform the economic role and a major portion of their income is spent on goods and services for children like food and healthcare goods and services whereas in case of men there appears a contrast where men belonging to poor household spend larger part of their income for their personal desire. A study conducted in Brazil conclude that the positive effect on the probability of survival of a child in urban part of Brazil is 20 times greater where women control the household income (Quisumbing, 1995).

Wellbeing gain to slum households due to gender differences is a crucial enquiry. To understand the gender bias in wellbeing attainment of poor households in slum the present study attempts to find out the difference in wellbeing index of male headed and female headed households in a slum in suburban area of Dombivli.

Objectives:

1. To develop and compare a deprivation (well-being) index based on a certain relative and diverse characteristics of households are considered.
2. To compare the wellbeing differences among in male headed and women headed household in slum.

Methodology:

Primary Data of 210 the slum households is collected from residing in Indira Nagar slum in Dombivli suburb by employing random sample technique.

Tools of Data analysis

- The collected primary data is classified, tabulated, and analysed using different statistical techniques and SPSS (21.0 version), Excel software.
- Analytical, statistical tools such as measures of central tendency are used for analysis.
- To construct the wellbeing index primary component analysis method is used by coding the data in SPSS (21.0 version)
- The well-being index is constructed with the help of factor loading.
- After computing the well- being index, the average well-being index is computed to analyse and compare the well-being index of the male and female headed households

Indira Nagar Slum

Kalyan-Dombivli or KD is an area of the Mumbai Metropolitan Region (MMR). In the 1980s a peri-urban area was developed and formed KD which made it a metropolis. Because of the presence of crucial resources like of water and land at low price, Kalyan-Dombivali city has increased in size over the years, from a population of 149,894 in 1961 to population of 1,047,297 in 2001 and by 2020 it has been predicted that the city to reach population size of 2,052,000. From 20.5% per annum during 1968-1983 to almost 31% during 1983-1987 to a further 48 percent growth in the post-2000 period the built-up area witnessed a tremendous growth.[1]

The Indira Nagar in Dombivli-West is a slum that was formed before 30 years according to the people

[1] Profile of an urbanized society? Slums, Gauthans and Lifestyle city in Kalyan-Dombivali, India, Tara van Dijk and Dr. N.Sridharan).

residing here. Preliminary surveys in this area indicated that this slum is formed more than 4000 households, and the majority have migrated from rural Maharashtra.

Wellbeing Index Construction

The following variables are considered in constructing the household specific wellbeing index: household size, child-woman ratio, per capita total expenditure (food and all categories of non-food excluding health expenditure), proportion of persons in the household who reported illness one year preceding the date of survey , percentage of household members who acquired at least primary level education , percentage of members in the age group 15 to 59, proxy for adult potential earners , percentage of working individuals , age of the household head/principal earner, proxy for experience particularly in the job market, health expenditure per capita , and per capita household income.

Variables such as household size, child-woman ratio, and percentage of ill members in the household, are likely to reduce the wellbeing of the household. Health expenditure per capita on a priori basis may reduce or raise the wellbeing of the household. On the other hand, other variables would be expected to enhance wellbeing. Since these variables are heterogeneous, it is difficult to combine them to indicate an overall living standard of households. Hence, factor analysis is conducted, and using factor loadings as weights, variables are combined to generate a composite index of wellbeing or deprivation, denoted as WELLINDEX(i). This is repeated for each of the significant factors (factors with Eigen values greater than one), and using the Eigen values as weights, WELLINDEX(i)s is combined to form a WELLINDEX.

The following table describe the mean statistics of the ten variables considered in case of the slum households.

