



Research Paper

## A Study on the Relationship of Socioeconomic Status with Wellbeing of Different Professional Groups

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### ABSTRACT

The healthy life expectancy is directly related to socioeconomic status of a person. Socioeconomic status depends on education, income, health, culture, life style etc., which influences the wellbeing status of a very person. The objectives of this study were to find out socioeconomic status and wellbeing of various professional groups and their relations. The subjects of this study were purposively selected from a remote village in the Sunderban area of South 24 pgs. district in the state of West Bengal, India. Total 94 persons were randomly selected considering five professions as Service, Labour, Farmer, Manual worker and Others' group which included painter, van paddler, vegetable seller etc. Socioeconomic Status and Wellbeing variables were considered for the study. Socioeconomic status was measured by revised kuppaswamy questionnaire (2019) and wellbeing was measured by Wellbeing scale, Ripenjeet Kaur (2013). Pearson coefficient correlation was used to determine the relation between socioeconomic status and wellbeing. Result of the study shows that the wellbeing of only upper and upper middle service group positively and significantly (0.05 level) related with socioeconomic status. No significant relations were found between socioeconomic status and wellbeing in case of the rest of the professional groups.

**Keywords:** Socioeconomic Status, Wellbeing, Professional Groups

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### I. INTRODUCTION:

Socioeconomic status (SES) is the social standing or class of an individual or group. SES is more commonly used to depict an economic difference in society as a whole.<sup>[1]</sup> Socioeconomic status is generally broken into three levels (high, middle, and low) to describe the three places a family or an individual may fall into.<sup>[2]</sup> In poorer areas, where food, shelter and safety are priority, education can take a backseat. Youth audiences are particularly at risk for many health and social problems in the United States, such as unwanted pregnancies, drug abuse, and obesity.<sup>[3]</sup> The scarcity of progress in prevention of disease, along with the persistence of socio-economic inequalities in health is affected on wellbeing in India. Low socio-economic status (SES) in comparison to high SES groups had lower life expectancy at age 40.<sup>[4]</sup> Social inequalities are an important public health topic concerning the entire population. Differences in health outcomes do not only exist between the lowest and highest socioeconomic classes but follow a gradient pattern.<sup>[5]</sup> Social capital emerged as a prominent concept in public health to explain the relationship between socioeconomic status (SES) and people's health and well-being and to suggest policy options.<sup>[6]</sup> This has led to the incorporation of social capital into the WHO's general conceptual framework on the social determinants of health.<sup>[7]</sup> Evidence shows that health gains incurred by increasing social capital are particularly marked for disadvantaged (or vulnerable) children and young people in communities with low social capital.<sup>[8]</sup>

Well-being is understood as a state of health, happiness and/or prosperity. Wellbeing has many components, such as mental, psychological, social, emotional, and spiritual. Lower levels of SES are associated with the higher levels of emotional and behavioural difficulties, including social problems, delinquent behaviour

symptoms and attention deficit/hyperactivity disorder among adolescents,<sup>[9]</sup> higher rates of depression, anxiety, attempted suicide, cigarette dependence, illicit drug use and episodic heavy drinking among adolescents,<sup>[10]</sup> higher levels of aggression,<sup>[11]</sup> hostility, perceived threat,<sup>[14]</sup> and discrimination for youth,<sup>[14]</sup> Elevated rates of morbidity and mortality from chronic diseases later in life.<sup>[12]</sup> Lower levels of SES also associated with higher likelihood of being sedentary,<sup>[13]</sup> higher body mass index for adolescents,<sup>[14]</sup> higher rates of cardiovascular disease for adults.<sup>[15,16]</sup> Mortality burden significantly associated with lower castes was substantially eroded after accounting for the individuals' household income, assets and monthly income per capita. Low household income and asset ownership continued with increased risk of overall mortality.<sup>[17]</sup> Social wellbeing is process interacting with people around us. These interactions involve using good communication skills, creating and maintaining meaningful relationships, respecting ourselves and others, and creating support systems.<sup>[18]</sup>

