



INFLUENCE OF WOMEN EMPOWERMENT PROGRAMS ON HOUSEHOLD DECISION-MAKING IN NAROK NORTH SUB-COUNTY, NAROK COUNTY, KENYA

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ABSTRACT

The World Bank report indicated that women's empowerment was considered the expansion of the abilities of women to make strategic life choices in a context where the abilities were previously limited. Despite these developments, the role of women in decision-making in developing countries, particularly in pastoralist communities is a subject of scrutiny. Therefore, this study examined the influence of women empowerment programs on household decision-making in Narok North-Sub County. The specific objectives of the study were; to assess the effect of capacity-building programs, microfinance programs, and health care programs on household decision-making among women in Narok North Sub County. The study employed two theories; system and feminist theory. The descriptive survey design was adopted for this study. The study targeted 59,996 households. A sample of 382 respondents was obtained. Cluster, simple random sampling and purposive methods were used to obtain participants in the study. For primary data, both questionnaires and interviews were used as the data collection instruments while document review was performed for secondary data. Quantitative data was analyzed using a statistical package for social sciences software (SPSS version 27). The findings were presented using descriptive statistics in the form of frequencies, percentages means and standard deviations. In addition, tables and charts were also used. The results indicated all the variables were significant. Microfinance Programs showed a significant effect on Women's Decision Making in households. Healthcare care programs showed a significant effect on Women's decision-making in households and capacity building also had a significant effect on Women Decision decision-making in households. The study recommended that; the government should offer more avenues for capacity building for women to be equipped with skills and knowledge that will support them to effectively participate in household decision-making.

KEYWORDS: women empowerment, decision-making, household, microfinance, health, capacity building

INTRODUCTION

In a World Bank report of 2019, women empowerment is considered as the expansion of the abilities of women to make strategic life choices in a context where these abilities were previously denied [1]. According to Ali, and Hatta [2] defined women empowerment as the participation of women in the decision-making process and their access to power to achieve, equality, development, and peace in all spheres of society. Women empowerment therefore can be stated as the capacity of women to control their income, access employment opportunities, own assets, and make a decision.

Women empowerment is not limited only to selected societies, deliberating the global aspect in this regard, brings us to the notice that women are being given equal treatment in developed nations but not in developing countries. If history is recollected it is established that women have always been given secondary positions in society, while the difference between men and women is socially constructed. It is through education that we realize this fact. Scholars and practitioners alike consent that

gender equality is attained when both men and women enjoy the same opportunities [3].

Akhter, et al [4], indicate that when American women realized that there was an imbalance between men and women in society, they opposed this unfairness which was meted out to them by way of a huge movement (women's liberation movement), through which they asked for equal rights. In the elimination of injustice, the UNO (United Nations Organization) framed an agreement which is called 'The Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), which further led to the formation of the Women's Commission [5]. UNDESA, [6] verified that there are positive multiplier effects for overall social and economic development when women, equally as men, access economic and financial resources. This is seen through poverty reduction, children's increased welfare and increased household efficiency.

Globally, the disparity of the ratio of men to women is not significant, but women have less authority. Women execute 66 percent of the world's work, produce 50 percent of the food yet



earn only 10 percent of the income and own one percent of the world's property [4]. Mainstream economic analysis assumes that economic opportunity and outcome are equally and evenly distributed across social segments, opportunities and outcomes. It is estimated that women form up to 70 percent of the world's population who live in poverty [7].

In developed countries such as the USA Mexico, positive impacts of women empowerment were realized in business ownership, income, and employment [8]. Robinson [9] noted that most micro-finance programs help women to meet their practical gender needs like buying food, educating children, repaying debt, and getting health care. While India empowerment programs have contributed to poverty alleviation and food security through enhanced investment leading to consumption and improved economy, [10].

Ahmed and Wasim [7] noted that there was poverty reduction for those women who participated in micro-credit program in Zambia. The program was not directed towards the poorest business operators but one-third of the clients who were below the national poverty line. In Ghana, the findings of Akudugu *et al.* [11] confirmed that financial assistance from micro-finance institutions has positive contributions toward women livelihood through improved access to healthcare, education and increased income levels. Peprah *et al.* [12] confirms that empowerment programs significantly improved the well-being of women in Ghana. However, it is important to note that most of these studies have not clearly indicated how empowerment programs assist in the participation of women in decision making.

Kratzer and Kato [13] noted that women in African countries such as Tanzania, Rwanda, Uganda, and Kenya are denied access to credit facilities due to lack of quality education and collateral as they don't have any assets. As a result of this, it is assumed that they lack the specific skills to manage their work. On the contrary Ahmed, and Wasim, [7] observed that access to empowerment programs especially micro-finance did not have any significant effect on women empowerment in Uganda.

In Kenya, women are still struggling with acceptance by the society as part and parcel of development as some communities still regard women as children. Many communities for instance Maasai in Kenya have legalized early marriages through customary laws and there end up removing girls from schools because of the wealth they gain [14]. Despite the fact that Kenya has embraced campaign against gender disparity, the girl child still lacks equal education opportunities as boy child [15]. There has been frustration from the male parliamentarians who are dominant in parliament hence the two thirds gender rule bill encounter difficulty before adopted and became law 2010. Most of the laws that have been brought to parliament to support the

women have been frustrated. In Narok the situation is not different, a study by Anthony [16] indicated that men in the maasai community are responsible for decision making in terms of who owns property and who joins school. The effect of women empowerment and their participation in decision making at the household is a subject that require further evaluation hence the need for this study.