Table 1 : Descriptive statistics of variables

Variables	Mean
HHSZ	5.75
PCE	3232.17
IIL	15.71
PRIM	54.95
PER 15 to 59	63.39
WM	29.75
AG	39.72
HPCE	546.83
HHPCI	2812.13
CWR	0.644

Source: Author’s computations based on primary data

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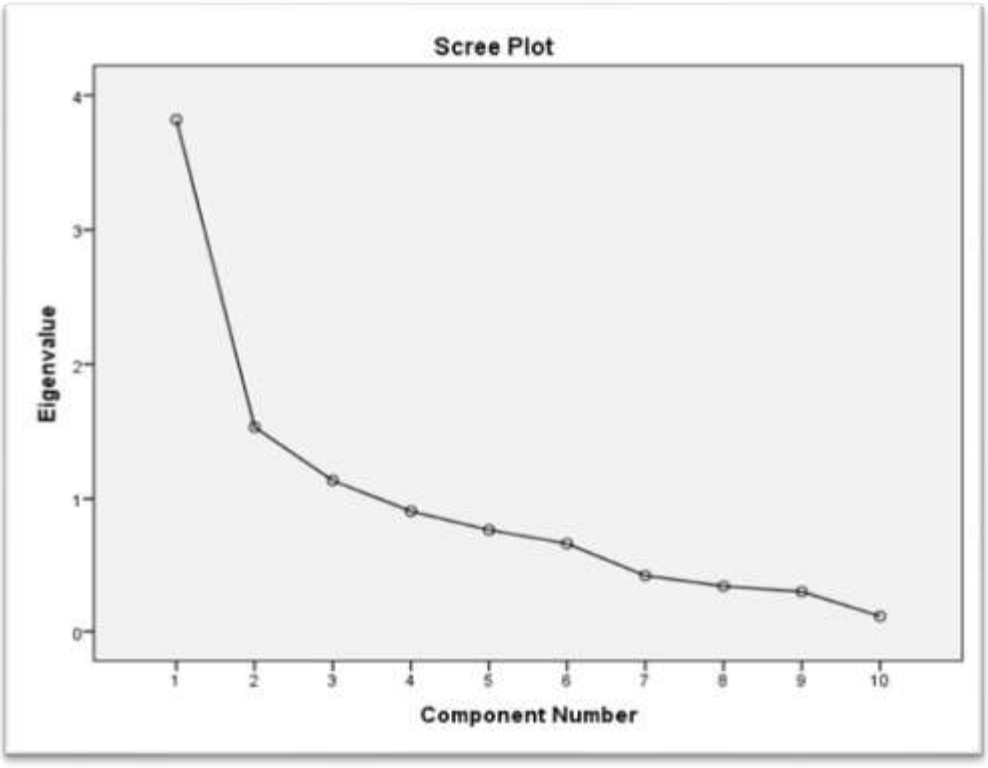
From the above table, it can be observed that the average per capita total expenditure of slum households is Rs.3232.17 per month, with health expenditure per capita of Rs. 546.83 per month.
To test the suitability of the data for doing factor analysis two tests were performed with the help of SPSS software. The results are as follows:

Table 2 KMO and Bartlett's Test for Data

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.733
Bartlett's Test of Sphericity	Approx. Chi-Square	1027.433
	Df	45
	Sig.	.000

The KMO value of 0.733 and Bartlett's Test of Sphericity value of 0.000 makes the data of slum suitable for running factor analysis.

Chart no. 6.31 Scree plot of factors derived



In the given scree plot the number of factors on the x-axis and eigenvalues are represented on the y-axis. The point from which the slope of the curve clearly levels off (the elbow) indicates the number of factors that can be generated from the analysis. In the above chart , a cut-off of an eigenvalue $\geqslant 1$, gives three factors.

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Following the procedure of factor analysis three factors or component are obtained. First component includes variables PCE, HPCE, HHSZ, ILL, WM, HHPCI. Second component includes variables CWR, PER 15 to 59, AG. Third component includes variable PRIM.