In our society, a connected person is a supported person. Social intelligence factors – like our emotional intelligence, moral code, upbringing, ability to adapt and altruism – all help to cultivate social wellbeing, as do things like trust, freedom and equal rights. Social wellbeing is also influenced by our lifestyles, value systems, beliefs and traditions.<sup>[19]</sup> Low SES and exposure to adversity are linked to decreased educational success.<sup>[20]</sup> Early experiences and environmental influences can have a lasting Sheridan impact on learning (linguistic, cognitive and socio-emotional skills), behaviour and health.<sup>[21]</sup> Children from low-SES families often begin kindergarten with significantly less linguistic knowledge.<sup>[22]</sup> As such, children from low-income families enter high school with average literacy skills five years behind those of high-income students.<sup>[23]</sup> While national high school dropout rates have steadily declined, dropout rates for children living in poverty have steadily increased. Low-income students fail to graduate at five times the rate of middle-income families and six times that of higher income youth.<sup>[24]</sup>

Evidence indicates that socioeconomic status affects family stability, including parenting practices and developmental outcomes for children.<sup>[25]</sup> Resilience is optimized when protective factors are strengthened at all socioecological levels, including individual, family and community levels.<sup>[26]</sup> Poverty is a reliable predictor of child abuse and neglect. Among low-income families, those with family exposure to substance use exhibit the highest rates of child abuse and neglect.<sup>[27]</sup> Lower SES has been linked to domestic crowding, a condition that has negative consequences for adults and children, including higher psychological stress and poor health outcomes.<sup>[28]</sup> All family members living in poverty are more likely to be victims of violence. Racial and ethnic minorities who are also of lower SES are at an increased risk of victimization.<sup>[29]</sup> Maintaining a strong parent-child bond helps promote healthy child development, particularly for children of low SES.<sup>[30]</sup> Families with higher and expendable income can accumulate wealth and focus on meeting immediate needs while being able to consume and enjoy luxuries.<sup>[31]</sup> The jobs that are less valued also offer significantly lower wages, and often are more laborious, very hazardous, and provide less autonomy.<sup>[32]</sup>

The World Health Organization describes 'wellbeing' as a "resource for healthy living" and "positive state of health" that is "more than the absence of an illness" and enables us to function well: psychologically, physically, emotionally and socially. In other words, wellbeing' is described as "enabling people to develop their potential, work productively and creatively, form positive relationships with others and meaningfully contribute to the community".<sup>[33]</sup>

Work stress research has examined the psychological demands of workload, workers' perceived sense of control over their performance, safety stressors, work organization, and work atmosphere.<sup>[34][35]</sup> Work stress has been identified as a risk factor for hypertension, diabetes, upper extremity musculoskeletal problems, back problems and cardiovascular disease. High demands and low decision control have predicted heart disease in white collar workers.<sup>[36]</sup> Job strain has been shown to increase blood pressure in men of low SES.<sup>[37]</sup> Higher incidence of children with chronic health conditions, learning difficulties, and child care issues create the added need for flexibility as parents try to balance these conflicting responsibilities.<sup>[38]</sup>

Lower wage workers are more likely to work for small businesses and therefore less likely to have access to health insurance, paid vacations, and sick days. They are also less likely to be allowed to use paid time off for sick child care.<sup>[38]</sup> Higher rates of job dissatisfaction and job-related stress have been observed in workers with more frequent overtime requirements, little managerial support, and less work flexibility.<sup>[38]</sup> A study of

dual-earner middle-class families revealed that the majority are not pursuing two high-powered careers, in order to reduce stress and balance life-work responsibilities.<sup>[39]</sup> Lower wage workers are more likely to work part-time, at lower hourly rates, with few to no benefits and often mandatory part-time schedules — all of which create work-life challenges for families and single parents.<sup>[38]</sup> Research on the attitudes of employers revealed that the majority did not regard flexibility as an option for their low-wage workers and expressed little sympathy for the employees' needs.<sup>[38]</sup>

Lots of past research shows that health inequalities in India due to social and economic condition. India is a large country and socioeconomic status of people differs as per geographical location, industrialization, caste system etc. In this study researcher mainly focus on the remote village area near to Kolkata, West Bengal. Researchers' hypothesized that in the remote area people have engaged with different profession that may influence with their status of wellbeing and living patterns.