1.2 Statement of the Problem

Among the pastoralist communities' specifically Maasai Community, gender inequality is acute and deep-rooted much more than the society at large. Women have low literacy levels, very restricted roles in public life and ownership of livestock property (cattle and sheep) which is the main sources of wealth in pastoral economics. This gives them no chance of participation in decision making. Despite recent developments gender parity, women are still excluded in making of major economic social and political decision making, acknowledging that empowerment of women will improve their status generally and enable them to actively and effectively participate in key decision-making processes. Notwithstanding women's contribution to the fabric of the household, women are commonly underestimated and ignored in community development strategies and key decision-making processes. Inadequate gender-dis aggregated data on community decision-making roles means that women's roles and contribution to decision making at the community level, in particular among the Maa community is poorly understood. Most of the studies in the literature have not clearly indicated how the various programs have contributed to the empowerment of women in decision making at the household level. Therefore, the study sought to bridge this gap by examining the influence of women empowerment programs on household decision in Narok North Sub – County, Narok County, Kenya.

METHODS

3.1 Study Area

The study was conducted in Narok County and specifically in Narok North Sub- County. Narok north sub-county constitutes six wards namely Olorropil, Olposimorru, Olokurto, Nkareta, Melili and Narok town wards. In this area the community practice livestock farming and crop farming. The main crops grown in this area are wheat, barley and maize. Narok County is located on the South Rift Valley region bordering the Republic of Tanzania to the south, Kisii, Migori, Nyamira and Bomet counties to the West, Nakuru County to the North and Kajiado County to the East. The county area is 17944km² representing 3.1 % of the whole Country's area. The headquarters of the county is Narok Town. The specific research area is Narok north sub-county that is adjacent to the Mau Forest with an estimated 59996 households. It covers an approximate area of 4663.7km² [17]. The study area is presented in figure 1.



Figure 1: Map showing study area

3.2 Research Design

According to Burn and Grove [18] a research design is a guideline for the research process in order to achieve the intended results that would be a reflection of the reality. This study adopted a descriptive survey design. This research design was adopted because the variables of the study cannot be manipulated and that the data was collected from the respondents in their natural working environment. The perceptions and views of the respondents were sought in examining the relationship that exists between the variables of the study. The design is preferred because it attempts to describe such things as possible behavior, attitudes, and values hence reporting the way things are [19]. This design was also preferred because there was need to describe study respondents in regard to their behavior, attitude due to women empowerment.

3.3. Target Population

Based on 2019 National Census, Narok County has a population size of 1,149,379 and a ratio of men to women of almost 1:1. The Maasai are considered the most dominant population in the county. According to the KNBS [20] report the county distribution of female population aged between 25-60 years is 251,862. The report further indicates that the number of households in Narok North Sub County is 59996. These figures were further confirmed by the Narok County Integrated Development Plan [21].

The choice of Narok North Sub County for the study is guided by the fact that the area is cosmopolitan and has the highest number of women and households in the entire County. Being close to the main Narok town, the study attract more women with the required information on the programs used in empowering of women to enhance their decision making at household level. The household was used because it is the most appropriate unit that provides a representation of majority of the women who are faced with many decisions to make in the household and this enabled the researcher collect appropriate data for the study. Therefore, the target population was 59,996 households in Narok North Sub County who will be part of the key informants. The list of households from the chiefs and wards administrators will form the basis for the sampling frame.

3.4 Sample Size and Sampling Procedure

3.4.1 Sample Size

The sample size for this study was estimated using the sampling table designed by Krejcie and Morgan [22]. According to Krejcie and Morgan, the appropriate sample size for a larger population not exceeding 100,000 is estimated to be 384 respondents. The study targeted women aged above 18 years from 59996 households and the sample size as per the table shows that the sample size that was selected for this study was 382. In an event where the selected household missed a woman, the next household was selected as per the sampling frame. For the interviews, two (2) men were selected purposively from each



ward totaling to 12 (twelve) specifically these were either chiefs, sub-chiefs or village elders. This enabled the researcher to establish the perception of men on women empowerment. The

382 sample was distributed proportionately amongst the wards as per the respective population as shown in table 1 below.

Table 1: Sampling proportionately as per the ward

Ward	Households Population	Proportionate Sample
Narok town Ward	16236	103
Melili Ward	12719	81
Nkareta Ward	6904	44
Olokurto Ward	7191	46
Olposimorru Ward	6846	44
Olorropil Ward	10101	64
TOTAL	59996	382

Source: Census (2019)

3.4.2 Sampling Procedure

The study used cluster sampling technique, simple random sampling method and purposive sampling to select the sample from the households. According to Babbie and Creswell, [23] simple random sampling is used in selecting a sample from a homogenous population. While cluster samplings ensured that all the wards in the sub county were selected Purposive sampling was used to obtain the key informants who were two (2) men selected from each ward totaling to 12. The sampling frame that is the list of all the households in division was collected from the chief's office or ward administrator and with their guidance the selection was done.

