ACCESS TO BASIC NECESSITIES AND STANDARD OF LIVING IN BOMBO, UGANDA

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DECLARATION

I **Abdul mutwalib Mustafa,** declare that this report is a result of my own effort and has never been submitted for any academic award to this university or any other university or institution of higher learning.

Signature: ..... Date: 01/08/2016

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APPROVAL

This research report on the Access to Basic Necessities and Standards of Living in Bombo, Uganda has been submitted with my approval as a supervisor.

Signature..... **Date**.....

Dr. Nafiu Lukman

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DEDICATION

This research report is dedicated to my family, without it I wouldn't have reached this level. I also dedicate it to all my dear friends, course mates and I do thank them all for the love, care advice and continuous support during the years of my studies. May the almighty God bless them abundantly!

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ACRONYMS

AIDS	-	Acquired Immune Deficiency Syndrome
ANOVA	-	Analysis of Variance
CBOs	-	Community Based Organizations
CVI	-	Content Validity Index
FAO	-	Food Agricultural Organization
LIDNS	-	Low Income Diet and Nutrition Survey
MDG	-	Millennium Development Goal
MFPED	-	Ministry of Finance, Planning and Economic Development
NGOs	-	Non Governmental Organizations
OECD	-	Organization for Economic Co-operation and Development
PROBE	-	Public Report on Basic Education
SPSS	-	Statistical Package for Social Scientists
UBOS	-	Uganda Bureau of Statistics
UDHR	-	Universal Declaration of Human Rights
UN	-	United Nations
UNESCO	-	United Nations Educational, Scientific and Cultural Organization
UNICEF	-	United Nations Children's Fund
UPE	-	Universal Primary Education
USA	-	United States of America
WHO	-	World Health Organization

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ABSTRACT

This research was concentrated on the linkage between access to basic necessities and standard of living in Bombo, Uganda. The study objectives were: to find out the demographic characteristics of the respondents, and to determine the level of the respondents' standard of living in terms of access to education, access to food, and access to health care.

Data was collected using self-administered questionnaires. The study used simple random sampling technique to draw representative samples and 52 respondents were involved in the study.

The null hypothesis was intended to investigate whether there was no significant difference between demographic characteristics and standard of living. Similarly, the alternative hypothesis was intended to investigate whether there was a significant difference between demographic characteristics and standard of living. Tables, graphs and pie charts were used to analyze the demographic characteristics and the level of standard of living.

On the second objective of finding the level of standard of living, it was found out that the standard of living in terms of access to education, access to food, and access to health care was low.

On the third objective, the findings of the study revealed that only age had no significant difference with the standard of living as depicted by the p-value less than 0.05 ($p<0.05$).

CHAPTER ONE

INTRODUCTION

1.0. Introduction

This chapter discusses the background of the study, the problem statement, purpose of the study, objectives of the study, research questions, hypothesis, the scope, and the significance of the study.

1.1. Background of the study

During the 1870s, Arnold Toynbee, the first historian to make the phrase "industrial revolution" popular in England, supported the pessimistic interpretation of the standard of living question. As the benefits of economic growth became more obvious for ordinary workers during the second half of the nineteenth century, more voices were heard, which argued that even during the classic period of industrialization, there had been some improvement in the standard of living for the common people. By the early twentieth century some serious quantitative research on the topic was beginning to show that there had been some improvement in the economic wellbeing of the common people even during the period c. 1770 to 1850. Other statistical research was less optimistic. At the same time, new historical research argued that, even if there had been some economic improvement in the wages of the common people (adjusted for changes in prices), their quality of life nonetheless deteriorated due to rapid urbanization, pollution, unhealthy and unsafe working and living conditions, loss of independence and status of workers in trades that formerly had employed mostly skilled workers, and many other factors that reduced the quality of life of the working classes. (Gerard M. Koot 1975, The Standard of Living debate during Britain's industrial revolution).

On the theory side, Amartya Sen has argued convincingly that we should understand that well-being is multidimensional, comprising capabilities such as good health, adequate nutrition, literacy, and political freedoms. More traditional money metrics of poverty, particularly as measured by income (or consumption expenditure) are *instrumentally* important to these capabilities, but it is the capabilities themselves that are *intrinsically* important, and merit

recognition and measurement in their own right (Sen 1985, 1987). Even though Sen's argument is widely accepted in theory, in practice it is usually ignored. Most empirical poverty research still focuses on measuring material living standards.

Uganda has experienced high economic growth rates along with a significant drop in poverty rates. Not only in last decade, but Uganda has had sustained growth since 1986 when the National Resistance Movement (NRM) took over the government. Since that time, real gross domestic product (GDP) has grown at an annual rate of 6.8, which makes it one of fastest growing economies in Africa according to Kuteesa et al. (2010). This has been accompanied by a dramatic reduction in poverty rates from 56% in early 90s to 24% in 2010. Kakande (2010), in her analysis of the trends in poverty, writes that "this is one of the largest and fastest reductions in income poverty recorded anywhere in modern times (p. 237)." She notes, however, that the improvement in the standard of living was not uniform across the country and that income inequality actually rose. According to the most recent statistics, the Gini coefficient for Uganda in 2009/10 is 0.426 (Uganda Bureau of Statistics, 2010) compared to .364 in 1992 (Appleton 2001).

Some researchers question the reduction in poverty. Byekwaso (2010) writes that "the reduction in poverty is a fiction." He critiques the consumption expenditure method to determine income and suggests that ownership of assets should be included in order to assess the true standard of living. Kakande (2010), after reporting the rapid decline in poverty rates, acknowledges qualitative findings on poverty trends which suggest that there was a decrease in well-being overall despite the drop in poverty rates.

The Nubian community being the dominant tribe in Bombo has been the most invisible and underrepresented communities economically, politically and socially. Nakayi (2007: 4) has argued that the existence of a minority is a question of fact and not of definition. First of all, a minority is a group with linguistic, ethnic or cultural characteristics, which distinguish it from the majority. Secondly, a minority is a group that usually not only seeks to maintain its identity but also tries to give stronger expression to the identity. This is exactly the case of the Nubians in Uganda. A community becomes confident when it is recognized by other communities but they have not been recognized even though they have lived in Uganda for many years.

1.2. Problem Statement

Uganda has one of the largest and rapidly expanding populations in sub-Saharan Africa. Estimates by the Uganda Bureau of Statistics indicate that Uganda's population was 34.1 million in 2012 – up from 24.2 million in 2002 (MFPED, 2012). The major implication of Uganda's very high population growth rate is an increasing dependency burden with a related increase in demand for necessities, a situation also experienced by the community living in Bombo, Uganda.

While the standard approach to measuring deprivation in material living standards in developed countries is to use income or assets, household consumption expenditures have been widely accepted as the more appropriate approach to measuring economic deprivation in developing countries. The community living in Bombo has faced a myriad of challenges that have hindered their development, and access to basic necessities has been a challenge. This research therefore concentrates on assessing the plight of the Bombo community in relation to the standard of living.

1.3. Purpose of the study

To investigate the level of standard of living among the community living in Bombo, Uganda

1.4. Objectives of the study

i. To determine the demographic characteristics of the Bombo community.
ii. To assess the level of standard of living of the Bombo community.
iii. To investigate whether there are significant differences between the demographic characteristics and Standard of living.

1.5. Research questions

i. What are the demographic characteristics of the Bombo community?
ii. What is the level of the standard of living of the Bombo community?
iii. Is there a significant difference between demographic characteristics and standard of living?

1.6. Hypotheses

H_0. There is no significant difference between demographic characteristics and standard of living of the Bombo community.

H_a. There is a significant difference between the demographic characteristics and standard of living of the Bombo community.

1.7.0. Scope of the study

1.7.1 Geographical Scope

This study will be carried. Bombo is one of the three town councils in Luwero District. It is located approximately 37 kilometers (23 mi), by road, north of Uganda's capital Kampala. The town has a large Nubian minority, the Nubians having settled there when they came from Sudan to serve in the British colonial army (https://en.wikipedia.org).

1.7.2 Time Scope

The study looked at a period of five years, that is, from 2010 -2016. This was intended to provide a clear picture of how access to basic necessities has impacted standard of living and was conducted for three months from June 2016 to August 2016.

1.7.3. Content Scope

This study assessed the demographic characteristics, standard of living in terms of the basic necessities of the Bombo Community in Uganda.

1.8 Significance of the study

It is hoped that the findings of this study will provide important information to the government in regard to standard of living. It will help them develop, implement and evaluate social and economic policies.

