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CONCEPT PAPER

DETERMINANTS OF HOUSEHOLD POVERTY

INTRODUCTION

1.0 Introduction

This chapter contains the background to the study, statement of the problem, purpose, study objectives, research hypothesis, scope and significant of the study.

1.1 Background to the study

Uganda has made enormous progress in reducing poverty. Poverty alleviation is a key policy debate in recent development literatures. Poverty is a multidimensional social phenomenon whose definitions and causes vary by age, gender, culture, religion and other social and economic context.

Poverty is also a pre-dominantly rural phenomenon.

1.2 Statement of the problem.

Poverty in Uganda has been reducing since 1990's, however over 7.1 million Ugandans still live in absolute poverty. It's against this background that the researcher is prompted to assess the determinants of poverty in Kikoni.

1.3 Objectives of the study.
1.3.1 General Objective.

The overall objective of this study is to ascertain the determinants of poverty in kikoni

1.3.2 Specific Objectives.
i) To assess the impact of household size on poverty.

ii) To examine how variations in the levels of education impact on one's income.

iii) To assess the impact of Health conditions on the household incomes.

1.4 Research hypotheses.
The followings are the hypotheses of this proposed study.

Ho: Household size has no impact on the level of poverty.

Ho: The variations in the level of education attained does not cause poverty.

Ho: Health conditions of individuals have no impact on household poverty.

1.5 The scope of the study.
1.5.1 Subject scope.

The study covered the determinants of poverty in kikoni

1.5.2 Geographical scope.
The study was carried in kikoni

1.6 Significance of the study.
The study will contribute useful information to the already existing pool of knowledge on the determinants of household poverty. Other researchers may use the findings of this study as a source of Literature review.

LITERATURE REVIEW

2.0 Introduction
This chapter presents a review of literature on the study. This chapter examines the already written information on the study problem and this will be done in sub sections that reflect research objectives and research hypothesis.

2.1 Theoretical framework.
Poverty refers to the situation where there is lack of the basic necessities of life and these include food, shelter, medical care and safe drinking water. These are generally referred to as the shared value of human dignity. Poverty is a condition of not having the means to afford the basic needs such as clean water, nutrition, health care, education and decent shelter. Relative poverty is a condition of having the basic needs of life but without the capacity to access the essential needs of life or possession of fewer resources or income than other people or communities. Poverty refers to the essence of inequality among the people.

Poverty at its broadest level can be conceived as a state of deprivation prohibitive of decent human life. This is caused by lack of resources and capacities to acquire basic human needs as seen in many, but often mutually reinforcing parameters which include malnutrition, ignorance, prevalence of diseases, squalid surroundings, high infant, child and maternal mortality, low life expectancy, low per capita income, poor quality housing, inadequate clothing, low technological utilization, environmental degradation, unemployment, rural urban migration and poor communication,

2.2 Empirical Literature on poverty
This section of literature reviewed a lot more on what other researchers and most text books have reported about the determinants of poverty.

2.2.1 Household Size in relation to poverty

A typical household usually consists of several individuals with different characteristics, including economic capacity, which ultimately determine the economic capacity of the household as a unit. Consequently, a change in a household's composition will affect its economic capacity and condition.

The degree to which a household's economic capacity and condition change due to a change in household composition depends very much on the nature of the change in composition. The death of a small child in a household may have little effect, but the death of a breadwinner can have a profound effect on the economic capacity and condition of the household. It is most likely that a change in household composition will simultaneously produce both positive and negative effects on a household's economic capacity and condition. The big family size in form of additional children and other dependents results into a decline in the labor force participation of parents as well as in the decline of their earnings. Evidence also show that not only does poverty incidence increase but poverty gap and poverty severity rise as well.

2.2.2 Education and poverty.

Education is a fundamental human right as well as a catalyst for economic growth and human development. Meanwhile, education can also increase the labor productivity and wage rate of the individual and also have an impact on cultural identity, human capabilities and agency. People

with at least even two years of education are described as being more likely to educate their children and to take their children to the local clinic when they were sick. Educated respondents said they saw the value of education and were more likely to strive to educate their own children there is significant evidence of intergenerational transmission of educational attainments from adults to the children in their care. Education also helps significantly in enabling people to work in non-farm self-employed activities, which are also represented disproportionately among the highest income quintile.

Inadequate investment in human capital is caused partly by poverty which in its turn contributes to its perpetuation. They may therefore limit human resource investment in their children and reinforce transgenerational poverty links. All other things equal, poverty may have an impact on schooling investments through the supply side since the poor are less likely to have access to funds or to incur higher transportation costs to schools of given (better) quality. Thus from both the supply and demand sides, poverty leads to lower human capital investment in children thereby promoting intergenerational transmission of poverty.

