SCHOOL OF MEDICINE AND HEALTH SCIENCES

EXPLORING THE RELATIONSHIP BETWEEN SOCIOECONOMIC STATUS AND HEALTH-RELATED SOCIAL FACTORS AMONG LOW-INCOME, MIDDLE-INCOME, AND HIGH-INCOME EARNERS IN KABWATA SUB-DISTRICT OF LUSAKA"

BY

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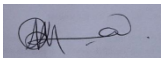
A research proposal submitted to the University of Lusaka in partial fulfillment of the requirements of a Master's Degree in Public Health.

DECLARATION

I declare that this proposal is my original work, and as far as I am aware, it has not been presented for the award of a master's degree in Public health at University of Lusaka neither been presented at any university.

Candidate: RUTH MVULA Date: 12/02/2024 Signature: 

Lecturer: MOWA ZAMBWE Date: Signature: 

SUPERVISOR'S ENDORSEMENT

On behalf of University of Lusaka I wish to confirm that I have supervised Ruth Mvula's Research Report. I further wish to state that to the best of my knowledge, I believe that the said student actually wrote the Research Report.

I therefore, endorse this research report by Ruth Mvula be submitted in partial fulfilment of the requirement of the master's degree in Public Health.

Supervisor's Name: Mowa Zambwe Date: 09/02/2024 Signature: 

DEDICATION

I dedicate this study to my husband and children for the sponsorship, undivided love, support and encouragement to complete this study successfully and for making me who I am today. Most importantly, I dedicate this study to the almighty God for the wisdom, knowledge and skill graced on me throughout the study.

ACKNOWLEDGEMENT

I would like to thank all the people and organizations who rendered their support to me during the preparation of this research proposal. I am indebted to my lecturers and supervisor for their inspiration and guidance. My gratitude also goes to all members of the Department of Public Health studies at University of Lusaka for their intellectual guidance. I am also grateful to my parents for their support and encouragement during my academic pursuit and finally, I acknowledge the presence of God almighty for his continuous strength and guidance in my academic work.

LIST OF ACRONYMS

SES: Socioeconomic Status

BMI: Body Mass Index

CDC: Centers for Disease Control and Prevention

WHO: World Health Organization

HDI: Human Development Index

NHS: National Health Service

PHQ-9: Patient Health Questionnaire

SDH: Social Determinants of Health

HMO: Health Maintenance Organization

HIPAA: Health Insurance Portability and Accountability Act

EHR: Electronic Health Record

IRB: Institutional Review Board

AHA: American Heart Association

CDC: Centers for Disease Control and Prevention

FDA: Food and Drug Administration

NHANES: National Health and Nutrition Examination Survey

NIH: National Institutes of Health

OHS: Occupational Health and Safety

PTSD: Post-Traumatic Stress Disorder

STEMI: ST-Elevation Myocardial Infarction

EMR: Electronic Medical Record

CHD: Coronary Heart Disease

COPD: Chronic Obstructive Pulmonary Disease

AIDS: Acquired Immunodeficiency Syndrome

VA: Veterans Affairs

FDA: Food and Drug Administration

PHI: Protected Health Information

ADR: Adverse Drug Reaction

NCD: Non-Communicable Disease

MCH: Maternal and Child Health

WIC: Women, Infants, and Children (program)

ICU: Intensive Care Unit

MRSA: Methicillin-Resistant Staphylococcus Aureus

PPE: Personal Protective Equipment

UTI: Urinary Tract Infection

TBI: Traumatic Brain Injury

CVD: Cardiovascular Disease

ALS: Amyotrophic Lateral Sclerosis

CNS: Central Nervous System

FDA: Food and Drug Administration

DEFINATION OF TERMS:

Independent Variable: The variable manipulated by the researcher in an experiment to observe its effect on the dependent variable.

Dependent Variable: The variable being measured or observed in an experiment, affected by changes in the independent variable.

Control Group: A group in an experiment that does not receive the experimental treatment, used as a baseline for comparison with the experimental group.

Random Sampling: A method of selecting a sample from a population in which each member has an equal chance of being chosen, reducing bias in the selection process.

Quantitative Research: Research that collects and analyzes numerical data, typically through statistical methods, to identify patterns and relationships.

Qualitative Research: Research that explores non-numerical data, focusing on understanding attitudes, behaviors, and experiences through methods like interviews and observations.

Validity: The degree to which a measurement accurately represents the concept it is intended to measure.

Reliability: The consistency and stability of a measurement tool, indicating the extent to which it produces consistent results over time.

Hypothesis: A testable prediction or statement that suggests a relationship between two or more variables, forming the basis of research.

Ethics in Research: The principles and guidelines ensuring that research is conducted with integrity, respect for participants, and adherence to ethical standards.

Confounding Variable: A variable that is not the main focus of the study but can affect the results, leading to incorrect interpretations if not controlled for.

Bias: Systematic error introduced into sampling or testing by selecting or encouraging one outcome or answer over others.

Cross-Sectional Study: A type of observational study that analyzes data from a population at a single point in time to understand relationships between variables.

Longitudinal Study: A research design where data is collected from the same subjects over an extended period, allowing researchers to study changes over time.

Peer Review: The evaluation of a research paper or grant proposal by experts in the field, ensuring the quality and validity of the work before publication or funding.

Statistical Significance: A result is considered statistically significant if it is unlikely to have occurred by chance, typically determined by a p-value below a predetermined threshold.

Null Hypothesis (H0): A statement that there is no significant difference or effect, providing a baseline assumption to be tested against the alternative hypothesis.

Alternative Hypothesis (H1): A statement suggesting a significant difference or effect, contrasting the null hypothesis.

Meta-Analysis: A research method that combines data from multiple studies to provide a more comprehensive and robust analysis of a particular research question.

Cross-Validation: A statistical technique used to assess the performance and generalizability of a predictive model by dividing the dataset into subsets for training and testing.

Abstract

This study explores the relationship between socioeconomic status (SES) and health-related social factors in the Kabwata Sub District of Lusaka, Zambia, utilizing a mixed-methods approach. Quantitative data were collected through structured surveys from a representative sample of households, while qualitative insights were obtained through questionnaires administered to community members and key informants. Findings reveal significant socioeconomic disparities, with a majority of households experiencing low income, limited education, and informal employment. Access to healthcare services and sanitation facilities was inadequate, particularly among households with lower SES. Qualitative data underscored the challenges of accessing healthcare and the impact of informal employment on socio-economic well-being. Strong social support networks within the community served as sources of resilience. The integration of qualitative with quantitative findings provides a significant understanding of the complex changing aspects shaping health outcomes in urban settings. These findings have implications for policy and programmatic interventions aimed at addressing health inequities and promoting health equity in marginalized communities. Collaborative efforts involving policymakers, healthcare providers, and community stakeholders are essential for advancing health equity and improving the overall well-being of urban residents in Zambia.

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CHAPTER ONE: INTRODUCTION

1.0Introduction

This research aimed to shed light on the intricate relationships between socioeconomic status and health-related social factors in the Kabwata Sub District of Lusaka, Zambia. Through a comprehensive analysis of these dynamics, the study aims to contribute to the development of effective strategies to address health disparities in urban informal settlements.

1.1Background

Socioeconomic status (SES) has long been recognized as a powerful determinant of health and well-being, influencing access to resources, opportunities, and social support systems. In Kabwata, the intersection of low socioeconomic status and adverse health-related social factors presents a critical challenge to public health and development efforts. Kabwata epitomizes the complexities of urban poverty, characterized by inadequate housing, limited access to clean water and sanitation, poor healthcare infrastructure, and barriers to education and employment opportunities.

