



## **Socio – Economic Study of Well – Being of Women Related to Minority in Tehsil – Huzur, Bhopal**

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### **ABSTRACT**

*The present study aimed to study the well-being of the minority women with respect to their socio-economic status (SES). The objectives the study were a) to study the status of well-being among minority women in Tehsil – Huzur, Bhopal; and b) to study the effect of socio-economic status on wellbeing of minority women in Tehsil – Huzur, Bhopal. For the descriptive study General Well Being Scale developed by Ashok K. Kalia and Anita Deswal and Socio Economic Status Scale developed by Rajeev Lochan Bharadwaj were used to collect the data. The sample comprised of 300 women from Huzur Tehsil of Bhopal district from different minority communities, localities and SESs. The findings suggested that there is significant difference in the well-being of the minority women from different SESs, communities and localities.*

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### **Introduction**

Socio-economic studies are essential for understanding the unique challenges faced by minority women, who often experience compounded disadvantages due to their gender, socio-economic status, and community identity. These overlapping forms of marginalization limit their access to opportunities and resources, making it crucial to examine these issues. Such studies provide a clear lens through which inequalities in areas like education, healthcare, employment, and social inclusion can be identified and addressed.

These studies highlight systemic barriers and reveal how these inequalities manifest in daily life. They empower both policymakers and minority women by providing evidence-based insights for designing interventions that can improve access to services and advocate for their rights. By examining intersectionality, these studies show how factors such as socio-economic status, locality, and cultural identity impact the well-being of minority women, enabling targeted and effective solutions.

Well-being, as a multi-dimensional concept, plays a key role in these studies. It goes beyond material wealth and encompasses physical, mental, social, and economic dimensions. Minority women often face significant barriers to physical well-being, including limited access to healthcare, nutrition, and a safe living environment. Mental well-being is often affected by the stress of socio-economic hardships and discrimination, while social well-being suffers due to isolation from their communities. Economic well-being forms the foundation of stability and empowerment, yet minority women frequently experience income disparities, unemployment, and restricted access to entrepreneurial opportunities.

These dimensions are interconnected and create a cycle of disadvantage. Poor physical health can limit economic productivity, while financial instability exacerbates mental health challenges. Social exclusion further hampers economic or community participation, deepening inequalities. A holistic examination of well-being can identify root causes of these issues and develop sustainable solutions to break the cycle of disadvantage.

Socio-economic factors such as education, employment, income, health, and social support play a vital role in shaping well-being. Education empowers individuals to access better job opportunities and make informed decisions, while employment provides financial security and social integration. However, minority women often face discrimination and limited access to skill development programs, creating barriers to equitable employment. Income determines the ability to meet basic needs, and disparities in income lead to unequal quality of life. Access to quality healthcare is essential, but systemic barriers often prevent minority women from receiving the care they need.

Social support networks also contribute significantly to emotional well-being, but minority women often face social isolation and exclusion, limiting access to these networks. Socio-economic status (SES) is a key factor that influences access to these resources. Higher SES is linked to better education, employment, income, health, and social support, all of which enhance well-being. Conversely, lower SES restricts access to these resources, perpetuating cycles of disadvantage.

In the context of Tehsil Huzur, Bhopal, conducting a socio-economic study is essential to identify local disparities and improve living standards. By collecting detailed data on socio-economic status and well-being, the region can address inequities, improve health outcomes, enhance education and

employment opportunities, and guide effective decision-making. These studies are a crucial step towards fostering inclusive, evidence-based policies that empower minority women and improve overall societal well-being.

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### **Need and Importance of the study**