3.5 Data Collection Instruments

The study employed both primary and secondary data. The study used structured questionnaires and interview schedule as the main instrument for primary data collection. A questionnaire is a set of question item that is used to collect data from respondents especially in cases where the respondents are spread out to a larger area. A questionnaire has the advantage of allowing the respondents ample time to keenly go through the question items and respond to them appropriately. According to Kothari [24] the main advantage of using a questionnaire is the fact that it can be used on a large sample thus making the study dependable and reliable. It is for this reason that the study used a questionnaire, since the sample size was large. However, questionnaires are faced with the challenge of high non-response rate hence require a lot of follow up (Gay) [25] and also it is difficult to ascertain the relevance and accuracy of the responses given. This prompted the researcher to employ interviews to complement the questionnaire data.

The questionnaire was in three sections. Section A comprised general information of the respondents. Section B with six (6) items measured the influence of capacity building credit facility programs and health care programs on women decision making. The questionnaires were constructed using a five scale Likert

where 1- no extent at all, 2- small extent, 3- neutral, 4- Large extent and 5- Very Large Extent.

A Likert scale questionnaire is widely used in descriptive studies to describe the opinion of the respondents and this can be effectively done on a scale. The questionnaires were pre-tested on a total of 38 women from households in Narok South Sub County specifically Olololunga Ward. The 38 households were not be considered for the main study to avoid bias. The relevance of the pilot is to ensure that the items contained in the instruments conform to what the study expects to address. Secondary data was obtained from document reviews from the library and online journals.

3.6 Validity and Reliability of the Instruments

The instruments were validated through both face and content validity. Validity refers to the degree to which the sample of the test represents the content that the test is designed to measure [26]. For this study both content and face validity was tested by requesting experts from the field of study as advocated by (Mugenda and Mugenda) [19]. The supervisor and other experts at the school of Arts, Humanities Social Sciences and Creative Industries were consulted to give their view on the content and face validity of the questionnaire and their views and opinion incorporated in the questionnaire. Factor analysis using Statistical Package for Social Sciences Software was used will be used to compute the KMO value which according to Field [27] an index of 0.4 and above is appropriate for the study to be considered valid and to have an appropriate sampling adequacy.

3.6.2 Reliability of the Research Instruments

Reliability of measurement concerns the degree to which a particular measuring procedure gives similar results over a number of repeated trials [26]. Reliability was assessed using the Cronbach alpha reliability coefficient. With the aid of SPSS version 28 the Cronbach alpha reliability coefficient was computed and it was found to be 0.867. Kothari [24] indicated



that any research instrument with a reliability coefficient of 0.7 and above is accepted as being reliable. Since our reliability coefficient was above 0.7, the instruments were considered appropriate for data collection and analysis.

3.7 Pilot Survey

The pilot testing was done in Narok South sub-county, Olololunga wards. The survey was done specifically to ensure that the instruments were reliable and valid also to rule out the weakness in the design of questionnaire and interview guide so as to adjust them according to the study. Mugenda Mugenda [19] indicates that 10% of sample is good for pilot study. Therefore, thirty-eight (38) households were selected using simple random sampling at Olololunga Ward in Narok South Sub County. In order to improve validity, the researcher presented the research tool (questionnaire) to the supervisor and experts in the field of social work, to ascertain that the questions items were valid and reliable. The results on the reliability index was 0.89. According to Kothari [24], a reliability index of more than 0.7 is sufficient for analysis. Thus the tools were considered sufficient for analysis.

3.8. Data Analysis

Data from questionnaires were summarized, edited, coded, tabulated and analyzed. Editing was done to improve the quality of data for coding. Editing involved going through the questionnaires to see if respondents responded to questions

appropriately. The data was analyzed using descriptive statistics of frequencies, means, and percentages and thematic analysis was also used. Statistical Package for Social Sciences (SPSS) version 27 was used as a tool for analyzing the data. Data was presented by the use of charts, frequency tables, and bar charts.

3.10 Ethical Consideration

The major ethical considerations that were encountered in this study are the consent of the respondents, their privacy and confidentiality, anonymity and the researchers' ethical responsibility. Therefore, the researcher ensured that respondents were informed in good time on the purpose of the research, and expected duration and any benefits accrued to them by the study. The researcher sought the approval and license to carry out the study from the NACOSTI. Privacy and confidentiality of the respondents were maintained at all times since the respondents have a right to keep certain information about themselves and their projects from the community.

RESULTS AND DISCUSSION

4.1.1 Response rate

A total of 382 questionnaires were prepared and administered to the respondents at their households. A total of 293 questionnaires were collected back and used for the analysis. The results was presented in table 2.

Table 2: Response rate

	Number of questionnaires	Response rate
Questionnaires	382	100%
Response	293	76.6%
No response	89	23.4%

Source: Survey study (2022)

This accounted for a response rate of 76.6%. A total of 89(23.4%) of the questionnaires were not returned at all by the respondents. The researcher used the 293(76.6%) as a representative of the sample. According to Mugenda and Mugenda (2012) a response rate of 70% and above is considered appropriate for use in the analysis to represent the population parameter. The responses were coded and using SPSS version 27, frequencies and percentages computed for easy interpretation.

4.2 Demographic Data

This section covered the biographical data of the respondents which was organized to cover gender, age bracket and education status. This was an important aspect of the study as it helped to establish the views and perspectives of the various respondents with the given biographic details.