## II. OBJECTIVES OF THE STUDY:

The objectives of the study were - 1) to measure the socioeconomic status and wellbeing of various professional groups. 2) and to find out the relation between socioeconomic status and wellbeing of different professional groups considering their different socio economic status.

## III. METHODOLOGY

### Selection of the Subjects

The subjects of this study were purposively selected from Halderhat, Mathurapur 1, village of South 24pgs district in the state of West Bengal, India. Total 94 persons were selected considering five professions as Service, Labour, Farmer, Manual worker and other persons (painter, van paddler, vegetable seller etc.). There were 19 Serviceman, 25 Labour, 18 Farmer, 18 Manual worker and 14 other persons. Considering their socioeconomic status each category again divided into three socioeconomic statuses as Upper & upper middle, Lower middle, Upper lower and lower which has shown in the table 1.

**Table 1: The number of the persons of different professional group with different socio economic status**

| Professional Groups | Socioeconomic Status |              |                       |           |
|---------------------|----------------------|--------------|-----------------------|-----------|
|                     | Upper & upper middle | Lower middle | Upper lower and lower | Total     |
| Service             | 14                   | 5            | 0                     | 19        |
| Labour              | 0                    | 8            | 17                    | 25        |
| Farmer              | 1                    | 3            | 14                    | 18        |
| Manual worker       | 0                    | 5            | 13                    | 18        |
| Others              | 0                    | 8            | 6                     | 14        |
| <b>Total</b>        | <b>15</b>            | <b>29</b>    | <b>50</b>             | <b>94</b> |

### Selection of the Variables:

Only two variables were selected for the study - Socioeconomic Status and Wellbeing.

### Measuring Tools:

Socio economic status was measured through the kuppuswamy questionnaire.<sup>[40]</sup> The original scale was published in the year 1976, and incorporated three characteristics were assessed and scored: Education level of the head of family (HOF), occupation of the HOF, and total per capita family income per month. In January 2019 again that was revised and considered here.

Well-being scale was developed by Ripenjeet Kaur, 2013, which is widely used by different researchers to measure the wellbeing status, was used to measure the wellbeing of an individual in this study.<sup>[41]</sup> It consisted of five sub-scales, namely physical well-being, mental well-being, social well-being, emotional well-being and spiritual well-being. Each sub-scale has seven items and there are 35 items in total. It consists of 20 positive items and 15 negative items. Scores of all the sub-scales are added to get the composite score of total wellbeing.

### Statistical Analysis:

For this study inferential statistics such as Pearson correlation was used for data analysis

#### IV. RESULTS

**Table 2: The mean value of socioeconomic status of different professional group**

| Category      | Upper & upper middle (16-29) | Lower middle (11-15) | Upper lower and lower (≤10) |
|---------------|------------------------------|----------------------|-----------------------------|
| Service       | 22.93                        | 13.60                | .....                       |
| Labour        | .....                        | 11.13                | 7.82                        |
| Farmer        | .....                        | 13.00                | 8.36                        |
| Manual worker | .....                        | 11.60                | 8.69                        |
| Others        | .....                        | 13.50                | 8.83                        |

There were no members in the upper and upper middle socio economic status group except the service category. In the service category the upper lower and lower category representing no members. Except service all the other category the members belongs to lower middle and upper lower & lower group.

**Table 3: Norms for interpretation of level of Well-being**

| Sl. no | Range of Wellbeing score | Level of Wellbeing |
|--------|--------------------------|--------------------|
| 1      | 160 and above            | Extremely High     |
| 2      | 149-159                  | High               |
| 3      | 138-148                  | Above Average      |
| 4      | 123-137                  | Average            |
| 5      | 113-122                  | Below Average      |
| 6      | 102-112                  | Low                |
| 7      | 101 and below            | Extremely Low      |

(Source: Wellbeing Scale, *National Psychological Corporation, RipenjeetKaur, 2013*)

**Table 4: The mean value of wellbeing score of different professional group**

| Category      | Upper & upper middle | Lower middle | Upper lower and lower |
|---------------|----------------------|--------------|-----------------------|
| Service       | 123.86               | 124.40       | .....                 |
| Labour        | .....                | 126.50       | <b>127.18</b>         |
| Farmer        | .....                | 123.00       | 123.64                |
| Manual worker | .....                | 116.00       | <b>109.92</b>         |
| Others        | .....                | 123.25       | 125.00                |

