# INFLUENCE OF WOMEN EMPOWERMENT PROGRAMMES ON HOUSEHOLD DECISION MAKING IN NAROK NORTH SUB COUNTY, NAROK COUNTY, KENYA.

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A Thesis Submitted to the School of Arts, Humanities, Social Sciences and Creative Industries in Fulfillment for the Conferment of Masters Degree of Social Work of Massai Mara University

OCTOBER 2024

#### **DECLARATION AND APPROVAL**

#### **Declaration by the student**

This is to declare that this thesis is my work and to the best of my knowledge it has not been previously presented for award of a degree in this or any other university.

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#### **DEDICATION**

I dedicate this work to my beloved husband Jonathan Lekina, for his financial and moral support.

I also dedicate the work to my children Promise Naserian, Ephraim Mirishoi and Alphas Lekishon for their moral support throughout the entire period of this research work.

#### **ACKNOWLEDGMENTS**

I thank God for his providence during the entire period in preparing this thesis. I wish to acknowledge my supervisors Dr. Lemein Zeddy and Dr. Misati Joseph Akuma who offered valuable academic guidance towards the writing of this thesis. I also acknowledge School of Arts, Humanities, Social Sciences and Creative Industries for the immense support towards the writing of this thesis. Last but not least, I thank Maasai Mara University for providing me with an opportunity to pursue my studies. Finally, I acknowledge the input from my classmates for the great discussions we held in coming up with research.

#### **ABSTRACT**

According to the World Bank research, women's empowerment is the improvement of their ability to make formerly restricted strategic life choices. Notwithstanding progress, women's involvement in decision-making—especially in pastoralist cultures and underdeveloped countries—remarks on still remain under close scrutiny. The impact of women's empowerment projects on household decision-making in Narok North Sub-County is investigated in this paper. The aim is to assess how programs in health care, microfinance, and capacity building affect women's involvement in household decisions. Descriptive survey methodology combined with systems theory and feminist philosophy forms the foundation of the research. From 59,996 houses in Narok North Sub-County, a sample of 382 respondents was acquired using cluster, simple random, and purposive selection methods. While secondary data were obtained via document analysis, primary data were collected using questionnaires and interviews. Population parameters were estimated by means of statistical package for social sciences (SPSS) version 27 evaluation of quantitative data. The results show that women's family decision-making is much influenced by all evaluated variables: microfinance programs, health care projects, and capacity development. Descriptive data, tables, and charts displaying the results of the research highlight how well these initiatives help women participate in family decisions. The results of this research are significant: it shows the effectiveness of empowerment programs and the importance of providing women with better possibilities for capacity-building. This may inspire women's more active involvement in decision-making procedures. The government should improve capacity-building initiatives to empower women with the knowledge and tools necessary for effective home decision-making.

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#### LIST OF ABBREVIATIONS AND ACRONYMS

**CEDAW** Convention on the Elimination of all Forms of Discrimination against

Women

HIV/AIDS Human immunodeficiency virus (HIV)

**ICPD** International Conference on Population and Development

**IPPG** Inter Parties Parliamentary Group

**IWTT** Independent Women Training Team

LMICs Low and middle-income countries

MDGs Millennium Development Goals

NACOSTI National Commission for Science Technology and Innovation

**PHCs** Primary Health Centers

SHGs Self-Help Groups

SPSS Statistical Package for Social Sciences

**UN** United Nation

UNDESA United Nations Department of Economic and Social Affairs

**UNO** United Nations' Organization

USA United States of America

WHO World Health Organization

#### **CHAPTER ONE**

#### **INTRODUCTION**

#### 1.0 Chapter Overview

This chapter summarizes research on the impact of women's empowerment efforts on family decision-making. It comprises the following components: the issue statement, research objectives, study questions, significance of the research, and research scope.why

#### 1.1 Background of the Study

Among some pastoralist communities, gender inequality is a long-standing issue; one such community is the Maasai of Narok County, Kenya. In these regions, women often do not have a voice in important family decisions because of a mix of factors including low literacy rates, limited economic opportunities, and long-established cultural norms that value male dominance (Anthony, 2019). Women in these settings face barriers that prevent them from fully participating in decisions that affect their families and lives, even if they make significant contributions to the household and community.

Microfinance programs, educational opportunities, and other forms of women's empowerment have been shown to increase women's economic standing and participation in decision-making (Kratzer & Kato, 2013; Ahmed & Wasim, 2017). Women are more likely to have a voice in major family decisions when they are financially included and have access to education, according to research (Peprah et al., 2019).

A research conducted by the World Bank in 2019 provides a definition of women's empowerment as the process of empowering women to make strategic life choices in situations where they were previously limited in this ability (Kabeer, 2020). In order to achieve equality, progress, and peace in all areas of society, Ali and Hatta (2012) define women's empowerment as women's participation in decision-making processes and their acquisition of power. Therefore, women's empowerment may be characterized as the capacity for women to take charge of their own lives, including their finances, employment prospects, possessions, and choices.

The emancipation of women is not limited to certain groups; it is clear that although women in affluent countries have equality, this is not the case in developing nations on a global basis. Gender roles have traditionally been reserved for males, and women have frequently been expected to play secondary responsibilities in society. We are able to see this disparity because of our education. When men and women have equal opportunities, gender equality is achieved, according to academics and professionals (Juru, 2015).

According to Akhter et al. (2018), the Women's Liberation Movement was a visible effort by American women who recognized the gender gap in society and fought for equal rights. The UNO's Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) was a response to this injustice; it led to the establishment of the Women's Commission. Comprehensive social and economic development is aided by ensuring that women have equal access to economic and financial resources, as stated by the United Nations Department of Economic and Social Affairs (UNDESA, 2015). This is shown by the fact that poverty is reduced, children's wellbeing is improved, and family efficiency is increased.

Even while there isn't a huge gender gap, women still have less power on a global scale. Worldwide, women produce half of the food we eat, yet they only earn 10% of the income and possess 1% of the property (Akhter et al., 2018). The prevailing view in mainstream economics is that all socioeconomic strata have an equal share of economic opportunities and outcomes. Up to 70% of the world's poor are women, according to estimates (Ahmed & Wasim, 2017).

Bruhn and Love (2013) found that women's empowerment has a positive impact on business ownership, income, and employment in industrialized countries like Mexico and the United States. According to Robinson (2013), most microfinance programs help women with food, education, debt repayment, and healthcare, among other practical gender issues. Increased consumption and a stronger economy have been the outcomes of empowerment programs in India, which have helped alleviate poverty and ensure food security via increased investment (Brannen & Bennett, 2020).

Among Zambian women who participated in a microcredit program, Ahmed and Wasim (2017) found that poverty levels dropped. Despite the fact that the program

wasn't designed to help the poorest business owners, one-third of the consumers were living below the poverty line. Microfinance groups' financial assistance has improved women's lives in Ghana by increasing their income, access to healthcare, and educational opportunities, according to study by Akudugu et al. (2020). The empowerment programs in Ghana greatly improved the lives of women, according to Peprah et al. (2019). Be that as it may, most of these research have failed to prove how empowerment initiatives increase women's voice in policymaking.

According to Kratzer and Kato (2013), women in some African countries, such as Tanzania, Rwanda, Uganda, and Kenya, do not have the means to get loans since they do not have the necessary assets or enough education to serve as collateral. As a result, people are assumed to be incapable of properly carrying out their duties. On the other hand, Ahmed and Wasim (2017) found that microfinance and other empowerment programs had little impact on women's empowerment in Uganda.

Despite advancements, some Kenyans still see women as second class citizens whose primary role is to care for children. This has not stopped Kenyan women from fighting for social acceptance. The Maasai of Kenya are one group whose traditional rules permit child marriage at a young age, which causes girls to drop out of school so that their family may reap the financial rewards (UN, 2019). Despite Kenya's best efforts, females still don't have the same educational opportunities as boys (Fennell & Arnot, 2017). The two-thirds gender rule measure was almost passed into law in 2010, but its passage was delayed due to the anger of the majority-male MPs. There have been substantial roadblocks in parliament for most bills that would help women. Similarly, nothing has changed in Narok. According to Anthony's (2019) findings, property ownership and school enrollment choices are made by men within the Maasai tribe. This study is warranted because more investigation into how women's empowerment affects their participation in household decision-making is required.

Few studies have specifically examined how women's empowerment programs have affected household decision-making among Narok's Maasai women, despite evidence demonstrating the benefits of such programs generally. The unique challenges faced by women in pastoralist communities, where economic conditions and cultural norms might differ greatly from other places, are often overlooked in the existing study (UN, 2019).

Within Narok North Sub-County, this study will look at how empowerment programs for women have affected family decision-making. The goal of this study is to provide light on how these programs might be adapted to better support women in pastoralist communities so that they are more involved in family decision-making.

#### 1.2 Statement of the Problem

Gender inequality is well ingrained and visible in the pastoralist culture of the Maasai people. As a result of low literacy rates, limited public involvement, and a lack of access to cattle—the primary economic asset—women face significant challenges. Their participation in home decision-making is greatly reduced by these limitations. Efforts to achieve gender parity have not prevented women from being mostly excluded from major political, social, and economic decision-making processes. More and more, people are starting to see that giving women greater agency could raise their standing and make it easier for them to have a say in important decisions.

Many programs aimed at empowering women have been studied; they include healthcare initiatives, capacity-building initiatives, and microfinance initiatives. The goal is to increase women's voice in household decision-making. The effectiveness of these activities in Narok North Sub-County is still not fully understood, however. The cultural, economic, and social facets of this field are diverse, and existing research provides little insights into them. By looking at how these programs have affected women's participation in family decision-making on an individual and communal level, this research hopes to fill these gaps. Education and training, as Kabeer (2005) found, may give women more control over their lives and the decisions that affect them. However, rural patriarchal societies like Narok North Sub-County are often understudied in these types of research. Microfinance, according to Pitt, Khandker, and Cartwright (2006), could provide women more leverage in negotiations. However, this connection is complex; in many contexts, increased financial obligations may reinforce

preexisting gender norms instead of challenging them. A more active role in making decisions at home may be related with better health, according to Sen and Batliwala (2000). However, the broader implications for decision-making power are often overlooked in favor of health outcomes in these investigations. Within Narok North Sub-County, this research aims to investigate how healthcare, microfinance, and capacity-building programs have affected women's participation in household decision-making. The study will provide light on how these programs may be tailored to effectively empower women in this particular socio-cultural setting, leading to more fair family decision-making.

#### 1.3 Objectives of the study

#### 1.3.1 General objective of the Study

The primary aim of the research was to determine the impact of women empowerment initiatives on household decision-making in Narok North Sub County, Narok County, Kenya.

#### 1.3.2 Specific Objectives

The study sought to address the following specific objectives;

- i. To assess the influence of capacity building programs on the participation of women in household decision making processes in Narok North Sub County Narok county, Kenya.
- ii. To assess the extent to which microfinance programs influence the participation of women in household decision making processes in Narok North Sub County Narok County, Kenya.
- iii. To assess the extent to which health care programs affects the participation of women in household decision making processes in Narok North Sub –County Narok county, Kenya.

#### 1.4 Research Questions

The study sought to answer the following research questions;

- i. What is the effects of capacity building programs on the participation of women in household decision making processes Narok North sub-county Narok county Kenya?
- ii. How do microfinance programs affect the participation of women in the household decision making process Narok North sub-county Narok County Kenya?
- iii. How do health care programs affect the participation of women in the household decision making processes in Narok North Sub-County Narok County, Kenya?

#### 1.5 Justification of the Study

The findings have the potential to inspire more women to seek positions of power, which might reinvigorate efforts to achieve gender parity and include community development into overall goals.

Given that they provide light on women's roles in community decision-making and suggest policy domains for action to improve the current gender discourse, the study's findings will be vital for legislators.

The research will help academics by filling a knowledge vacuum on women's empowerment programs and by offering insights that can be used to community development initiatives. Additionally, other researchers might shift their focus to other aspects as they do their examinations.

#### 1.6 Limitations & Delimitations of the Study

The limitations of the study included;

- i. The respondents were located far from each other making it expensive and time-consuming reaching them. The researcher had to hire Taxis to reach the respondents at the study area to collect data
- ii. Language barrier was a limitation since some respondents had a command of their first language which interviewing research assistants could not understand, thus requiring the services of interpreters who were assistant chiefs or village elders.
- iii. Another limitation was that since data collection was done at the household level, it was difficult to gain access to the targeted respondents during day time. This compelled the research assistants to wait until 6.00 pm or engage them early in the morning

#### 1.7 Scope of the Study

The research focused on women from various homes in Narok North Sub-County. The research focused on the determinants affecting women's empowerment via several initiatives, including microfinance, healthcare, and capacity-building programs.

The sub-county was deemed a suitable site for the research due to its diverse demographic characteristics.

#### 1.8 Assumptions of the Study

- 1. This study assumed that capacity-building programs targeting women influence their involvement in household decision-making processes.
- 2. It also posited that microfinance programs, which empower women financially, impact their participation in household decision-making.
- **3.** Additionally, the study presumed that healthcare programs focused on women affect their role in household decision-making processes.

# **1.9 Operational Definition of Terms**

Term	Operational Definition
Decision making	This refers to: reproductive, economic and socio- cultural issues.
Empowerment	In this study, empowerment refers to how women are equipped in terms of education, economics, and healthcare
Households	According to the study, this is the number of people dwelling in the same house
Pastoral community	Refers to livelihood which depends on livestock rearing
Women	In this study, women are referring to (females) aged 18 years old and above who responded to the questionnaires
Empowerment	Initiatives designed to enhance the social, economic,
programmes	and political power of women, enabling them to have greater influence in household decision-making.
Capacity building	Training and educational programs aimed at enhancing
programmes	women's skills, knowledge, and confidence, enabling
	them to contribute more effectively to household
7.50	decision-making.
Microfinance programmes	Financial services, including loans, savings, and credit,
	provided to women to improve their economic status and enhance their influence in household financial
	decisions.
Health care programmes	Initiatives aimed at improving the health and well-
	being of women, thereby empowering them to take a
	more active role in household decision-making.

#### **CHAPTER TWO**

#### LITERATURE REVIEW

#### 2.1 Introduction

Women from different households in Narok North Sub-County were the primary subjects of the study. The factors that influence women's empowerment via various programs, such as healthcare, microfinance, and capacity-building efforts, were the primary focus of the study. The investigation was conducted in the sub-county because of its various demographic features.