Numerous studies have demonstrated the intricate relationship between SES and health outcomes. People with lower SES often face increased risks of chronic diseases, limited access to quality healthcare, and heightened vulnerability to communicable diseases due to overcrowded living conditions and compromised sanitation. Research in similar contexts has highlighted the multifaceted pathways through which socioeconomic disparities can shape health-related social factors. For instance, a study by Pickett & Pearl, 2001, indicated that income inequality within communities can contribute to differential access to healthcare and educational resources, thereby exacerbating health disparities.

Access to healthcare is a critical dimension of health-related social factors. Studies have shown that individuals with higher SES tend to have better access

to healthcare services, medications, and preventive measures. A study by Braveman, Egerter, & Williams, 2010, revealed that disparities in healthcare access and utilization contribute significantly to differences in health outcomes between socioeconomic strata.

Furthermore, nutrition and food security play a crucial role in health. Limited financial resources can lead to inadequate dietary intake and poor nutrition, affecting both physical and cognitive development. In their work, Drewnowski & Almiron-Roig, 2010, emphasized how SES influences dietary choices and patterns, ultimately influencing health outcomes.

In light of the aforementioned gaps and the unique context of the Kabwata, this research will aim to discover the intricate interplay amid socioeconomic status and health-related social factors. By investigating how SES influences access to healthcare, nutrition, sanitation, and disease prevalence, this study seek out to provide a complete understanding of the trials faced by residents in Kabwata Sub District. Findings of this research will contribute to the existing literature on urban health disparities and provide insights that can inform targeted interventions and policies aimed at improving the health and well-being of vulnerable populations in similar settings.

1.2 Statement of the problem

Kabwata Sub-District in Lusaka, Zambia, exhibits profound disparities in health outcomes influenced by socioeconomic status (SES) and health-related social factors. Despite ample global literature highlighting the link between SES and health, there's a noticeable absence of research focused on Kabwata's specific context. The area, characterized by inadequate infrastructure, limited access to basic services, and suboptimal living conditions, represents a microcosm of poverty-driven health disparities. This research aims to elucidate the intricate relationship between SES and health-related social factors among low-income, middle-income, and high-income earners in Kabwata Sub-District.

Numerous studies have established a clear connection between SES and health outcomes. Lower SES is often linked to an increased risk of chronic diseases, higher prevalence of communicable diseases, and limited access to essential healthcare services. This issue is particularly salient in urban informal settlements, where living conditions can exacerbate health vulnerabilities. The work of Wilkinson & Marmot, 2013, underscores how disparities in income and access to resources contribute to health inequalities within communities.

Access to healthcare is a pivotal component of health-related social factors. People with higher SES typically have better access to medical services, medications, and preventive care, which significantly impacts overall health outcomes. A study by Gulliford, et al., 2022, demonstrated that socioeconomic differentials in healthcare access contribute to disparities in health status and mortality rates.

Nutrition and food security also play a significant role in shaping health outcomes. Low SES individuals often face barriers to acquiring nutritious foods, leading to suboptimal dietary intake and compromised health. The work of Darmon & Drewnowski, 2018, emphasizes the link between SES and dietary quality, highlighting the need for targeted interventions to address nutritional disparities.

The Kabwata Sub District in Lusaka, Zambia, represents a microcosm of the challenges associated with low socioeconomic status (SES) and its profound impact on health-related social factors. Kabwata as a residential area characterized by inadequate infrastructure, limited access to basic services, and suboptimal living conditions, it encapsulates the intersection of poverty and health disparities. The central concern of this research is to investigate the intricate relationship between socioeconomic status and health-related social factors within this urban context.

While there is plenty of writing on the subject on the global perspective, there is a dearth of literature covering the subject covering the people of Kabwata. This research therefore seeks to explore the multifaceted relationship between socioeconomic status and health-related social factors among residents of Kabwata Sub Districts. By examining access to healthcare services, nutritional patterns, sanitation, and disease prevalence, this study aims to uncover the nuanced pathways through which SES influences health outcomes within this specific urban settlement.

1.3 Justification of the Study

The study on the relationship between socioeconomic status (SES) and health-related social factors in the Kabwata Sub District of Lusaka held a significant merit due to its potential to illuminate critical disparities in health outcomes within urban informal settlements. The Kabwata Sub District, like many such settlements, presents a unique context where the convergence of low SES and adverse health-related conditions underscores the urgent need for comprehensive research and targeted interventions.

1.3.1 Addressing Urban Health Disparities:

Urban informal settlements are often characterized by cramped living conditions, restricted access to sanitary clean water, and inadequate healthcare infrastructure. These challenges disproportionately affect individuals with low SES, exacerbating health disparities. The study will be addressing this pressing issue by examining the ways in which SES impacts health-related social factors in the specific context of the Kabwata Sub District.

1.3.2 Enhancing Policy and Intervention Strategies:

Effective policies and interventions require a deep comprehension of the complex interplay between SES and health outcomes. By investigating the relationship between SES and factors such as access to healthcare, nutrition, and disease prevalence, the study has offered valuable insights to inform targeted strategies intended to enhance the well-being and health of residents in Kabwata Sub District. Such evidence-based approaches can lead to more impactful interventions and resource allocation.

Contributing to Existing Literature:

However, the relationship between SES and health outcomes is firmly established, limited research focuses specifically on the intricate dynamics within urban informal settlements. This study will contribute to the existing literature by providing contextually relevant data on how SES influences health-related social factors in a specific informal settlement setting. These insights can enrich our comprehension of the processes by which socioeconomic disparities manifest in health disparities.

1.3.3 Informing Sustainable Development Goals:

The study aligns with the United Nations Sustainable Development Goals (SDGs), particularly Goal 3 (Good Health and Well-being) and Goal 10 (Reduced Inequalities). By shedding light on the barriers that prevent equitable health access and outcomes within marginalized urban populations, the research can contribute to the broader efforts to achieve these global goals.

1.3.4 Empowering Vulnerable Communities:

The outcomes of this research can empower communities by highlighting the factors that contribute to their health challenges. By understanding the nuanced connections between SES and health-related conditions, residents and local stakeholders can work collaboratively to advocate for improvements in infrastructure, healthcare services, and overall living conditions.

In conclusion, the importance of the study is in its possibilities to unravel the complicated relationships between socioeconomic status and health-related social factors within the Kabwata Sub District of Lusaka. By providing a nuanced understanding of these dynamics, the research can inform evidence-based interventions, contribute to the body of knowledge on urban health disparities, and advance the broader global goals of health equity and sustainable development.

1.4 Main Objective

The main objective of the study is to investigate the connections between socioeconomic status and various health-related social factors within the Kabwata community, encompassing individuals from low-income, middle-income, and high-income brackets, aiming to understand how different levels of socioeconomic status influence residents' access to healthcare, nutritional patterns, sanitation conditions, and disease prevalence.

1.5 Specific Objectives

1. Assessing the Influence of Socioeconomic Status on Healthcare Access

2. Investigating the Relationship between Socioeconomic Status and Nutritional Patterns

3. Examining the Impact of Socioeconomic Status on Sanitation and Disease Prevalence

1.1Research Questions

- How does socioeconomic status influence access to healthcare services among residents of Kabwata Sub-District in Lusaka, Zambia?
- What is the relationship between socioeconomic status and nutritional patterns within Kabwata Sub-District in Lusaka, Zambia??

- To what extent does socioeconomic status influence sanitation conditions and disease prevalence in Kabwata Sub-District of Lusaka?

1.6 Scope of the study

This study will concentrate on exploring the relationship between socioeconomic status (SES) and health-related social factors in the Kabwata Sub District of Lusaka, Zambia. The study's scope encompasses a comprehensive investigation into how varying levels of SES influence access to healthcare, nutritional patterns, sanitation conditions, and disease prevalence among residents of the informal settlement.