It has seen from the above table 3 & 4, that the wellbeing scores are laying between the average to low level of socioeconomic status. There are no scores in the level of Extremely High, High and Above Average. This is due to the poor socioeconomic status of the inhabitants of the very specific village. Although the whole Sunderban area of south 24 pgs. is economically very poor with a rich cultural heritage. But due to poverty and unemployment that culture doesn't develop the status of the wellbeing. The persons of service sector are mainly from small scale private sector with a very few exception. Hence they also belongs the average category. The upper lower and lower class manual labours scored maximum (127.18) whereas upper lower and lower class manual worker scored minimum (109.92). The wellbeing scores of manual worker remain minimum.

**Table4: Correlation of Socioeconomic Status (Categorically) and Wellbeing of different professional group**

| Professional Groups | Socioeconomic Status (Categorically) |       |              |       |                       |       |
|---------------------|--------------------------------------|-------|--------------|-------|-----------------------|-------|
|                     | Upper & upper middle                 |       | Lower middle |       | Upper lower and lower |       |
|                     | r                                    | p     | r            | p     | r                     | p     |
| Service             | .69                                  | .007* | .12          | .851  | .....                 | ..... |
| Labour              | ....                                 | ....  | -.36         | .382  | -.11                  | .671  |
| Farmer              | ....                                 | ....  | .....        | ..... | .40                   | .160  |
| Manual worker       | ....                                 | ..... | .22          | .717  | .41                   | .169  |
| Others              | ....                                 | ..... | .15          | .714  | -.08                  | .876  |

#### 0.05% level of significance

From the above table it is clear that only in case of upper and upper middle service group there is a significant positive co-rrrelation (r=.69, p=.007) which indicate the existence of strong relation between the socioeconomic status and wellbeing. In the service group there is no member in the upper lower and lower category. Except Service group there is no member in the upper and upper middle socio economic group of labour, farmer, manual worker and other profession. This is very inevitable that in the rural village area of India the income, education, level of occupation still prevailed a very poor category. In case of other sections there is no such high correlation coefficient and thus indicating poor relation with wellbeing. The educational, physical, mental, social, family wellbeing have general dependence on socioeconomic status.

**Table 5: Correlation of Socioeconomic Status (Whole) and Wellbeing of different professional group**

| Professional Groups | r value | p value      |
|---------------------|---------|--------------|
| Service             | .46     | <b>.050*</b> |
| Labour              | -.07    | .732         |
| Farmer              | .32     | .202         |
| Manual worker       | .43     | .744         |
| Others              | .06     | .841         |

**0.05% level of significance**

Here also only in case of service group there is a significant positive correlation ( $r=.46, p=.050$ ) which supports the findings of the previous table which was done in category wise. Except service group there is no high significant relation. Moderate relation exists in case of farmer and Manual worker groups. In table no 2 same results also occurred.