Furthermore, this study might be resourceful to the policy makers where its information might be appropriate for designing policies that will favour communities to uplift their standards of living.

This study would identify the principal reasons or characteristics of these community that make them not to enjoy an acceptable standard of living, and to recommend measures that should be taken to improve its standard of living.

Future researchers might also use the results of this study to carry out a related study.

CHAPTER TWO

LITERATURE REVIEW

2.0. Introduction

This chapter will review literature from different sources and scholars. The chapter is sub divided into different sections such as theoretical review, conceptual framework and review of related studies.

2.1. Empirical Review

2.1.1. Access to education

The literature provides evidence of the benefits of education to individuals and society. For the individual, education attainment is a key determinant of earnings and has a significant effect on labour market outcomes (de la Fuente, 2003, CHEPS, 2010). Moreover, the returns to the individual have increased strongly in the past few decades in many countries, contributing to wider income inequalities between people with different education attainment (Psacharopoulos, 2009)

Investment in education is a critical factor for aggregate productivity and economic growth. This is because growth is based on technical advances that demand more skilled and qualified workers. Investment in education also delivers non-monetary benefits, such as higher life expectancy for more educated people, greater participation in civic and social life, enhanced social cohesion and reduced crime (Lochner, 2010).

In economic theory, education has a key role in economic growth–especially so in modern growth theory. Estimates of education externalities and impacts on economic growth however are very difficult to make and the empirical evidence on the private returns to education is firmer than as concerns its social returns.

The empirical literature, indeed, is faced with a number of difficulties. Since both levels of education and levels of GDP per capita in any given year are closely related to those in earlier

and later years, it is difficult to disentangle the ways in which GDP and education are interconnected. The measurement of education is also surrounded by difficulties, in particular how to account for differences in the quality of education.

While there is consensus in the literature on robust correlations, the need to resolve the empirical question of causality remains one of the major challenges faced by studies linking education and economic performance, both at the individual level and at the aggregate level. Evidence strongly supports the human capital explanation that education raises productivity (Sianesi and Van Reenen, 2003).

In recent literature, a further step was made from using quantitative measures of education, such as average years of schooling or education attainment, to analyzing the impact of the acquisition of skills, mostly using test scores as a proxy. Heckman et al. (2007, 2009) further refine the analysis of education and study the impact of skills acquired, covering both cognitive and non-cognitive skills.

The main idea is that education by an individual can be regarded as an investment in human capital. Similarly, training or medical treatment are investments in human capital. As any investment, the investment in human capital entails costs and yields future benefits, and an internal rate of return to the investment can be calculated. Costs cover direct expenditure and the opportunity cost of the student's time, notably the foregone earnings as the student is not working. The investment is expected to yield future benefits to the individual, in terms of higher productivity, which will command higher earnings, and also the quality of his or her employment as educated workers tend to have higher wages, greater employment stability, and greater upward mobility in income, relative to less-educated workers (Mincer, 1993). Just as with all investments, the outcome is subject to considerable uncertainty, especially at the individual level.

Building on traditional human capital theory, Cunha and Heckman (2009) have developed a perspective to assess education policies over the life cycle of an individual. An investment in education matters in so far as skills are successfully acquired. In a nutshell, skills acquired over the life cycle are complementary, with two important features. The first one can be best summarized by Heckman's words: *"skills beget skills"*. This is because already acquired skills are

an *input* to the acquisition of further skills. The second feature is that the acquisition of skills is *more productive* when skills were acquired earlier on. These features result in a *"skill multiplier"*, by which an investment in education at one stage raises the skills attained at that stage but, also, the productivity of the transformation of future educational investments into skills.

Despite this inherent difficulty, most authors support the human capital explanation (Woessman, 2006). In particular, Sianesi and van Reenen (2003) provide evidence that education is productivity-enhancing rather than a mere device used by individuals to signal their level of ability to their employer. Ciccone and de la Fuente (2002, 2004) also confirm causation from education to productivity.

De la Fuente (2003) finds estimates of the private return to education across 14 EU countries between 8 and 10% for most countries. Returns are larger in Ireland, Germany and Austria (above 10%) and in Portugal and the United Kingdom (between 10 and 12%). The returns are the smallest in Sweden (about 6%). De la Fuente and Jimeno (2005) compute private returns which range between 4.3% (Sweden) and above 12% (United Kingdom) with an average of 8.8%. Furthermore, micro-evidence suggests that more educated people are more successful in obtaining non-wage remuneration, in particular benefits such as insurance or childcare provided by the employer, see survey by Woessman and Schütz (2006).

Education also has an indirect effect on productivity and employment through the quality of institutions that may be considered a component of social capital and well-being of individuals and societies (de la Fuente and Ciccone, 2002).

De la Fuente (2003) estimates that an additional year of average school attainment raises productivity in the average EU country by 6.2% and by a further 3.1% in the long-run through the contribution of faster technical progress. Nicoletti et al. (2003) find that higher skill levels have a positive impact on total factor productivity (TFP) growth, although the effect is not always significant. Vandenbussche et al. (2007) show that high-skilled human capital has a positive effect on TFP growth and the effect is stronger the closer a country is to the world technology frontier.

Van der Ploeg and Veugelers (2008) review economic studies showing the importance of basic research for innovation and economic growth. In science-based industries, such as biotechnology, pharmaceuticals, tissue engineering or nanotechnology, the link between science and innovation is direct. Others industries which are not science-based still benefit from basic research resources, such as the training of researchers helping to increase the absorptive capacity of industry.

Afonso and St. Aubyn (2010) estimate that the human capital contribution to growth is usually positive, but it is not always significant from a statistical point of view. Some countries, even if they are close to or at the efficiency frontier (such as Portugal and Spain), are probably limited in their growth prospects by their relative human capital scarcity.

Empirical analysis developed in the past ten years uses *qualitative* measures of education, such as test scores, and finds higher earnings returns compared to measures of educational quantity, see Woessman and Schütz (2006) for a review. This significantly alters the assessment of the role of education in the process of economic development. Using data from the international student achievement tests to build a measure of cognitive skills, Hanushek and Kimko (2000) find a statistically and economically significant positive effect of cognitive skills on economic growth in the period 1960 to 1990 that "dwarfs the association between years of schooling and growth". The simple conclusion from the combined evidence is that differences in cognitive skills lead to economically significant differences in economic growth.

A number of studies document that cognitive ability, usually measured by an achievement test at school, is a powerful predictor of wages and schooling, but also participation in crime, health and success in many other aspects of economic and social life. Heckman et al. (2006) present estimates of the causal effect of ability on diverse outcomes. Recent econometric analysis carried out by the OECD (2010) shows that once information is included on cognitive skills, school attainment bears no relation to economic growth. In other words, added years of schooling affect growth insofar as they raise the skills. More recently, noncognitive abilities have been shown to be important predictors of the same outcomes. Noncognitive traits include perseverance, motivation, self-esteem, self-control, conscientiousness, and forward-looking behaviour (Cunha and Heckman, 2009).

2.1.2. Access to health care

Access to health care can be defined in a variety of ways. In its most narrow sense, it refers to geographic availability. A far broader definition identifies four dimensions of access: availability, accessibility, affordability, and acceptability. Some define access as the opportunity to use health care; others draw no distinction between access and use.

Fagar. al. (2012) studied the low-income, middle-income, and high-income countries separately and found that the low-income countries were least responsive to income-levels and the middle-income countries were the most responsive ones. All of these three categories of countries had lower income-elasticity than unity, implying that healthcare was a necessity.

Xu and Saksena (2011) separated total health expenditure into public and private (precisely, out-of-pocket) like the current study. The authors found that low-income countries considered healthcare as a 'luxury' and middle-income countries as a 'necessity'. This current study found that SEAR countries, which ranged from low- to middle-income levels, regarded healthcare as a 'necessity' while delivered through public sector. In a static model, Xu and Saksena (2011) observed that income-elasticity of private healthcare (out-of-pocket expenditure) was more than unity (1.098) in low-income countries and closed to unity (0.842-0.869) in the middle-income countries. However, income-elasticities reduced significantly in the dynamic model in low-income and middle-income countries

Getzen (2000) attempted to resolve the debate on relationship between income and health expenditure by estimating income-elasticity using nested multilevel model and found that healthcare was a luxury at country-level and necessity at individual-level. While most of the studies in this area included developed countries in their analysis, few took even the developing countries into consideration. By analyzing data from 173 countries for period 1995-2006, Fagar et al. (2012) observed that healthcare was a necessity in the low- and high-income

The two way mechanism between income and health is generally difficult to disentangle, but Anne Case, Lubotsky, and Paxon (2001) eliminate the channel that runs from health to income by focusing on children where the correlation between their poor health and low family income can be attributed to the lower earnings of their children. Using several large, nationally

representative data sets, they find that children's health is positively related to household income, and that the relationship between income and children's health status become more pronounced as children grow older.