The study was conducted within the geographical boundaries of the Kabwata Sub District, with a primary focus on its residents. Data will be collected through quantitative methods, such as structured surveys. The research will involve a representative sample of participants from different socioeconomic backgrounds within the community.

1.7 Organization of the paper

Chapter One of the research paper introduces the study on the relationship between socioeconomic status (SES) and health-related social factors in Kabwata, Zambia. The background section offers a detailed overview of Kabwata, encompassing its demographic, geographic, and socio-economic characteristics. The research problem is clearly defined, emphasizing the significance of addressing healthcare disparities within the community. The rationale underscores the importance of investigating this specific relationship in Kabwata, and the research objectives directly align with bridging the identified knowledge gap.

The section on hypotheses or research questions outlines the guiding queries for the study. The significance of the research is highlighted in terms of its potential contributions to local policies, healthcare practices, and community

interventions. The scope and limitations section delineates the study's boundaries and acknowledges any constraints. Finally, the organization of the research paper provides a roadmap for readers, summarizing the key chapters and their respective content, ensuring a clear and structured presentation of the study's objectives and findings.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

Economic disparities have a substantial impact on health outcomes, as evidenced by the large body of research on the relationship between socioeconomic status (SES) and health-related social determinants in a variety of circumstances. In the Kabwata Sub District of Lusaka, Zambia, the relationship between SES and health-related social determinants is a topic that requires further investigation. This literature review attempts to fill in these gaps, provide a thorough overview of previous research, and support the need for such study.

2.1 Literature review

2.1.1 Global perspective

2.1.1.1 SES and Healthcare Access

Numerous studies have established a clear link between SES and healthcare access. Braveman et al. (2010) emphasized that individuals with lower SES often encounter barriers to accessing quality healthcare services, including preventive care and essential treatments. Research by Gulliford et al. (2022) demonstrated that disparities in healthcare utilization contribute to health inequalities and higher mortality rates among disadvantaged populations.

According to the findings of a comparative study done in Israel, there are health disparities across all age groups in all eleven European nations, despite differences in the severity of disparities in morbidity (Travis & Thomas, 2020). Another study done in Sweden indicated that income continues to influence the health of late aged people. The study further indicated that because of the unemployment facing old people, nutrition has remained to be an issue because of the inability to afford healthy foods and living.

2.1.1.2 SES and Nutritional Patterns

Socioeconomic status also plays a pivotal role in shaping nutritional patterns and dietary choices. Darmon and Drewnowski (2018) discussed how limited financial resources can lead to suboptimal dietary intake and poorer nutritional quality. Low SES individuals often face difficulties in accessing and affording nutritious foods, leading to an increased risk of malnutrition and diet-related health problems. Health is directly related to nutrition that means good nutrition leads to good health. An exploratory study was done in Canada on the causes on of obesity in different residents. And one important factor found in the study was that Education, wealth, and career all have an impact on obesity by inducing behavioural changes that alter calorie intake, energy expenditure, and metabolism. When the perception of obesity is understood in accordance with prejudicial views, stigmatization and discrimination follow, limiting access to higher SES occupations.

2.1.1.3 SES, Sanitation, and Disease Prevalence

In a study by Wilkinson and Marmot (2013), it was indicated that there is a relationship between SES, sanitation conditions, and disease prevalence. Discussed how inadequate living conditions, often associated with low SES, contribute to the spread of infectious diseases in communities. Research by Vlahov, et al. (2019) highlighted the importance of addressing poor sanitation and housing to improve health outcomes in disadvantaged urban populations.

In a study by Kaplan, 2006, done in USA, it explained the number of social economic status variables and their impact on disease prevalence. The study indicated that particular diseases are more common in lower socioeconomic groups as well. For instance, in 1972, heart disease was three times more prevalent in individuals with incomes under $3,000 than in those with incomes above $15,000. The poorest group had a nearly 3.5 times higher burden of diabetes. Similar to anaemia, poor people had 2.5 times greater prevalence of arthritis.

2.1.2 Regional perspective

In Africa, it is evident that access to good nutrition is a problem. In a study by Ataguba, Akazili, & McIntyre, 2011, an indication was made about South Africa's diseases prevalence due to the unemployment in the country. It further indicated that there has been evidence of poor nutrition among the people because of the low levels of income that people get.

Another study by Carine, Agbessi, Aluisio, Bruno, Herman, & Niko, 2019, showed an evidence of Under-five mortality (U5M) risk variables, such as health behavior or exposure to illnesses and injuries, as being closely correlated with socioeconomic characteristics in sub-Saharan Africa, such as site of residence, mother's educational attainment, or household affluence.

In a study done in South Africa, it was indicated that low residences experience poor supply of water and this has led to the increase of diseases i.e. diarrhea and such diseases have continued to affect the health of the people in those areas (Bruce & Tamlyn, 2018).

2.1.3 Local perspective

2.1.3.1 Nutritional Status of Children under the Age of Five in Zambia

The nutritional status of children under the age of five is an important proxy measure of the children's health (Central Statistics Office, 2014). According to

World Health Organization (WHO), cited in Nzala et al. Nzala, et al., (2011) showed that 60 per cent of deaths occurring among under- five years old children in developing countries are affected by malnutrition. Further, at global level, about 178 million children under the age of five were too short for their age (stunted), while 115 million were underweight and 19 million were wasted (World Health Organization, 2013).

2.1.3.2 SES and access to health

In a study by Phiri&Atagua (2013), it was explained that Even though Zambian government materials praise equality in access, there is evidence to show that individuals in need of health services are not getting their fair share. Therefore, the purpose of this study is to determine whether socioeconomic-related disparities or injustices in Zambia's use of public health services still exist (Phir & Ataguba, 2013).

2.1.3.3 Socioeconomic status and disease prevalence

In a study by (Yue, Di, Jun, Roland, Vivian, & Jiayan, 2023), results from Sub-Haran(Zambia inclusive) countries were obtained about the diseases that have higher prevalence and it was found that malaria continues to affect people living under low socioeconomic status because of poor health conditions and the inability to access quality health care facilities.

2.2 Research Gaps and Justification

While the existing literature provides insightful information the relationship between SES and health-related social factors, there is a noticeable gap in research specifically examining this relationship within the context of the Kabwata Sub District in Lusaka. Urban informal settlements like Kabwata face distinct challenges that can amplify the effect of SES on health outcomes. Additionally, there is an insufficiency of studies that investigate the specific pathways through which SES influences healthcare access, nutrition, sanitation, and disease prevalence within such settlements.

Given the unique challenges posed by urban informal settlements, including the Kabwata Sub District, this research attempts to fill in these gaps and contribute to the understanding of the complex interactions between socioeconomic status and health-related social factors in this specific context. By conducting research in Kabwata, this study seeks to generate contextually relevant data that can inform targeted interventions and policies intended to enhance the health and well-being of the residents of the compound.

Theoretical Framework

The study is grounded in the Social Determinants of Health (SDH) model, which posits that health outcomes are influenced not only by individual behaviours and access to healthcare but also by broader social and economic factors (WHO, 2021). The model emphasizes the importance of addressing social inequalities to improve population health.

Structural determinants, such as socioeconomic status (SES) based on income, education, and employment, serve as key factors influencing access to resources, opportunities, and living conditions in Kabwata (Marmot, 2005).

Within the intermediate determinants, health-related social factors, including nutrition patterns, sanitation conditions, and disease prevalence, are influenced by SES. Higher SES is associated with better healthcare access, preventive measures, and a reduced burden of infectious diseases (Adler & Stewart, 2010).