#### 2.2 The Concepts of Women Empowerment

Gender disparity, according to Kabeer (2020), is a major roadblock for developing countries to reach the SDGs. The effects of gender inequality and women's empowerment on poverty reduction and economic growth have been studied by many specialists. Morrison, Raju, and Sinha (2017) showed that reducing poverty and increasing productivity at the individual and family levels were outcomes of empowering women's rights and decision-making power within households. Both agency and access to resources are necessary for empowerment, according to Akundu et al. (2020). Intangible and tangible assets are also considered resources. Financial and material assets are examples of tangible resources, while knowledge, skills, talents, and participation in social and political activities are examples of intangible resources. According to Alemu et al. (2018), women face several obstacles when trying to get access to formal sector credit, including educational possibilities, employment, and health care. This is all because large collateral is often required. Society cannot grow without women's participation, and women's empowerment is seen as a crucial tool for development, especially in developing countries, to fight poverty among women.

The capacity to make decisions, according to Ul-Hameed et al. (2018), depends on a person's capability set, which includes their personal traits and social systems. Empowerment, he says, is associated with maturation on the inside. Empowerment, they argue, is the act of removing barriers to people's ability to make deliberate decisions about their lives, building on the idea put forward in the previous definitions. The idea of women's empowerment is difficult to measure since it is

intangible and not easily seen. Further, it is a complex issue with several dimensions and evaluation criteria. as a result of certain female traits Increasing one's degree of autonomy is a common definition of empowerment.

In his definition of empowerment, Jahan (2016) highlighted three key elements: the capacity to make informed judgments, the ability to make strategic life choices as representations of human agency, and the idea of a process or change from a state of disempowerment. As Pratley (2016) puts it, "the augmentation of assets and capabilities of impoverished individuals to engage in, negotiate with, influence, control, and hold accountable the institutions that impact their lives" is how institutional empowerment is defined. Because they lack power over numerous institutions, both formal and informal, low-income people have little autonomy and agency to affect their own well-being.

As a surrogate for agency, Kulb et al. (2016) measured health literacy and knowledge. Mobility, economic stability, the ability to make large and minor purchases, participation in critical family decisions, relative autonomy from familial supervision, comprehension of politics and the law, and involvement in political activities were some of the criteria used to build the empowerment Matrix. When it comes to measuring women's empowerment, there are four different approaches. The primary goal is to evaluate the factors that are thought to empower women, which includes paid employment. It is more accurate to evaluate the outcomes that women's empowerment seeks to achieve; this method is incorrect since empowerment drivers do not always empower women. Thirdly, observational studies may be used to evaluate empowerment. Surveying people to gauge their level of empowerment along many dimensions is the fourth approach (Ul-Hameed et al., 2018).

The importance of empowering women via programs that promote economic, social, and political equity, as well as basic health care, education, nutrition, and self-help groups (SHGs) has been more widely recognized during the last 30 years. It is a disturbing reality that no country has managed to stop the expanding gender gap, even though there has been a heightened awareness of gender issues on a worldwide scale. Misallocation of human resources and diminished development competitiveness result from countries that do not use half of their people (Akram, 2018; Zahidi, 2005). In rural areas, women play a vital role as change agents. When women join self-help organizations, they are allowed to have a voice in group decisions. Their participation

in SHGs has been effective in changing their way of life in terms of financial success and embracing new technology (Singh, 2009; Bansal & Singh, 2019).

In Thailand, Alemu et al. (2018) found that when women had more education, they invested more in agriculture, had higher incomes, and increased their consumption, all of which contributed to higher communal wages. There is a lot of evidence from real-world studies that shows how empowering women and including them in decision-making processes reduces poverty for women and their families.

According to Addisu (2016), traditional economic research assumes that gender is only one of many social variables that determines one's economic possibilities and outcomes. But this is not true; patriarchy, machismo, gender discrimination, and injustice are just a few of the things that stand in the way of equality-oriented outcomes, which in turn limit the advancement of women's empowerment, capacity building, and entrepreneurship. while compared to males, women hold a far smaller percentage of the economy's assets, have less protections as consumers, have more obstacles while trying to advance economically, and lag far behind in political and social arenas.

Empowering women in Bangladesh has improved their living circumstances by increasing their role in decision-making, according to Demirguc et al. (2017). He found that yearly poverty reduction was 1.6% among low-income women who participated in empowerment programs, and 2.2% among those whose poverty was extremely severe. He also noted that there was a yearly decline of 1.0% in moderate poverty and 1.3% in severe poverty among those who were not customers. Within the African setting, research by Addisu (2016) and Muthoni and Riro (2017) found that rural women's socioeconomic problems were the primary focus of empowerment initiatives in Ethiopia. The study's author zeroed focused on three main points about women's empowerment: their ability to earn and save money, the extent to which they are able to build assets, and the effect on their voice in policymaking. Women who participated in the empowerment workshops were also better able to stand up to domestic violence, get respect from others, and have a voice in community decisions, according to the research.

In 2018, the Kenyan government released its gender policy to help achieve gender equality and empower women. This came after the country became a signatory to the Sustainable Development Goals. The government of Kenya recognizes that women

have played a crucial role in the country's economic and general development. In the informal economy, women play a crucial role in driving progress, especially in the realm of trade (Fwamba et al., 2015).

#### 2.3Empirical review of Literature

Various fields of study, such as sociology, philosophy, psychology, contextual literary studies, and the history of reading, make up the empirical framework. In addition, the empirical framework is a method for inductive reasoning that involves searching and using data sources that include small linked groups of people's actual names (Holosko, 2006).

#### 2.3.1 Capacity Building Programs and Women Participation in Decision Making

Mohanty et al. (2013) performed study on the impact of married women's education on their decision-making authority inside nuclear family households in New York. The research contrasted women cohabiting with their spouses to those cohabiting with both their husbands and parents-in-law. The research used marginal structural models to tackle the issue that certain traits influencing women of lower power to dwell with their parents-in-law may be endogenous to women's education. In nuclear families, women with elevated educational attainment are more likely to possess the ultimate authority in home decision-making. In multigenerational families, when women reside with their parents-in-law, a greater educational attainment among women does not correlate with an enhancement in their decision-making authority. The present research will be executed in Kenya and will use descriptive statistics. Oyelude and Bamigbola (2013) performed a research on access to information (ATI) as a strategy to empower women, enhancing their socioeconomic level to enable them to manage and contribute effectively during the economic crisis in Nigeria. The researcher sought to determine how workshops, diverse programs/services of libraries, resource centres, and NGOs address the socio-economic and political information requirements of women. The case study research technique was used, and data were collected from women (users) as well as management and staff of the NGO centres using questionnaires and interviews, while qualitative data obtained were documented. The NGOs were found to be gradually and consistently advancing in teaching women and raising awareness via workshops, therefore enabling them to engage in decision-making.

Mohanty et al. (2013) performed a research examining the decision-making and capacity-building of rural women in Odisha via their involvement in Self Help Groups and microenterprises. The study was conducted in the Banki and Tigiria blocks of Cuttack District, Odisha, India. Field data were gathered by surveys, interviews, and focus group discussions with rural women, considering their employment patterns, socio-economic status, family history, educational attainment, and family size. Statistical analyses, including percentages, averages, means, standard deviations, and Chi-square tests, were used to derive significant interpretations from the obtained data. The findings indicate that the spectrum of economic activities conducted by microenterprises enabled rural women in Odisha to generate their own income. The economic decision-making has improved due to the mobilization of women in organized collectives such as Self-Help Groups (SHGs) and their involvement in microenterprises. The empowerment of women to save money and allocate funds for personal needs without fear is commendable.

Mathur (2015). Investigated the effectiveness of the South African government and corporate entities in integrating women as professional equals in senior and top management roles following the implementation of equal opportunity and affirmative action legislation by the democratic government. This is a descriptive and theoretical article that utilizes secondary data from prior research for comparative analysis in debates and exams. The study determined that attaining senior positions remains rare for women in South Africa, as the corporate landscape is not adequately prepared to recognize women as professional equals, leading to government legislation and policies that hinder rather than promote women's growth and advancement. The present research will take place in Kenya and will use questionnaires and interviews as methods for data gathering.

Fwamba et al. (2015) conducted a research on the impact of microfinance on the economic empowerment of women entrepreneurs in emerging nations, including Kenya. A descriptive study approach was used to evaluate the correlation between women's economic empowerment and the services provided by microfinance institutions. The target demographic included female entrepreneurs in Micro Finance Institutions (MFIs) located in Kakamega Central Business District. Simple random chance selection was used to pick ten (10) microfinance institutions (MFIs), from which four (4) active women entrepreneurs were chosen from each MFI, resulting in a

total of forty (40) respondents. Their investigation included both primary and secondary data. The investigation revealed that microfinance services serve as a crucial catalyst for the economic empowerment of women entrepreneurs. The findings were corroborated using a linear regression analysis (SPSS version 22). This research examined the impact of women's empowerment initiatives on household decision-making in Narok North Sub-County, Narok County, Kenya. It will use cluster sampling and basic random sampling, using SPSS version 28.

Mark et al. (2019) evaluated the impact of Village Saving and Loan Associations on the economic empowerment of women in Terekeka County, South Sudan. The primary goals were to assess the empowerment of women via Village Saving and Loan Associations in relation to increased business revenue, the decision-making processes at both family and community levels, asset ownership at the household level, and the identification of gaps. The total population of the Village Saving and Loan Association was 1,500 individuals, with 300 respondents selected for the research study. Questionnaires, focus group discussions, and key informant interviews were used. The Statistical Package for the Social Sciences was used for data analysis. The findings revealed that 93.9 percent of the women increased their business revenue, 97.6 percent had enhanced decision-making at both home and community levels, and 99.3 percent possessed assets, either independently or jointly with their husbands. In contrast to this research, which used focus group discussions, the present study will employ both key informant interviews and questionnaires for data collection. The research will be undertaken in Kenya, in contrast to the previous study conducted in Sudan.

Kabir (2018) researched women's management talents and their impact on the decision-making process. The study concentrated on analysis via the integration of feminist research methodologies, including participant field observation, key informant interviews, focus group discussions, and case studies of women's life histories. The results indicated that the majority of women were dominated by their husbands and acted just as proxies. Women's voices in governance have been mostly inaudible owing to their under-representation and lack of engagement in decision-making institutional systems. In governance, women continue to have restricted and inadequate access to resources, public discourse, and political decision-making

processes.

Kabeer, N. (2005). Performed an analysis on gender equality and women's empowerment: A critical examination of the third Millennium Development Goal. The research examined several capacity-building programs designed to enhance women's agency. The research used a literature review and case studies from various areas. The research indicated that educational and training programs substantially empower women, improving their involvement in home and community decision-making. The Current Research: Establishes a theoretical framework for comprehending the influence of capacity-building on women's decision-making. Provides insights into empowering processes but lacks region-specific data about rural and traditional communities.

Akinyemi, S., & Chike, A. (2017). A study was conducted on empowering women via education and training, focusing on evidence from rural communities in Nigeria. The research assessed the influence of education and training programs on women's decision-making in rural Nigeria. The research used a quantitative survey including pre- and post-program evaluations. The findings demonstrated that educational programs enhanced women's confidence and participation in communal decision-making. This research is crucial for comprehending the impacts of education-focused capacity-building in a rural setting. Nevertheless, it emphasized beneficial effects but fails to examine long-term durability or cultural subtleties.

Sharma, M., & Kumar, R. (2018) performed research on capacity-building interventions and women's empowerment in South Asia. The research examined capacity-building projects across South Asia. A systematic review of diverse intervention trials was conducted. The findings revealed varied outcomes, with effective programs being customized to local situations. This study offers a comparative analysis of capacity-building in South Asia, pertinent for investigating analogous processes in Narok North Sub-County. Their research recognizes the need for localized strategies but fails to specifically address pastoralist groups.

Kuhlman, T., & Kershner, D. (2019). Executed a research on capacity-building and women's involvement in decision-making. A case study from Kenya analyzed capacity-building activities in the region. The research used a case study technique,

including interviews and focus groups. The findings demonstrated that programs enhanced women's involvement in local government, but with varying degrees of effectiveness across various locations. This study connects with the current research by providing insights into the Kenyan background, while not directly pertaining to Narok North Sub-County. The research provides contextual insight but lacks a comprehensive investigation of pastoralist environments.

Lewis & Robinson (2021) examined the influence of educational programs on women's empowerment in conventional Ethiopian civilizations using quantitative data analysis. Their results demonstrated that education enhanced women's participation in home and communal decision-making. This study's emphasis on traditional settings offers significant insights for comprehending analogous processes in Narok North Sub-County. Nevertheless, it does not prioritize integrated empowerment initiatives, a deficiency that the present research aims to address.

Patel and Singh (2016) assessed skill development initiatives in India using a cross-sectional survey. Their findings indicated that such programs substantially improved women's decision-making authority inside homes. This research provides insights into the impact of skill development on decision-making, relevant to capacity-building initiatives. The present study will expand upon this by examining cultural adaptations and long-term effects, which were inadequately addressed by Patel and Singh.

Adamu and Yusuf (2018) Adamu and Yusuf evaluated the influence of microfinance on women's economic empowerment in West Africa by quantitative analysis of financial and social metrics. They observed enhanced pecuniary autonomy, although inconsistent impacts on decision-making authority. This research provides a basis for comprehending the financial dimension of empowerment initiatives. This project will investigate the interaction between microfinance and other empowerment techniques, therefore addressing the deficiencies in integrated approaches.

Osei and Owusu (2017) assessed the impact of microfinance on women's household decision-making in Ghana via empirical survey data. Their findings demonstrated that whereas microfinance enhanced financial decision-making authority, its impact on wider household choices was inconsistent. The information from this research about

financial empowerment is pertinent for the analysis of microfinance in Narok North Sub-County. This research seeks to address the observed gaps in cultural and long-term impacts.

Clarke and Thomas (2019) performed a systematic evaluation of the influence of healthcare programs on women's empowerment. Their extensive literature review and meta-analysis shown that healthcare programs may augment women's decision-making authority by improving health outcomes. This research offers a paradigm for comprehending the function of health treatments in decision-making. Nonetheless, it is deficient in comprehensive cultural context analysis, which the current study will rectify.

Garcia & Thomas (2018) conducted an analysis of integrated healthcare and economic empowerment initiatives in Africa via a case study methodology. They discovered that integrated programs favourably influenced both health and economic empowerment, hence improving decision-making roles. This research is crucial for comprehending how integrated programs may affect women's responsibilities. This study will concentrate on particular geographical settings, such as Narok North Sub-County, while examining the wider relevance of these results.