Household surveys of those living on $1 or $2 per day show that the poor are often sick. In surveys cited by Banerjee and Duflo (2006), in every country for which data was available on average of over 10% households reported at least one member needed to see a doctor in the month prior to the survey. In many areas the average exceeded 25%; parts of India, Mexico and Nicaragua had averages above 35% (Gallup World Poll).

There is substantial evidence from developing countries that the socioeconomic environment influences concepts of illness. Reported rates of illness are often higher among the better off than the poor. In rural Tanzania, better off households are more likely to recognize signs of illness in a child (< 5 years). Differences in knowledge are reflected in disparities in utilization. The better off are more likely to seek care for a child when sick, to take anti-malarials and antibiotics for pneumonia, and to receive inpatient care.

Access to effective health care in developing countries evidence shows a strong positive relationship between living standards and the utilization of health care. The relationship is not spurious. It holds after controlling for a multitude of other determinants of health care demand (World Bank for a summary of evidence). For example, the probabilities that a woman receives prenatal care and receives a medically supervised delivery rise with income. Similarly, the positive association between income and child immunization holds in multivariate analyses.

The nature of health financing in the developing world, with heavy reliance on out-of-pocket payments, strengthens the relationship between health care utilization and income. Risk pooling and cross-subsidization, possible with pre-payments systems, break the dependency of health care utilization on current income. With out-of-pocket financing and limited access to credit, which is the norm in many poor countries, current household income is the binding constraint on health care use.

Solutions to the access problem need to be further developed at a general strategic level, but more crucially at the level of detailed policy measures. The Commission on Macroeconomics

and Health, OECD/WHO, and the World Bank have all made important contributions to the development of broad strategies. There is consensus support for universal access to essential services, priority to services close to the community but with measures to improve the quality of care, reduced role for the state in the provision of care and strengthening of its stewardship role, targeting of diseases of poverty, and more effective protection of the poor from user charges. These are really recommendations of policy goals rather than policy instruments. While there is some consensus on the general lines of a strategy for improving access to health care, details of the precise policy measures required to implement such a strategy are more difficult to identify. This is understandable. A general strategy can be defined at the global level, while policy measures should be heterogeneous, varying with the local conditions in which they are implemented. This said, there is scope for more precision in the advocacy of policies to raise health care utilization and to narrow disparities in its distribution. This precision requires strengthening of the evidence base.

2.1.3. Access to Food

The nation is abuzz with talk about good, healthy food, but for far too many people, and especially for those living in low-income communities and communities of colour, healthy food is simply out of reach. Finding quality fresh food means either traveling significant distances or paying exorbitant prices for wilting vegetables and overripe fruit. With these burdens, it is no surprise that these same communities face the highest risks of obesity, diabetes, and other preventable food-related health challenges. Yet, these are the very communities that are driving the nation's population growth and upon whom the country's future will depend.

The quantity and quality of food that a household can acquire given its resources will depend on domestic food prices, which are generally determined by food availability and aggregate food demand. For given prices and income, individual preferences will determine the consumption of different commodities, including food. Dietary preferences can be influenced by factors such as culture, religion and social status (see e.g. Atkin, 2013).

Household-level food access is considered to be achieved when a household has the opportunity to obtain food of sufficient quantity and quality to ensure a safe and nutritious diet (FAO 2006). To realize this, not only domestic and local food availability must be realized; households must

also have access to the necessary resources to acquire food. Important drivers of food access are household resources, food prices, food preferences and socio-political factors such as discrimination and gender inequality. Food access is to a large extent determined by food prices and household resources. Every household has a limited amount of resources at its disposal, including assets, labor, human capital, and natural resources. These resources are allocated across different income and non income generating activities (Hoddinott 2012). Access to natural resources such as fields, forests, grasslands and water resources is a major determinant of the productive capacity of the food producing household and therefore of household food supply decisions (UN Millennium Project 2005). Access to income-generating activities is a major determinant of the ability of households to purchase food. In India for instance the caste system excludes certain social groups from the economic system and thus prevents them from acquiring the income needed to satisfy their dietary needs. In general, the allocation of household resources to food production, wage labor or other business activities allows the household to access food, either directly through food production or indirectly through income generation (Hoddinott 2012). The returns to the investment of household resources in productive activities can be complemented by income and in-kind transfers from family, neighbours or the state to improve food access (Hoddinott 2012).

According to FAO, Latin America and the Caribbean represent the only region in the world which has collectively achieved the first Millennium Development Goal (MDG) of halving the proportion of people who suffer from hunger by 2015. And the region is to reach more stringent World Food Summit goal of halving the total number of under-nourished people. 805 million people do not have enough nutritious food to have a healthy and productive life. (Hunger and Food security, News: Jan 28th, 2015).

Food access, as described above, is a necessary but not a sufficient condition to ensure an adequate food and nutrition status (Barrett and Lentz 2009). For example, a household might have access to all the necessary food products for a balanced diet, but still prefer to buy hypo- or hyper-caloric food. Banerjee and Duflo (2006) indeed document that an increase in household income does not necessarily lead to an increase in the quantity or quality of food consumed, but can be spent on items such as alcohol or fast-food. Alternatively, an unequal distribution of food within the household might cause some members to eat more and others less 11 than required. In

both cases, at least some household members will not absorb the required amount of micronutrients, resulting in a poor food and nutrition status.

Similarly in the USA, income and education level have been linked to lower diet quality. Differences between socioeconomic groups have been found particularly in regard to energy, fat, sodium and simple sugars. As income drops and food budgets reduce, the first items to be dropped out of the diet are usually the healthier ones (whole grains, lean meats, dairy products, fresh vegetables and fruits) since energy-rich foods (starches, sweets and fats) tend to offer cheaper options to fill up.

2.2. Theoretical Review

The theoretical review was used to link the dissertation topic to the data collected. The theory of economic growth by W. Arthur Lewis was used because it explains the basis in which underdeveloped economies attain economic growth and finally economic development.

The theory by W. Arthur Lewis provides a framework for analyzing and understanding economic development. Lewis introduced the dualistic model where an underdeveloped economy is made up of two sectors; a traditional sector also known as non-capitalist, pre-capitalist or subsistence sector that is over populated with zero marginal labor productivity. The method used for production is backward and the sector consumes all that is produced. The second is the modern sector also referred to as capitalist sector with high levels of saving, investment, technological progress and high productivity (Lewis in Skarstein, 1997; 52). In order to achieve meaningful economic growth in the economy, Lewis states that the two sectors need to work together. The modern sector reinvests a major part of its profits into the economy and it also draws labor from the traditional sector. The process is continuous until all the surplus labor has been absorbed in to the modern sector and this pushes the society forward. It is therefore vital to inquire into the relationship of these two sectors in any given country.

Lewis explains the link between growth and distribution of output and states that, *"output may be growing, and yet the mass of the people may be becoming poorer"* (Lewis, 1955; 9). Output is growing but there is no even distribution of wealth. The consumption level of people is also declining either because of an increase in the level of saving or the government is using the

output for its own purposes. This is common in developing countries that are considered to be experiencing high rates of economic growth. According to Lewis, the prerequisites for growth are human behavior and natural resources. Poverty of natural resources affects growth of output per head and this explains the inequality that exists in and between countries. It is important to note that inequality can still be present when the amount of resources are the same and this requires one to look at the differences in human action that affect economic growth. This should be done because there are proximate *'causes of growth'* and *'causes of these causes'* (ibid.11). The proximate causes include the effort to economize which is achieved by reducing the cost of any given product or through the increase of the yield from any given input of effort or resources. This effort is seen in a number of ways such as experimentation, risk taking, geographical or occupational mobility and specialization. Economic growth will not occur if this effort is not made by the people either because the desire to economize does not exist or if their customs or institutions are against it. If the existing institutions are favorable, individuals' willingness to make effort is encouraged and grows and if this willingness is strong, the institutions will be remodeled to accommodate it (ibid.57). The second proximate cause, increase of knowledge and its application has occurred all through history. The more rapid growth in output in recent centuries has occurred because of the rapid accumulation and application of knowledge in production. The third cause is that growth depends on the increase in the quantity of capital or other resources per head. The proximate causes are present in some countries due to the presence of institutions that favor growth.