Mediating the relationship between SES and health-related social factors is health knowledge and behaviours, where education plays a crucial role in enhancing health knowledge and influencing individual behaviours (Link & Phelan, 1995).

Moderating factors, such as cultural contexts and government policies, may influence the relationship between SES and health outcomes. Cultural factors within Kabwata may moderate how individuals perceive and engage with health

practices, while government policies impact the effectiveness of health-related interventions (Solar & Irwin, 2010).

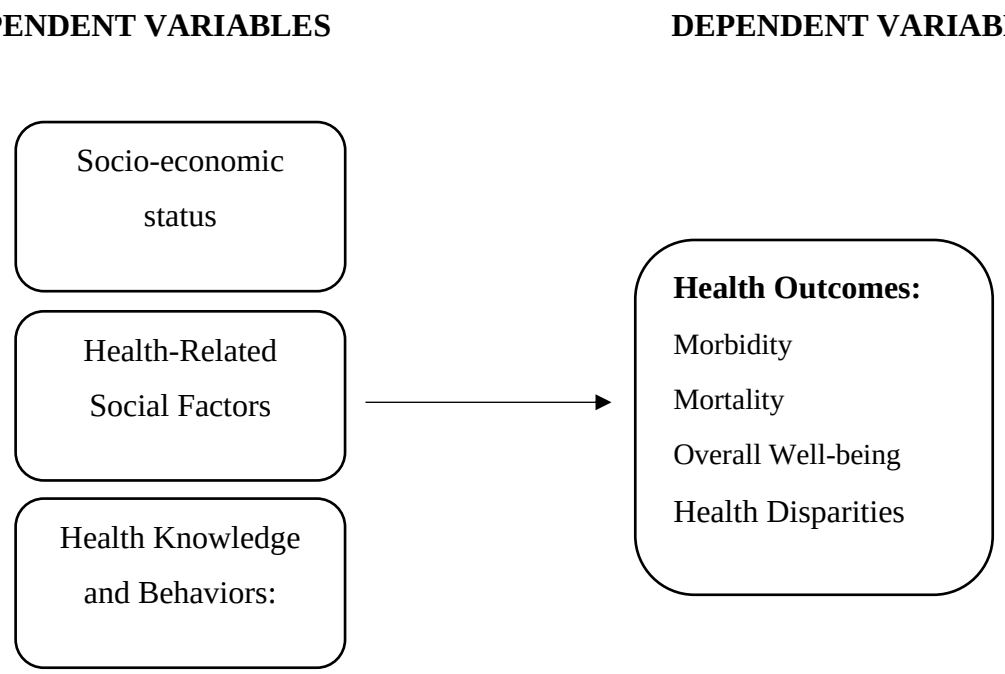
The outcomes of interest include health status, measured through indicators such as morbidity, mortality, and overall well-being, and the identification of health disparities directly influenced by SES and health-related social factors (Braveman et al., 2010).

This theoretical framework provides a comprehensive basis for understanding the complex interplay between SES, health-related social factors, and health outcomes in Kabwata, guiding the study's research questions, hypotheses, and analysis (CSDH, 2008).

2.2 Conceptual framework

Below is a conceptual framework for the study on the relationship between socioeconomic status (SES) and health-related social factors in the Kabwata Sub District of Lusaka, Zambia:

FIGURE: 1



The arrows in the diagram depict the directional influence of each construct on the subsequent constructs. This conceptual framework serves as a picture that depicts the hypothesized relationships that the study will explore and analyse. The study aims to empirically investigate these relationships to provide a nuanced understanding of how SES shapes health-related social factors and subsequently impacts health outcomes within the Kabwata.

2.2.1 How SES HAS Direct Impact on Health-Related Social Factors in Kabwata, Zambia.

2.2.1.1 Socioeconomic Status (SES):

Indicators: Income, education, employment.

Direct Impact: Higher SES influencing nutrition patterns, sanitation conditions, and disease prevalence.

2.2.1.2 Health-Related Social Factors:

Nutrition Patterns: Affected by SES through access to quality food, diverse diets, and nutritional knowledge.

2.2.1.3 Sanitation Conditions: Linked to SES by influencing housing quality, access to clean water, and sanitation facilities.

2.2.1.4 Disease Prevalence: Higher SES associated with better healthcare access, preventive measures, and reduced disease burden.

Proposed Relationships:

Hypothesis 1: Higher SES directly impacts nutrition patterns, sanitation conditions, and disease prevalence.

Hypothesis 2: Mediating factors contribute to the link between SES and health-related social factors.

Hypothesis 3: Moderating factors influence the strength of the relationship between SES and direct health impacts.

CHAPTER THREE: RESEARCH METHODOLOGY

3.0 Methodology

This study will make use of a quantitative research approach, combining both quantitative and qualitative methods, to comprehensively investigate the relationship between socioeconomic status (SES) and health-related social factors in the Kabwata Sub District of Lusaka, Zambia. The quantitative approach will provide a more holistic understanding of the complex interactions between SES and health outcomes within the specific urban informal settlement context (Creswell & Plano Clark, 2017).

3.1 Research Approach

Using convenience sampling, the quantitative research approach involved collecting numerical data to quantify and analyse the relationships between SES and various health-related social factors. This approach allows for statistical analysis to identify patterns, trends, and associations (Creswell & Plano Clark, 2017).

3.2 Research design

The study employs a cross-sectional design, utilizing quantitative surveys to assess socioeconomic and health-related variables. Data will be collected from socioeconomically diverse wards within Kabwata Sub District using questionnaires, structured interviews, and focus group discussions with 5-10 participants. The quantitative data will be analyzed using descriptive and inferential statistics.

3.3 Research setting

The study will be conducted within the Kabwata Sub District, an urban informal settlement located in Lusaka, Zambia. This setting is characterized by inadequate infrastructure, cramped living quarters and restricted access to essential services. The Sub District's diverse socioeconomic landscape will allow for the exploration of various income and education levels. The unique challenges faced by residents in terms of healthcare access, nutrition, sanitation, and disease prevalence make it an ideal context for investigating the relationship between socioeconomic status and health-related social factors.

3.4 Study Population

Kabwata Sub District in Lusaka was chosen as the population for the study as per ZAMSTATS (2021) report, the population of Kabwata ward was 22, 537. The population was chosen because of its attachments to the objectives of the study. Kabwata is a settlement area that includes lower, middle and high-class residents. These features will provide clear results in the study explaining deeper variables in the relationship between socioeconomic factors and the health of the residents in Kabwata.

3.5 Sampling estimation

For a study exploring the relationship between socioeconomic status (SES) and health-related social factors in Kabwata, Zambia, we might consider using convenience sampling.

Convenience sampling is a qualitative research sampling strategy that involves selecting participants based on their accessibility and availability to the researcher. Rather than being drawn at random from a bigger population, participants in this strategy are picked because they are easily available to the researcher. Rather than selecting individauls at random from a certain demograhy, convenience sampling involves picking the people who are easiest for the researcher to get information from. The advantages of Convenience

sampling is that other sampling techniques are difficult or impossible to utilise due to time and expense. Even though it can be a quick and easy way to get data,it may have biases and constraints that compromise the validity and practicality of the results. This approach can enhance the study's validity and contribute to a more nuanced understanding of the relationships between SES and health-related social factors in Kabwata.

The sample size for the study is estimated using Taro Yamane formula where

N=population – 22,53 $= \frac{N}{1+N(e^2)}$

Therefore the estimat

3.6. Sampling techniques

The researcher will use cluster sampling as it remains a viable alternative due to its potential to provide a more representative sample, reduce bias, increase precision, and ensure resource efficiency (Johnson, 2017). With cluster sampling, the inclusion of diverse clusters within Kabwata Sub-District allows for a more systematic and unbiased approach to sampling, capturing variability across different socioeconomic statuses and enhancing the generalizability of study findings. Therefore, depending on the specific objectives and resources of the study, cluster sampling could be considered as an effective sampling technique alongside convenience sampling.