4.2.1 Gender of Respondents

Though this study was on women empowerment programs on their participation in household, men were also given a chance to participate in the key informant interview. 293 questionnaires from women respondents were collected back while 12 interviews from male respondents were also done. The males were included in order to capture their views since the study considered household income.

4.2.2. Age of the respondents

Age is also an important demographic factor that affects the decision-making process of an individual and the entire family. Different age groups examine things differently and therefore to understand women participation in microfinance depends on their age group. The results were presented in figure 2.

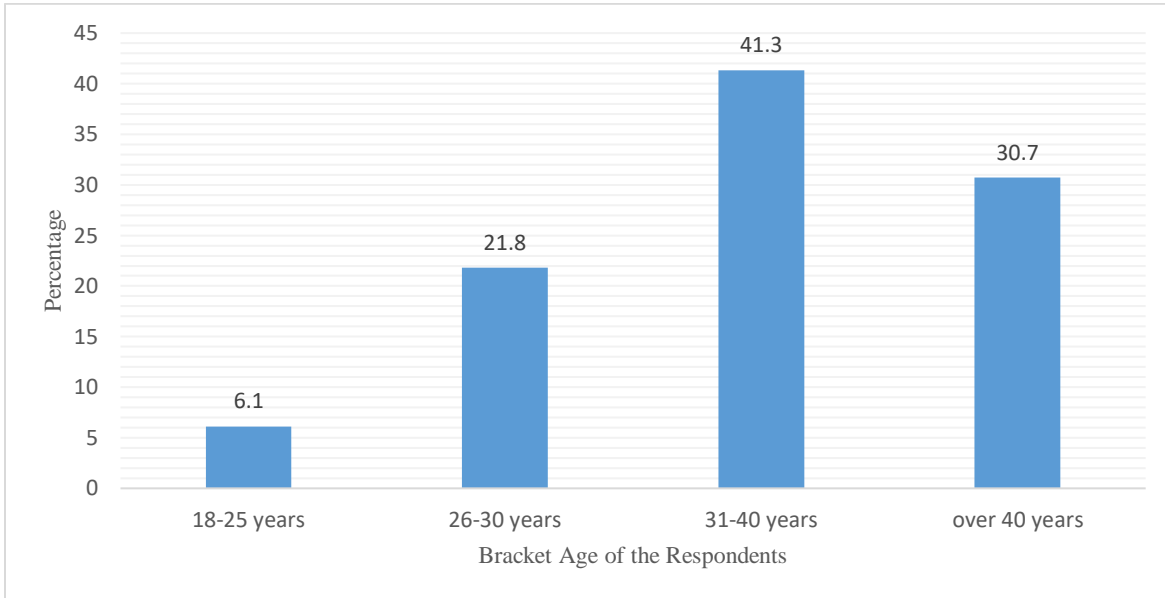


Figure 2: Age of the respondents

Source: Survey study (2022)

The results show that most of the respondent 41.3% were aged between 31-40 years, followed by 30.7% who were aged over 40 years, 21.8% who were aged between 26—30 years and the rest 6.1% were aged between. This implies that most of the respondents were in their early adult hood age and they had families. It was also noted that this age group is the age where most people are taking up family responsibilities hence they need

to be empowered economically in order to take up responsibilities and decision making.

The study also sought to establish the number of years the respondents lived in the area. This was important in assessing their understanding of the different ways of women empowerment in the study area. The results are presented in table 3.

Table 2: Number of Years Resided in The Area

Categories	Frequency	Percent
6-10 years	114	38.9
11-15 years	37	12.6
More than 15 years	142	48.5
Total	293	100.0

Source: Survey study (2022)

The results show that most of the respondents 142(48.5%) had lived in the area for more than 15 years followed by 114(38.9%) which have lived in the area for between 6-10 years while only 37 (12.6%) of the respondents said that they have lived in the area for between 11-15 years. This implies that most of the respondents had been in the areas for a long time and hence were

in a better position to understand how the people lived and the cultural and social aspects of the study area.

The study also sought to find out the highest academic qualification of the respondents. This was important as it has an implication on the decision making at the household level. The result was presented in table 4.

Table 4: Education Level

Category	Frequency	Percent
Not Attended to School	88	30.0
Primary Level	147	50.1
Secondary Level	47	16.0
Above Secondary Level	11	3.7
Total	293	100.0

Source: Survey study (2022)



The results show that most of the respondents 50.1% who participated in the study had primary level of education, 88(30.0%) had primary level of education, 47(16%) were secondary school certificate holders and 11(3.7%) had post-secondary education. This shows that most to the people who participated in the study had good academic qualification and hence were in apposition to provide appropriate information for the study.

4.3 Finding according to the objectives of the study

The study sought to address three specific objectives ; to assess the effect of capacity building programs on the participation of women in household decision making processes in Narok North Sub County.; to establish the extent to which microfinance programs affects the participation of women in household

decision making processes in Narok North Sub – County and to determine the extent to which health care programs affects the participation of women in household decision making processes in Narok North Sub County. The respondents were asked to rate various statement that assisted to assess each objective on a five scale likert. Where; 1-No extent at all,2-Small extent, 3-Neutral, 4-Large extent and 5-Very large extent. The results were presented as follows.

4.3.1 The effect of capacity building programs on the participation of women in household decision making processes

The researcher sought to assess the effect of capacity building programs on the participation of women in household decisions making process. The results were presented in table 5.