Minority women are a critical demographic in socio-economic studies due to the intersecting vulnerabilities they face, which arise from the combined effects of gender, socio-economic status, and community identity. These women often experience compounded disadvantages that limit their access to essential resources and opportunities, making it crucial to conduct studies that explore these factors in depth. As Crenshaw (1989) highlights through the concept of intersectionality, multiple forms of marginalization, such as gendered and racialized discrimination, create distinct experiences of disadvantage for minority women. In Tehsil Huzur, Bhopal, these intersecting vulnerabilities lead to significant socio-economic exclusion, leaving minority women underserved in key areas like education, healthcare, and employment. The challenges they face are multifaceted: they encounter discrimination, lack access to quality education and healthcare, experience economic disparities, and are often constrained by cultural expectations. For example, research by Walby (2009) emphasizes that minority women are subjected to both gendered and racialized discrimination, which limits their social and economic opportunities, thereby deepening their marginalization. Limited educational access is another major barrier, as minority women often face cultural biases, financial constraints, and early marriage, which prevent them from advancing in school (UNESCO, 2017). This results in fewer opportunities for employment, which is crucial for financial independence and social integration. Moreover, access to healthcare is often restricted by factors such as affordability, availability, and cultural insensitivity, further exacerbating health inequalities (Bambra, 2016). Additionally, economic disparities are deeply entrenched, with minority women often earning less than their male counterparts and facing barriers to skill development and stable employment (ILO, 2020). Cultural norms and social isolation further hinder their ability to participate in public life and access social support, reinforcing cycles of disadvantage (Kabbeer, 2005). Given these intersecting barriers, there is an urgent need to conduct a socio-economic study in Tehsil Huzur, Bhopal to identify the unique challenges faced by minority women and develop targeted interventions. Such a study would provide essential data to inform policies that address the systemic inequities these women face, ultimately promoting their empowerment and well-being.

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### **Methodology**

The present study follows a descriptive study. The study seeks to explore how socio economic status influences the well-being of minority women in the Tehsil Huzur of Bhopal district. For the present study, stratified random sampling was employed to ensure representation across various strata, such as locality, socio-economic status (SES), and religious background. The sample for the study comprises 300 minority women from Tehsil Huzur, Bhopal, distributed across urban and rural areas, socio-economic status (SES), and religious communities. Among urban respondents, there are 126 women, including 15 Muslims, 5 Christians, 4 Sikhs, 4 Buddhists, and 4 Jains in the high SES category; 44 Muslims, 9 Christians, 21 Sikhs, 9 Buddhists, and 4 Jains in the average SES category; and 67 Muslims, 2 Christians, 5 Sikhs, 6 Buddhists, and 2 Jains in the low SES category, totaling 201 women. For rural respondents, there are 61 women, including 8 Muslims, 2 Christians, 1 Sikh, 2 Buddhists, and 3 Jains in the high SES category; 18 Muslims, 4 Christians, 11 Sikhs, 5 Buddhists, and 2 Jains in the average SES category; and 35 Muslims, 2 Christians, 3 Sikhs, 2 Buddhists, and 1 Jain in the low SES category, totaling 99 women. The data was collected using General Well Being Scale developed by Ashok K. Kalia and Anita Deswal and Socio Economic Status Scale developed by Rajeev Lochan Bharadwaj. After the collection of data, statistical techniques such as Percentage analysis, arithmetic mean and standard deviation, Pearson's product moment correlation and Factorial ANOVA was used to analyse and interpret the data. The data was analysed using MS Office 2016 and SPSS 26.

### **Objective**

1. To study the status of well-being among minority women in Tehsil – Huzur, Bhopal.
2. To study the effect of socio-economic status on wellbeing of minority women in Tehsil – Huzur, Bhopal.

### **Research Question**

The research questions developed for the present study are given below.

1. What is the status of wellbeing among minority women?
2. What is the status of well being among minority women from different social economic status?
3. What is the status of well being among minority women from different communities?
4. What is the status of well being among minority women from different localities?

### **Hypothesis**

1. There is no significant difference in the mean well-being scores across the different levels of socio-economic status.

## Analysis and Interpretation

The first objective of the study is to study the status of well-being among minority women in Tehsil – Huzur, Bhopal, for which four research questions were prepared. The research question wise analysis regarding the status of well-being among minority women is presented in lines that follow.