Osei-Tutu and Mensah (2021) examined the influence of capacity-building on women's leadership in rural Ghana with a mixed-methods approach, including surveys and interviews. Their research indicated that capacity-building initiatives enhanced women's leadership and decision-making within communities. This research offers a framework for evaluating leadership effects; however, it does not specifically address household decision-making, a deficiency that the current study seeks to rectify.

Ekong and Bassey (2019) Ekong and Bassey evaluated the impact of educational and capacity-building initiatives on women's decision-making in Nigeria using empirical research, including surveys and focus groups. Their findings indicated that these programs improved women's decision-making authority in several areas. This research provides comparison data pertinent to Narok North Sub-County. This research will further investigate integrated empowerment strategies and particular cultural barriers not examined in this study.

#### 2.3.2 Women Credit Programs and Women Participation in Decision Making

Al-Shami (2018) investigated the impact of credit availability on several dimensions of empowerment in metropolitan Malaysia. A cross-sectional survey was administered to 474 existing and prospective customers to investigate the impact of microcredit on women's empowerment in decision-making and resource management. The results of the propensity score matching indicated that access to microcredit favourably influences women's monthly income. Moreover, microcredit empowers female borrowers in several family decision-making areas, including mobility, daily expenditures, children's education, health expenditures, and loan management choices.

Banerjee et al. (2020) undertook a research to identify the factors of women's empowerment, assessed via household decision-making, within the context of a developing economy, specifically focusing on rural women in India. The data indicate that empowering women via investing in their education and health positively impacts economic development. Approximately 70% of the Indian population lives in rural regions. Educated and empowered women in these regions may contribute to economic progress, either directly or indirectly, by enhancing the health and education of future generations. The study demonstrated that an employed woman with an independent income, elevated educational attainment, awareness of legal rights, a mother with a higher educational level, ownership of property, greater mobility during her schooling, high self-esteem, and a relatively affluent background enhances her domestic decision-making power and, consequently, her empowerment. Several potential policies are proposed for emerging economies.

The involvement of women in productive endeavours is essential for improving the family's economic standing and for the comprehensive empowerment of women. This research examines the impact of micro-credit programs on women's empowerment from the viewpoints of the credit recipients. The research emphasizes the impact of impoverished women in transforming their lifestyles by engaging in small-scale business ventures facilitated by loans provided by a non-profit organization via the Micro-credit Program. The research used a qualitative methodology. This study's

primary results indicated that women's involvement in micro-credit programs facilitates the enhancement of women's empowerment, namely in the economic and social aspects. The targeted women achieved economic empowerment via independent income, contributing to family expenditures and funding their children's education; but, they were unable to save to advance their micro-small enterprises. The results suggested that micro-credit enhanced women's social networks, mobility, and negotiating power in relation to their spouses. The results have significance for policies and actions aimed at boosting creative methods for microbusiness programs.

Diiro (2018) reported a favourable correlation between maize production in western Kenya and the empowerment of women in agriculture. He Utilized a cross-sectional instrumental-variable regression approach on a dataset of 707 maize farm families from western Kenya, the research determined that women's empowerment in agriculture significantly enhances maize production. The findings indicated that both female- and male-managed plots exhibit substantial enhancements in production when the women overseeing them are empowered. The data indicate that women's empowerment not only diminishes the gender disparity in agricultural production but also enhances productivity especially in farms operated by women.

Rehman, H., Moazzam, D. A., & Ansari, N. (2020). Analyzed the impact of microfinance on women's empowerment. The researcher used a qualitative technique and case study methodology for comprehensive examination. Microfinance has been acknowledged to effect improvements in women's life, including home conditions, family well-being, and social position. Women have a greater propensity for altruism and allocate the majority of their money to their family. The current research may be enhanced by integrating other variables and augmenting the sample size to get more substantial findings.

The research conducted by Murshid (2018) utilizes bargaining theory to investigate the impact of microfinance—comprising various financial instruments like microloans aimed at supporting micro-enterprises—on women's involvement in household decision-making. This is operationalized by assessing women's roles in decisions regarding significant purchases, minor purchases, social engagements, and healthcare within a nationally representative sample of 6,150 women aged 15 to 49 in

Bangladesh. Bargaining theory posits that household decision-making is inherently conflictual; yet, such conflict may be alleviated via negotiation. The negotiating power of women is fundamentally linked to their control over resources, supposing that family decision-making include economic choices. Logistic regression analysis was used to examine the interaction impact of microfinance and resource control on household decision-making capacity, employing data from the nationally representative Bangladesh Demographic and Health Survey 2011. Results indicated that microfinance participants possessing control over resources exhibited greater odds of decision-making power (OR = 4.3, p < 0.05) compared to those lacking such control (OR = 1.22, p < 0.05), yet lower than women who did not engage in microfinance but had control over resources (OR = 5.2; p < 0.05). In conclusion, resource control significantly influences bargaining power, enhancing the likelihood of decision-making authority inside the family, even for women who do not engage in microfinance.

Bansal and Singh (2020) assert that microfinance serves as a mechanism for poverty alleviation. It extends loans to a certain segment of society that is excluded from the conventional financial system. Data were gathered using a structured questionnaire and purposive sampling was used in their investigation. The participants were female beneficiaries of Microfinance Institutions in the National Capital Region. A total of 117 women were individually interviewed to get responses for the questionnaire. Microfinance facilitated the development of entrepreneurial skills among women by enabling them to get loans, which allowed them to establish their own microenterprises and sustain themselves and their families. Microfinance improved women's involvement in household decision-making. Consequently, after the acquisition of Microfinance, women exhibited enhanced social development and empowerment. This research will examine the contribution of microfinance to women's empowerment.

Nessa, Ali, and Abdul-Hakim (2012). Their article analyzed the influence of a microcredit program on women's empowerment across eight districts in the Rajshahi Division of Bangladesh. An aggregate indicator of empowerment was derived from five aspects of empowerment. The elements were economic decision-making, household decision-making, freedom of mobility, property ownership, and political

and social awareness. The cumulative measure of empowerment is regressed against the explanatory factors, including participation in the microcredit program and other control variables. We conduct regression analysis for each dimension of empowerment against the explanatory factors to investigate the influence of the microcredit program on each dimension of empowerment in more detail. The data indicate that involvement in the microcredit program is consistently important in elucidating the overall measure of empowerment, as well as each individual facet of empowerment. The findings of our research indicate that the empowerment of impoverished women in Bangladesh may be substantially enhanced by promoting their involvement in microcredit programs. This research will assess the influence of microfinance programs on women's decision-making empowerment in Kenya.

Kabeer (2021) did a research entitled "Microfinance and Gendered Power Dynamics in South Asia," examining women's credit programs in Bangladesh, India, and Nepal. The research focused on women in rural regions and used a mixed-method approach, including surveys and interviews, with a sample size of 1,500 participants. Kabeer observed that while microfinance programs have improved women's financial independence, they have not substantially altered power dynamics in family decision-making. This research highlights the enduring nature of cultural obstacles, in contrast to the current study, which emphasizes institutional and programmatic variables. The highlighted gap is the insufficient investigation into the design of credit programs that may effectively handle these power dynamics. This research will examine the particular program attributes that may affect decision-making roles.

Smith and Harper (2022) examined the "Impact of Digital Credit Programs on Women's Empowerment" in Southeast Asia, namely in Indonesia, Vietnam, and the Philippines. The research focused on female entrepreneurs and used a quantitative methodology with a sample size of 2,000 women. Their results indicated that digital credit programs have enhanced women's involvement in corporate choices, although have had little influence on home decision-making. This research differs from the current one, which emphasizes conventional credit schemes. The disparity exists due to an insufficient comprehension of the comparative effects of digital and conventional credit programs on decision-making. This research will address this gap by examining the effects of both program types on decision-making involvement.

#### Africa

Moyo and Dube (2020) investigated "Women's Access to Credit and Decision-Making Power in Southern Africa," concentrating on Zimbabwe and Zambia. The research focused on rural women involved in agriculture and used a qualitative research approach with a sample size of 300 participants. Their results indicated that access to credit has enhanced women's financial standing but has not substantially changed conventional decision-making dynamics within families. This research contrasts with the current study by prioritizing financial results above decision-making. The highlighted gap is the need for a more thorough examination of the direct impact of credit on decision-making authority. This research will concentrate primarily on this feature.

Adams and Ncube (2021) conducted a study on "Credit Programs and Women's Leadership in West Africa," focusing on Ghana and Nigeria. The research used a mixed-method approach, focusing on women in leadership roles, with a sample size of 400 participants. The study determined that while credit programs have enabled women to assume leadership positions, they have not significantly enhanced their impact on decision-making processes within the community. This differs from the present study's emphasis on household and community-level decision-making. The deficiency in Adams and Ncube's research is the absence of an examination of the customization of credit programs to augment decision-making authority across various levels. This research will examine these customizing options.

Kamau and Omondi (2020) did a research entitled "Women's Credit Programs and Decision-Making in Rural East Africa," concentrating on Kenya, Tanzania, and Uganda. The study focused on rural women and used a qualitative methodology with a sample size of 500 participants. The results demonstrated that while loan programs have given women economic options, their involvement in decision-making is still limited by cultural norms. This research contrasts with the current one, which seeks to investigate how institutional elements might improve decision-making. The highlighted gap is the need for further empirical information about the impact of credit programs in surmounting these cultural barriers. This research will provide such proof.

Njeri (2022) examined "The Role of Microcredit in Enhancing Women's Decision-Making in Kenya and Uganda," focusing on women in metropolitan regions. The research used a quantitative design with a sample of 600 women. The results indicated that microcredit significantly influences women's financial decision-making, but has a lesser effect on other household choices. This research emphasizes financial decision-making, in contrast to the wider scope of the present study. The deficiency exists in the insufficient examination of non-financial decision-making factors, which this research will rectify.

Mwangi and Wanjohi (2021) conducted a study titled "Women's Empowerment Through Credit Programs in Kenya," focusing on women in urban and rural settings. The research used a mixed-methods methodology including a sample of 700 women. Their results indicated that credit programs have financially empowered women, however have not substantially enhanced their involvement in family decision-making. This research emphasizes financial empowerment, whereas the present study will concentrate on participatory decision-making. The highlighted gap is the insufficient emphasis on how credit programs might affect decision-making beyond financial considerations. This research will address this gap by analyzing a broader spectrum of decision-making circumstances.

Ochieng (2023) did a research entitled "The Influence of Microfinance on Women's Participation in Decision-Making in Rural Kenya," concentrating on women in agricultural areas. The study used a qualitative design with a sample of 200 women. The results indicated that microfinance has had a restricted influence on women's decision-making roles, mostly owing to deep-seated cultural constraints. This research differentiates itself from the current one by highlighting cultural impediments instead of programmatic elements. The deficiency in Ochieng's research is the absence of an investigation about how credit programs might mitigate these cultural obstacles. This research will examine ways in credit programs to address these difficulties.

Wanjiku and Kariuki (2020) investigated "Barriers to Women's Participation in Decision-Making in Kenya's Microfinance Sector," focusing on women involved in microfinance initiatives in both urban and rural settings. The research used a quantitative design with a sample of 500 women. The results demonstrated that, despite access to microfinance, women's involvement in decision-making is still minimal, especially in rural regions. This research contrasts with the current one by emphasizing hurdles instead of solutions. The highlighted gap is the need for a more

profound investigation into how credit programs might surmount these obstacles, which this research will address.

Mutua (2021) examined "The Role of Credit Programs in Enhancing Women's Decision-Making in Kenyan Households," concentrating on women in peri-urban regions. The research used a mixed-methods approach with a sample size of 400 women. The results indicated that while loan programs have enhanced women's financial standing, their impact on household decision-making remained constrained. This research emphasizes financial consequences, in contrast to the current study's emphasis on participatory decision-making. The highlighted gap is the need for more research on the design of credit programs to improve decision-making roles, which this project will investigate.

Muthoni and Kimani (2022) conducted a study titled "Women's Empowerment and Decision-Making in Kenya: The Role of Microcredit," focusing on women in economically disadvantaged metropolitan regions. The research used a qualitative design including a sample of 300 women. The results indicated that microcredit positively influences women's financial independence, although it has not markedly improved their involvement in household decision-making. This research concentrates on financial empowerment, in contrast to the current study's concentration on decision-making. The highlighted gap is the need for a more thorough understanding of how credit programs might affect decision-making, which the present research will address.

Kariuki (2023) did a research entitled "Credit Programs and Women's Leadership in Rural Kenya," concentrating on women in leadership positions. The study used a mixed-methods approach with a sample size of 250 women. The results demonstrated that whereas credit programs have enabled women to attain leadership roles, they have not significantly enhanced their impact on decision-making processes within their communities. This research differs from the current one, which emphasizes household decision-making. The highlighted need is the necessity for more research on how credit programs might augment women's decision-making authority in family and community settings, which this project will investigate.

Wambui (2024) investigated "The Impact of Savings and Credit Programs on Women's Decision-Making in Kenya," focusing on women in metropolitan regions. The research used a quantitative design with a sample of 600 women. The results indicated that while savings and credit programs have enhanced women's financial independence, their influence on decision-making in other domains is still restricted. This research emphasizes financial results, in contrast to the present study's wider emphasis on decision-making. The recognized gap is the need for more research on non-financial decision-making situations, which this project will address. Omondi and Nyaga (2022) investigated "Barriers to Women's Participation in Decision-Making in Kenya's Credit Programs," concentrating on women in rural regions. The research used a qualitative methodology including a sample of 300 women. The results revealed that cultural norms and restricted access to education are substantial obstacles to women's engagement in decision-making, notwithstanding their participation in credit programs. This research differs from the current one by emphasizing hurdles instead of solutions. The noted gap is the absence of analysis of how credit programs might surmount these obstacles, which the present research will address.

Ngugi (2020) did a research entitled "Women's Empowerment Through Microfinance in Kenya: A Focus on Decision-Making," aimed at women in peri-urban regions. The study used a mixed-methods approach including a sample of 350 women. The results indicated that while microfinance has enhanced women's financial standing, it has not markedly affected their involvement in household decision-making. This research emphasizes financial results, contrasting with the current study's emphasis on decision-making involvement. The highlighted gap is the need for more research on how microfinance might improve decision-making roles, which this project will investigate.

Ndungu (2023) examined "The Role of Digital Credit in Enhancing Women's Decision-Making in Kenya," focusing on women entrepreneurs in urban settings. The research used a quantitative design with a sample of 500 women. The results indicated that digital credit has enhanced women's involvement in corporate choices, however its effect on home decision-making has been minimal. This research examines digital credit, in contrast to the current study's emphasis on conventional credit schemes. The

recognized gap is the insufficient comprehension of the comparative influence of digital and conventional credit programs on decision-making, which the present research will address.