Table 5: Effect of Capacity Building Programs

Statement	Small Extent	Neutral	Large Extent	Very Large Extent	Total
Education programs have influenced women decision making at household	18 (6.1%)	55 (18.8%)	96 (32.8%)	124 (42.3%)	293 (100.0%)
I have attended leadership workshops that have helped me in making appropriate decisions	20 (6.8%)	67 (22.9%)	148 (50.5%)	58 (19.8%)	293 (100.0%)
Affirmative action has assisted to empower women and give them more authority in decision making	20 (6.8%)	94 (32.1%)	68 (23.2%)	111 (37.9%)	293 (100.0%)
I have been trained effective on resource mobilization and this has enhanced my ability to make appropriate decisions	24 (8.2%)	114 (38.9%)	97 (33.1%)	58 (19.8%)	293 (100.0%)
Through training I have been equipped with appropriate management skills that have enhanced my decision-making process at the household level	0	63 (21.5%)	147 (50.2%)	83 (28.3%)	293 (100.0%)

Source: Survey study (2022)

The results in the above table show that most of the respondents 124 (42.3%) agreed to a very large extent followed by 96(32.8%) who agreed to a large extent that Education programs have influenced women decision making at the household level. The results also show that 18 (6.1%) and 55(18.8%) agreed to a small extent and others were neutral on the statement. The results implies that women who have attend education programs are in a better position to influence the decision-making process at the household level. This is because they are more informed and can easily participate in decision making process.

The results also show that most of the respondents 148 (50.5%) agreed to a large extent that the women have attended leadership workshops that have helped them in making appropriate house hold decisions. This was followed by 58 (19.8%) who agreed to a very great extent, 67 (22.9%) were neutral while only 20(6.8%) agreed to a small extent about the statement. This implies that the

women who had attended leadership workshop in their capacity building bid were in a better position to participate in household decision making than women who had not attended any leadership forum.

The study also sought to establish the extent to which affirmative action has assisted to empower women and give them more authority in decision making at the house hold level. The results show that 111(37.9%) of the respondents agreed to a very great extent with the statement. This was followed by 94(32.1%) of the respondent who were neutral about that, 68(23.2%) agreed to a large extent and 20(6.8%) agreed to a small extent bout the statement. This implies that the affirmative action has assisted women to effectively participate in decision making at the household level.



The results also shows that most of the women who participated in the study 114 (38.9%) were neutral when asked whether they had been trained effectively on resource mobilization and how it had impacted on their ability to make appropriate decisions at the household level. The results show that 97 (33.1%) agreed to a large extent that they had been trained while 58 (19.8%) agreed to a great extent and the rest 24 (8.2%) agreed to a small extent about the statement. This implies that most omen have not been trained on resource mobilization which is very important in enhancing the ability to make appropriate decisions at the household level.

On whether the women have been equipped with appropriate management skills that have enhanced decision making process at the household level through training, the results show that 147 (50.2%) agreed to large extent, 83 (28.3%) agreed to a very great extent and 63 (21.5%) were neutral about the statement. This implies that most women are able to participate in household

decision making because they have been equipped through training on the various management skills of house hold related activities. This therefore implies that women who have taken capacity building programs are in a better position to participate in household decision making as compared to those who have not taken any capacity building programs.

4.3.2 The extent to which microfinance programs affect the participation of women in household decision making processes

The second objective sought to examine the extent to which microfinance programs affect the participation of women in household decision making process. This objective sought to establish whether wen who participate in microfinance programs are able to effectively participate in household decision making process. The findings of the study were presented on table 6.

Table 6: Effect of microfinance programs on participation of women in house hold decision making process

Statement	Small Extent	Neutral	Large Extent	Very Large Extent	Total
I can access credit through microfinance programs and this has empowered me to make good decisions	0	59 (20.1%)	137 (46.8%)	97 (33.1%)	293 (100.0%)
There are various avenues I can get credit which has assisted me to enhance financial ability	20 (6.8%)	86 (29.4%)	120 (41.0%)	67 (22.9%)	293 (100.0%)
I am able to generate my own income through assistance from the various credit facility programs	42 (14.3%)	35 (11.9%)	152 (51.9%)	64 (21.8%)	293 (100.0%)
Having financial literacy has empowered me to make appropriate decisions at my house hold	0	41 (14.0%)	175 (59.7%)	77 (26.3%)	293 (100.0%)
Improved business performance of MSEs owned by rural and women entrepreneurs	0	69 (23.5%)	148 (50.5%)	76 (25.9%)	293 (100.0%)

Source: Survey study (2022)

The results on whether women can access credit through microfinance programs and the effect it has had on their empowered to make good household decisions show that 137(46.8%) of the respondents agreed to a large extent with the statement 97(33.1%) agreed to a very large extent 59 (20.1%) were neutral about the statement. This implies that access to microfinance credit facilities empowers women to effectively participate in making household decisions.

The results also sought to establish whether there are various avenues women can get credit a how it has assisted theme to enhance financial ability. The results have indicated that most of the respondents 120 (41.0%) agreed to a large extent about the statement, 86(29.4%) were neutral on the statement, 67 (22.9%)

agreed to a very large extent and only 20(6.8%) agreed to a small extent about the statement. This implies that when women have avenues through which they can access credit from microfinance institutions it helps them to effectively participate in decision making at the household level.