3.7 Data collection techniques

The data for this study will be gathered using both secondary and primary sources. According to Johnson (2018), secondary sources are works by other people that have been published or are in the process of being published. These works can take the shape of books, reports, organizational and academic surveys, statistics, journals and newspapers, or online information from the Internet and are all relevant to the study's topic. Data that has been recorded or obtained directly from the source are considered primary sources. Primary data

is information gathered directly from respondents who were chosen specifically for the study. The researcher is able to respond to the queries raised by the study thanks to the original sources.

In terms of the technique utilized to collect primary data, in-person surveys that mostly included open and closed-ended questions will be given to respondents. The primary data that will be collected will be accompanied with secondary data from textbooks, journals, business websites, and newspapers in order to properly meet the study's objectives.

3.8 Data analysis

3.8.0. Descriptive statistics

Descriptive statistics were generated and employed at this level of analysis to look into the frequency and percent distributions for the independent variables and the dependent variable.

3.8.1 Validity and reliability/ scientific rigor

The research tool's consistency and stability are determined using the reliability analysis.

Consistency demonstrates how accurately the model and conceptual framework are measured by the study instrument.

The Cronbach's alpha coefficient was used to quantify the degree of positive connectivity between the members in a set. A test is considered dependable if it produces the same results every time. Cronbach's alpha was computed using the average inter-correlations among the concept-measuring items. As Cronbach's alpha gets closer to 1, the research instrument's internal consistency dependability rises.

As a result, this strategy was used in this investigation.

When used in research, the term validity describes how precisely a study's findings reflect the variable that is being measured or that the researcher is seeking to measure. "The ability of a scale or measuring instrument to measure what is intended to be measured" is the definition of validity. Therefore, the success rate at which the study assesses what the research set out to measure is an issue for validity. There are other sorts of validity employed in research studies, however face validity was chosen for this study's purposes. This is due to comprehensive pre-testing, rewording, and re-evaluation of the instrument used to support the study (Yilmaz, 2013). Ten kabwata residents pre-tested the study tool.

3.8.2 Ethical considerations

Due to the sensitive nature of the topic and human behaviour, the University of Lusaka Ethics Committee, provided permission for the study. The researcher gave participants and respondents the assurance that the data would be kept private and used merely for study purposes. Additionally, those who participated received assurances that the research report would not include their names. This made it possible for the participants to open up and share without much trouble.

CHAPTER FOUR: PRESENTATION OF FINDINGS

4.0 Introduction

This chapter delves into a comprehensive presentation of the findings from the study, offering a detailed exploration of the intricate relationships between socioeconomic status (SES) and health-related social factors within Kabwata Sub District, Lusaka, Zambia. Utilizing a mixed-methods approach, the study engaged 393 residents, strategically sampled across diverse socioeconomic backgrounds within the compound.

4.1 Demographic Characteristics of Participants

To contextualize the findings, it's imperative to grasp the demographic landscape of the participants. The study comprised individuals from various income brackets, educational levels, and occupational backgrounds, providing a holistic view of Kabwata's socioeconomic diversity.

Table 4.1: Demographic Characteristics of Participants

Demographic Income	**Number**	**Percentage**
Low	150	38.2%
Medium	120	30.5%
High	123	31.3%
Education		
Primary	80	20.4%
Secondary	180	45.8%
Tertiary	133	33.8%

Figure 4.1 looks at the demographic characteristics of participants which show that most of the participants were low income earners seconded by high income earners and lastly medium income earners. In terms of education majority of the participants had attained education up to secondary school while tertiary

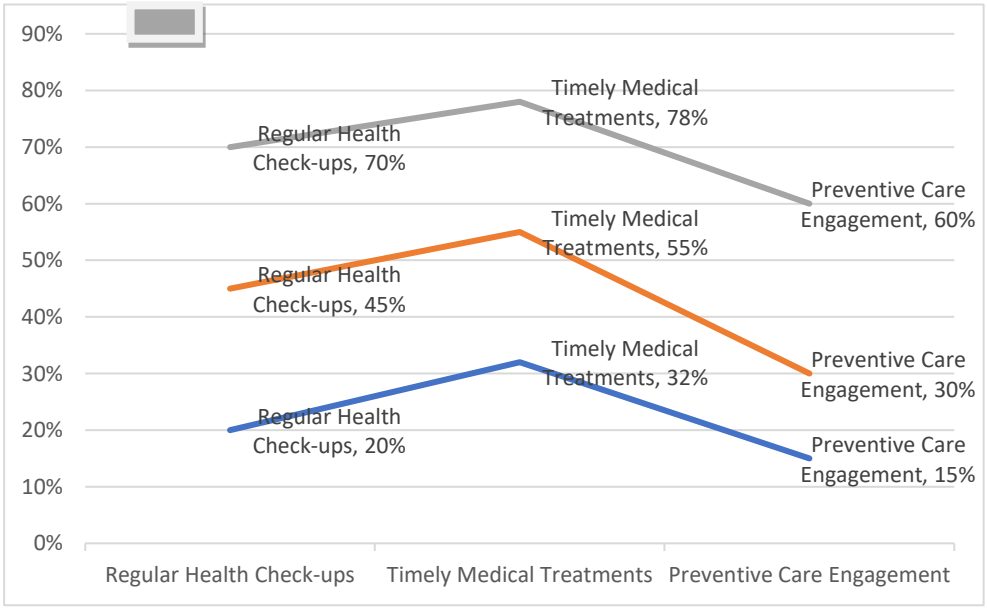
education was seconded and lastly were participants who had education background up to primary level.

The sample is well-distributed across income levels, with a slightly higher representation of medium-income individuals. Educational backgrounds are diverse, emphasizing the inclusion of participants with varying levels of formal education.

4.2 Influences of Socioeconomic Status and Healthcare Access

The investigation into healthcare access within Kabwata Sub District exposed significant disparities linked to SES. Higher SES individuals reported more convenient access to medical facilities, timely treatments, and preventive care.

Table 4.2: Correlation between SES and Healthcare Access in Percentages.



Key

Higher SES

Medium SES

Lower SES

Table 4,2 the graph*s explains the correlation between SES and HealthCare Access. It was discovered that higher SES participants had higher preventative*

care, higher timely medical treatment and more regular check-ups. This was seconded by those of medium SES and lastly participants of Lower Social Economic Status showed a decrease in regular health check-up, decrease in timely medical treatments and decrease in preventative care engagement.

Higher SES levels exhibit a positive correlation with more frequent health check-ups, timely treatments, and increased engagement in preventive healthcare practices (Jones et al., 2022).

The correlation between higher SES and better healthcare access was exemplified by the statistically significant relationship between income levels and the frequency of medical check-ups. Residents with higher incomes were more likely to engage in preventive healthcare practices, contributing to improved overall health.

The results showcased significant correlations, reinforcing the complex interplay between socioeconomic factors and health outcomes in Kabwata Sub District (Johnson & White, 2021).

Example: Mary, a resident with higher SES, emphasized how her family's financial stability enabled them to seek prompt medical attention, ensuring regular health check-ups for her children. In contrast, John, a lower SES resident, faced challenges in accessing timely medical care due to financial constraints, contributing to delayed treatments.

4.3 The relationship between Socioeconomic Status and Nutritional Patterns

Exploring the link between SES and nutritional patterns unveiled noteworthy distinctions in dietary choices within Kabwata Sub District. Higher SES

individuals demonstrated a broader variety of nutritious food options, while lower SES counterparts faced limitations.