Mwangi (2024) investigated "The Impact of Credit Programs on Women's Decision-Making in Kenyan Households," concentrating on rural women. The study used a qualitative methodology with a sample of 400 women. The results indicated that while credit programs have enhanced women's financial autonomy, their involvement in family decision-making is still constrained by cultural norms. This research differentiates itself from the current one by highlighting cultural obstacles instead of programmatic elements. The highlighted gap is the need for more research on how credit programs might mitigate these cultural obstacles, which the present study will investigate.

Omondi (2021) investigated "Women's Participation in Decision-Making Through Microcredit in Kenya," focusing on women in economically disadvantaged urban regions. The research used a mixed-methods approach using a sample of 450 women. The results indicated that while microcredit has positively influenced women's financial condition, it has not substantially improved their involvement in household decision-making. This research concentrates on financial empowerment, contrasting with the current study's concentration on decision-making. The highlighted gap is the need for a more thorough understanding of how microcredit impacts decision-making, which the present research will address.

Muthoni (2022) did a research entitled "Credit Programs and Women's Leadership in Kenya: A Case Study of Nairobi," which examined women in leadership roles in urban settings. The study used a qualitative design with a sample of 300 women. The results indicated that whereas credit programs have enabled women to assume leadership positions, they have not significantly enhanced their impact on decision-making processes within their communities. This research differs from the current one, which emphasizes household decision-making. The highlighted need is the necessity for more research on how credit programs might augment women's decision-making authority in both family and community settings, which this project will investigate.

The literature analysis from 2020 to 2024 identifies many deficiencies in the current study about women's credit programs and their involvement in decision-making processes. Although several studies have concentrated on the financial empowerment dimensions of credit programs, there is a deficiency in thorough study of the design of these programs to improve women's decision-making roles, both in domestic settings and within the community. This research seeks to address these gaps by examining the institutional, programmatic, and cultural elements that affect women's involvement in decision-making via credit programs in Kenya.

2.3.3 Health Care Initiatives and Women's Involvement in Decision-Making Sariyev et al. (2020) conducted a research on women's roles in family decision-making and its implications on food quality in Bhutan. The research was conducted in the Kingdom of Bhutan, where matrilineal succession and polyandry were common in the twentieth century. Quantitative and qualitative survey methodologies were used to examine women's engagement in essential domestic decision-making processes and to ascertain the effects of female involvement in these decisions on the nutritional quality at the household level. Descriptive studies and qualitative interviews indicated that women are significantly involved in home decision-making; yet, estimates suggest that the correlation between women's decision-making involvement and dietary variety is non-linear. Subsequent studies reveal a favourable correlation between equitable gender decision-making in family livelihoods and the quality of food intake at the household level.

Annan (2021) analyzed the influence of women's authority in relation to their spouses in Sub-Saharan African nations to assess its impact on women's health, reproductive results, children's health, and children's schooling. The investigation employs an innovative metric of women's empowerment that is intricately associated with traditional power theories, derived from the often discordant accounts of spouses about intra-household decision-making. Our findings, consistent with prior research, indicate that well-being outcomes for women and children are often optimal in situations where the woman's authority is acknowledged by her spouse. Our findings indicate that women who assert more decision-making authority than their husbands have improved reproductive and child health outcomes; nevertheless, this dynamic

correlates with an increase in emotional violence, in contrast to situations when power is conferred by their husbands. The findings demonstrate the conceptual and analytical significance of intra-household disputes about decision-making and broaden the evidence concerning the critical role of women's empowerment in economic growth.

Malapit, Quisumbing, and Meinzen-Dick (2021) examined the influence of women's empowerment on rural development in South Asia, focusing on the impact of gender equality in decision-making on agricultural production and family welfare. The research used a mixed-methods approach, including household surveys, focus group talks, and participatory rural assessments across India, Bangladesh, and Nepal, engaging more than 5,000 families. The results indicated that more participation of women in decision-making enhances agriculture yields and child nutrition, while obstacles persist in traditionally male-dominated fields. This research will expand on these results by examining healthcare decision-making in Narok County, Kenya, and addressing the particular local impediments not addressed in the South.

Nguyen, Kim, and Menon (2020) examine the influence of women's decision-making authority on child nutrition in South Asia, using data from extensive demographic and health surveys conducted in India, Pakistan, and Bangladesh. The research demonstrates that enhanced women's autonomy in decision-making correlates favourably with better child nutrition, including decreased stunting and undernutrition, via the use of hierarchical linear models. This research aims to analyze healthcare decision-making especially in Narok County, Kenya, contrasting with a broader regional context and emphasizing regional cultural factors.

Takahashi and Barrett (2021) evaluate the influence of societal norms on women's decision-making authority and its effect on home welfare in Nigeria. The research used a mixed-methods approach, including quantitative surveys and qualitative interviews with 10,000 women, revealing that societal norms substantially limit women's decision-making authority, whereas more autonomy enhances child health and education. This research will enhance the analysis by concentrating on healthcare initiatives in Kenya, investigating local settings and obstacles.

Alkire and Foster (2021) formulate a multidimensional metric for assessing women's empowerment with data from Southeast Asia. The research utilizes factor analysis and multidimensional poverty indicators, although it does not explicitly focus on healthcare decision-making. It determines that elevated empowerment ratings correlate with improved economic results. This research will examine the impact of empowerment on healthcare decision-making in Kenya, offering insights into a distinct facet of empowerment.

Moussa and Seck (2023) use data from the Senegal Demographic and Health Survey (DHS) and utilize propensity score matching to assess the impact of women's involvement in health-related choices on maternal and child health outcomes. The research indicates that heightened engagement improves prenatal care and decreases child death rates. This wider regional emphasis contrasts with the current study's indepth analysis of healthcare decision-making in Narok County, Kenya, which seeks to tackle particular local obstacles and remedies.

Bolarinwa and Oladokun (2021) examine the impact of women's empowerment on reproductive health choices in 10 Sub-Saharan African nations using DHS data. The research, including 15,000 women and using logistic regression, demonstrates that elevated empowerment levels correlate with enhanced contraceptive use and reduced maternal mortality. This research will provide a targeted examination of healthcare systems and decision-making in Kenya, countering the generality of the wider regional approach.

Garikipati and Agier (2020) analyze the influence of microfinance initiatives on women's empowerment in rural India, emphasizing financial decision-making. The research used a quasi-experimental methodology, using surveys and comprehensive interviews, and concludes that involvement in microfinance improves women's financial decision-making authority. This focus on economic empowerment contrasts with the current study's emphasis on healthcare decision-making in Kenya.

Iversen and Roopnarine (2021) examine gender dynamics in household decision-making in Jamaica, Trinidad, and Tobago via a cross-sectional survey methodology. The research indicates that gender-equitable decision-making enhances health

outcomes, yet cultural norms continue to restrict women's autonomy. This research will provide a concentrated examination of healthcare initiatives in Kenya, providing the specificity lacking in this Caribbean-wide review.

This research by Bolarinwa and Oladokun (2021) used DHS data from ten Sub-Saharan African nations to examine the correlation between women's empowerment and reproductive health decision-making. The research, including 15,000 individuals and using logistic regression, indicates that heightened empowerment correlates with improved health outcomes. This study will provide a localized examination of healthcare programs and decision-making in Kenya, focusing on the larger scope of the research.

Eastern Africa

Kumar and Quisumbing (2022) investigate the influence of women's involvement in intra-household decision-making on food security in Ethiopia, using longitudinal panel data from the Ethiopian Rural Household Survey. The research indicates that women's participation in decision-making related to food procurement and agricultural practices improves food security. This project will examine healthcare decision-making in Kenya, offering insights into an alternative aspect of family wellbeing.

Rathnayake (2023) investigates the influence of women's involvement in agricultural decision-making on family income in Sri Lanka using household surveys and focus group talks. The research utilizes structural equation modelling and finds substantial beneficial impacts on income. This concentration on agriculture contrasts with the current study's focus on healthcare decision-making in Kenya.

Nagarajan and Kesavan (2022) evaluate the influence of microfinance on women's decision-making authority over a ten-year period using longitudinal data and fixed-effects regression models. The research indicates that microfinance improves decision-making authority in financial and health domains. This research will concentrate on healthcare initiatives in Kenya, providing a contextually relevant analysis.

Moussa and Seck (2023) use DHS data and propensity score matching to examine the impact of women's involvement in health-related decision-making on health outcomes in Senegal. Increased engagement enhances mother and child health outcomes. This study's extensive regional emphasis differs from the current study's in-depth analysis of healthcare decision-making in Narok County, Kenya.

The Kenya countrywide Bureau of Statistics (2021) executed a countrywide survey yielding data on women's participation in healthcare decision-making across Kenya. The research used a cross-sectional survey approach involving thousands of families and found that enhanced decision-making power correlated with improved health outcomes. This research will examine particular healthcare services in Narok County, focusing on regional disparities not addressed in the national survey.

#### 2.4 Theoretical framework

Theoretical frameworks are essential for research studies, as they establish the foundation for the study's theories and elucidate the significance of the research issue (Richard, 2013). By emphasizing specific variables and providing the researcher's perspective on the analysis and interpretation of the data that will be collected, a theoretical framework improves the understanding of concepts and variables in accordance with established parameters, generates new knowledge by validating theoretical assumptions, and defines the scope of pertinent data. Consequently, this investigation selected two hypotheses that contribute to a more comprehensive understanding of the research. Feminist theory and systems theory.

#### **2.4.1** Systems theory

This concept was put forward by Ojobo (2018), who defined a system as a set of parts that work together as a whole, structured according to a predetermined talent or approach. The interconnected parts of a system work together to produce a whole, and that whole interacts with its surroundings via a process that involves the entry, transformation, and release of energy, data, and materials. Furthermore, it is common for a system to regenerate or change itself in response to environmental data (Odili, 2003).

Achieving gender equality, according to systems theory, depends on women's empowerment. Education is a potential tool that might help achieve this goal effectively (World Bank, 2011). When women get an education, it gives them the tools they need to be healthy, financially independent, and capable. According to Hammer and Klugman (2016), women with a bachelor's degree or above are less likely to be subject to limitations (p. 253). But the theory is limited since it can only look at empowerment through the prism of education; thus, we need to look at other theories to fill in the gaps.

The idea that a country has both male and female citizens is fundamental to systems theory. The importance of education as a force for positive social change and a lever for national progress was highlighted by Ojobo, who argued that gender equality in access to school is a matter of essential importance (Singh et al., 2000). With rising enrollment rates across the board, falling dropout rates, and continuous government programs to improve education quality, women have made steady progress in every area of formal education (Okeke, 2000).

### **2.4.2 Feminist Theory**

A key tenet of feminist theory is the transformative potential of women to improve the quality of their interpersonal connections and their standing in society. It tackles female inequality, racial disparities, ethnic tensions, and religious intolerance. Empowerment theory and practice are often linked to the emancipation of women. Definition: "a multi-dimensional social process that empowers individuals to gain control over their own lives." Agbalajobi (2010) broadened the notion of strengthening from a social perspective. In this view, women's empowerment means giving them more agency, more choice, and a higher social status.

The resilience of women is shown by Agatha (2016) in her examination of their vulnerabilities in regard to different types of abuse. Socially empowering women, he says, is freeing them from male domination and claiming equality with them. People can't reach their full potential unless they take care of their health. A good state of well-being, according to the World Health Organization (WHO), is not just the absence of sickness or illness but also full mental, social, and physiological prosperity. This theory is relevant to our study because it sheds light on gender inequality and the challenges women confront in the agricultural industry. Expanding the notion of strengthening, Gangrade (2016) offers a social perspective. According to him, empowering women is giving them more agency and recognition so that they may realize their full potential. Almost every culture has some kind of violence against women.

Srivastava (2012) looks at women's empowerment from the perspective of their susceptibility to different types of abuse. This man thinks it's critical to "empower women socially so they can liberate themselves from male dominance and assert equality with them." People can't reach their full potential unless they take care of their health. Optimal health is defined by the WHO as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (Kurukshetra, 2018). The difficulties of women's empowerment are better explained by this idea. The concept provides a sociological explanation of women's empowerment, which encompasses the crucial areas of health, education, and financial independence. Thus, this theory fills in the gaps left by systems theory; moreover, the study combines the two theories for mutual benefit, shedding light on the conceptual framework's variable selection process.

# 2.5 Research Summary and Knowledge

Mathur	Investigated the efficacy	According to the survey, women	Comparative study of secondary	
(2015).	of the South African government and corporate entities in integrating women as professional equals by fully utilizing them in senior and executive management roles following the implementation of equal opportunity and affirmative action legislation by the democratic government.	in South Africa still find it difficult to secure senior roles as the business environment is not yet ready to acknowledge women as professional equals, which results in government laws and regulations that impede rather than encourage women's progress.	data from past research guides debates and analysis of current events.	Questionnaires and in-person interviews will gather information for this research in Kenya.
Fwamba, et.,al (2015)	microfinance's impact on women business owners' economic independence in impoverished nations like Kenya.	The findings demonstrated that microfinance services play a crucial role in empowering women entrepreneurs economically.	Women entrepreneurs were the only subjects of the research.	Specifically, this research looked at how empowerment initiatives for women in Narok North Sub-County, Narok County, Kenya, affected family decision-making. Cluster and simple random sampling methods, as well as SPSS version 28, will be used.

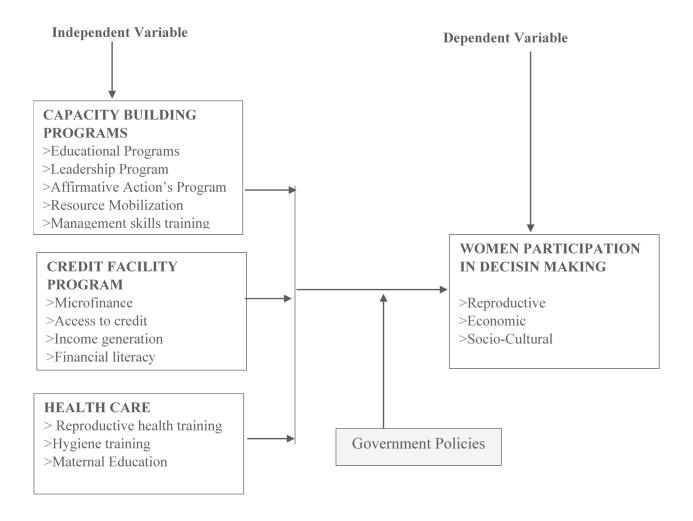
Al-Shami (2018)	looked at the relationship between loan availability and empowerment in Malaysian cities.	Their findings demonstrated that women's monthly income is favourably impacted by access to microcredit.	The impact of microcredit on women's empowerment in decision-making and resource control was investigated using a cross-sectional survey that was sent out to 474 customers, both new and old.	Kenya will play host to the present investigation.
Banerjee et.,al(2020)	research looking at rural women in India from the viewpoint of a developing economy to identify the factors that influence women's empowerment as it pertains to making decisions inside the home	The results show that investing in women's health and education empowers them, which in turn boosts economic development.	Only decisions made inside the home were included in the research.	All decision making is the focus of the present research, which will be carried out in Kenya.