The study also sought to find out whether the women are able to generate their own income through assistance from the various credit facility programs. The results show that most of the respondents 152 (51.9%) agreed to large extent, 64 (21.8%) agreed to a large extent, 42 (14.3%) were neutral while 35 (11.9%) agreed to a small extent about the statement. This shows that the ability of women to participate in household decision making process depends on their ability to effectively generate



their own income by being assisted with credit facilities from microfinance programs.

The study also sought to establish whether having financial literacy has empowered women to make appropriate decisions at the household level. The results show that most of the respondents 175(59.7%) agreed to a large extent with the statement, 77 (26.3%) agreed to a very large extent while 41(14.0%) were neutral about the statement. This clearly shows that financial literacy plays an important role in the empowerment of women it has played a role in enhancing their participation in effective household decision making.

On whether improved business performance of MSEs owned by rural women entrepreneurs has had an effect on their ability to effectively participate in household decision making. The result show that 148(50.5%) of the respondents agreed to a large extent

about the statement 76(25.9%) agreed to a very large extent and the rest 69(23.5%) remained neutral on the statement. This implies that through microfinance programs, the women are able to improve the performance of their MSEs and this has had an effect on their participation in household decision making process.

4.3.3 The extent to which health care programs affects the participation of women in household decision making processes

The third objective sought to examine the extent to which health care programs have affected participation of women in household decision making process. The health care programs are important in enhancing the household decision making process among the women as they are the once directly involved in the health issues of the children. The results were presented in table 7.

Table 7: Effect of health care programs on participation of women households' decision making

Statement	Small extent	Neutral	Large extent	Very large extent	Total
I have improved my decision on my hygiene after attending several health programs	21 (7.2%)	63 (21.5%)	116 (39.6%)	93 (31.7%)	293 (100.0%)
I have improved on my personal health since I attended the health care programs	0	39 (13.3%)	144 (49.1%)	110 (37.5%)	293 (100.0%)
My decisions on maternal and child health has been improved after attending the health care programs	0	80 (27.3%)	89 (30.4%)	124 (42.3%)	293 (100.0%)
I am well informed about bio-security since I attended the health care programs	0	92 (31.4%)	91 (31.1%)	110 (37.5%)	293 (100.0%)
Improved business performance of MSEs owned by rural and women entrepreneurs	0	69 (23.5%)	148 (50.5%)	76 (25.9%)	293 (100.0%)

Source: Survey study (2022)

On whether health care programs for women have assisted them to improved their health care decision at the household level, the results have shown that most of the respondents 116(39.6%) agreed to a large extent, 93(31.7%) agreed to a very large extent and 63(21.5%) were neutral while 21(7.2%) agreed to a small extent about the statement. This implies that women who have attended or have access to health care programs are in a better position to effectively participate in household decision making process than those who have not accessed the health care programs.

On whether women have improved their personal health since they attended health care programs. The results show that most of the respondents 144(49.1%) agree to a large extent about the

statement 110(37.5%) agreed to very large extent and only 39(13.3%) remained neutral on the same. This shows that when women participate in health care programs, they are more informed and hence stand a better position to effectively participate in household decision especially concerning health care.

The results also indicated that 124(42.3%) of the respondents followed by 89(30.4%) agreed to very large extent and a large extent that the decisions women make on maternal and child health has been improved after attending the health care programs. Only 80(27.3%) were neutral on the statement. This implies that women who participate in various health care programs are in better position to make appropriate decision



regarding to maternal and child health care as compared to women who have no access to these programs.

The results further sought to assess whether women are well informed about bio-security since they attended health care programs. The results show that a good percentage of the respondent 110(37.5%) agreed to very great extent with the statement. While only 92(31.4%) were neutral and 91(31.1%) agreed to a large extent with the statement. This implies that women decision making process has improved following their participation in various health related programs such as bio security through which they gain much knowledge on issues of health.

On whether women who have undertaken effective reproductive health programs have been able to make very appropriate decisions at the family level, 121(41.3%) of the respondents

agreed to a great extent, 106(36.2%) agreed to a large extent while 45 (15.4%) were neutral and 21(7.2%) agreed to a small extent. This implies that women who have by any chance participated in health care programs have a better chance of participating in household decision making regarding health.

4.3.4 Women in household decision making process

The dependent variable of the study was to find out the areas of women participation in household decision making process. The researcher sought to assess whether there has been improved in different areas of women decision making such as education of their children, improved performance of their business and improved health care and wellbeing of the family. This is presented in table 8.

Table 8: Response on views on household decision making process

Statement	Small extent	Neutral	Large extent	Very large extent	Total
Increased transformation of MSEs from the informal to the formal sector	0	65 (22.2%)	179 (61.1%)	49 (16.7%)	293 (100.0%)
Increased number of start-ups, and thereby attaining	28 (9.6%)	38 (13.0%)	178 (60.8%)	49 (16.7%)	293 (100.0%)
Increased income and employment opportunities in rural areas, particularly for women	52 (17.7%)	85 (29.0%)	131 (44.7%)	25 (8.5%)	293 (100.0%)
Improved household welfare	0	38 (13.0%)	230 (78.5%)	25 (8.5%)	293 (100.0%)

Source: Survey study (2022)

The study sought to assess whether there has been improved transformation of women owned businesses to more formal organizations because they have received training and are able to access microcredit facilities. The response shows that most of the respondents 179(61.1%) agreed to a large extent with the statement, 49(16.7%) agreed to a very large extent while only 65(22.2%) remain neutral on the statement. This shows that most respondents who participated in the study felt that women who have attended capacity building and can access micro credit facilities are in a better position to make decisions of improving their businesses and hence improving their household decisions.