The three factors explained 65.815 per cent of the total variation, with the first, second and third, explaining 38.793 per cent, 15.375 per cent and 11.646 per cent, respectively. Therefore, the importance of the factors in measuring overall wellbeing is not the same. Using the proportion of these as weights on the factor score coefficients, a Non- standardized Index (NSI) was computed using the following formula (Krishnan, 2010):

NSI 3.8793 (Factor 1 score) + 1.5375 (Factor 2 score) + 1.1646 (Factor 3score) /6.5815

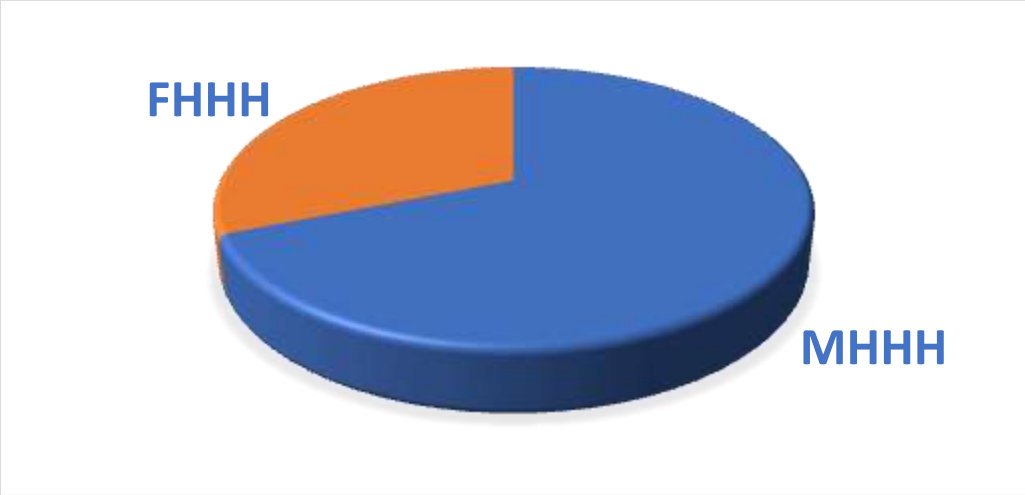
The value of the NSI for some households was positive and for other negative, making it difficult to interpret. Therefore, a Standardized Index (SI) was developed, the value of which can range from 0 to 100, using the formula:

SI= (NSI of household – Minimum NSI / Maximum NSI – Minimum NSI) * 100

Findings

1. **Proportion of male and female headed jouseholds**

Out of the 210 households surveyed it was found that majority of the households are male headed households 144 were Male headed households (henceforth called as MHHH) and 66 female headed (henceforth called as FHHH)



2. Classification of Households as APL and BPL

The slum households though face many adversities, they try to undertake efforts to improve the standard of living. Therefore, to understand how many slum households are poor as per the Government of India's reference line the households are classified into below poverty line households and above poverty line households[2]

The classification shows that FHHH constitute comparatively more number of BPL households[3]

[2] GOI, Report Of The Expert Group to Review The Methodology For Measurement Of Poverty, 2014.

[3] CPI in Oct 2018 is 137.8-cpi in January 2011is 104=33.8, Therefore poverty line per capita income of Rs 1407 changes to 1407*33.8/100+1407= 1882.566. The monthly consumption expenditure in urban areas rupees 7035

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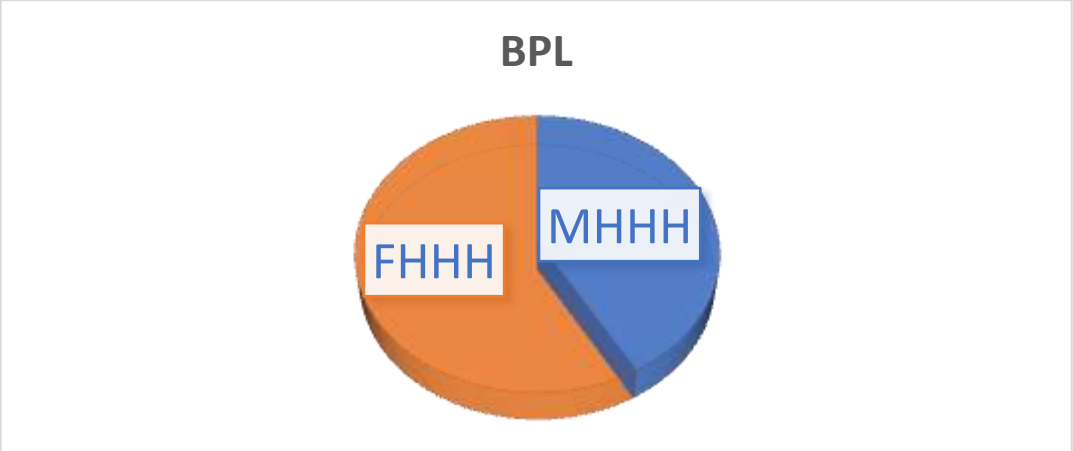
Table 2