Economic growth requires an increase in the level of capital. Capital accumulation encourages growth in an economy but it important to have a law of property in place to promote capital accumulation. The government should maintain law and order in the country and this should include the law of property since it is a condition for growth. The law of property will ensure that public property is protected from private abuse and private property protected from public abuse. Societies decline in situations where the government fails to protect people's property (ibid.61).

The growth of income in countries is encouraged by the level of economic freedom present in the country that is, *"freedom of the individual to change his social status or his occupation; freedom to hire resources and combine them in ways which increase output or lower costs; and freedom to enter trades in competition with others who are already established in those trades"* (Lewis,

1955; 78). But, economic freedom in the form of *individualism* is not the fastest road to economic development as collective action inform of government involvement always produces results in the shortest time. National unity is also a prerequisite for growth because when the people look to the leaders, the changes which growth requires are much easier to achieve than when everyone in the country is individualistic (ibid.79). In addition, economic growth depends on vertical mobility. The upper class in government, business and political sphere should be in connection with the lower class in the society because the upper class will degenerate both biologically and culturally. A strong upper class is one which allows its weaker members to fall into the lower class and recruits hardworking members of lower class into its ranks (ibid.84).

2.3. Conceptual framework

Figure 1: Conceptual framework showing measures of standard of living

Source: Researcher, (2016)

The conceptual framework represents a link between Basic necessities (Education, Food and Medical Care) and standards of living. The framework addresses major components acting as proxy measures of standards of living.

CHAPTER THREE

METHODOLGY

3.0. Introduction

This chapter presents the practical procedures which were used in carrying out this study. It gives details of the research design, population of study, sample size, sampling procedure, research instruments, data collection procedure, data analysis techniques, ethical consideration and limitations of the study.

3.1. Research design

The study was based on cross sectional study design and was quantitative in nature. Quantitative approach was used to describe the relevant data basing on the research objectives. This helped to describe the current situation and investigate the relationships between the study variables using information gained from the questionnaires.

3.2. Research Population

The researcher targeted a population of 60 respondents living in Bombo.

3.3. Sample size

The sample size was determined using Krejcie and Morgan's (1970) table of determining sample size. According to Morgan's table, a target population of 60 participants is appropriate for a sample size of 52 respondents.

3.4. Research Instruments

3.4.1 Questionnaires

The primary data for this research was collected using closed ended questionnaires. The questionnaires were distributed to the selected respondents. The questionnaires were sectioned according to the themes of the conceptual framework and a 5 likert scale; where 5=strongly agree, 4=agree, 3=not sure, 2=disagree, and 1=strongly disagree was employed.

3.5. Validity and Reliability of the Instruments

3.5.1. Validity

Validity of the instruments was established through the development of scales using Content Validity Index (CVI). This was intended to confirm whether the dimensions of the concepts under study which were operationally defined, are appropriate or not. The CVI formula used is as below:

$$CVI = \frac{items\ considered\ relevant}{total\ number\ of\ items}.$$

According to Amin (2005), if the validity index is 0.70 and above, it means the items are valid.

3.5.2. Reliability

To ensure accuracy, consistency and completeness, reliability of the instrument was established using Cronbach's coefficient Alpha test. According to Kline (2000), a commonly accepted rule for describing internal consistency using Cronbach's alpha is as follows:

Table 1: Testing reliability of the instrument

Cronbach's alpha	**Internal consistency**
$\alpha \geq 0.9$	Excellent
$0.7 \leq \alpha < 0.9$	Good
$0.6 \leq \alpha < 0.7$	Acceptable
$0.5 \leq \alpha < 0.6$	Poor
$\alpha < 0.5$	Unacceptable

3.6 Data Collection Procedures

Before Administration of Questionnaires

- An introduction letter was obtained from the College of Economics and Management of Kampala International University.

During Administration of Questionnaires

- The researcher briefed the respondents about his intentions to carry out a study on their standard of living.
- The researcher later distributed the questionnaires to the respondents and asked them to answer questions in the questionnaires.

After Administration of Questionnaires

- The researcher retrieved the questionnaires after and checked for the completeness of all answers. The researcher then arranged for data analysis.

3.7. Data Analysis

Quantitative data from the questionnaires was carefully compiled, sorted, edited, classified, coded and checked for accuracy and relevancy and then analyzed using SPSS. Frequencies were be used for most of the demographic variables; descriptive statistics were used for the basic necessities. One-way ANOVA was used to test whether there is no significant difference between demographic characteristics and standard of living.

3.8 Limitations of the Study

The researcher encountered the following limitations:

i. The researcher met substantial costs especially on secretarial work, transport and communication. However, he tried to solicit for financial support from friends and family members.

ii. Some respondents were not willing to answer the questions firstly because of undue influence from their superiors and secondly, to some they were seeing no reason to participate or withdraw from participation without informing the researcher. Emphasis of confidentiality in the questionnaire and letter of introduction from the University however encouraged them to respond.

CHAPTER FOUR

PRESENTATION OF THE ANALYSIS AND DISCUSSION OF FINDINGS

4.0. Introduction

This chapter presents a detailed analysis of the data as described in the third chapter. This is done in reference to the study objectives and the hypotheses stated earlier. A mixture of tables and graphic presentation techniques are employed to provide a detailed and thorough presentation of the data.

4.1. Objective One: To find out the demographic characteristics of the community living in Bombo, Uganda.

4.1.1. Gender

Table 2: Distribution of gender of the study population

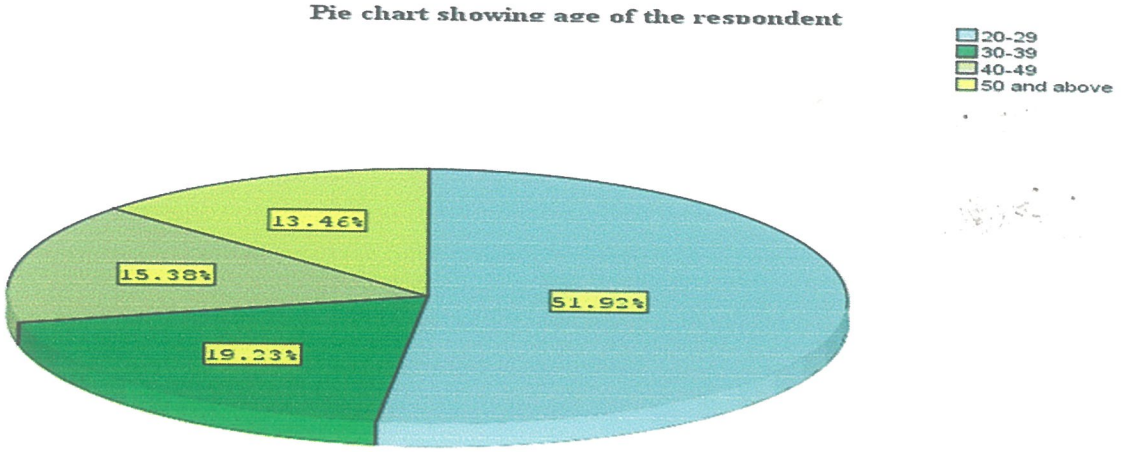
Gender	Frequency	Percent
Male	29	55.8
Female	23	44.2
Total	**52**	**100.0**

Source: primary data (2016)

Table 2 shows that 29 (55.8%) of the respondents were males and 23 (44.2%) were females. This shows that more males participated in the study than females. Females took a lower percentage because many of them did not head households. The discrepancy in the percentages does not dispute the fact that both genders were involved in the research study.

4.1.2. Age

Figure 2: Distribution of age of the study population



Source: Primary data (2016)

Figure 2 shows that 51.92% of the respondents fall under the age group of 20-29, followed by the age group of 30-39 with 19.23% , 40-49 with 15.38% and 50 and above with 13.46% . This implies that the age group of 20-29 had the highest number of participants in the research study. From the above analysis, it can be seen that the data collected from them can be relied upon to aid the study.

4.1.3. Religion

Table 3: Distribution of religion of the study population

Religion	**Frequency**	**Percent**
Catholic	8	15.4
Muslim	39	75.0
Pentecostal	3	5.8
Other	2	3.8
Total	**52**	**100.0**

Source: Primary data (2016)

Table 3 shows that 39 (75.0%) of the respondents were Muslims, 8 (15.4%) were Catholics, 3 (5.8%) were Pentecostal with the remaining 2 (3.8%) falling in other. This indicates that the study area is dominated by Muslims and the main reason is because they have inhabited the place for a very long time dating back to the colonial era.