The study also sought to establish how women have been enabled to participate in household decision making and it was noted that with improved capacity building, access to credit and improved decision making in health matters. The results show that majority of the respondents 178(60.8%) agreed to a large extent 49(16.7%) agreed to a very large extent with the statement that there is increased number of business startup among the women with the aim of improved income hence improved participation in house

hold decision making. While only 28(9.6%) remained neutral on the issue and 38(13.0%) agreed to a less extent about the statement. This implies that there has been an increase in the number of business startups among women following their participation in household decision making.

The results also noted that there has been an increase in income and employment opportunities in rural areas, particularly among women. The results show that 131(44.7%) of the respondents agreed to a large extent with the statement and 52(17.7%) agreed to a less extent about the statement. This implies that women participation in decision making affects the level of income and employment opportunities in the society.

The study also noted that there has been improved household welfare following women participation in household decision making. The results indicated that majority of the respondents, 230(78.5%) agreed to a large extent with the statement 38(13.0%) were neutral about the statement and only 25(8.5%) agreed to a very large extent with the statement.



4.4 Thematic analysis

This section gives the findings from the interviews that were conducted among the key informants who were selected among the women. On capacity building the women were required to indicate whether their education level has influenced their participation in decision making, and whether they have attended any leadership seminars and workshops and how they have influenced their level of participation in household decision making. Literature has it on record that most women who have low education level have little to contribute to their household decision making process. The purpose of this study was to find out whether the respondents agreed with these findings from other studies. The responses obtained have indicated that most women lack education, and this affects their participation in decision making to a large extent. Among the respondents one Assistant Chief Coded as **ASC001** had these to say;

"In our community our culture denied women the chance to effectively attend school and have a good education. This has greatly impacted negatively the ability of women to participate in decision pertaining their lives and that of their families. They are left behind in all things happening around them and we feel that they have missed on the most critical thing which is education. Education supposed to help one gain understanding of what is happening around her. From my own experience most Maasai women lack the voice in their families simply because they don't have an understanding of the most basic things such as nutrition, family budget plan".

This implies that men acknowledge women education in Maasai community but culture has remain obstacle. However from the above statement Women who are informed are more likely to effectively participate in making decision at the household level such as what type of food to be consume by the family and budget for the cost.

Another Chief Coded as **CH002**;

"...culturally women in Maasai land have very little to contribute to the decision-making process at the household level. This has limited their ability to effectively take charge of appropriate actions at the family level. This has affected their knowledge capacity because girl child education is not taken as seriously as of the boy child. Decisions involving income and job opportunities are made by men and also matters of health. From my personal opinion women are not given a chance to effectively contribute to the well-being of the household".

On the above statement shows women are always left behind in making very important decision worse of it in the, Maasai community where women are considered with low esteem compared to male, hence most of the key decision on income health, employment we leave it to the male who seem to be more informed about the same. Women's health is complex yet they leave it to the male to make decision for them pertaining to the issues of health.

However the above statement reveal that for women to gain control and challenge the ideology of patriarch and discrimination, equal education opportunity should be given to girl child as that of a boy child.

On whether they have attended leadership seminars or workshops to build their capacity to participate in decision making at the household level, the male respondents were asked to indicate whether women have attended any of these leadership seminars and whether the seminars have been of any effect on them at the household level. From the respondents point of view the main theme that was drawn from their responses was that majority of the women had not attended the leadership seminars and workshops. **CH003** said that;

"Personally, I have not seen women attending any leadership seminar or workshop to learn anything pertaining to the household. They learn of leadership meeting in the church but the purpose is not to sensitize women on family decision making. I believe that there is need to have these meetings because failure to hold them gives rise to of lack of information. In most cases even simple family decisions are very difficult for women to make for example designing family menu. Attending these seminars and workshops might help them become aware on what is affecting women in the society".

The current study established that most women did have an idea about affirmative action. To them the issue of equal rights was not that important especially given that they are there in the villages where the culture is strong and require women to remain submissive. Although this might be seen as a high level of intimidation of the women as they remain voiceless in making decision at the household level.

The researcher also sought to examine whether women accessed credit facilities and how these facilities have influenced their income level and created jobs for them. Access to credit is considered as a way of ensuring that the women have a basis for making appropriate decision at the household level. Themes collected from the interview guides have indicated that the economic empowerment of women will depend on their income level and also their ability to grow their existing businesses or start new ones. [13] Shows that women access to credit facilities has an effect on their ability to grow their business, earn an income and hence help to improve the well-being of their families.

ASC004 indicated;

"Most women joined a women group in our community where they. They have been getting financial support from microfinance institution which have helped them to start businesses which are empowering them economically. In this groups I can say that women have been able to increase their stocks and hence improve on their profits. They have also been able to employ other women and help them earn a living".

In another caption **CH005** affirmed that;



“A major drawback in decision making to the household level is the access to credit facilities. Credit facilities have relied boosted the role of women in the society not just as house wives but as people who help to make informed decision on matters pertaining to children’s education and health. I therefore encourage women to join the credit institutions that support the work of women and hence be able to enhance their decision-making process”.