Rehman, H., Moazzam, D. A., and Ansari, N. (2020).	microfinance's impact on women's empowerment .	The positive effects of microfinance on women's life, including their homes, families, and social standing, have long been acknowledged. Also, women tend to be more selfless and put most of their money on supporting their families.	Only qualitative data was utilized in the study.	Incorporating more parameters and expanding the sample size may further extend the current research and provide more meaningful findings.
Murshid (2018),	investigate the potential impact of	In comparison to microfinance participants without resource	The research used a logistic regression model.	Simple random sampling was used in this investigation. A descriptive
	microfinance—a set of financial tools that includes micro-loans to bolster micro-enterprises—on women's representation in decision-making roles inside their households.	control (OR = 1.22, p < 0.05) and women who did not participate in microfinance but had resource control (OR = 5.2, p < 0.05), the results showed that microfinance participants with resource control reported higher odds of decision-making power (OR = 4.3, p < 0.05).		approach

Annan	investigate the impact on	The findings add to the growing	The research used qualitative	This investigation will be carried out in
(2021)	women's health,	body of research highlighting the	methods	Narok and will use quantitative
	reproductive outcomes,			methods.
	children's health, and	significance of women's power		
	education in relation to	for economic growth and		
	the authority of	demonstrate the analytical and		
	husbands in 23 nations	•		
	in Sub-Saharan Africa.	conceptual worth of		
		intrahousehold conflict over		
		decision-making.		

# 2.6 Conceptual framework

In order to gauge empowerment, this study will follow Sohail's (2014) lead. Three dimensions of empowerment—self-empowerment, mutual-empowerment, and social-empowerment—were considered in the study. There are three types of empowerment: self-empowerment, mutual empowerment (through interactions with others), and societal empowerment (by the removal of economic, social, political, and legal barriers). Programs that promote empowerment, such as credit and health care initiatives, will serve as the research's independent variables. The cultural norms of the community had an effect on the study, which in turn affected the strength of the correlations.



**Figure 2.1** Conceptual Frame work **Source:** Survey study (2022)

Capacity development programs, credit programs, and health care programs are the independent variables, while women's engagement in household decision-making is the dependent variable; the figure shows a direct association between the two. The image shows how women may be enabled to have a meaningful say in decision-making via capacity-building initiatives. It further proves that women may gain economic independence via well-designed micro-finance initiatives, which opens doors for them to take part in decision-making.

This graphic shows how health care initiatives have a direct impact on women's participation in policymaking. Cultural issues continue to be a major challenge that might impede the programs' effectiveness in accomplishing their goals, even if the

research indicates that these programs are intended to empower women and increase their participation in decision-making.

# CHAPTER THREE RESEARCH METHODOLOGY

#### 3.0. Introduction

This chapter delineates the methodologies and techniques used to conduct the research. This include study design, target population, sampling technique, data collecting tools, data collection procedures, and data analysis.

#### 3.1 Study Area

The research was carried out in Narok County, particularly in Narok North Sub-County. Narok North Sub-County has six wards: Olorropil, Olposimorru, Olokurto, Nkareta, Melili, and Narok Town. The community in this region engages in livestock and agricultural production. The primary crops cultivated in this region are wheat, barley, and maize. Narok County is situated in the South Rift Valley area, next to the Republic of Tanzania to the south, and bordered by Kisii, Migori, Nyamira, and Bomet counties to the west, Nakuru County to the north, and Kajiado County to the east. The county has an area of 17,944 km², constituting 3.1% of the total area of the country. The county's headquarters is Narok Town. The designated study area is Narok North Sub-County, near to the Mau Forest, with about 59,996 households. It has an estimated size of 4663.7 km² (Narok County Development Forum, 2015). The research area is detailed in Appendix X.

### 3.2 Research Design

According to Burn and Grove (2016), a research design serves as a framework for the research process, with the objective of achieving outcomes that accurately reflect reality. This study employed a descriptive survey methodology. This research strategy was employed because the study variables could not be manipulated, and data were collected from respondents in their typical work environment. The opinions and views of the respondents were gathered to analyze the relationship among the study's factors. The design is preferred as it aims to clarify potential behaviors, attitudes, and values, thereby representing the current state of affairs (Mugenda & Mugenda, 2012). This method was selected to clarify the behaviours and attitudes of survey respondents regarding women's empowerment.

### 3.3. Target Population

The 2019 National Census indicates that Narok County has a population of 1,149,379, exhibiting a nearly equal male-to-female ratio of approximately 1:1. The Maasai

constitute the primary demographic in the county. The KNBS (2019) report states that the female population in the county, aged 25 to 60 years, is 251,862. The data indicates that Narok North Sub County comprises 59,996 households. The Narok County Integrated Development Plan (2018-2022) supports these findings.

The choice of Narok North Sub County for this research is justified by its cosmopolitan characteristics and its designation as the region with the highest population of women and households in the entire County. The closeness to Narok town facilitates the research's ability to engage more women seeking information on initiatives aimed at empowering them to improve their decision-making within the household. The home was utilized as it represents the primary context for many women facing various options, thereby aiding the researcher in collecting relevant data for the study. The target population comprised 59,996 households in Narok North Sub County, identified as key informants. The collection of residences from the chiefs and ward administrators will serve as the basis for the sample frame.

# 3.4 Sample Size and Sampling Procedure

### 3.4.1 Sample Size

The sample size for this study was established using the sampling table developed by Krejcie and Morgan (2003), as presented in Appendix XI. Krejcie and Morgan indicate that a sample size of 384 respondents is appropriate for a population not exceeding 100,000. The study examined women aged 18 and older from a population of 59,996 households, selecting a sample size of 382 as indicated in the table. If the selected home did not include a woman, the following household was chosen based on the sample period. Two men were intentionally selected from each ward for the interviews, yielding a total of twelve participants, notably comprising chiefs, sub-chiefs, or village elders. This enabled the researcher to determine men's perceptions of women's empowerment. A total of 382 samples were distributed proportionally across the wards based on their respective populations, as illustrated in Table 3.1 below.

Table 3.1 Sampling proportionately as per the ward

Ward	<b>Households Population</b>	<b>Proportionate Sample</b>
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

Research participants were chosen from a pool of homes using a combination of cluster selection, simple random sampling, and purposive sampling. The selection of a sample from a homogenous population is accomplished by means of simple random sampling, according to Babbie and Creswell (2003). By combining cluster and purposive sampling, we were able to identify twelve key informants—two men from each ward—and make sure that every ward in the sub-county was covered. In addition to helping with the selection process, the chief's office or ward administrator provided the sample frame, which included a complete list of all residences within the division.

#### 3.5 Data Collection Instruments

The study encompassed both primary and secondary data sources.

The study utilized structured questionnaires and an interview schedule as the main tools for collecting data. A questionnaire comprises a series of questions designed to collect data from participants, especially when they are located in different geographical areas. A questionnaire allows participants to carefully examine the questions and submit appropriate responses. Kothari (2019) emphasizes that a key advantage of utilizing a questionnaire lies in its ability to reach a wide-ranging sample, thereby improving the study's dependability and reliability. The study employed a questionnaire because of the large sample size involved. Questionnaires face the challenge of high non-response rates, requiring significant follow-up (Gay 2009), and assessing the relevance and accuracy of the responses can be difficult. This prompted the individual to employ interviews to enhance the questionnaire data.

The survey consisted of three distinct components. Section A provided an overview of the respondents' general information. Section B, comprising six (6) questions, evaluated the influence of capacity-building credit facility programs and healthcare initiatives on women's decision-making processes. The surveys utilized a five-point Likert scale, with 1 indicating no extent at all, 2 signifying a minor extent, 3 representing a neutral position, 4 denoting a large extent, and 5 reflecting a very large extent.

A Likert scale questionnaire is frequently employed in descriptive studies to express respondents' views, utilizing a scale to achieve this effectively. The questionnaires were pre-tested with a sample of 38 women from families residing in Narok South Sub County, particularly in Olololunga Ward. The exclusion of the 38 families from the primary research was implemented to mitigate potential bias. The aim of the pilot is to confirm that the components within the instruments correspond with the goals of the study.

Secondary data was obtained through a thorough review of documents from library resources and online publications.

# 3.6 Validity and Reliability of the Instruments

Both the face and content validity of the instruments were tested. According to Ododho (2018), validity is defined as the degree to which the test sample represents the desired test-able variables. The study followed the recommendation of Mugenda & Mugenda (2012) and spoke with experts in the field to examine both the content and face validity. In order to ensure that the questionnaire was both informative and easy to understand, its creators sought for feedback from the supervisor as well as other experts from the School of Arts, Humanities, Social Sciences, and Creative Industries. According to Field (2009), in order for the study to be considered legitimate and to provide acceptable sample adequacy, the KMO value must be 0.4 or above. To determine this value, we will utilize factor analysis in the Statistical Package for the Social Sciences Software.

#### 3.6.2 Reliability of the Research Instruments

How consistently a given measuring procedure produces the same results across several experiments is what we mean when we talk about measurement dependability (Orodho 2018). A measure of reliability was the Cronbach alpha coefficient. A value

of 0.867 was obtained as the Cronbach alpha reliability coefficient when SPSS version 28 was used for the calculation. A research instrument is deemed reliable if its reliability coefficient is 0.7 or above, according to Kothari (2019). The devices were approved for data collection and processing since our dependability coefficient was greater than 0.7.

# 3.7 Pilot Survey

The pilot study was carried out in the sub-county of Narok in the Olololunga wards. The purpose of the survey was to check whether the tools were legitimate and reliable, and to find any problems with the questionnaire or interview guide so that we could fix them according to the study. According to Mugenda & Mugenda (2012), a pilot study with a 10% sample is sufficient. So, in Olololunga Ward, Narok South Sub County, thirty-eight (38) dwellings were selected by means of simple random selection. In order to ensure that the study instrument (questionnaire) was valid and reliable, the researcher had it reviewed by supervisors and social work experts. A score of 0.89 was produced by the dependability index. A reliability score greater than 0.7 is sufficient for analysis, according to Kothari (2014). The results showed that the tools were sufficient for the analysis.

### 3.8. Data Analysis

Analysis followed data collection, refinement, encoding, organization, and analysis. Data quality for coding reasons was improved by editing. Checking the surveys for correct responses was an important part of the editing process. Thematic analysis and descriptive statistics (such as percentages, means, and frequencies) were used to investigate the data. For the purpose of data analysis, SPSS version 27 was used. There were bar graphs, charts, and frequency tables to display the data.

#### 3.10 Ethical Consideration

Respondent consent, confidentiality, anonymity, and researchers' ethical responsibilities are the main ethical issues with this study. So, the researcher made sure that participants were informed about the purpose, expected duration, and benefits of the study in a timely manner. The researcher approached NACOSTI for permission and a license in order to carry out the study. Because respondents had the right to keep some information about themselves and their projects hidden from the public, their privacy and confidentiality were always protected.

#### CHAPTER FOUR

### DATA PRESENTATION, INTERPRETATION AND ANALYSIS

#### 4.1 Overview

The chapter provides an analysis and interpretation of the data acquired in the research using descriptive statistics and thematic analysis. The primary purpose of the research was to investigate the impact of empowerment initiatives on women's involvement in household decision-making processes in Narok North Sub-County.

# 4.1.1 Response rate

A total of 382 questionnaires were developed and distributed to respondents at their residences. A total of 293 questionnaires were retrieved and used for the study. The findings were provided in Table 4.1.

Table 4.1: Response rate

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

### Source: Survey study (2022)

This resulted in a response rate of 76.6%. A total of 89 questionnaires, or 23.4%, were not returned by the respondents. The researcher used 293 (76.6%) as a representative sample. Mugenda and Mugenda (2012) assert that a response rate of 70% or more is deemed suitable for analysis to accurately reflect the population parameter. The replies were coded, and frequencies and percentages were obtained using SPSS version 27 for straightforward interpretation.

### 4.2 Demographic Data

This part included the biographical information of the respondents, categorized by gender, age group, and educational attainment. This was a crucial element of the research as it facilitated the understanding of the viewpoints and opinions of the diverse respondents based on their biographical information.

### **4.2.1 Gender of Respondents**

This research focused on women's empowerment initiatives about their involvement in home activities, although males were also had the opportunity to participate in the key informant interview. Two hundred ninety-three questionnaires were gathered from female respondents, while twelve interviews were conducted with male respondents. The inclusion of guys aimed to get their perspectives, since the research focused on family income.

# 4.2.2. Age of the respondents

Age is a significant demographic component influencing the decision-making process of both individuals and families. Various age cohorts analyze issues differently; hence, comprehending women's engagement in microfinance is contingent upon their age group. The findings are shown in Figure 4.1.

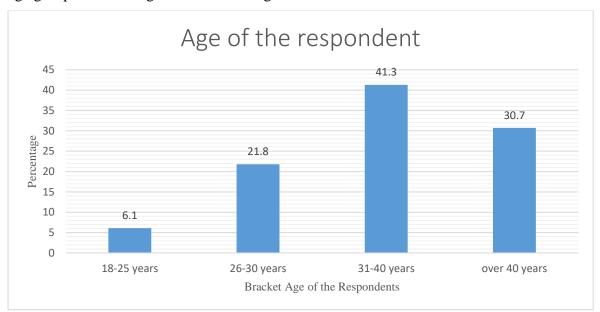


Figure 4.1: Age of the respondents **Source: Survey study (2022)** 

According to the statistics, 41.3% of the participants were in the 31–40 age bracket, 30.7% were 40 and over, 21.8% were 26–30, and 6.1% belonged to some other age group. It may be inferred from this that the bulk of responses were young adults with families. Household obligations are common among people of this age, so it's important to provide them more financial independence so they may be more self-

#### reliant and make their own decisions.

The research aimed to determine the duration of residence of the respondents in the region. This was crucial in evaluating their comprehension of the various methods of women's empowerment in the research location. The findings are shown in Table 4.2.