4.1.4. Marital status

The marital status of the respondents was included to help the researcher find out the frequency and the percentage of the respondents belonging to the different statuses.

Table 4: Distribution of marital status of the study population

Marital status	Frequency	Percent
Single	22	42.3
Married	25	48.1
Widowed	4	7.7
Divorced	1	1,8
Total	**52**	**100.0**

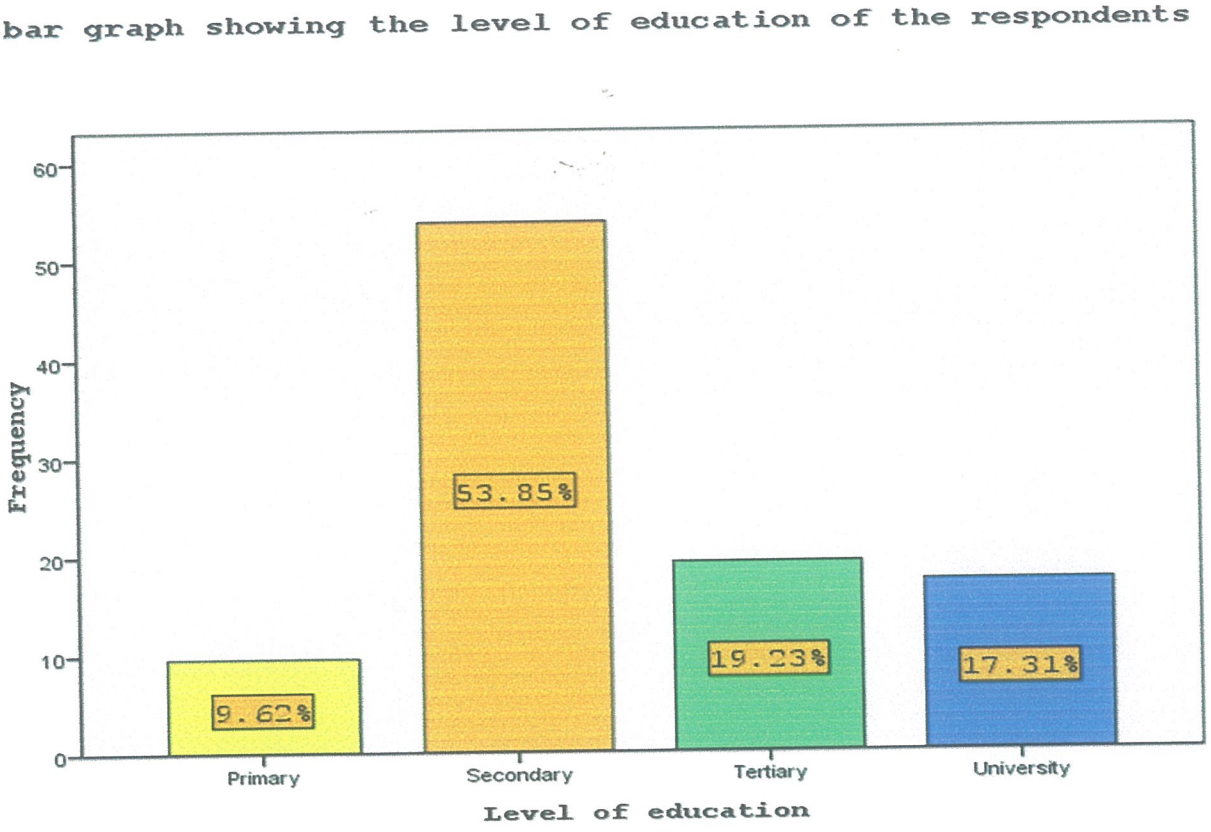
Source: Primary data (2016)

Table 4 shows that 25 (48.1%) were married, 22 (42.3%) were single, 4 (7.7%) were widowed, and 1 (1.9%) was divorced. This means that married individuals were highly involved in the study compared to single, widowed and divorced.

4.1.5. Highest level of education

The level of education was included to help the research find out the ability of the respondents to interpret information given to them concerning the research study.

Figure 3: Distribution of education level of the study population



Source: Primary data (2016)

Figure 3 above shows that most of the respondents were secondary graduates represented by 53.85% followed by tertiary with 19.23% and university graduates are represented by 17.31%. This implies that the respondents the information obtained was relied on for the purpose of this study since it came from people who are literate.

4.1.6. Occupation

Table 5: Distribution of occupation of the study population

Occupation	Frequency	Percent
Peasant/Farmer	16	30.8
Business	16	30.8
Professional	13	25.0
Other	7	13.5
Total	**52**	**100.0**

Source: Primary data (2016)

Table 5 above shows that most of the respondents were engaged in business and farming as shown by the frequency of 16 (30.8%), followed by professional with 13 (25.0%), and other with 7 (13.5%). This therefore indicates most of the residents of the Nubian community are engaged in either business or are peasants (farmers).

4.1.6. Employment status

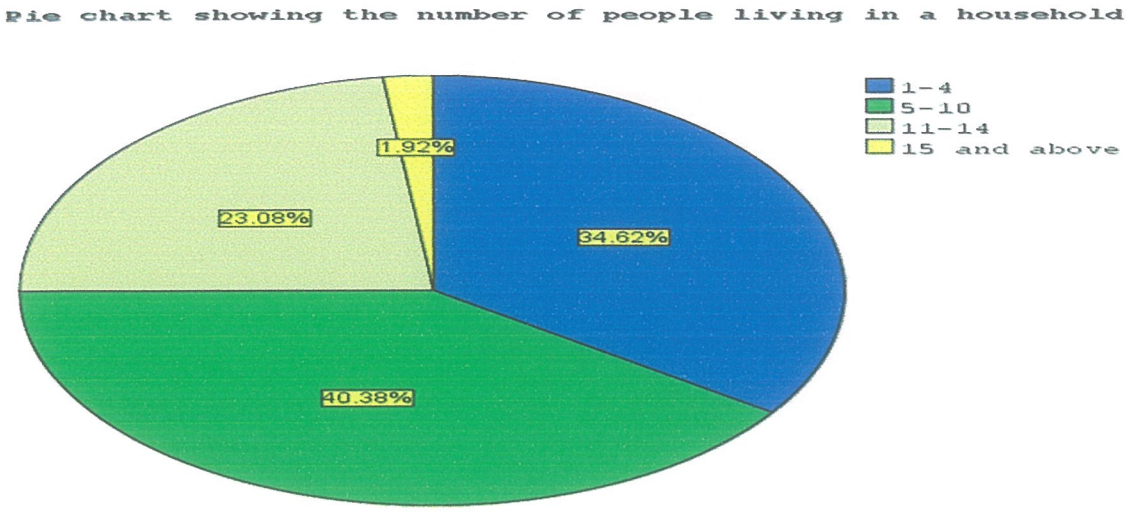
Table 6: Distribution of employment status of the study population

Occupation	Frequency	Percent
Not working	18	34.6
Paid employee	14	26.9
Self-employed	10	19.2
Retired	10	19.2
Total	**52**	**100.0**

Source: Primary data (2016)

From the table 6 above, 18 (34.6%) of the respondents were not working. 14 (26.9%) were paid employees, 10 (19.2%) were self employed and 10 (19.2%) were retired.

Figure 4: Distribution of household inhabitants of the study population



Source: Primary data (2016)

Figure 4 above shows that 34.62% of the respondents live in a household containing 5-10 people, 34.62% lie in the range 1-4, 23.08% lie in the range 11-14 and 1.92% lie in the range of 15 and above. These figures therefore depict that most of the Nubian community households are inhabited by 5-10 people.