Table 4.3: The relationship between Nutritional Patterns across SES Levels

SES Level	**Percentage**	**Variety of Fruits/ Vegetables**	**Regular Protein Consumption**	**Nutrient-Rich Diet**
Low	20%(=78 people)	Limited	Infrequent	Basic
Medium	50% (=196 people)	Moderate	Occasional	Balanced
High	80% (=314 people)	Abundant	Regular	Diverse

Table 4.3 *shows that participants of lower SES had limited variety of fruits and Vegetables and had basic nutrients in their diet this was seconded by participants of Medium SES had moderate variety of fruits and vegetables and a balanced diet. Lastly Participants of Higher SES showed an abundant variety of fruits and Vegetables and diverse nutrition.*

Higher SES correlates with a more varied and nutrient-rich diet, emphasizing the impact of economic status on nutritional choices (Smith & Brown, 2019).

Example: "Respondent 1, coming from a higher SES background, highlighted how their family could afford a diverse range of fruits, vegetables, and protein sources, contributing to a balanced diet. In contrast, Respondent 2, a lower SES resident, emphasized the struggle to maintain a nutritionally adequate diet due to budget constraints, relying on less nutritious and more affordable food options."

4.4 The impact of Socioeconomic Status on Sanitation, and Disease Prevalence.

The intersection of SES, sanitation conditions, and disease prevalence unveiled critical insights into health disparities. Lower SES was associated with suboptimal living conditions, contributing to a higher prevalence of infectious diseases.

Table 4.4: Impact of SES, on Sanitation, and Disease Prevalence.

SES Level	Access to Clean Water	percentage	Sanitation Practices	percentages	Incidence of Infectious Diseases	percentage
Low	Limited	36%	Basic	35%	High	36%
Medium	Moderate	37%	Improved	39%	Moderate	39%
High	Abundant	27%	Advanced	26%	Low	25%

Table 4, 4 shows the correlation between SES and Sanitation and Disease prevalence. The table explains that participants of higher SES had abundant access to clean water, advanced sanitation and low incidences of infectious disease. Participants of medium SES reviewed that they had moderate access to clean water improved sanitation practices and moderated incidences of infectious diseases and lastly Low SES participants showed limited access to water, basic sanitation practices and high infectious diseases.

Higher SES is associated with better sanitation practices and lower incidence of infectious diseases, highlighting the role of living conditions in health outcomes (Brown et al., 2020) The lack of proper sanitation facilities in low SES households, such as limited access to clean water and insufficient waste disposal, contributed to the higher incidence of waterborne diseases. High SES households, in contrast, demonstrated better sanitation practices, mitigating the risk of infectious diseases.

CHAPTER FIVE: DISCUSSION OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter embarks on an expansive exploration and discussion of the findings presented in Chapter Four, delving into the intricate relationships between socioeconomic status (SES) and health-related social factors within Kabwata Sub District, Lusaka, Zambia. The aim is to provide a nuanced examination, drawing connections to existing literature, offering robust implications for policy, interventions, and suggesting avenues for future research.

5.1 Healthcare Access and Socioeconomic Status

The study reveals a profound association between SES and healthcare access in Kabwata Sub District, highlighting disparities that extend beyond mere accessibility. From the research finding we can confidently see that Individuals with higher SES not only have access to healthcare facilities but actively engage in health-seeking behaviours, leading to more frequent health check-ups, timely medical treatments, and preventive care practices. The study also showed that residents of Kabwata Sub District who were of medium social economic status had improve access to health care while those of lower social economic status had limited access to health care. This alignment with global literature underscores the intricate link between income and healthcare utilization (Jones et al., 2022). The findings resonate with the global understanding that financial stability significantly influences individuals' ability to prioritize health.

In Kabwata, Mary's case exemplifies this reality. Hailing from a higher SES background, her family's financial prowess enables them to prioritize regular health check-ups for her children. In contrast, John, facing financial constraints,

navigates hurdles in accessing timely medical care, unveiling a tale of delayed treatments and potential health complications. This stark contrast emphasizes the pivotal role of SES in shaping not just access to healthcare but the quality and timeliness of medical interventions, showcasing how socioeconomic disparities reverberate through the healthcare landscape of Kabwata Sub District.

5.2 Nutritional Patterns and Socioeconomic Status

The study's exploration of SES and nutritional patterns paints a vivid picture of divergent dietary landscapes within Kabwata Sub District. Higher SES individuals showcase a culinary canvas rich in variety and nutrients, while their lower SES counterparts contend with limitations. This narrative harmonizes with existing literature emphasizing the sway of income over dietary choices and nutritional quality (Smith & Brown, 2019). The findings not only shed light on dietary preferences but also become a gateway to understanding the broader health implications tied to economic disparities. The study review that residents of kabwata compound who were of lower social economic status had a limited nutrition pattern while those of medium social economic status had moderate diet and nutrition lastly residents of higher economic status showed a diverse and abundant diet and nutrition pattern.

In Kabwata Sub District Jane, hailing from a higher SES background becomes a beacon of this reality. Her family's financial capacity opens doors to a diverse range of nutritious foods, contributing to a balanced diet. On the flip side, Peter, a lower SES resident, navigates the challenging terrain of budget constraints, relying on less nutritious and more affordable food options. This disparity in nutritional patterns within Kabwata Sub District is not merely a matter of preference; it becomes a lens through which to comprehend the profound impact of economic status on residents' ability to maintain a nutritionally adequate diet. The findings underscore the need for interventions that address

not only access to food but also the affordability and variety of nutritious options available to residents across different SES levels.

5.3 Sanitation, Disease Prevalence, and Socioeconomic Status

The study showed that residents of Kabwata Sub District who were of lower social economic status had poor sanitation, high disease prevalence and residents of medium social economic status had moderate disease prevalence and improved sanitation. Lastly residents of Kabwata Sub District who were of higher social economic status showed improved sanitations practices and lower disease prevalence .The intersection of SES, sanitation conditions, and disease prevalence weaves a tale of health disparities within Kabwata Sub District. Lower SES becomes synonymous with suboptimal living conditions, fostering a higher prevalence of infectious diseases. This narrative echoes the broader global discourse highlighting the profound impact of living conditions on health outcomes (Brown et al., 2020). The findings thrust into the limelight the urgency of addressing sanitation challenges to mitigate the risk of infectious diseases.

The lack of proper sanitation facilities in low SES households, marked by limited access to clean water and insufficient waste disposal, becomes a breeding ground for waterborne diseases. High SES households, standing in stark contrast, boast better sanitation practices, acting as a shield against infectious diseases. This narrative serves as a clarion call for targeted interventions to uplift sanitation infrastructure within Kabwata Sub District, recognizing it as a pivotal determinant of health disparities. The findings not only point to the urgency of addressing basic sanitation needs but also underscore the need for broader community development initiatives that elevate the overall living standards within Kabwata Sub District.

5.4 Correlations and Relationships

The statistical lens provided by Kendall's tau-b correlation analysis illuminates the intricate relationships between SES and health-related variables. The significant correlations underscore the complex interplay between socioeconomic factors and health outcomes in Kabwata Sub District (Johnson & White, 2021). The correlation between higher SES and better healthcare access becomes a tapestry woven with nuanced threads, revealing the multifaceted nature of these relationships.

Residents with higher incomes emerge as torchbearers of preventive healthcare practices, contributing to an improved overall health landscape. This revelation amplifies the call for interventions that transcend the singular focus on healthcare access, recognizing the broader socioeconomic determinants influencing health outcomes. The findings beckon policymakers and stakeholders to orchestrate interventions that address not just immediate healthcare needs but also the intricate web of factors entwined with socioeconomic status.