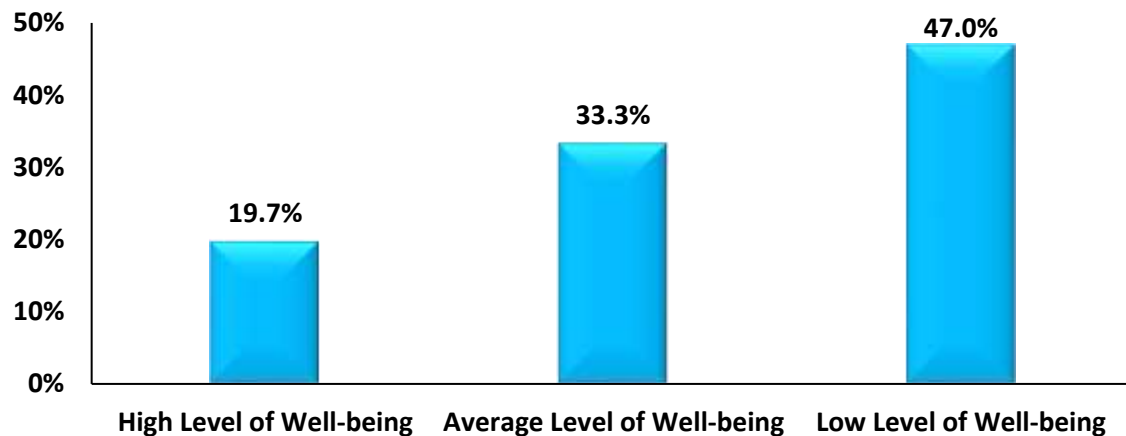
### Status of Well-Being Among Minority Women

The first research question is ‘What is the status of wellbeing among minority women?’ The well being of the minority women was measure using the General Well Being Scale constructed and standardized by Kalia and Deswal. On the basis of the scores obtained the minority women were classified as having high, average and low level of well being. The results are shown in table 1 and figure 1.

**Table 1**

#### *Status of well-being among minority women*

Levels of Well-Being	Frequency	Percent
High Level of Well-being	59	19.7
Average Level of Well-being	100	33.3
Low Level of Well-being	141	47.0



**Figure 1** Status of well-being among minority women

From table 1 and figure 1, it can be seen that 19.7% of the minority women have high level of well-being, 33.3% have average level of well being while a significant 47% of the minority women have low level of well- being. Hence it can be inferred that nearly half of the minority women are experiencing a low level of well-being.

#### *Status of Well Being among Minority Women from different Social Economic Status*

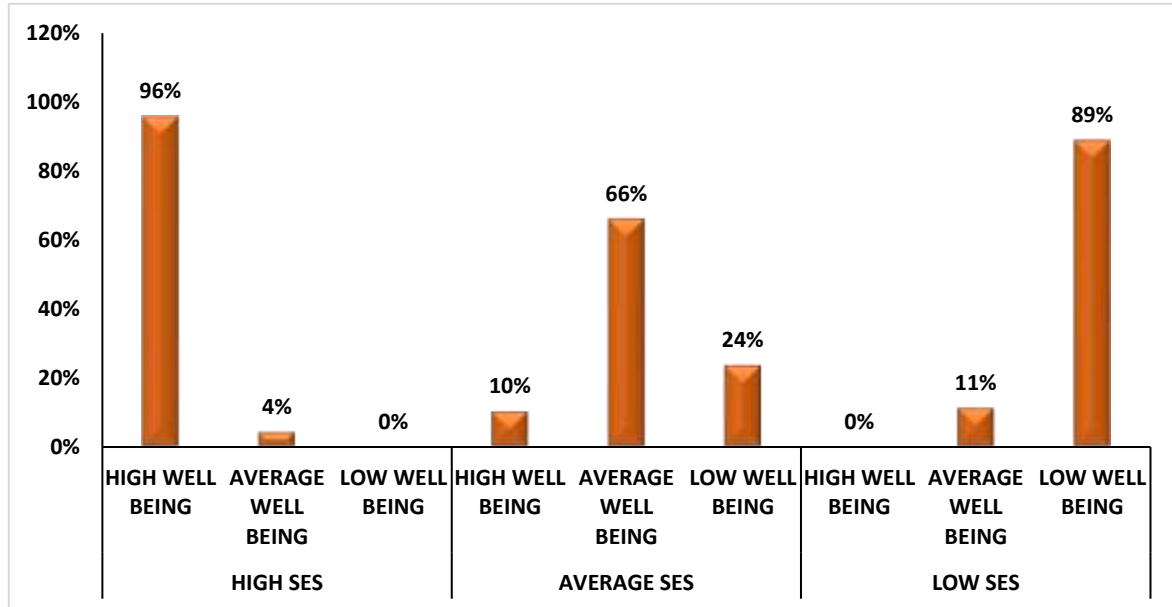
The second research question is ‘What is the status of well being among minority women from different social economic status?’ The minority women were classified as having high, average and low level of well being based on their socio economic status. The results are shown in table 2 and figure 2.