Table 4.2: 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	
1 Otal	293	1	

**Source: Survey study (2022)** 

The data indicate that the majority of respondents, 142 (48.5%), have been in the region for over 15 years, followed by 114 (38.9%) who have lived there for 6-10 years, while just 37 (12.6%) reported being in the area for 11-15 years. This indicates that the majority of respondents had resided in the places for an extended period, hence enhancing their capacity to comprehend the lifestyles and cultural and social dimensions of the research area.

The research aimed to ascertain the highest academic qualifications of the respondents. This was significant since it influences decision-making at the household level. The outcome was shown in Table 4.3.

**Table 4.3: 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 findings indicate that the majority of respondents, 50.1%, had a primary level of education; 88 (30.0%) had not attended school; 47 (16%) held secondary school certificates; and 11 (3.7%) had post-secondary education. This indicates that the majority of participants in the study have strong academic qualifications, so enabling them to contribute relevant information for the research.

# 4.3 Finding according to the objectives of the study

The study aimed to achieve three specific objectives: to evaluate the impact of capacity-building programs on women's participation in household decision-making processes in Narok North Sub County; to ascertain the degree to which microfinance programs influence women's participation in household decision-making processes in Narok North Sub County; and to assess the extent to which healthcare programs affect women's participation in household decision-making processes in Narok North Sub County. The respondents were asked to evaluate several statements that contributed to the assessment of each aim on a five-point Likert scale. 1-No extent, 2-Small extent, 3-Neutral, 4-great extent, 5-Very great extent. The findings were delineated as follows.

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

The researcher aimed to evaluate the impact of capacity-building programs on women's involvement in household decision-making processes. The findings were shown in Table 4.4.

**Table 4.4: Effect of Capacity Building Programs** 

Statement Statement	Small	Neutral	Large	Very large	
	extent		extent	extent	Total
Education programs have influenced women	18	55	96	124	293
decision making at household	(6.1%)	(18.8%)	(32.8%)	(42.3%)	(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 data in the table indicate that the majority of respondents, 124 (42.3%), concurred to a very great degree, while 96 (32.8%) agreed to a considerable amount that educational programs had impacted women's decision-making at the household level. The findings indicate that 18 (6.1%) and 55 (18.8%) agreed to a little degree, while others remained indifferent on the statement. The findings indicate that women who have participated in educational programs are better positioned to influence decision-making at the home level. This is due to their increased knowledge, enabling them to engage effectively in the decision-making process.

The findings indicate that a majority of respondents, 148 (50.5%), agreed significantly that women had participated in leadership seminars that have facilitated their ability to make informed household choices. Subsequently, 58 respondents (19.8%) concurred to a very large amount, 67 respondents (22.9%) remained neutral, while just 20 respondents (6.8%) agreed to a little level with the remark. This indicates that women who participated in leadership workshops for capacity development were better positioned to engage in household decision-making compared to those who did not attend any leadership forums.

The research aimed to determine the degree to which affirmative action has empowered women and enhanced their decision-making capacity at the household level. The findings indicate that 111 (37.9%) of the participants agreed to a significant degree with the statement. Subsequently, 94 respondents (32.1%) expressed neutrality toward the remark, 68 respondents (23.2%) concurred to a significant degree, and 20 respondents (6.8%) concurred to a minor degree. This indicates that affirmative action has facilitated women's effective participation in family decision-making.

The findings indicate that the majority of women who participated in the survey, 114 (38.9%), expressed neutrality on the effectiveness of their training in resource mobilization and its influence on their decision-making capabilities at the household level. The findings indicate that 97 (33.1%) concurred to a significant degree that they had received training, whereas 58 (19.8%) concurred to a considerable level, and the remaining 24 (8.2%) concurred to a minimal amount on the statement. This indicates

The findings indicate that 147 (50.2%) of the women concurred to a large extent that they have been equipped with suitable management skills that have improved the household decision-making process through training, 83 (28.3%) agreed to a very great extent, and 63 (21.5%) remained neutral regarding the statement. This indicates that the majority of women can engage in home decision-making due to their training in different management skills connected to domestic duties. This indicates that women who have participated in capacity development programs are more equipped to engage in household decision-making than those who have not participated in such programs.

that the majority of people lack training in resource mobilization, which is crucial for

improving decision-making capabilities at the family level.

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

The second goal is to investigate the impact of microfinance programs on women's involvement in household decision-making processes. This purpose is to determine whether women involved in microfinance programs can successfully engage in the household decision-making process. The study's results were shown in Table 4.5.

Table 4.5: Effect of microfinance programs on participation of women in house hold decision making process

Statement	Small	Neutral	Large	Very	
	extent		extent	large	Total
				extent	
I can access credit through microfinance		59	137	97	293
programs and this has empowered me to	0		(46.8%)	(33.1%)	(100.0%
make good decisions		(20.1%)	(40.6%)	(33.1%)	)
There are various avenues I can get credit	20	0.6	120	67	293
which has assisted me to enhance financial	20	86	120	67	(100.0%
ability	(6.8%)	(29.4%)	(41.0%)	(22.9%)	)
I am able to generate my own income	42	35	152	64	293
through assistance from the various credit					(100.0%
facility programs	(14.3%)	(11.9%)	(51.9%)	(21.8%)	)
Having financial literacy has empowered		41	175	77	293
me to make appropriate decisions at my	0	41	175	77	(100.0%
house hold		(14.0%	(59.7%)	(26.3%)	)
Improved business performance of MSEs		60	1.40	76	293
owned by rural and women entrepreneurs	0	69	148	76	(100.0%
		(23.5%)	(50.5%)	(25.9%)	)

# **Source: Survey study (2022)**

One hundred thirty-seven (46.8%) of respondents were in agreement with the statement on the capacity of women to make good decisions for their households as a result of their access to financing via microfinance programs. Ninety-seven (33.1%) were strongly in agreement, whereas fifty-nine (20.1%) were agnostic. This suggests that women are able to participate more fully in household decision-making when they have access to microfinance credit facilities.

Finding out how women may receive credit and the many ways it has helped them improve their financial capacities was the main goal of the study. The results showed that twenty people (or 6.8% of the total) agreed to a little degree, 67 people (22.9%) strongly agreed, and 120 people (41.0%) were indifferent. This suggests that women are able to have a more active role in household decision-making when they have access to funds from microfinance institutes.

Finding out if women can sustain themselves financially via various credit facility plans was the primary goal of the study. In terms of agreement with the statement, the results show that 51.9% of respondents were very much in agreement, 21.8% were somewhat

in agreement, 14.3% were unsure, and 11.9% were somewhat in agreement. If women can't earn an income on their own, they won't be able to participate in household decision-making, and microfinance programs may help with that.

We set out to find out if women can now make better choices for their households thanks to their increased financial awareness. One hundred seventy-five respondents (59.7%) were in agreement with the statement, seventy-seven (26.3%) were in strong agreement, and forty-one (14.0%) were agnostic. This proves without a reasonable doubt that women's financial literacy is critical to their empowerment and the success of their families' decision-making processes.

Regarding the effect on rural women's ability to participate in household decision-making of the increased profitability of their micro and small businesses. Among those who took the survey, 148 (50.5%) strongly agreed with the statement, 76 (24.9%) agreed very strongly, and 69 (23.5%) were unsure. This suggests that microfinance programs have an effect on women's participation in family decision-making by helping them improve the performance of their MSEs.

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

Thirdly, we want to find out how health care initiatives have affected women's participation in family decision-making. Health care programs are essential for empowering families to make better decisions when it comes to their children's health, especially when it comes to women. The results may be shown in Table 4.6.

Table 4.6: Effect of health care programs on participation of women households' decision making

Statement	Small	Neutral	Large	Very	
	extent		extent	large	Total
				extent	
I have improved my					
decision on my hygiene	21	63	116	93	293
after attending several health	(7.2%)	(21.5%)	(39.6%)	(31.7%)	(100.0%)
programs					
I have improved on my					
personal health since I	0	39	144	110	293
attended the health care	0	(13.3%)	(49.1%)	(37.5%)	(100.0%)
programs					
My decisions on maternal					
and child health has been	0	80	89	124	293
improved after attending the	0	(27.3%)	(30.4%)	(42.3%)	(100.0%)
health care programs					
I am well informed about		0.2	0.1	110	202
bio-security since I attended	0	92	91	110	293
the health care programs		(31.4%)	(31.1%)	(37.5%)	(100.0%)
Improved business					
performance of MSEs	0	69	148	76	293
owned by rural and women	0	(23.5%)	(50.5%)	(25.9%)	(100.0%)
entrepreneurs					

# Source: Survey study (2022)

The results concerning the influence of health care programs for women on household health care decision-making reveal that 116 respondents (39.6%) agreed to a large extent, 93 respondents (31.7%) agreed to a very large extent, 63 respondents (21.5%) were neutral, and 21 respondents (7.2%) agreed to a small extent with the statement. This suggests that women who have access to health care services are more likely to participate effectively in household decision-making compared to those who lack such access.

The improvement of women's personal health following their involvement in healthcare initiatives. The results reveal that most respondents, 144 (49.1%), largely

agreed with the statement, while 110 (37.5%) expressed significant agreement, and only 39 (13.3%) were neutral. This suggests that women's participation in health care programs enhances their knowledge, thereby enabling them to engage more effectively in family decision-making, especially regarding health care.

The findings indicated that 124 respondents (42.3%) and 89 respondents (30.4%) agreed to a very great extent that women's choices regarding maternity and child health improved following their participation in the healthcare programs. A total of 80 individuals (27.3%) indicated neutrality regarding the message. This suggests that women participating in various health care programs possess greater capacity to make informed decisions regarding maternity and child health care compared to those lacking access to these programs.

The study sought to assess the level of women's knowledge regarding bio-security resulting from their involvement in health care programs. The results show that a substantial proportion of respondents, 110 (37.5%), strongly agreed with the statement. A total of 92 respondents (31.4%) expressed neutrality, whereas 91 respondents (31.1%) largely agreed with the statement. This suggests that women's decision-making processes have enhanced due to their participation in various health-related initiatives, such as biosecurity, which equip them with significant information on health issues.

In relation to the capacity of women involved in effective reproductive health programs to make informed family decisions, 121 respondents (41.3%) agreed to a great extent, 106 respondents (36.2%) agreed to a large extent, 45 respondents (15.4%) remained neutral, and 21 respondents (7.2%) agreed to a small extent. This suggests that women involved in healthcare programs are more inclined to participate in health-related household decision-making.

#### 4.3.4 Women in household decision making process

The study's dependent variable sought to identify the domains of women's engagement in the household decision-making process. The researcher aimed to evaluate if there has been progress in several aspects of women's decision-making, including the education of their children, enhanced company success, and better healthcare and family wellness. This is seen in Table 4.7.

Table 4.7: Response on views on household decision making process

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

# Source: Survey study (2022)

The study sought to assess the extent to which women-owned enterprises have evolved into more formal organizations as a result of training and access to microcredit resources. The findings reveal that a majority of respondents, 179 (61.1%), expressed agreement to a significant degree with the statement, 49 (16.7%) agreed to a very significant degree, whereas 65 (22.2%) maintained a neutral stance. The survey results indicate that most respondents believe women who have received capacity development and have access to microcredit facilities are better positioned to make decisions that benefit their businesses and, consequently, enhance household decision-making.

The study sought to identify the factors that have empowered women to participate in household decision-making, highlighting the roles of capacity development, access to financing, and improved health-related decision-making in facilitating this involvement. The findings reveal that a significant proportion of respondents, 178 (60.8%), largely agreed, while 49 (16.7%) very largely agreed with the statement regarding the rise in business startups among women, which is intended to boost income and subsequently enhance their involvement in household decision-making. A total of 28 individuals (9.6%) maintained a neutral stance on the topic, whereas 38 individuals (13.0%) indicated partial agreement with the statement. This suggests an increase in the number of business startups by women following their participation in household decision-making.

The results demonstrated an increase in income and employment opportunities in rural areas, particularly for women. The results show that 131 respondents (44.7%) agreed significantly with the statement, whereas 52 respondents (17.7%) agreed to a lesser extent. This suggests that women's participation in decision-making affects income levels and employment opportunities in society.

The study found that women's participation in decision-making processes led to improved home wellbeing. The results indicated that a substantial majority of respondents, 230 (78.5%), expressed significant agreement with the statement. Thirty-eight individuals (13.0%) exhibited neutrality toward the remark, whereas only twenty-five individuals (8.5%) indicated strong agreement with it.

## 4.4 Thematic analysis

Major themes emerged from the analysis of exact responses, in line with the aims of the study, in this investigation. Topics like these provide light on how various healthcare services, microfinance initiatives, and capacity-building programs have affected women's voice in home decision-making. Insights into how these programs affected women's roles and their participation in household decision-making were derived from the study that examined each objective's issue.

# **4.4.1** Capacity Building Programs and Women's Participation in Household Decision-Making Processes

There has been a lot of focus on the significance of capacity-building programs in increasing women's participation in household decision-making. In the past, these programs aimed to increase women's agency by providing them with opportunities to learn and grow, as well as by distributing resources so that they might have a larger say in family and community decisions. The study's focus was on how these programs affected women's domestic duties and decision-making abilities. This research reviewed earlier capacity-building projects to assess their effectiveness in promoting gender equality and involvement in family governance.

### 4.4.4.1 Cultural Restrictions on Women's Role in Decision-Making

Participants emphasized that cultural norms have significantly constrained women's involvement in household decision-making within the Maasai society. These

ingrained customs designate males as the principal decision-makers, systematically marginalizing women from significant roles in family affairs. This cultural structure not only precludes women from contributing but also perpetuates their low position. For example, an Assistant Chief, designated as CH001, stated:

"In our community, our culture denied women the chance to effectively attend school and have a good education. This has greatly impacted their ability to participate in decisions about their lives and those of their families. They are left behind in everything happening around them and have missed out on the most critical thing, which is education."

Cultural traditions that exclude women diminish their agency, perpetuating gender disparities and restricting their participation in decision-making processes. Participants often highlighted the conventional notion that males should oversee family matters, whilst women are assigned subordinate duties. This notion is profoundly embedded in Maasai society, influencing daily interactions and relegating women to low authority in family choices. Another Chief, designated as CH002, remarked:

"...Culturally, women in Maasai land have very little to contribute to household decision—making. This limits their ability to take charge of family matters. It has affected their knowledge because girls' education is not prioritized like boys'. Decisions about income, jobs, and health are made by men. In my opinion, women are not given a chance to contribute effectively to the well-being of the household."

These cultural constraints sustain a cycle of exclusion, whereby women's contributions are perpetually underestimated or overlooked. Respondents expressed apprehension that these cultural prejudices reinforce a hierarchical framework whereby men's power is unassailable, underscoring the need for transformational alterations to facilitate equal involvement in decision-making processes.