HH TYPE	**BPL**	**Percent**
MHHH	37/144	25.69
FHHH	23/66	36.92



3. Wellbeing Index Distribution

The wellbeing index constructed when tabulated in the grouped data form reveals that comparatively higher percent of FHHH fall under lowest wellbeing class. Also, there are no FHHH who belong to highest class of wellbeing.

for a family of five at 2011-12 prices changes to rupees 9412.88.

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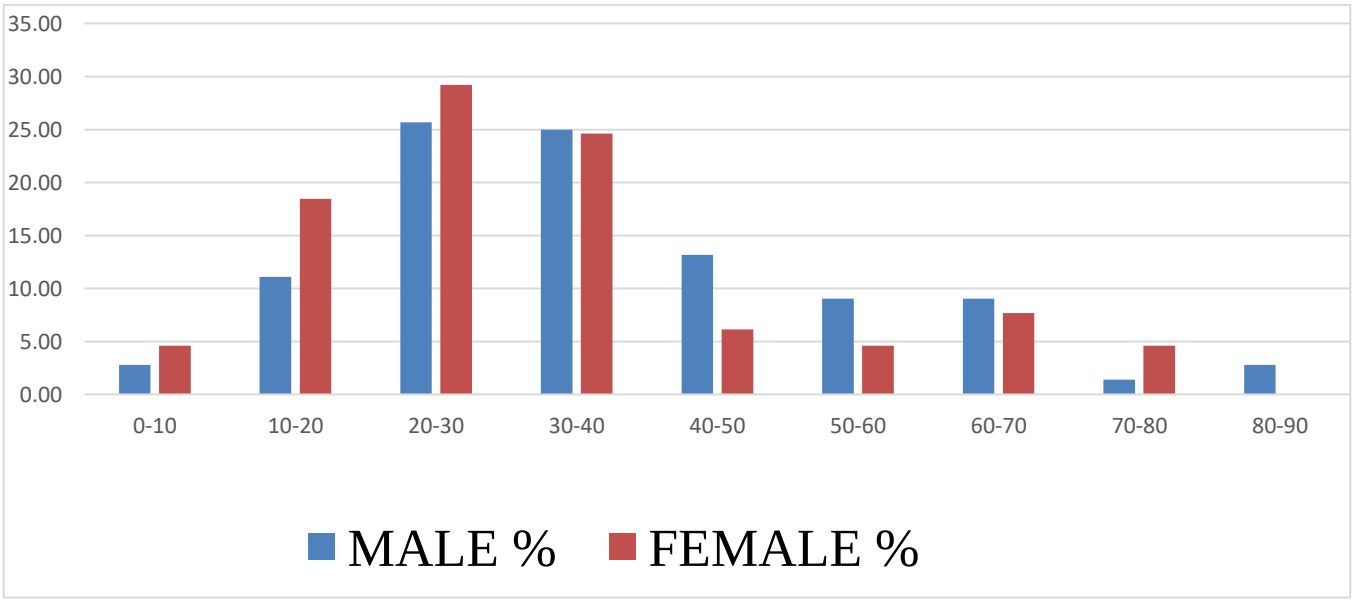
Table 3 COMPARISON OF WBI