**Table 2**

#### *Status of Well Being among Minority Women from different Social Economic Status*

Level of SES	Level of Well Being	Frequency	Percentage
High SES	High well being	46	95.8
	Average well being	2	4.2
	Low well being	0	0
Average SES	High well being	13	10.2
	Average well being	84	66.1

	Low well being	30	23.6
Low SES	High well being	0	0
	Average well being	14	11.2
	Low well being	111	88.8



**Figure 2 Status of Well Being among Minority Women from different Social Economic Status**

From Table 2 and figure 2, it can be seen that among minority women with high socio-economic status (SES), a significant 95.8% have a high level of well-being, 4.2% have an average level of well-being, and none have a low level of well-being. Among those with average SES, only 10.2% experience a high level of well-being, while 66.1% have an average level, and 23.6% report a low level of well-being. For women with low SES, the majority (88.8%) report a low level of well-being, and only 11.2% achieve an average level of well-being, with no individuals reporting high well-being. Hence, it can be inferred that Most of the minority women with high SES have high level of well being and minority women with low SES have low level of well being.

**Status of Well Being among Minority Women from different Communities**

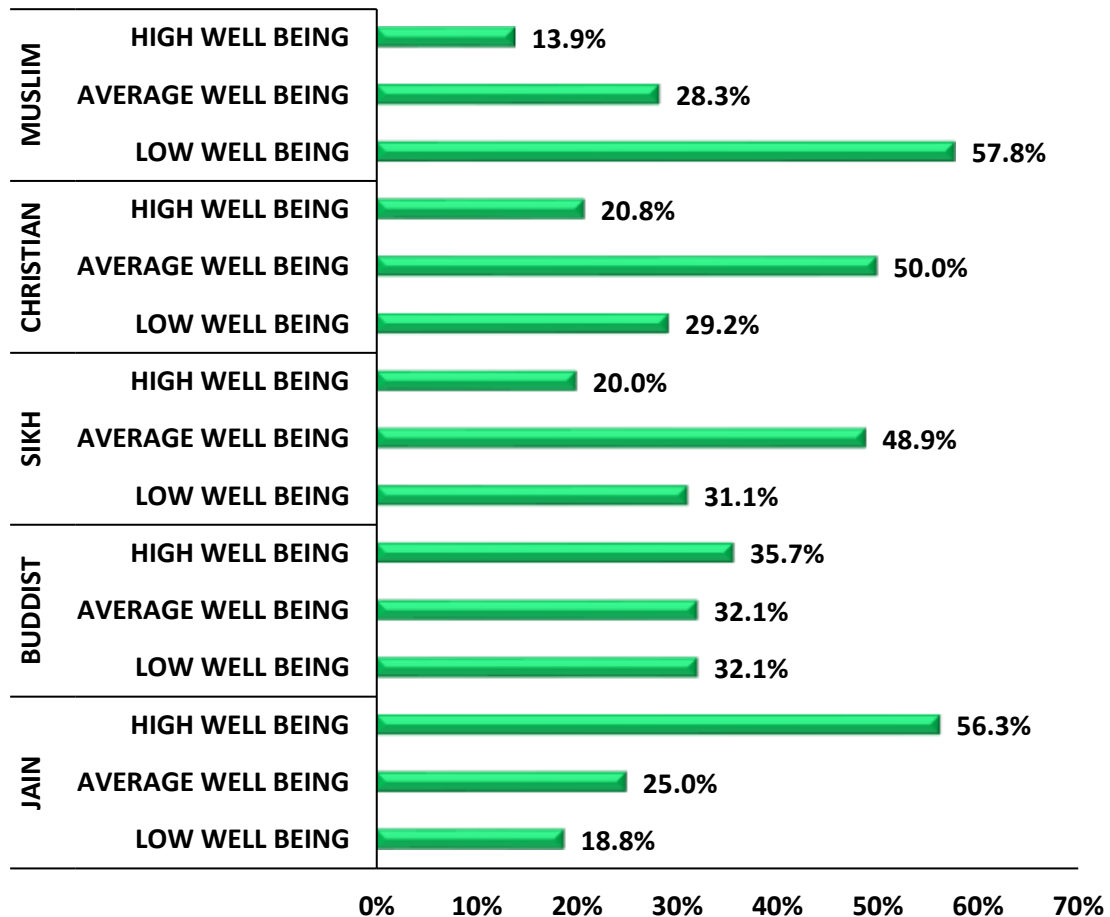
The third research question is ‘What is the status of well being among minority women from different communities?’ The minority women were classified as having high, average and low level of well being based on the communities they belong to i.e. Muslim, Christian, Sikh, Buddhist and Jain. The results are shown in table 3 and figure 3.