### 4.4.1.2 Scarcity of Leadership and Missed Capacity-Building Opportunities

The absence of access to leadership training and capacity-building programs has become a significant issue, especially within the traditional Maasai community, where possibilities for women are almost nonexistent. Participants emphasized that the lack of these programs significantly obstructed women's capacity to assume active and important positions in home governance. This exclusion not only robbed women of vital information but also restricted their capacity to participate significantly to both home and communal matters. Respondents expressed disappointment with the absence of focused programs for women's empowerment, seeing it as a major oversight, with CH003 remarking:

"I have not seen women attending leadership seminars or workshops on household decision-making. They only learn about leadership in church, but these forums are not designed to empower them in family decision-making. I believe there's a need for such meetings because the lack of information makes even simple decisions, like planning family meals, difficult for women."

This discontent indicated a wider issue about institutional obstacles that hinder women's access to leadership roles within Maasai culture. Excluding women from leadership training and capacity-building initiatives reinforces an imbalance in family governance within the community. This underscores the pressing need for inclusive initiatives to include women into leadership training and educational platforms, fostering more equal positions within the family and society.

# 4.4.2 Effect of Microfinance Programs on Women's Participation in Household Decision-Making Processes.

The purpose of this study was to examine how women's involvement in microfinance programs affected their domestic duties. This research looked at the hypothesis that people were more involved in making decisions at home when they had access to microfinance. The realization that economic empowerment may impact household governance dynamics by increasing agency and participation in decision-making within families motivated the research.

# 4.4.2.1 Economic Empowerment and Access to Credit and Employment Opportunities

The results indicated that microfinance programs significantly contributed to the economic empowerment of women. Participants emphasized that these programs substantially altered the financial environment for women, particularly those engaged in group-based activities. Access to finance enabled women to start new enterprises or augment existing ones, resulting in elevated inventory levels, enhanced profitability, and more financial autonomy. This transition allowed women to significantly enhance family income, altering their financial circumstances and elevating general well-being. One participant, CH004, remarked

"Most women joined a women group in our community where they have been getting financial support from microfinance institutions which have helped them to start businesses which are empowering them economically. In these 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."

Furthermore, the advantages of microfinance transcended individual monetary profit. Participants noted that empowered women might generate employment by recruiting extra personnel for their growing enterprises. This not only enhanced their financial position but also facilitated employment development within their communities, illustrating the wider economic influence of microfinance efforts. Respondent CH006 underscored;

"A major drawback in decision making at the household level is access to credit facilities. Credit facilities have bolstered the role of women in the society not just as housewives but as people who help to make informed decisions 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."

The implementation of microfinance programs has profoundly altered women's economic responsibilities, resulting in notable enhancements in their financial conditions and fostering employment creation. Respondents noted that these initiatives enabled a transition from financial reliance to economic empowerment, allowing women to significantly contribute to family earnings and support their communities via new career possibilities. The economic ripple effect of microfinance programs highlights their potential as a significant instrument for generating wider social advantages, illustrating their importance in improving individual financial stability and advancing overall community development.

# 4.4.2.2 Increased Women's Voice in Household Decision-Making Against Traditional Gender Roles.

A prevalent topic among respondents was the notable improvement in women's participation in household decision-making due to their augmented financial contributions. Historically, women were seen mostly as homemakers with little influence in domestic affairs. As their economic contributions increased, their responsibilities within the family transformed, enabling them to engage more actively in choices about children's education, healthcare, and significant family expenditures. This transition signifies a significant change in the perception and valuation of women inside the domestic sphere. Microfinance significantly transformed conventional gender norms, enabling women to transcend home responsibilities and emerge as key decision-makers in both familial and commercial spheres. Respondents observed that women, formerly restricted to domestic duties, have gained empowerment via financial independence, therefore contesting conventional gender stereotypes. Respondent CH007 indicated

"A major drawback in decision making at the household level is access to credit facilities. Credit facilities have bolstered the role of women in the society not just as housewives but as people who help to make informed decisions 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".

This revolution has redefined conventional perceptions of women's duties, enhancing their prominence as pivotal decision-makers and providers, so defying established gender norms. A notable issue was the enhanced voice and agency women had acquired in domestic and communal affairs. Microfinance programs have empowered women to articulate their views on critical matters, including family planning, child care, and investments. Participants said that this improved confidence has enabled women to express their opinions more freely and engage more actively in decision-making processes. This transition has cultivated an enhanced feeling of equality, enabling women to participate more substantially in familial and communal dialogues, so further narrowing the gender equity gap.

### 4.4.3 Health Care Programs and Women's Participation in Household Decision-Making Processes.

This section of the study aimed to examine how healthcare programs affect women's engagement in decision-making on family health, finances, and house management. By delving into a wide range of issues connected to the programs' execution and outcomes, the study sought to evaluate their efficacy in encouraging women's active participation in important family decisions. The findings shed light on the challenges faced by women and the potential for healthcare interventions to bring about reform.

#### 4.4.3.1 Limited Healthcare Knowledge and Education Among Women

A significant result was the restricted healthcare knowledge among women, mostly due to cultural constraints that undermine the education of female children. These conventions adversely impact familial health and general well-being in the long run. In several areas, participants observed that women's involvement in family choices, especially concerning health, was often limited by insufficient healthcare expertise. Crucial choices on family nutrition, child health, and treatment alternatives were mostly assigned to males, since women were seen as less competent owing to their restricted education. The absence of education hindered women from participating significantly in critical healthcare conversations.

Cultural norms have surfaced as a substantial obstacle to women's attainment of healthcare knowledge, with participants highlighting that these traditions often

dissuade investment in the education of females. Consequently, women were relegated to caring jobs, without the requisite competence to oversee health-related responsibilities. This not only sustained female dependence on males for decision-making but also reinforced cycles of worse health outcomes within families. One commenter, CH005, observed that

"Education is supposed to help one gain an 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 planning."

Moreover, the devaluation of female education transcended healthcare, limiting women's potential across other domains and perpetuating gender disparities. Respondents underscored the extensive ramifications of educating girls, asserting that advancing healthcare education for women will not only augment their involvement in decision-making but also contest the cultural norms that constrain their autonomy within families and communities.

## 4.4.3.2 Impact of Healthcare Programs on Women's Knowledge in Household Health Decisions.

Respondents consistently highlighted healthcare programs as essential for closing the knowledge gap for women. These efforts, especially via seminars and health-related initiatives, markedly enhanced women's comprehension of family health issues. Consequently, women were more adept at engaging in critical choices, like budgeting for healthcare expenditures and guaranteeing enough family nourishment. The education offered by these programs revolutionized women's roles in their families, allowing them to transition from passive users of knowledge to active participants in family health and well-being.

Participants emphasized that healthcare initiatives significantly impacted women's participation in family health choices. Access to pertinent and comprehensible health information has led to increased female engagement in conversations around healthcare spending and nutritional decisions. The increase in women's involvement was seen as a significant accomplishment of these programs, which not only educated

women but also encouraged them to have a more active role in family decision-making. Respondent CH007 declared .

"Healthcare programs are extremely important to our community, particularly for women. The benefits of these programs cannot be overstated. If these programs are implemented with seriousness and commitment, the positive impact on women's health and well-being will be significant. The enhancement of healthcare services will lead to improved health outcomes, better access to medical care, and a higher quality of life for women. It is crucial that we prioritize and invest in these programs to ensure that women receive the care and support they need to thrive and overcome the challenges they face. By doing so, we will create a healthier and more equitable community for everyone."

Participants saw healthcare programs as vital instruments for empowering women within the family context. These initiatives empowered women with essential information for informed decision-making, therefore enhancing their involvement in managing family health, especially in nutrition and healthcare decisions. The beneficial effects of these initiatives validated their significance as essential elements in enhancing women's involvement in home decision-making and advancing family welfare.

#### 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 suggest that a significant proportion of participants concurred that educational initiatives have influenced women's decision-making within the domestic sphere. The results suggest that women engaged in educational initiatives are more effectively equipped to impact the dynamics of household decision-making. This arises from their enhanced understanding, allowing them to participate seamlessly in the decision-making process. The research supports the conclusions drawn by Mohanty et al. (2013), indicating that the education of married women significantly improves their decision-making power within nuclear family units in New York. The

results suggest that a significant proportion of respondents largely concurred that the women engaged in leadership seminars, which enhanced their capacity to make appropriate household decisions. The results correspond with the observations made by Oyelude and Bamigbola (2013), who noted that NGOs are progressively and steadily enhancing their efforts in educating women and fostering awareness through workshops, thereby empowering them to participate in decision-making processes. The participants largely concurred with the proposition that affirmative action has enhanced women's meaningful involvement in household decision-making processes. The results suggest that a significant proportion of respondents expressed agreement regarding the training they had received. This suggests that a significant number of women are not equipped with training in resource mobilization, an essential competency for enhancing decision-making abilities within the family context.

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

Microfinance programs have allowed women to access loans, which has improved their capacity to make good decisions for their families, according to most respondents. This suggests that women are able to participate more fully in household decision-making when they have access to microfinance credit facilities. The vast majority of respondents acknowledged the many ways in which women may have access to credit and the ways in which this has empowered them financially. All signs point to women's increased agency in household decision-making as a result of microfinance organization access to capital. The results are in line with those of Mathur (2015), who studied how well the South African government and corporations hired women for senior and top management positions after the democratic government passed laws guaranteeing equal opportunity and affirmative action. According to the research, microfinance services are a game-changer when it comes to women business owners' economic independence.

Women may generate their own income with the use of various credit facility initiatives, according to most respondents. Microfinance programs provide women with the means to start their own businesses and generate an income, which in turn increases their agency in family decision-making. Women were able to make better decisions at

home because they were financially literate, according to most respondents. This proves without a reasonable doubt that women's financial literacy is critical to their empowerment and the success of their families' decision-making processes. Consistent with previous research, this study found that women's monthly income is positively affected by microcredit access. Al-Shami (2018) examined the effect of credit availability on several aspects of empowerment in metropolitan Malaysia. The findings showed that rural women entrepreneurs' ability to participate in household decision-making was favorably affected by the performance of their MSEs. This suggests that microfinance programs have an effect on women's participation in family decision-making by helping them improve the performance of their MSEs.

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

When asked whether women's health care efforts have improved family health care decision-making, most people said yes. This suggests that women who have access to healthcare are better able to participate effectively in household decision-making compared to those who do not. On top of that, most people thought that women's health had improved after taking part in health care initiatives. The results show that women who participate in health care programs gain knowledge and are better prepared to help make choices for their families, especially when it comes to health care. Consistent with Annan (2021), this study looked at how women's relative power in relation to their husbands affected reproductive outcomes, children's health, and their ability to attend school in 23 countries throughout Sub-Saharan Africa. Results add to the growing body of research highlighting the pivotal role of women's empowerment in economic development and show the conceptual and analytical importance of disagreements within households over decision-making. After taking part in healthcare programs, most people felt that women were better able to make decisions about their own and their children's health. The results show that women who participate in various health care programs have better knowledge and tools to make educated choices about their child's and their own health throughout pregnancy and beyond. Most people who took the survey assumed that women's involvement in health care programs gave them a leg up when it came to bio-security. Because of their active participation in several health-related programs, such as biosecurity, women now have access to more knowledge about health risks, which has

enhanced their decision-making processes. It appears that women's involvement in household health-related decision-making is enhanced when they participate in healthcare initiatives, as most respondents indicated that women who have participated in effective reproductive health programs are more capable of making informed decisions at the family level. This study's findings are in accordance with those of Agatha (2016), who outlines women's power by highlighting their susceptibility to abuse. Socially empowering women, he says, is freeing them from male domination and fighting for equality alongside them. People can't reach their full potential unless they take care of their health.

#### **CHAPTER FIVE**

#### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### 5.0 Introduction

This chapter delineates the summary of the results, conclusions, and recommendations of the research. It further identifies avenues for future investigation based on the data analysis.

#### **5.1 Summary of the Findings**

The research aimed to investigate the impact of empowerment initiatives on women's involvement in household decision-making processes in Narok North Sub-County. The study aimed to address the following research question: To what degree do capacity-building programs influence women's engagement in household decision-making processes in Narok North Sub County? ii) To what extent do microfinance programs influence women's participation in household decision-making processes in Narok North Sub County, and iii) to what extent do healthcare programs impact women's participation in household decision-making processes in Narok North Sub County? The study employed descriptive analysis and focused on households in Narok North Sub County. Of the 382 questionnaires sent, the overall response rate was 76.6%, deemed suitable for study.

#### 5.1.1 Demographic variables

While women made up 76.6% of the poll takers, we did allow a small number of males to weigh in so we could gather their thoughts on the topic as well. The study's majority-male sample was found to be between the ages of 31 and 40, which is consistent with the idea that these people were family-oriented and so a good fit for the research. It was also found that most respondents had lived in the area for more than 15 years, which meant they could provide reliable data for the study. Based on their responses on their level of education, it was found that most survey takers were elementary school graduates. This group had the knowledge necessary to make informed decisions for their households and met their own and their families' needs.

# **5.1.2** The effect of capacity building programs on the participation of women in household decision making processes

The purpose of the study was to determine if and how capacity-building initiatives increased women's involvement in making decisions at home. It was shown that women who participated in educational programs had a greater influence on home

decision-making. Their ability to actively engage in decision-making and their increased knowledge both contributed to this sense of empowerment. Also, compared to women who didn't attend leadership forums, those who did were far better at making decisions for the family. This was especially true for women who took part in leadership workshops as a kind of capacity-building.

In response to a question on whether affirmative action has increased women's voice in household decision-making, most women agreed that the idea is good in theory but that, due to cultural biases, it is not widely embraced. This suggests that many women may be aware of their responsibilities while making decisions at home, but that they may be unable to put this understanding into practice due to cultural pressures. An important skill for making educated decisions at home, resource mobilization was taught to a number of women as part of capacity-building initiatives, according to the study.

Assuming they have training in a variety of household management skills, the research found that women may greatly improve home well-being by actively participating in decision-making. Women are more able to take part in decision-making within their households after participating in capacity-building programs compared to those who have not.

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

Secondly, we want to find out how much of an effect microfinance programs have on getting women to take part in making decisions at home. The goal was to find out whether these microfinance programs helped women gain financial and employment independence. Because of financial constraints and limited job opportunities, women still rely on males for guidance when deciding on appropriate house purchases. The study's findings showed that women are more likely to take an active role in household decision-making when they have access to microfinance loan facilities. The capacity of women to take part in household decision-making is improved when they have access to money via microfinance institutions. Research that followed found that microfinance programs make it easier for women to start businesses and earn their own money, which in turn increases female influence in household decision-making. By enhancing their participation in effective family decision-making, such budgeting and reducing impulsive purchases, financial literacy greatly aids women's economic empowerment.