4.1.7. Housing tenure

Table 7: Distribution of household tenure of the study population

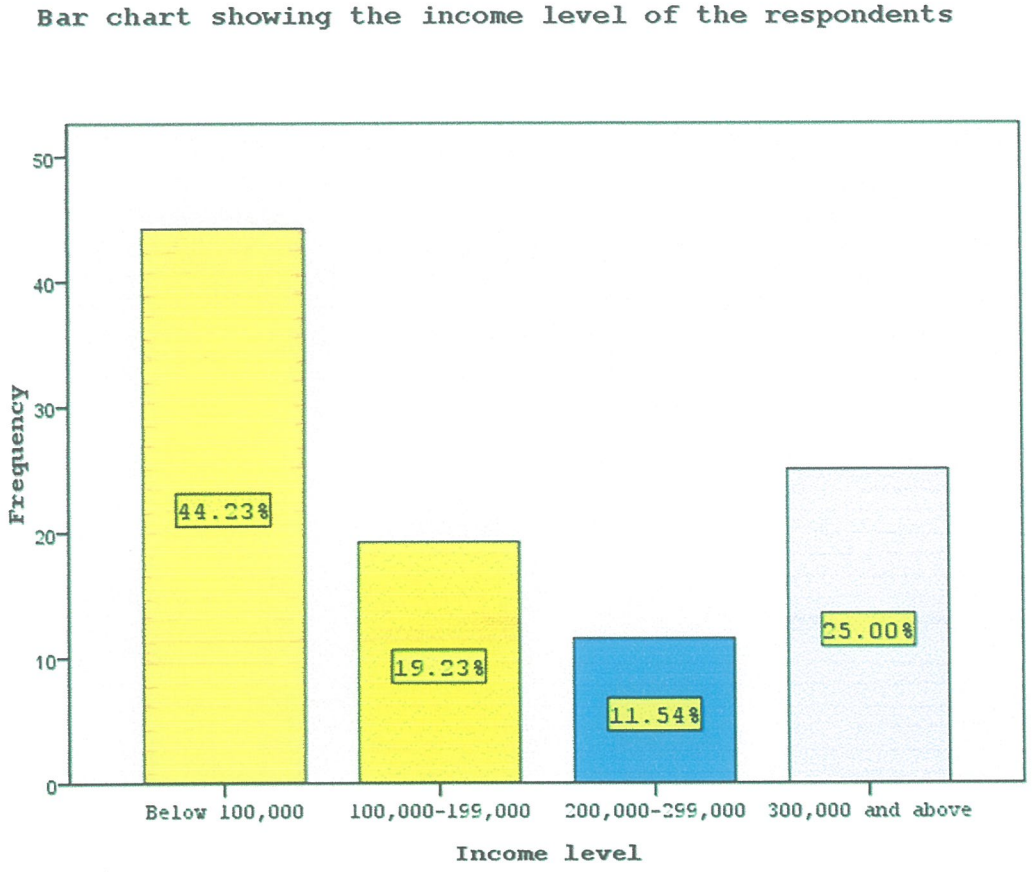
Housing tenure	Frequency	Percent
Owner-occupied	29	55.8
Renter (Free market)	11	21.2
Renter (From the employer)	2	3.8
Other	10	19.2
Total	**52**	**100.0**

Source: primary data (2016)

The table above indicates that 29 (55.8%) of the respondents housing tenures were owner occupied, 11 (21.2%) were renters (free market), 10 (19.2%) belonged to other and 2 (3.8%) were renter (from the employer). These figures therefore indicate that many of respondents (55.8%) are established residents.

4.1.8 Disposable income

Figure 5: Distribution of disposable income



Source: primary data (2016)

The figure above shows a graphical representation of the respondents' income. 44.23% of the respondents had income below 100,000, 25.00% fell in the range 300,000 and above, 19.23% fell in the range 100,000-199,000 and 11.54% fell in the 200,000-299,000. This therefore indicates a huge discrepancy in income.

4.2. Objective Two: To determine the level of standard of living in terms of income, access to education, access to food and access to health.

Under this section, the researcher considered five types of responses for analysis of the data, that is; strongly agree, agree, not sure, disagree and strongly disagree. Respondents were asked to tick the most appropriate alternative among all the alternatives given.

Table 8: Interpretation of mean values

Minimum	Maximum	Scale rating	Interpretation
4.21	5.0	Strongly agree	Very high
3.41	4.20	Agree	High
2.61	3.40	Not sure	Moderate
1.81	2.60	Disagree	Low
1.00	1.80	Strongly disagree	Very Low

Source: Researcher (2016)

4.2.1. Access to education

Table 9: Statistics and interpretation of standard of living

o	Statement	Strongly agree	Agree	Not sure	Disagree	Strongly disagree	Mean	Rank	Interpretation
	Accessing education without any difficulty	11 (21.2%)	15 (28.8%)	8 (15.4 %)	14 (26.9%)	4 (7.7%)	2.71	3	Moderate
	Support from government	6 (11.5%)	23 (44.2%)	7 (13.5 %)	9 (17.3%)	7 (13.5%)	2.77	3	Moderate
	Encouraging household members who are willing to access education	20 (38.5%)	32 (61.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1.62	5	Very low
	Education is required to have a better standard of living	28 (53.8%)	24 (46.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1.46	5	Very low
	Average and interpretation						**2.14**		**Low**

Source: Primary data (2016)

On accessing education without difficulty, it can be noted that 15 (28.8%) agreed, 14 (26.9%) strongly disagreed, 11 (21.2%) strongly agreed, 8 (15,4%) were not sure and 4 (7.7%) strongly disagreed. This therefore means that the sampled respondents do not have difficulties in

accessing education. This could be in terms of scholastic materials, fees, and other financial and material support.

On education support from government, 23 (44.2%) of the respondents agreed, 9 (17.3%) disagreed, 7 (13.5%) were not sure, 7 (13.5%) disagreed and 6 (11.5%) strongly agree.

On encouraging household members who are willing to access education, 32 (61.5%) of the respondents agreed, 20 (38.5%) strongly agreed. Many of the respondents if not all were mindful of their household members' future as evidenced by the percentage tied at 49.2% for strongly agree and strongly disagree.

On access to education improving on the standard of living, 28 (53.8%) of the respondents strongly agreed followed by 24 (46.2%). It implies that the respondents attached high value to education as a sure bet to improve on the standard of living.

From table above, the standard of living was low basing on the analysis presented in the table above.

4.2.2 Access to food

Table 10: Statistics and interpretation of standard of living

Statement	Strongly agree	Agree	Not sure	Disagree	Strongly disagree	Mean	Rank	Interpretation
Having access to food when the household needs	14 (26.9%)	27 (51.9%)	3 (5.8%)	5 (9.6%)	3 (5.8%)	2.15	2	Low
Difficulty in giving up food when income is not enough	19 (36.5%)	23 (44.2%)	6 (0.8%)	3 (11.5%)	4 (7.7%)	1.90	3	Low
Ever been denied food because you could not afford it	16 (30.8%)	14 (26.9%)	7 (13.5 %)	12 (23.1%)	3 (5.8%)	2.46	4	Low
Food is a necessity that every human being should have	26 (50.0%)	26 (50.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1.50	4	Very Low
Access to food improves on the standard of living	27 (51.9%)	25 (48.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1.48	5	Very low
Average and interpretation						**1.898**		**Low**

Source: Primary data (2016)

From the table above, 27 (51.9%) agreed of the respondents strongly agreed on having access to food when the household needs. This is probably due to the fact that higher income levels imply easy accessibility to food. 14 (26.9%) strongly agreed, 5 (9.6%) disagreed, 3 (5.8%) strongly disagreed and 3 (5.8%) were not sure of having access to food when the household needs.

On difficulty in giving up food when income is not enough, 23 (44.2%) of the respondents agreed to having difficulty in giving up food when income is not enough. 19 (36.5%) strongly agreed, 6 (0.8%) were not sure, 4 (7.7%) disagreed and 4 (7.7%) strongly disagreed.

On ever been denied food because they could not afford, 16 (30.8%) of the respondents strongly agreed, 14 (26.9%) agreed, 12 (12.1%) disagreed, 7 (13.5%) were not sure and 3 (5.8%) strongly disagreed.

On food being a necessity that every human being should have irrespective of the level of income, it can be noted 26 (50.0%) of the respondents strongly agreed, 26 (50.0%) agreed, 0 (0.0%) were not sure, 0 (0.0%) disagreed and 0 (0.0%) strongly disagreed. This shows that people attach high value to food being a necessity.

On access to food improving on the standard of living, it can be noted 27 (51.9%) of the respondents strongly agreed, 25 (48.1%) agreed meanwhile not sure, disagree and disagree had 0 (0.0%). The percentages therefore signify that with access to food, the standard of living can also uplifted.

In conclusion, the findings on opinions showed that the effect was generally low. This indeed shows that though access to food is an undoubted measure of the standard of living, the overall standard of living in terms of access to food by the community living in Bombo is low.