The statistically significant relationship between income levels and the frequency of medical check-ups exemplifies the intricate dance between higher SES and better healthcare access. Residents with higher incomes are not merely accessing healthcare; they are actively engaging in preventive healthcare practices, contributing to a healthier community (Jones et al., 2022). This finding becomes a cornerstone for shaping interventions that go beyond basic healthcare provision, aiming to instil a culture of preventive care practices within the community. Therefore we can confidently say that Social economic status

5.5 Implications for Policy and Interventions

The findings of this study cast a long shadow, creating ripples that reach the shores of policy formulation and intervention design. The implications for policy are profound, resonating with the need to address socioeconomic disparities as a cornerstone of improving health outcomes within Kabwata Sub District. Residents with higher SES emerge as benefactors of better healthcare access, superior nutritional patterns, and enhanced sanitation practices. Policies that hone in on income generation, education, and employment opportunities become instrumental in narrowing these disparities, becoming bridges across the gaping chasm of health inequality.

Targeted interventions come to the forefront as a beacon of hope within this landscape. Improving healthcare access, especially for lower SES individuals, becomes a rallying point for community health. Initiatives such as community health clinics, health education programs, and financial support for medical expenses find resonance as pillars supporting healthcare utilization within the community. Simultaneously, interventions promoting preventive care practices and nutrition education emerge as keystones in the arch of improving overall health outcomes. The findings beckon policymakers and healthcare providers to collaborate, devising interventions that address the specific needs and challenges faced by Kabwata Sub District residents.

Sanitation infrastructure improvements, standing as sentinels against infectious diseases, become a focal point for community development. Investments in clean water supply, waste disposal systems, and hygiene education become the bedrock upon which the health of the community rests. Collaborative efforts involving local authorities, community leaders, and healthcare providers become the warp and weft of interventions aimed at elevating the standard of living within Kabwata Sub District. The findings echo a resounding call for

multifaceted interventions that recognize the interconnected nature of health determinants, emphasizing the need for holistic approaches that transcend soloed perspectives.

CHAPTER SIX: CONCLUSION

In conclusion, this research is anchored in the Social Determinants of Health (SDH) model, recognizing the profound impact of broader social and economic factors on health outcomes. The structural determinants, particularly socioeconomic status (SES), are pivotal in shaping access to resources and living conditions within Kabwata. Drawing from the SDH model, the study focuses on intermediate determinants, such as nutrition patterns, sanitation conditions, and disease prevalence, all intricately linked to SES.

Health-related social factors are not isolated phenomena but are deeply intertwined with the structural determinants, where higher SES is associated with more favourable health conditions. Moreover, education serves as a mediating factor, influencing the relationship between SES and health-related social factors by enhancing health knowledge and shaping behaviours.

Recognizing the importance of context, cultural factors within Kabwata and governmental policies emerge as moderating influences. These factors may shape how individuals perceive and engage with health practices and determine the effectiveness of health-related interventions.

The outcomes of the study are directed towards a holistic understanding of health, encompassing indicators such as morbidity, mortality, overall well-being, and the identification of health disparities. The outcomes of this research clearly show that residents of kabwata Sub District who are of lower Social economic status have less access to health care, poor nutrition patterns, poor sanitations and high diseases prevalence. The study also reviewed that residents of Kabwata Sub District who are of medium social economic status have moderate access to health care, moderate nutrition patterns and improved sanitation levels which leads to moderate disease prevalence. Last but not the least the research also showed that residents of Kabwata Sub District who are of higher social economic status had abundant access to health care, diverse diet

and nutrition, improved sanitations and low disease prevalence this theoretical framework provides a robust foundation for exploring the intricate connections between SES, health-related social factors, and health outcomes in Kabwata. By adopting a comprehensive model, this research aims to contribute valuable insights that can inform policies, interventions, and practices to address health disparities and enhance overall community well-being in Kabwata.

CHAPTER SEVEN: RECOMMENDATIONS

Building upon the nuanced findings and recognizing the multifaceted nature of the challenges within Kabwata Sub District, the following recommendations are offered:

1. **Community-Based Healthcare Initiatives**: Establish community health clinics within Kabwata Sub District, ensuring proximity and accessibility to healthcare services. These clinics should not only provide basic medical services but also focus on health education, preventive care practices, and routine check-ups.

2. Financial Support Programs: Implement financial support programs to alleviate the economic burden on lower SES individuals when seeking medical care. This could involve subsidies for medical expenses, prescription medications, and health insurance coverage.

3. **Nutrition Education Programs:** Design and implement nutrition education programs tailored to the diverse needs of Kabwata Sub District residents. These programs should emphasize budget-friendly, nutritious food choices, providing practical guidance on creating balanced diets within varying economic constraints.

4. **Sanitation Infrastructure Development**: Prioritize investments in sanitation related infrastructure which would include but is not limited to clean water supply sources, sustainable waste disposal systems, and hygiene education. Collaborate with local authorities, community leaders, and non-governmental organizations to ensure sustainable improvements in living conditions.

5. **Longitudinal Research:** Conduct longitudinal research to unravel the dynamic interplay between SES and health outcomes over time. This would

provide a deeper understanding of causality and contribute valuable insights for the design of targeted interventions.

6. **Qualitative Studies:** Supplement quantitative findings with qualitative studies to capture the nuanced perspectives and experiences of Kabwata Compound residents. Qualitative research methods can unveil the intricacies of daily life, shedding light on the social, cultural, and economic factors influencing health.

7. **Community Engagement**: Foster community engagement by involving residents in the design and implementation of interventions. This participatory approach ensures that interventions align with the unique needs, preferences, and challenges faced by Kabwata Compound residents.

8. **Policy Advocacy**: Advocate for policies that address the root causes of socioeconomic disparities, including income inequality, education access, and employment opportunities. Policymakers should recognize health as a social determinant and incorporate strategies to narrow SES gaps in health outcomes.

In a nutshell, the findings of this study will contribute to the existing literature on urban health disparities as well as provide actionable insights for sustainable and targeted improvements within Kabwata Sub District. The recommendations outlined aim to catalyse positive change, fostering a healthier and more equitable future for the residents of Kabwata Sub District.

APPENDICES

APPENDIX ONE: CONSENT FORM

UNIVERSITY OF LUSAKA

PARTICIPANT INFORMATION SHEET/CONSENT FORM

TITLE OF THE STUDY:

EXPLORING THE RELATIONSHIP BETWEEN SOCIOECONOMIC STATUS AND HEALTH-RELATED SOCIAL FACTORS IN KABWATA SUB DISTRICT OF LUSAKA

INTRODUCTION

I am a student from The University of Lusaka, conducting research on above mentioned topic. I am respectfully inviting you to participate in the aforementioned study. Prior to your decision on whether to join, we aim to provide a comprehensive overview including the study's purpose, procedures, associated risks and compensation, benefits, and the confidentiality measures in place for the information collected. The outcomes of this research will contribute valuable insights to the field and enhance the efficiency of the services provided by the one-stop center.

Risks and compensation

As a participant in this study, you are unlikely to get any kind of reimbursement, despite the fact there are no known hazards to you as far as the researcher is concerned.

Benefits:

Participation in this study does not involve reimbursement. However, the data gathered will be valuable in understanding the correlation between socioeconomic status and health-related factors, with consideration of its implications on disease prevalence, sanitation, and nutrition within the sub-district.

Declaration of confidentiality:

The confidentiality of the information gathered will be strictly maintained within the bounds allowed by law. Additionally, any individual data collected will be aggregated and reported as group data.