**Table 3**

*Status of Well Being among Minority Women from different Communities*

Community	Level of Well Being	Frequency	Percent
Muslim	High well being	26	13.9
	Average well being	53	28.3
	Low well being	108	57.8
Christian	High well being	5	20.8
	Average well being	12	50
	Low well being	7	29.2
Sikh	High well being	9	20
	Average well being	22	48.9
	Low well being	14	31.1
Buddhist	High well being	10	35.7

	Average well being	9	32.1
	Low well being	9	32.1
	High well being	9	56.3
Jain	Average well being	4	25
	Low well being	3	18.8



**Figure 3 Status of Well Being among Minority Women from different Communities**

From Table 3 and figure 3, it can be seen that among minority women from the Muslim community, only 13.9% report a high level of well-being, 28.3% have an average level of well-being, and a significant 57.8% experience a low level of well-being. For the Christian community, 20.8% of women have a high level of well-being, 50% experience an average level, and 29.2% report a low level of well-being. Among the Sikh community, 20% of women report a high level of well-being, 48.9% experience an average level, and 31.1% have a low level of well-being. For the Buddhist community, 35.7% of women report a high level of well-being, 32.1% have an average level, and 32.1% experience a low level of well-being. Finally, among the Jain community, 56.3% report a high level of well-being, 25% have an average level, and only 18.8% experience a low level of well-being. This highlights that Jain women exhibit the highest levels of well-being among the communities studied. From above it can be inferred that well-being varies significantly across communities, with the Jain and Buddhist communities showing better well-being outcomes, while the Muslim community demonstrates a substantial low level of well-being as compared to other communities.

**Status of Well Being among Minority Women from different Localities**

The fourth research question is ‘What is the status of well-being among minority women from different localities?’ The minority women were classified as having high, average and low level of well-being based on the localities they reside in i.e. Urban and Rural. The results are shown in table 4.4 and figure 4.

Table 4

*Status of Well Being among Minority Women from different Localities*

Locality	Level of Well Being	Frequency	Percent
Urban	High Well Being	39	19.4
	Average Well Being	75	37.3
	Low Well Being	87	43.3
Rural	High Well Being	20	20.2
	Average Well Being	25	25.3
	Low Well Being	54	54.5