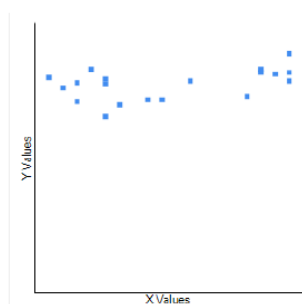


Fig. 1: Service

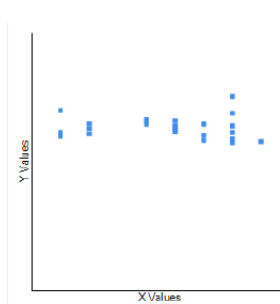


Fig. 2: Labour

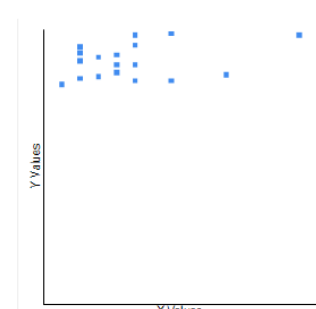


Fig. 3: Farmer

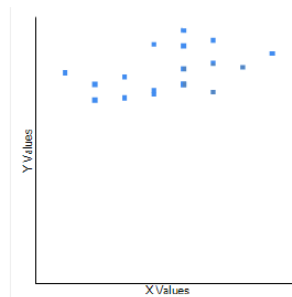


Fig. 4: Manual work

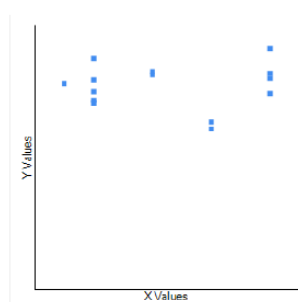


Fig. 5: Others

**Fig. 1 to Fig. 5, showing the graphical representation of co-rrelations of different professional groups**

## V. DISCUSSION OF FINDINGS

Table 4 & 5 shows that in Upper and upper middle service group there is a significant positive correlation between socioeconomic status and wellbeing. Rest of the other profession with their socioeconomic status and wellbeing there is no significant correlation. The result may influence by small sample size because past studies are found that there have relation between socioeconomic status and wellbeing statistically with large subject. Researchers are given deep insights to identify factors behind this relation. Health disparities can be largely attributed to socio-economic inequalities.<sup>[42]</sup> High educational attainment was associated with fine Self Rated Health in Japan.<sup>[43]</sup> The findings apply to both men and women. Generally, parental education has an indirect effect on later health but mother's education may also have a long-term direct effect on later health.<sup>[44]</sup> The percentage reductions were strongest in the lowest SES group. Social relationship substantially contribution to the explanation of SES differences in subjective health. Interventions for improving social relations which especially focus on socially deprived groups are likely to help reducing socioeconomic disparities in health.<sup>[45]</sup> Income is the most sensitive measure of health.<sup>[46]</sup> Except service sector the other sectors were socio economically very poor. Their income also very less which influences their life style and wellbeing. It is very difficult to them to take sufficient quality food to maintain their proper diet. The villagers are mainly depends on rice and vegetables but due to cyclone 'AMPHAN', the natural calamities and present 'pandemic' situation the village economy is facing tremendous problem, the production of the staple foods hampered. Physical and cognitive functioning was associated more strongly with socioeconomic position than social and emotional functioning.<sup>[47]</sup> The association between SES indicators and BMI is complex.<sup>[48]</sup> Family income as an SES measure demonstrated the greatest fidelity with respect to health-related quality of life.<sup>[49]</sup> The diseases due to malnutrition and poor diet inhibit the physical labour which is the main resource of income. In result of that different problems of internal organ have started. There is equal and weak evidence of lower socio-economic groups having reduced access to eye health services in the UK, and there being no association.<sup>[50]</sup> Socio Economic Status, particularly household income, is an important factor in short sleep duration in Korean adolescents.<sup>[51]</sup> Youths from lower socio-economic groups have already been identified as a target group, for intervention and it is important for promotion programmes to focus on the enhancement of their physical activity and their self-esteem.<sup>[52]</sup> Social rituals and festivals have tremendous importance for social bonding. The positive social qualities such as cooperation, friendship, moderation, arbitration etc. can be nurtured through different a social functions which influence the wellbeing status. But the poor economic structure of the villagers became a hinder to organize different programme and thus the different social qualities can't be developed. Social capital is a significant mechanism through which SES impacts the wellbeing of adolescents.<sup>[53]</sup> The roles of the family have in promoting adolescents 'wellbeing is superior to that of school which prompts targeted policy interventions.

## VI. CONCLUSIONS

Most of the subjects fell under Upper lower and lower group according to Socio Economic Status questionnaire and their wellbeing status were low to average as per wellbeing scale. The researchers have considered different professional persons and the income of them were very low which influences their socioeconomic status. Among 94 subjects only 14 servicemen were from upper and upper middle group while the rest belonged to lower and below the lower middle category. From the various profession only in case of upper and upper middle service group, there was significant positive correlation found between socioeconomic status and wellbeing. There were no significant relations found between socioeconomic status and wellbeing in the rest of the professional groups.

### Conflict of interest statement

The authors declare no conflict of interest.

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## A Study on the Relationship of Socioeconomic Status with Wellbeing of Different Professional Groups

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