WBI CLASS	%MHHH	AVG.WBI OF MHHH	%FHHH	AVG.WBI OF FHHH
0-10	2.8	6.8	4.6	7.22
10-20	11.1	14.8	18.5	15.55
20-30	25.7	24.4	29.2	25.07
30-40	25	33.4	24.6	34.14
40-50	13.2	42.7	6.2	45.15
50-60	9	54.4	4.6	52.86
60-70	9	63.9	7.7	66.52
70-80	1.4	72.5	4.6	71.22
80-90	2.8	82.6	0	0



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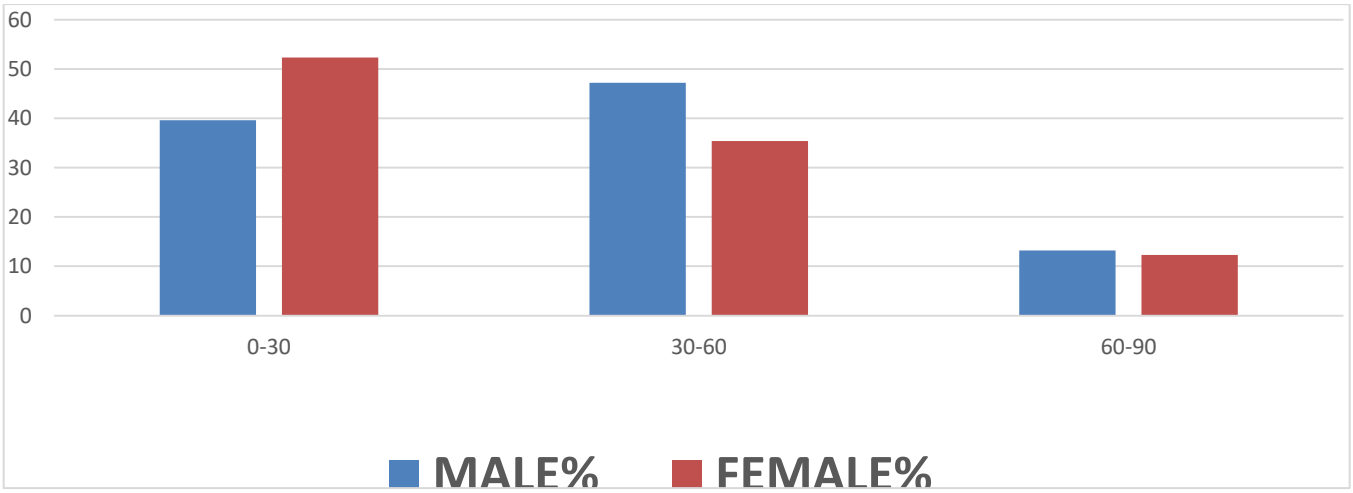
Further classification of wellbeing index of MHHH and FHHH in the low (0-30), middle (30-60) and high (60-90) wellbeing classes shows that comparatively higher : more than 52% FHHH belong to low wellbeing class showing average wellbeing of 20.14.

Table 4 COMPARISON OF WBI as low medium and high WBI

WBI CLASS	%MHHH	AVG.WBI OF MHHH	%FHHH	AVG.WBI OF FHHH
0-30	**39.58**	20.486	**52.3**	20.14
30-60	47.22	40.04	35.38	38.49
60-90	13.19	68.75	12.3	68.28



Conclusion:

The present research focuses on differences in the wellbeing outcomes due to gender differences in household head. Women are considered secondary lot of population and face the problems on various counts. Being women and poor make the life of women household heads in slums more challenging. The outcome of the research will throw the light on the degree of wellbeing loss/ gain women headed households face.

The pro poor strategies for slum dwellers can be reshaped and redesigned to benefit the women in the slum households who are the principal earners in the family.

Future scope:

The research can be extended to overall slum population in the country to understand and lower down the double deprivation of women in slum as principal earner.

Limitations:

The study is based on wellbeing index constructed on ten objective indictors of slum households. The

limited number of indicators may make the index narrow based.
The study is based on wellbeing index constructed on ten objective indictors of slum households. The omission of subjective indicators may make wellbeing index unrealistic.

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