2.2.3 Relationship between a person's Health status and Poverty.
The relationship between poverty and ill-health is not a simple one. It is multi-faceted and bidirectional. Ill-health can be a catalyst for poverty spirals and in turn poverty can create and perpetuate poor health status. The relationships also work positively. Good physical and mental health is essential for effective production and reproduction.

 ill-health affects both the individual and household, and may have repercussions for the wider community too. Poor households in developing countries are particularly vulnerable and problems of ill-health can be viewed as inherently part of the experience of poverty. The poorest people in most societies almost always experience higher morbidity levels, die younger (on average) and experience higher levels of child and maternal mortality. This reflects years of grinding poverty and associated long-term health problems.

Poorer people often delay treatments (and therefore payment) for as long as possible or until a critical point is reached, at which point the problem may have developed and be harder to treat quickly. Health shocks also often require individuals and households divesting their physical

assets. Equipment, tools, and possessions can be sold and houses mortgaged or let in times of dire need.

Research gaps and conclusions.

The major cause of poverty in in kikoni is lack of Education. This indicates that education is not a sufficient condition to avert poverty in our society.

In conclusion, in order to reduce poverty, it calls for every individual to step up and take on productive economic activities that can generate income that necessitate savings and investment which in the long run leads to capital accumulation.

METHODOLOGY

3.0 Introduction
This section presents the design, population and area of study, sample and sampling procedures, data type and source, data collection methods and instruments, data analysis and anticipated challenges.

3.1 Research design.
This research will employ descriptive study design. This is preferred because the researcher will find it easy to study the variables which will simplify the process of data analysis.

3.5 Data collection methods

The data will be collected through questionnaires administered to the heads of households to collect data household demographics, education, income, other economic issues and assets (land and household properties)

3.6 Data analysis

After collecting data, it will be edited with a view of checking for accuracy and completeness. Final analysis on poverty will be made for enhancement of necessary conclusion and policy recommendations. The descriptive and statistical analysis will be conducted basing on data and information collected from primary source.

Appendix 1: Questionnaire
Introduction

I am Okello John Paul a student of Makerere University pursuing a Bachelor Degree in Computer Science, investigating the determinants of household poverty. I wish to request you kindly to spare some time and answer the questions below as honestly as possible by ticking or filling in the spaces provided.

Part 1: Bio Data.

1) Sex of the respondent

    1) Male ☐   2). Female ☐

2) Age of the respondent in years

    1) 18-35 ☐   2). 36-60 ☐ 3). Above 60 ☐

3) Marital status of the respondent
    1) Single ☐   2) Married ☐   3) Divorced ☐

4) Educational Level of respondent
    1) Primary ☐   2) secondary ☐ 3) Post-secondary ☐

5) Occupational characteristics of the respondent
    1) Business ☐   2) civil servant ☐   3) Farmer ☐ 4) others/specify…………………….

Part 11: Household characteristics.

6) The household head is;
    1) Male ☐   2) Female ☐

7) Household size (number of people)
    1-3 ☐   4-6 ☐ 7-9 ☐ 10 and above-12 ☐

 8) How much do you use per day on consumption in Ugx?

    Less than 3000 ☐   3001-5000 ☐ 5001-10000 ☐   above 10000 ☐

9) How any meals do you have on a day?

Once ☐ twice ☐ thrice ☐

Part Iii: Health Characteristics

10) Do you have any regular infection/sickness in the household?

1) Yes ☐ 2) no ☐

b) If yes estimate the average monthly amount incurred when visiting the hospital facility in Ugx.

50000-100000 ☐100001-500000 ☐00001-1000000 ☐bve1000000 ☐

12) Over the last 12 months, how would you rate your health?

Good ☐ fairly good ☐ not good ☐

13) What is the state of your house?

Good ☐ Adequate ☐ Poor ☐

14) Have your health problems or the health problems of anyone in your household been caused/ made worse by housing situations.

Yes ☐ no ☐

Part 111: Perception on poverty.

15) What are the causes of poverty in your area? (please tick as many as you think)

Big families ☐ No education☐ Poor health ☐ Laziness ☐

Unemployment ☐Corruption ☐ poor economic infrastructure like roads ☐

16) What are some of the roles of the government on reducing the levels of poverty among the people in your area? (can tick more than one)

Fighting corruption ☐Training farmers ☐ monitoring government programs ☐

Provision of enough fund ☐ Making community consultations ☐