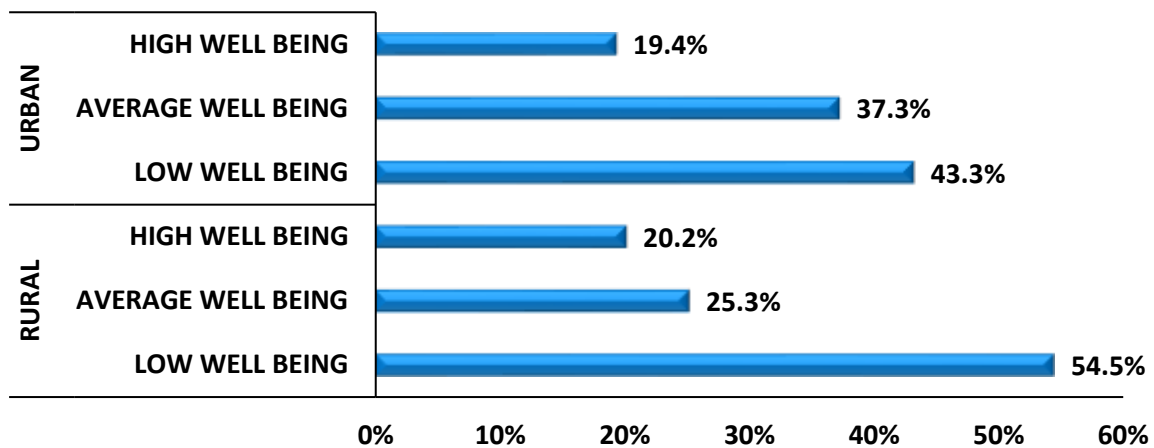


Figure 4 Status of Well Being among Minority Women from different Localities

From Table 4 and figure 4, it can be seen that among minority women residing in urban areas, 19.4% report a high level of well-being, 37.3% have an average level of well-being, and 43.3% experience a low level of well-being. Among minority women from rural areas, 20.2% have a high level of well-being, 25.3% experience an average level of well-being, and 54.5% report a low level of well-being. Hence, it can be inferred that while urban women are relatively better off in terms of well-being, both urban and rural minority women face substantial challenges, with rural women being more likely to experience low levels of well-being.

*Effect of Socio-Economic Status on Well-being of Minority Women*

The second objective of the study is 'To study the effect of socio-economic status on wellbeing of minority women in Tehsil – Huzur, Bhopal' for which the hypothesis prepared is 'There is no significant difference in the mean well-being scores across the different levels of socio-economic status.' The effect of different levels of socio economic status on well-being of the minority women was found using One-Way ANOVA. The results are shown in table 4.9.

Table 5

*Result of ANOVA for Effect of Socio Economic Status on Well-Being*

Source	SS	df	MS	F-value	p-value
Between Groups	997819.07	2	498909.53	441.30	p < .01
Within Groups	335794.70	297	1130.62		
Total	1333613.77	299			

The ANOVA results shown at Table 5, reveal a statistically significant effect of SES on well-being,  $F(2, 297) = 441.3, p < .01$ , indicating that the mean well-being scores differ significantly across the three SES groups: high, average, and low. Since the value is significant hence the null hypothesis namely, "there is no significant difference in the mean well-being scores across the different levels of socio-economic status," is rejected. Hence it can be inferred that well-being of minority women in Tehsil – Huzur, Bhopal is dependent on their level of socio economic status. This significant result indicate that

there is need for further exploration through descriptive statistics and post hoc analysis to identify the specific nature of these differences. The same is shown in table 6 and 7.

**Table 6**

*N, Mean and Standard Deviation for Well-Being Scores Across Socio-Economic Status*

SES Level	N	Mean	Std. Deviation
High SES	48	255.15	15.81
Average SES	127	183.16	39.08
Low SES	125	97.03	32.59
Total	300	158.79	66.79

**Table 7**

*Tukey Post Hoc Test Results for Pairwise Comparisons of Well-Being Across SES Levels*

SES (I)	SES (J)	Mean Difference (I-J)	Std. Error	p-value
High SES	Average SES	71.99	5.7	< .01
	Low SES	158.11	5.71	< .01
Average SES	High SES	-71.99	5.7	< .01
	Low SES	86.13	4.24	< .01
Low SES	High SES	-158.11	5.71	< .01
	Average SES	-86.13	4.24	< .01

From table 6 it can be seen that minority women with high SES had the highest mean well-being scores ( $M = 255.15$ ,  $SD = 15.81$ ), followed by those with average SES ( $M = 183.16$ ,  $SD = 39.08$ ) and low SES ( $M = 97.03$ ,  $SD = 32.59$ ). These findings highlight a clear trend wherein higher SES is associated with greater well-being.

Table 7 shows the results of the post hoc analysis done using Tukey's HSD test. The results revealed that all pairwise comparisons between SES groups were statistically significant ( $p < .01$ ). Women with high SES reported significantly higher well-being scores than those with average SES (Mean Difference = 71.99) and low SES (Mean Difference = 158.11). Similarly, women with average SES reported significantly higher well-being scores compared to those with low SES (Mean Difference = 86.13).