4.2.3. Access to health care

Table 11: Statistics and interpretation of standard of living

o	Statement	Strongly agree	Agree	Not sure	Disagree	Strongly disagree	Mean	Rank	Interpretation
	Ever consulted a doctor in the last 12 months	16 (30.8%)	23 (44.2%)	1 (1.9%)	8 (15.4%)	4 (7.7%)	2.25	4	Low
	Your health and that of your household has been good	16 (30.8%)	27 (51.9%)	4 (7.7%)	4 (7.7%)	1 (1.9%)	1.98	4	Low
	Often been asked to pay for medical bills	20 (30.8%)	23 (44.2%)	4 (7.7%)	4 (7.7%)	1 (1.9%)	1.9	4	Low
	Having a long standing illness	5 (9.6%)	14 (26.9%)	10 (19.2 %)	12 (23.1%)	11 (21.2%)	3.19	3	Moderate
	Access to health care improves on the standard of living	25 (48.1%)	27 (51.9%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1.49	5	Very low
	Average and interpretation						**2.162**	**5**	**Low**

Source: Primary data (2016)

On ever consulted a doctor in the last 12 months, 23 (44.2%) of the respondents agreed, 16 (30.8%) strongly agreed, 8 (15.4%), 4 (7.7%) strongly disagreed and 1 (1.9%) were not sure.

On the health of the respondent and that of the household members being good, 27 (51.9%) of the respondents agreed on their health being good after accessing health care. 16 (30.8%) strongly agreed, 4 (7.7%) were not sure and 4 (7.7%) strongly disagreed.

On often been asked to pay for medical bills, 23 (44.2%) of the respondents agreed, 20 (30.8%) strongly agreed, 4 (7.7%) were not sure, 4 (7.7%) disagreed and 1 (1.9%) strongly disagreed.

On having a long standing illness, 14 (26.9%) agreed, 12 (23.1%) disagreed, 11 (21.2%) strongly disagreed, 10 were not sure and 5 (9.6%) strongly agreed. It therefore means that those having long standing illnesses could have or could have not gone for tests to detect the severity of their illness.

On access to health care improving on the standard of living, 27 (51.1%) of the respondents agreed, 25 (48.1%) strongly agreed, 0 (0.0%) were not sure, 0 (0.0%) disagreed and 0 (0.0%) strongly disagreed. These statistics therefore show that respondents rate health highly.

General conclusion

From the table above, the findings on the extent of the standard of living basing on access to health care as a measure is very low.

4.3. Objective Three: To investigate whether there is a significant difference between the demographic characteristics and standard of living

The researcher used the one-way analysis of variance to test for a significant difference.

Table 12: Gender and standard of living

ANOVA					
Age of the respondent					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	3.905	18	0.217	0.802	0.684
Within Groups	8.922	33	0.270		
Total	12.827	51			

Source: Primary data (2016)

Table 12 above displays the output to test whether there is a significant difference between gender and standard of living. The p-value was found out to be 0.684. Since **p>0.05**, the null hypothesis of no significance is accepted and thus the alternative hypothesis is rejected. This therefore means that there is no significant relationship between age and standard of living.

Table 13: Age and standard of living

ANOVA					
Age of the respondent					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	35.280	18	1.960	2.375	0.015
Within Groups	27.239	33	0.825		
Total	62.519	51			

Source: Primary data (2016)

Table 13 above displays SPSS output to test whether there is a significant difference between age and standard of living. The study used a single-tailed test to find out the level of significance. The p-value was found out to be 0.015. Since **p<0.05**, the null hypothesis of no significance is rejected and thus the alternative hypothesis is accepted. This means there is a significant difference between age and standard of living.

Table 14: Religion and standard of living

ANOVA					
Religion of the respondent					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	2.955	17	0.174	0.369	0.984
Within Groups	16.026	34	0.471		
Total	18.981	51			

Source: Primary data (2016)

Table 14 above displays SPSS output to test whether there is a significant difference between religion and standard of living. The study used a single-tailed test to find out the level of significance. The p-value was found out to be 0.984. Since **p>0.05**, the null hypothesis of no significance is accepted and thus the alternative hypothesis is rejected. This means there is no significant difference between religion and standard of living.

Table 15: Marital status and standard of living

ANOVA					
Marital status of the respondent					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	9.877	18	0.549	1.191	0.322
Within Groups	15.200	33	0.461		
Total	25.077	51			

Source: Primary data (2016)

Table 15 above displays SPSS output to test whether there is a significant difference between marital status and standard of living. The study used a single-tailed test to find out the level of significance. The p-value was found out to be 0.322. Since **p>0.05**, the null hypothesis of no significance is accepted and thus the alternative hypothesis is rejected. This shows there is no significant relationship between marital status and standard of living.

Table 16: Level of education and standard of living

ANOVA					
Level of education of the respondent					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	15.271	18	0.848	1.096	0.398
Within Groups	25.556	33	0.774		
Total	40.827	51			

Source: Primary data (2016)

Table 16 above displays SPSS output to test whether there is a significant difference between level of education and standard of living. The study used a single-tailed test to find out the level of significance. The p-value was found out to be 0.398. Since **p>0.05**, the null hypothesis of no significance is accepted and thus the alternative hypothesis is rejected. This means there is no significant difference between education level and standard of living.

Table 17: Occupation and standard of living

ANOVA					
Occupation of the respondent					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	13.584	18	0.755	0.606	0.869
Within Groups	41.089	33	1.245		
Total	54.673	51			

Source: Primary data (2016)

Table 17 above displays SPSS output to test whether there is a significant difference between occupation and standard of living. The study used a single-tailed test to find out the level of

significance. The p-value was found out to be 0.869. Since **p>0.05**, the null hypothesis of no significance is accepted and thus the alternative hypothesis is rejected. This means there is no significant difference between occupation and standard of living.

Table 18: Employment status and standard of living

ANOVA					
Employment status of the respondent					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	9.309	18	0.517	0.305	0.995
Within Groups	55.922	33	1.695		
Total	65.231	51			

Source: Primary data (2016)

Table 18 above displays SPSS output to test whether there is a significant difference between employment status and standard. The study used a single-tailed test to find out the level of significance. The p-value was found out to be 0.995. Since **p>0.05**, the null hypothesis of no significance is accepted and thus the alternative hypothesis is rejected. This could indicate that standard of living may not vary with the employment status.

Table 19: Household inhabitants and standard of living

ANOVA					
Number of people in the household					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	8.320	18	0.462	0.601	0.873
Within Groups	25.372	33	0.769		
Total	33.692	51			

Source: Primary data (2016)

Table 19 above displays SPSS output to test whether there is a significant difference between household inhabitants and standard of living. The p-value was found out to be 0.873. Since **p>0.05**, the null hypothesis of no significance is accepted and thus the alternative hypothesis is rejected. This confirms that there is no significant difference between number of people in a household and standard of living.

Table 20: Housing tenure and standard of living

ANOVA					
Housing tenure of the respondent					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	17.269	18	0.959	0.600	0.874
Within Groups	52.789	33	1.600		
Total	70..58	51			

Source: Primary data (2016)

Table 20 above displays SPSS output to test whether there is a significant difference between housing tenure and standard of living. The p-value was found out to be 0.874. Since **p>0.05**, the null hypothesis of no significance is accepted and thus the alternative hypothesis is rejected. This means there is no significant difference between housing tenure and standard of living.

Table 21: Disposable income and standard of living

ANOVA					
Disposable income of the respondent					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	29.187	18	1.621	1.065	0.424
Within Groups	50.256	33	1.523		
Total	79.442	51			

Source: Primary data (2016)

Table 21 above displays SPSS output to test whether there is a significant difference between disposable income and standard of living. The p-value was found out to be 0.424. Since **p>0.05**, the null hypothesis of no significance is accepted. This means there is no significant difference between level of income and standard of living.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0. Introduction

This chapter presents the summary of the findings, conclusions, recommendations for the study, and areas of further research suggested. Therefore, having completed the study, presented data, and analyzed the findings, this chapter reviews the outcomes of the study in line with the research objectives.

5.1. Summary of major findings

5.1.1. Findings on the demographic characteristics of respondents.

On gender, it was found that the majority of the participants were males as evidenced by the statistics in chapter four.

The findings on the age indicated that the age group 20-29 registered the most respondents and were in position to give out the data relevant for the research study.

On religion, the findings reveal that many of the respondents were Muslims as depicted by the statistics. This could be because it was religion followed by the Bombo community fore-fathers.

On marital status, it was also found that among the members of Bombo community, most of them were married. This implies that they were of the reproductive age and had the ability to produce and nurture children.

On the education level, the findings depict that most of the respondents were secondary graduates. This could be because they could not afford to continue with education since they were constrained by resources.

On occupation, most of the respondents were engaged in business and farming. Most of them relied on the mentioned activities for survival and sustenance.