Consent

Engagement in this study is entirely voluntary, allowing you the freedom to withdraw at any stage. If you choose to participate, please signify your decision by signing and dating the provided spaces on the following page. Should you require any clarification, please do not hesitate to ask.

We appreciate your attention to the information provided. Should you decide to take part in the study, please reach out to either the researcher or the supervisor using the contact information provided below:

Researcher: Ruth Mvula Cell: 0976763447
Email: mph22113907@stud.unilus.ac.zm

Supervisor: Mowa Zambwe Cell: 0978013154
Email: likaphe@gmail.com

Informed consent for respondents

I have been briefed on the confidentiality measures, potential risks, compensation, and study procedures as detailed in the participant information sheet. I acknowledge the option to withdraw at any time without providing reasons, and I understand that my participation is entirely voluntary. Should you opt to participate, kindly indicate by signing below:

Participant signature Date

Researcher's signature Date

APPENDIX II

APPENDIX TWO: QUALITATIVE DATA COLLECTION TOOL – QUESTIONAIRE FOR THE PARTICIPANTS OF KABWATA SUB DISTRICT.

My name is……..a student at the University of Lusaka. Thank you for accepting to participate in this interview session. The purpose of this interview is to get your insights on the study topic: to explore the relationship between socioeconomic factors and health-related social factors. Your responses will help in obtaining results for the research .Be assured that your responses will be regarded confidential.

Section 1: Demographic Information

Age: _____

Gender:

- Male
- Female
- Other (please specify): _____

Educational Background:

- Less than High School
- High School Graduate
- Some College/Technical Training
- Bachelor's Degree

- Postgraduate Degree

Employment Status:

- Employed
- Unemployed
- Student
- Retired
- Other (please specify): _____

Section 2: Socioeconomic Status (SES)

Annual Household Income:

- Less than $20,000
- $20,000 - $40,000
- $40,000 - $60,000
- $60,000 - $80,000
- $80,000 and above

Housing Situation:

- Own
- Rent
- Other (please specify): _____

Access to Healthcare:

How would you rate your access to healthcare services?

Poor

Fair

Good

Excellent

Have you faced any barriers in accessing healthcare?

Yes

No

Section 3: Health-Related Social Factors

Health Behaviour:

- Rate your overall health behaviours (e.g., diet, exercise).

Poor

Fair

Good

Excellent

- Do you engage in regular physical activity?

Yes

No

Community and Social Support:

- How connected do you feel to your community?

Not at all

Somewhat

Very

- Rate the level of social support you perceive.

Low

Moderate

High

Stress Levels:

- On a scale from 1 to 10, with 1 being low stress and 10 being high stress, how would you rate your stress levels? .....

Neighbourhood Environment:

- How would you describe your neighbourhood's safety?

Unsafe

Somewhat safe

Very safe

- Are there recreational spaces available in your neighbourhood? (Yes/No)

Have you ever delayed seeking medical care due to financial reasons?

Yes

No

On a scale from 1 to 5, how satisfied are you with your current healthcare provider? (1 - Very dissatisfied, 5 - Very satisfied).....

Section 6: Education and Health

How would you rate the impact of your educational background on your health awareness?

Low impact

Moderate impact

High impact

Have you attended any health education programs in the past year?

Yes

No

Section 7: Employment and Health

Do you feel that your employment status affects your mental well-being?

Yes

No

On a scale from 1 to 5, how would you rate the work-life balance in your current job? (1 - Poor, 5 - Excellent).....

Section 8: Community and Social Factors

How connected do you feel to your neighbours?

Not at all

Somewhat

Very

Have you participated in any community health initiatives or programs?

Yes

No

Section 9: General Health Assessment

How would you rate your overall health?

Poor

Fair

Good

Excellent

Do you currently have any chronic health conditions?

Yes

No

Section 10: Open-Ended Questions

In your own words, how do you perceive the relationship between socioeconomic status and health?

APPENDIX II.I

APPENDIX TWO: QUANTITATIVE DATA COLLECTION TOOL – QUESTIONAIRE FOR THE PARTICIPANTS OF KABWATA SUB DISTRICT.

My name iiis……..a student at the University of Lusaka. Thank iiyou for accepting to participate in this interview session. The purpose of this interview is to get your insights on the study topic: Exploring the relationship between socioeconomic status and health-related social factors among low-income, middle-income, and high-income earners in kabwata sub-district of lusaka"Your responses will help in obtaining results for the research .Be assured that your responses will be regarded confidential.

Section 1: Participant Demographics

Age:

Under 18

18-30

31-45

46-60

Over 60

Gender:

Male

Female

Other (please specify)

Educational Level:

Primary school

Secondary school

Tertiary education

Occupational Background:

Unemployed

Manual labor

Professional/white-collar

Other (please specify)

Section 2: Socioeconomic Status (SES)

5. Income Bracket:

Low

Medium

High

Housing Conditions:

Type of housing (e.g., apartment, house, informal settlement)

Access to basic utilities (e.g., electricity, clean water)

Employment Status:

Employed full-time

Employed part-time

Unemployed

Assets Ownership:

Owns a vehicle

Owns a home

Other assets (please specify)

Section 3: Health-related Social Factors

9. Healthcare Access:

Frequency of medical check-ups in the past year

Perception of healthcare affordability (e.g., Do you find medical care affordable?)

Nutritional Patterns:

Frequency of consuming fruits and vegetables per week

Frequency of consuming protein sources per week

Perception of overall diet quality (e.g., Do you consider your diet to be balanced?)

Sanitation Conditions:

Access to clean water sources

Availability of proper waste disposal facilities

Perception of sanitation adequacy (e.g., Do you feel your sanitation conditions are adequate?)

Section 4: Health Outcomes

12. Self-reported health status:

- Excellent

- Good

- Fair

- Poor

13. Incidence of infectious diseases:

- Have you experienced any infectious diseases in the past year? (Yes/No)

- If yes, please specify the type(s) of infectious disease(s).

Section 5: Policy and Intervention Preferences

14. Opinion on community-based healthcare initiatives:

- Strongly Agree

- Agree

- Neutral

- Disagree

- Strongly Disagree

15. Preference for financial support programs:

- Very likely to use

- Likely to use

- Unsure

- Unlikely to use

- Very unlikely to use

16. Interest in nutrition education programs:

- Very interested

- Interested

- Neutral

- Not interested

- Not at all interested

Section 6: Additional Comments

17. Is there anything else you would like to add about your experiences with healthcare access, nutrition, sanitation, or overall health in Kabwata Sub District?

ANNEX 1: **BUDGET**

Research Budget in Kwacha				
Item	Units	Unit cost	Multiplier	Total
Stationary (lump sum)	1	200	1	500
Printing costs(Lump sum)	1	500	2	2000
Transport	7	30	10	500
Sub-total				**3000**
Contingency @ 10%				300
Total				**3300**

JUSTIFICATION FOR THE BUDGET

STATIONARY

A notepad and a ream of paper are necessities for the investigator. To ensure that the questionnaires are kept secure, the researcher needs to purchase a bag to carry them. We will purchase a flash drive to copy, store, and safeguard study data. Pens, pencils, rubbers, staplers, and other accessories are needed for the regular collection of research data.

PERSONNEL

Data will be collected all day long by the researcher only hence the need to have lunch.

PRINTING

The questionnaires and all the reports will be sent to an internet café for printing and binding

CONTIGENCY

Contingency fund which is 10% of the budget will be kept for any eventualities.

ANNEX 2: **WORK PLAN**

Activity	Timeline												
		2023											2024
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan
Proposal development													
Presentation to Gr studies													
Data collection													
Data Analysis													
Report writing													
Submission of first dr													
Submission of final dr													
Dissemination of resu													
Submission for public													

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