These results are consistent with the findings of Bruce et al. (2020) who found that higher SES is linked to improved self-care and health outcomes, while Adler and Ostrove (1999) and Williams and Mohammed (2009) highlighted the disparities in health and medical access faced by women with lower SES. Similarly, Pampel et al. (2010) and Marmot (2005) reported better physical health and reduced mortality rates among higher SES groups. However, the relationship between SES and well-being is not always linear. Killingsworth (2021) found that higher income enhances life satisfaction but not necessarily emotional well-being. Bélanger et al. (2011) observed inconsistent links between SES and physical activity, and Hammer et al. (2009) noted variations in how SES influences mental health in the context of work-life conflict. Additionally, Grant et al. (2011) reported that gender nonconforming individuals with lower SES show diverse well-being outcomes, while Kahneman and Deaton (2010) argued that wealth's impact on subjective well-being may be limited. While the study strongly supports the positive association between SES and well-being, the broader literature suggests that other factors, such as cultural, social, and individual dynamics, play a significant role.

The significant disparities in well-being among minority women across socio-economic status (SES) levels in Tehsil – Huzur, Bhopal, can be attributed to access to resources, financial security, and social support. Women with higher SES benefit from better healthcare, education, and employment opportunities, reducing stress and enhancing their overall well-being. In contrast, women with lower SES face barriers to these resources, resulting in economic hardships, poor health, and limited opportunities. Higher SES also fosters greater autonomy, social inclusion, and access to safer living environments, while lower SES often correlates with feelings of marginalization, inadequate infrastructure, and discrimination.

## Findings:

- 19.7% of the minority women have high level of well-being, 33.3% have average level of well being while a significant 47% of the minority women have low level of well- being.
- Among minority women with high socio-economic status (SES), a significant 95.8% have a high level of well-being, 4.2% have an average level of well-being, and none have a low level of well-being. Among those with average SES, only 10.2% experience a high level of well-

being, while 66.1% have an average level, and 23.6% report a low level of well-being. For women with low SES, the majority (88.8%) report a low level of well-being, and only 11.2% achieve an average level of well-being, with no individuals reporting high well-being.

3. Among minority women residing in urban areas, 19.4% report a high level of well-being, 37.3% have an average level of well-being, and 43.3% experience a low level of well-being. Among minority women from rural areas, 20.2% have a high level of well-being, 25.3% experience an average level of well-being, and 54.5% report a low level of well-being.
4. Among minority women from the Muslim community, only 13.9% report a high level of well-being, 28.3% have an average level of well-being, and a significant 57.8% experience a low level of well-being. For the Christian community, 20.8% of women have a high level of well-being, 50% experience an average level, and 29.2% report a low level of well-being. Among the Sikh community, 20% of women report a high level of well-being, 48.9% experience an average level, and 31.1% have a low level of well-being. For the Buddhist community, 35.7% of women report a high level of well-being, 32.1% have an average level, and 32.1% experience a low level of well-being. Finally, among the Jain community, 56.3% report a high level of well-being, 25% have an average level, and only 18.8% experience a low level of well-being.
5. There is significant difference in the mean well-being scores across the different levels of socio-economic status. Well-being of minority women in Tehsil – Huzur, Bhopal is dependent on their level of socio economic status. Women with higher SES report substantially greater well-being than their counterparts with average or low SES.

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## Implications

The findings from the socio-economic study of well-being among minority women in Tehsil Huzur, Bhopal reveal several critical implications for policy-making, social interventions, and future research. Policy interventions should prioritize improving access to education, skill development, and employment opportunities for women in lower socio-economic brackets. Programs aimed at poverty alleviation and economic empowerment are critical to enhancing the well-being of minority women, especially those from disadvantaged backgrounds. Further, rural development programs should focus on improving access to essential services and creating opportunities that address the specific needs of women in these areas. Efforts should be made to address socio-cultural barriers that limit the access to resources. Interventions could focus on sustaining their higher well-being levels through the reinforcement of positive practices and community support networks. A community-specific approach in socio-economic policies is crucial to addressing the diverse needs of minority women. There should be a focus on community empowerment, fostering leadership and advocacy among minority women, and breaking down cultural and social barriers to participation.

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## Conclusion

The study highlights that the well-being of minority women in Tehsil Huzur is intricately linked to their socio-economic status, community identity, and geographic location. It reveals significant disparities in well-being between women with high, average, and low SES, as well as across different minority communities. The implications of these findings stress the need for targeted interventions to address the root causes of inequality, including improving socio-economic conditions, enhancing access to essential services, and promoting cultural sensitivity in policy implementation. By addressing these issues, policymakers can improve the quality of life for minority women and foster a more inclusive and equitable society.

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