On employment status, most of the respondents were not working. The major reason to back this up could be because of many people chasing too few jobs.

On the household inhabitants, most households were composed of 1-4 members

On housing tenure, owner occupied garnered the most responses. This is true because most of the respondents' fore-fathers inhabited the place.

On disposable income, most of the respondents had less than 100,000 UgX. This is no surprise because average incomes have always tended to remain low. Another contribution factor to the low incomes could probably be engagement in less productive activities that do not yield high incomes.

5.1.2. Findings on the extent of standard of living of the Bombo Community

According to most respondents they rated highly the influence of basic necessities on standard of living as depicted by the overwhelming responses. It was also found that there are other factors that contribute to the standards of living but were not included in the research study. These included; access to consumer durables.

5.1.3. Findings on significance between demographic characteristics and standard of living

The study established whether demographic characteristics and standard of living were not significantly different as stated by the null hypothesis. The main rejection criteria was based on whether the $\mathbf{p \leq 0.05}$. It was therefore found out that demographic characteristics apart from age had no significant difference between them and standard of living since their p-values were greater than 0.05.

5.2. Conclusion

Comparing the literature review and the results obtained from the study, the researcher was able to discover that the education, food and health care play an important role in enabling individuals live an acceptable life. However, the results/findings from the research questionnaire of this study indicates the following-age has a significant difference with the standard of living, access to all the three factors (education, food and health care) is required to improve on the standard of living as revealed by the statistics in chapter four.

5.3. Recommendations

Based on this study and our findings, I recommend the following, as these will go a long way to improve the standard of living:

Equal opportunities for all

The last few decades have seen a growth in unemployment in Uganda. This means only a small percentage of the population has been in position to access jobs. However a high percentage of the Bombo community has been found lacking when it comes to employment. The government and other development partners have to put emphasis on projects that directly benefit the community.

Education

Further still, the researcher recommends that getting education is perhaps one of the most important ways to improve the standard of living. More educated people are likely to get jobs that pay well and offer health and retirement benefits. In many societies throughout the world, a high education is the bare minimum requirement for securing decent employment. A person with a college degree is more likely to earn more, thereby allowing that person to afford more amenities for comfort and enjoyment.

Access to basic health care

This is another way to improve the standard of living. People who forego medical care often live more difficult lives, as chronic health problems can develop and prohibit those from being as productive as possible. Having health insurance usually ensures a person can access health care when necessary; if health insurance is not available or a person cannot afford it, health clinics could often offer basic services at lower prices so even less wealthy people can get the treatments they need.

Funding the right projects

Government and other development partners should direct funds to projects which are highly beneficial to the local people, this will help improve on the standard of living.

Eliminating corruption

Corruption should be dealt upon by enforcing of strict rules, giving harsh penalties on those involved in swindling money directed to benefit and uplift the people's standard of living.

5.4. Areas of further research

There is also need to research on the influence of government and other development partners on the standard of living of the Bombo community.

Further research should also be carried out on the projects and quality of services delivered by development partners to the people of Bombo.

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APPENDICES

APPENDIX I: QUESTIONNAIRE

Dear respondent,

This study is a partial fulfillment of the award of a Bachelor's Degree in Economics and Applied Statistics. The study is on Basic Necessities and Standard of living among the Bombo community in Uganda.

You may answer the questions by ticking the boxes for the alternatives given.

SECTION A: Demographic characteristics

1. What is your gender?

a) Male ☐ b) Female ☐

2. How old are you?

a) 20-29 ☐ b) 30-39 ☐ c) 40-49 ☐ d) 50 and above ☐

3. What is your religion?

a) Catholic ☐ b) Muslim ☐ c) Pentecostal ☐ d) Other .....

4. What is your marital status?

a) Single ☐ b) Married ☐ c) Widowed ☐ d) Divorced ☐

5. What is your level of education?

a) Never been to school ☐ b) Primary ☐ c) Secondary ☐ d) Tertiary ☐

e) University ☐

6. What is your occupation?

a) Peasant/Farmer ☐ b) Business ☐ c) Professional ☐ d) Other.....

7. What is your employment status?

a) Not working ☐ b) Paid employee ☐ c) Self-employed ☐ d) Retired ☐

8. Including yourself, how many people currently live in your household at least 50% of the time?

a) 1-4 ☐ b) 5-10 ☐ c) 11-14 ☐ d) 15 and above ☐

9. Which of the following describes your housing tenure?

a) Owner-occupied ☐ b) Renter (Free market) ☐ c) Renter (From the employer) ☐

d) Other ☐

10. Which of the following provides a better estimate of your disposable income (UgX) for the past month; I mean income that remains after taxation?

a) Below 100,000 ☐ b) 100,000-199,000 ☐ c) 200,000-299,000 ☐ d) 300,000 and above ☐

SECTION B (Basic necessities)

EDUCATION

1. Members of your household can be able to access education without any difficulty.

a) Strongly agree ☐ b) Agree ☐ c) Not sure ☐ d) Disagree ☐

e) Strongly disagree ☐

2. There has always been support from government to some of your household members to access education.

a) Strongly agree ☐ b) Agree ☐ c) Not sure ☐ d) Disagree ☐

e) Strongly disagree ☐

3. You always encourage your household members who are willing to access the necessary education needed to live a better life.

a) Strongly agree ☐ b) Agree ☐ c) Not sure ☐ d) Disagree ☐

e) Strongly disagree ☐

4. You believe that Education is the necessary tool required by individuals to have a better standard of living.

a) Strongly agree ☐ b) Agree ☐ c) Not sure ☐ d) Disagree ☐

e) Strongly disagree ☐

FOOD

1. You have access to food when you and your household personally need it.

a) Strongly agree ☐ b) Agree ☐ c) Not sure ☐ d) Disagree ☐

e) Strongly disagree ☐

2. You personally find it really difficult to give up food if you do not have enough income.

a) Strongly agree ☐ b) Agree ☐ c) Not sure ☐ d) Disagree ☐

e) Strongly disagree ☐

3. You have ever been denied food because you could not afford it.

a) Strongly agree ☐ b) Agree ☐ c) Not sure ☐ d) Disagree ☐

e) Strongly disagree ☐

4. Food is a necessity that every human being should have irrespective of the level of income.

a) Strongly agree ☐ b) Agree ☐ c) Not sure ☐ d) Disagree ☐

e) Strongly disagree ☐

5. You believe that being able to access food improves on your standard of living.

a) Strongly agree ☐ b) Agree ☐ c) Not sure ☐ d) Disagree ☐

e) Strongly disagree ☐

HEALTH CARE

1. You have ever consulted a Doctor in the last 12 months.

a) Strongly agree ☐ b) Agree ☐ c) Not sure ☐ d) Disagree ☐

e) Strongly disagree ☐

2. Over the last 12 months your health and that of your household has been good because you have always accessed health care.

a) Strongly agree ☐ b) Agree ☐ c) Not sure ☐ d) Disagree ☐

e) Strongly disagree ☐

3. You have often been asked to pay for your medical bills or for any of your family members.

a) Strongly agree ☐ b) Agree ☐ c) Not sure ☐ d) Disagree

e) Strongly disagree ☐ ☐

4. You or anybody in your household have a long standing-illness. By long-standing illness I mean illness that is likely to trouble you over a period of time.

a) Strongly agree ☐ b) Agree ☐ c) Not sure ☐ d) Disagree ☐

e) Strongly disagree ☐

5. Access to health care improves on your standard of living.

a) Strongly agree ☐ b) Agree ☐ c) Not sure ☐ d) Disagree ☐

e) Strongly disagree ☐

APPENDIX II: SAMPLE SIZE DETERMINATION TABLE

Appendix D

Sample size(S) required for the given population (N)

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	256	3000	341
20	19	120	92	300	169	900	269	3500	346
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	354
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	191	1200	291	6000	361
45	40	170	118	400	196	1300	297	7000	364
50	44	180	123	420	201	1400	302	8000	367
55	48	190	127	440	205	1500	306	9000	368
60	52	200	132	460	210	1600	310	10000	370
65	56	210	136	480	214	1700	313	15000	375
70	59	220	140	500	217	1800	317	20000	377
75	63	230	144	550	226	1900	320	30000	379
80	66	240	148	600	234	2000	322	40000	380
85	70	250	152	650	242	2200	327	50000	381
90	73	260	155	700	248	2400	331	75000	382
95	73	270	159	750	254	2600	335	100000	384

From: Krejcie, R. V and Morgan, D. W (1970) in Amin (2005).