From these captions it is important to note that women are unable to effectively participate in the household decision making process because of their limited financial ability and those has affected even their ability to make personal decision involving finances career and health matters for the family.

4.5 Discussion of the Findings

This sub-section discusses the research findings.

4.5.1 Capacity Building Programs on Participation of Women in Household Decision Making Processes

The results of the show that most of the respondents agreed that Education programs have influenced women decision making at the household level. The results implies that women who have attend education programs are in a better position to influence the decision-making process at the household level. This is because they are more informed and can easily participate in decision making process. The research agrees with [13] who indicated that education in married women increases their decision-making power at homes of nuclear families in New York. The results also show that most of the respondents agreed to a large extent that the women have attended leadership workshops that have helped them in making appropriate house hold decisions. The results also agree with Oyelude and Bamigbola [28] who found out that the NGOs were discovered to be slowly but steadily gaining ground in educating the women and creating awareness among them through workshops thus empowering them hence making them participate in decision making.

The respondents also agreed to a very great extent with the statement that the affirmative action has assisted women to effectively participate in decision making at the household level. The results show that most of the respondents agreed to a large extent that they had been trained. This implies that most women have not been trained on resource mobilization which is very important in enhancing the ability to make appropriate decisions at the household level.

4.5.2 Effect of microfinance programs on participation of women in house hold decision making process

Most of the respondents agreed that women can access credit through microfinance programs and the effect it has had on their empowered to make good household decisions. This implies that access to microfinance credit facilities empowers women to effectively participate in making household decisions. Most of the respondents agreed that there are various avenues women can get credit, a how it has assisted theme to enhance financial ability. This implies that when women have avenues through which they

can access credit from microfinance institutions it helps them to effectively participate in decision making at the household level. The results agree with [29] who examined whether the South African government and its corporate organizations have been successful in employing women as professional equals by utilizing them fully in senior and top management positions after equal opportunity and affirmative action legislation was introduced by the democratic government the study found out that microfinance services act as a key fulcrum to women entrepreneurs' economic empowerment.

Most of the respondents agreed that women are able to generate their own income through assistance from the various credit facility programs. This shows that the ability of women to participate in household decision making process depends on their ability to effectively generate their own income by being assisted with credit facilities from microfinance programs. Most of the respondents agreed that having financial literacy has empowered women to make appropriate decisions at the household level. This clearly shows that financial literacy plays an important role in the empowerment of women it has played a role in enhancing their participation in effective household decision making. The study converges with Al-Shami [30] examined whether the access to credit affects several aspects of empowerment in urban Malaysia and the result showed that the access to microcredit affects positively women’s monthly income.

The findings indicated that most of the respondents improved business performance of MSEs owned by rural women entrepreneurs has had an effect on their ability to effectively participate in household decision making. This implies that through microfinance programs, the women are able to improve the performance of their MSEs and this has had an effect on their participation in household decision making process.

4.5.3 The extent to which health care programs affects the participation of women in household decision making processes

Most of the respondents agreed that health care programs for women have assisted them to improve their health care decision at the household. This implies that women who have attended or have access to health care programs are in a better position to effectively participate in household decision making process than those who have not accessed the health care programs. Also, most of the respondents agreed that women have improved their personal health since they attended health care programs. This shows that when women participate in health care programs, they are more informed and hence stand a better position to effectively participate in household decision especially concerning health care. This study agrees with [31], women’s power relative to that of their husbands in 23 Sub-Saharan African countries to determine how it affects women’s health, reproductive outcomes, children’s health and children’s education. The results show the conceptual and analytical value of intra-household contention



over decision-making and expand the breadth of evidence on the importance of women's power for economic development.

Most of the respondents agreed that the decisions women make on maternal and child health has been improved after attending the health care programs. This implies that women who participate in various health care programs are in better position to make appropriate decision regarding to maternal and child health care as compared to women who have no access to these programs.

Most of the respondents indicated that women are well informed about bio-security since they attended health care programs. This implies that women decision making process has improved following their participation in various health related programs such as bio security through which they gain much knowledge on issues of health. Most of the respondents indicated that women had undertaken effective reproductive health programs have been able to make very appropriate decisions at the family level, this implies that women who have by any chance participated in health care programs have a better chance of participating in household decision making regarding health. This study agrees with Agatha, [32] describes women's strength from the point of their weakness to different sorts of abuse. He conceives that it is important to enable ladies socially so by splitting them from male control and claim uniformity with them. Health is another essential factor for accomplishing complete advancement of people.

Conclusions

The focus of the study was to evaluate how women's empowerment initiatives affected their participation in household decision-making. By giving them access to crucial knowledge and information, it was discovered that capacity-building programs greatly enhanced the involvement of women in decision-making. In the exact same way, microfinance lending programs increased women's income and opened doors to employment, giving them more influence over home decisions and contributing to women's empowerment. Health programs were also found to be essential for enabling women to successfully engage in decisions pertaining to their health. Generally, the study found that by providing women with the tools and information they need, programs that promote women's empowerment (such as capacity building, financial access, and health initiatives) help elevate the participation of women in household decision-making.

Competing Interest

The authors have no competing interests to declare that are relevant to the context of this article.

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Data Availability Statement

All the data used in this work are within the manuscript and any supplementary files provided. Any further data will be provided upon request.

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