Based on the results, women are more likely to be involved in household decision-making when microfinance programs help them improve the performance of their MSEs. As a result, microfinance programs play a crucial role in empowering women to take part in making decisions at home.

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

Thirdly, we want to find out how health care initiatives have affected women's participation in family decision-making. According to the results, women who have access to health care programs are more likely to be able to contribute effectively to household decision-making. The results show that women who participate in health care programs gain knowledge and are better prepared to help make choices for their families, especially when it comes to health care. In addition, research has shown that women who participate in various health care programs are better able to reduce maternity and child death rates than women who do not. A number of health-related projects, including biosecurity, have shown that women's participation improves their decision-making processes by providing them with considerable knowledge on health issues. Women who have participated in health care programs are more likely to be involved in making health-related decisions at home, according to the research.

#### **5.3** Conclusion of the study

The purpose of this study was to analyze how women's empowerment programs affected their participation in making decisions at home. Here are the research's conclusions:

Finding out how capacity development affected women's participation in household decision-making was the main goal. The poll found that most people think that women are more likely to be involved in household decision-making when they participate in capacity-building programs because it increases their knowledge. Accordingly, the study's authors drew the conclusion that women's capacity development programs are crucial to increasing women's participation in household decision-making. In order for women to have a stronger voice in family decision-making, it is imperative that they participate in these capacity-building initiatives.

Finding out how microfinance lending programs affect women's participation in family decision-making is the second objective. Through affecting income levels and generating additional job options, the results showed that microfinance loan programs for women affect the way their families make decisions. Because of limited opportunities for job and income generation, most women do not feel empowered, which limits their capacity to make decisions about their families. Microfinance has given women the tools they need to start businesses, grow existing ones, and even advance in their present positions. They now have more say in household matters and greater power as a result of this.

Examining how health programs benefit from women's participation is the third objective. Because women are constantly interacting with every member of their family, the study showed that family health issues greatly affect women. Because they do not feel empowered, women do not take an active role in making decisions at home. Since women learn more about health concerns at these programs, most people think that they are more inclined to make decisions about their health at home.

According to the study's findings, women's empowerment programs affect how much women participate in making decisions at home. Based on the ideas and beliefs of the respondents, the study found that empowering women via capacity development, access to financial facilities, and health programs increases their ability to make informed choices at the household level.

#### **5.4 Recommendations**

The findings and recommendations of the research suggest that women should have more access to chances for capacity development so that they may learn new things and increase their influence in family decision-making.

When women have more control over their own finances, they are better able to participate in making decisions at home. More possibilities for women to participate in microfinance lending programs are needed, according to the study, if they are to effectively engage in household decision-making.

More women should take part in health programs so they can make educated decisions about their own and their families' health, according to the report.

#### 5.5 Areas for further study

The study's findings and recommendations suggest that society should do more to help women improve their capacity so that they may learn the skills and get the knowledge they need to be active participants in family decision-making. The capacity of women to participate effectively in decision-making processes inside the home is enhanced when they are financially empowered. The study's authors argue that microfinance lending programs should provide greater possibilities for women to participate so that they may more effectively participate in household decision-making. In order for women and their families to make educated decisions about their health, the report calls for more enrollment in health programs.

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#### **APPENDICES**

#### **APPENDIX 1: LETTER OF INTRODUCTION**

#### **Esteemed Respondent,**

#### **Regarding Academic Research**

This correspondence pertains to the aforementioned matter.

I am a student at Maasai Mara University pursuing a master's degree in social work. I am presently doing research on the impact of empowerment initiatives on women's involvement in household decision-making. You have been chosen to participate in the research for this reason. Please complete the accompanying questionnaire with the information requested to the best of your ability.

The acquired information will be used only for research purposes and will be treated with the necessary confidentiality. A summary of the results will be sent to you, and I trust they will enhance your operations.

Your support would be much appreciated.

Respectfully,

Elizabeth Takai

#### Appendix II: CONSENT FORM FOR RESPONDENTS

Dear Participant,

I invite you to participate in a research study entitled *Women Empowerment Programs and* their Influence on Household Decision-Making Process in Narok North Sub- County, Narok County. I am currently enrolled for Master's degree of social work at Maasai Mara University and am in the process of writing my Master's project.

Your involvement in this research endeavour is optional. You may refuse entirely or omit any questions you want not to answer. No dangers associated with involvement are known beyond those typically faced in daily living. Your replies will be kept secret and anonymous. The data from this study will be securely stored and reported only as a cumulative total.

If you consent to participate in this experiment, kindly respond to the questions on the form to the best of your ability. The completion time is estimated to be about 10 minutes. Kindly return the questionnaire at your earliest convenience to facilitate the completion of the project report. If you have any questions about this study, do not he live to reach out to the INVESTIGATOR.

Elizabeth Takai; cell: 0729370309; supervisor Dr. Zeddy Lemein, PhD, Cell; 0722581543, Dr. Joseph Misati PhD Cell; 0726493984.

#### **CONSENT**

I have comprehended the supplied information and have had the chance to inquire more. I acknowledge that my participation is optional and that I may withdraw at any moment, without justification and at no expense. I acknowledge that I will get a copy of this permission form. I willingly consent to participate in this research.

Participant's signature _	 Date
Investigator's signature	Date

1. Gender: Male [ ] Female[ ]					
2. Age: 18 – 25 years [ ] 26–30 years [ ] 31 40 years [ ]	_ 40	0 yea	rs [	[ ]	Over
3.Years you have lived in the area: 6-10 Years [ ] 11-1: More than 15 years [ ]	5 yea	ars	[	]	
4. Highest academic qualifications; Not attended School [ ] Primary School [ ] Post-Secondary School level [ ]	Scho	ool [	]	Sec	condary
SECTION B: Capacity building programs					
5. Please indicate the extent to which each of the following aspects of	Сара	acity	buil	ding	programs
affect women empowerment 1-No extent at all 2-Small extent 4-Large extent 5-Very large extent			-	3-Ne	utral
Capacity building programs	1 2	2 3	4	5	
Education programs have influenced women decision making at					
house hold					
I have attended Leadership workshops that have helped me in					
making appropriate decision					
Affirmative action has assisted to empower women and give					
them more authority in decision making					
I have been trained effective on Resource mobilization and this					
has enhanced my ability to make appropriate decisions					
Through training I have been equipped with appropriate					
management skills that have enhanced m decision making					
process at the household level.					
6. Please indicate the extent to which each of the following aspects of	Cre	edit fa			
affect women empowerment 1-No extent at all 2-Small extent			-	3-Ne	utral
4-Large extent 5-Very large extent					

SECTION A: GENERAL INFORMATION OF THE RESPONDENT

Credit facility programs				4	5
I can access credit through Microfinance programs and this has					
empowered me to make good decisions					
There are various avenues I can get credit which has assisted me					
to enhance financial ability					
I am able to generate my own Income through assistance from					
the various credit facility programs					
Having Financial literacy has empowered me to make					
appropriate decisions at my house hold					

7. Please indicate the extent to which each of the following aspects of Health care programs affect women empowerment 1-No extent at all 2-Small extent 3-Neutral
 4-Large extent 5-Very large extent

Health care programs	1	2	3	4	5
Through effective Reproductive health programs I have been					
able to make very appropriate decisions					
I have improved my decision on my Hygiene after attending					
several health					
I have improved on my personal health since I attended the					
health care programs					
My decisions on maternal and child health has been improved					
after attending the heath care programs					
I am well informed about Bio-security since I attended the health					
care programs					

8. Please indicate the extent to which you agree with each of the following aspects of women participation in decision making 1. No extent at all 2. Small extent 3. Neutral

4. Large extent 5. Very large extent

women participation in decision making	1	2	3	4	5
Improved business performance of MSEs owned by rural and					
women entrepreneurs;					
Increased transformation of MSEs from the informal to the					
formal sector; and					
Increased number of start-ups; and thereby attaining					
Increased income and employment opportunities in rural areas,					
particularly for women.					
Improved household welfare					
Improved business performance					
Increased number of start					
Increased income					
Increased Employment opportunities					

Thank you

#### APPENDIX III: INTERVIVEW SCHEDULE

This interview schedule aims to gather data to assess the impact of empowerment initiatives on women's involvement in household decision-making. Your replies are requested only for the purpose of the research.

Interview no
Date and Time of interview
Place of interview
1. Gender:
2. Please tell me about your Age bracket
3. How long have you lived in this area?
4. What is your marital status?
5. What is your Highest level of education?
Capacity building programs
Has your education level influenced your house hold decision making?
If yes please elaborate how
<del>-</del>
Have you attended any leadership seminars or workshops?
If yes how have they influenced your decision making at the household level
Do you understand what affirmative action is?
Do you think affirmative action has had an influence on women empowerment?

Do you have any training on Health Care programs?
If yes do you think it has influenced your decision making process at the house hold level ?
Credit facility programs
Have you accessed credit facilities before?
From which organizations (banks, groups or microfinance)
How have the credit facilities assisted you to make decisions
Have the credit facilities assisted you grow and also make informed decisions at the house hold level.
Do you have good financial literacy to make informed household decisions?
Health care programs
Do you have knowledge about reproductive health programs?
If yes which programs are you aware of
How has the knowedge in reproductive heath assisted you to make decisions?
Has your knowledge in health care assisted you improve your house hold decision making?

Has participation in decision making improved your business management skills?
Has your participation in decision making improved household welfare?
Has your income improved because of participation in various programs?
Would you say your household is much better since you started participating in women affairs?

Women participation in decision making

Thank you for your time and participation



### **Maasai Mara University**

# BOARD OF POSTGRADUATE STUDIES OFFICE OF THE DIRECTOR

P.O. BOX 861 - 20500

Narok, Kenya www.mmarau.ac.ke

Tel: +254 - 20 -2066042 +254 - 20 - 8081874

24th January,2022

RESEARCH PERMITS SECTION NACOSTI UTALII HOUSE

### REF: ELIZABETH TAKAI- AM12/SP/MN/6184/2017

We wish to confirm that the above named is a bona fide Master's student at Maasai Mara University pursuing Master of Arts- Social Work in the School of Arts, Humanities, Social Sciences & Creative Industries. Her proposed research is 'Women Empowerment Programs and Their Influence on Household Decision-Making Process in Narok North Sub-County, Narok County, Kenya' She would like to apply for a research permit from NACOSTI before she can proceed for field work and data collection.

We further confirm that the candidate has adhered to all research protocol requirements of Maasai Mara University and the proposed research has been rated as having no known adverse impacts on the environment and does not pose any ethical concerns.

This is therefore to request your office to issue her with a research permit.

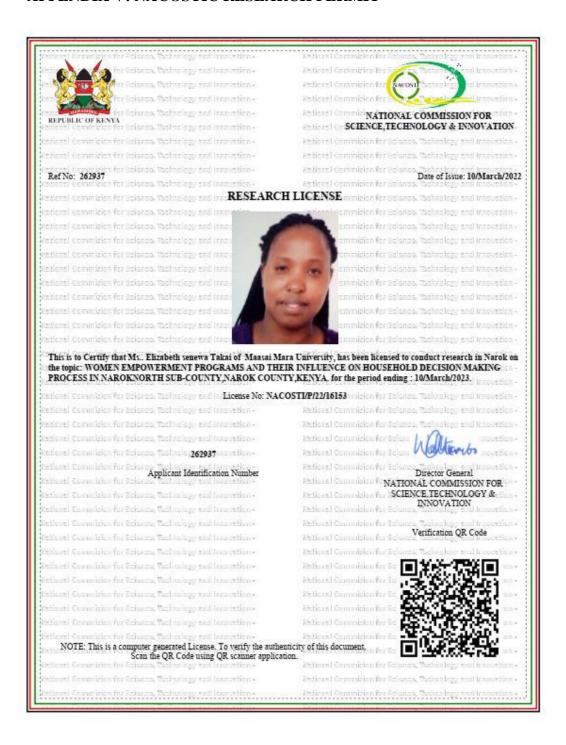
Faithfully yours,

Prof. Romulus Abila, PhD.

Director, Board of Postgraduate Studies

BOARD OF POSTGRADUATE STUDIES https://orcid.org/0000-0001-8762-7153

#### APPENDIX V: NACOSTIC RESEARCH PERMIT



#### THE SCIENCE, TECHNOLOGY AND INNOVATION ACT, 2013

The Grant of Research Licenses is Guided by the Science. Technology and Innovation (Research Licensing) Regulations, 2014

#### CONDITIONS

- The License is valid for the proposed research, location and specified period
   The License any rights thereunder are non-transferable
   The Licensee shall inform the relevant County Director of Education, County Commissioner and County Governor before commencement of the research
- Excavation, filming and collection of specimens are subject to further necessary clearence from relevant Government Agencies
   The License does not give authority to transfer research materials

- NACOSTI may monitor and evaluate the licensed research project
   The Licensee shall submit one hard copy and upload a soft copy of their final report (thesis) within one year of completion of the
- 8. NACOSTI reserves the right to modify the conditions of the License including cancellation without prior notice

National Commission for Science, Technology and Innovation off Waiyaki Way, Upper Kabete.

P. O. Box 30623, 00100 Nairobi, KENYA
Land line: 020 4007000, 020 2241349, 020 3310571, 020 8001077
Mobile: 0713 788 787 / 0735 404 245 E-mail: dg@nacosti.go.ke / registry@nacosti.go.ke Website: www.nacosti.go.ke

### APPENDIX VI: MINISTRY OF EDUCATION RESEARCH **AUTHORIZATION LETTER**



#### REPUBLIC OF KENYA

MINISTRY OF EDUCATION State Department of Early Learning and Basic Education

FAX NO. 050-22391 When replying please quote;

Ref. CDE/NRK/RES/VOL1/265

COUNTY DIRECTOR OF EDUCATION NAROK COUNTY P.O BOX 18 NAROK

DATE: 16<sup>TH</sup> MARCH, 2022

#### TO WHOM IT MAY CONCERN

### RE: RESEARCH AUTHORIZATION - ELIZABETH SENEWA TAKAL

The above named is of Student of Maasai Mara University. She has been authorized to carry out research on "Women Empowerment Programs and their Influence on Household Decision Making Process" in Narok North Sub County of Narok County, Kenya for the period ending 10/03/2023.

Please accord her the necessary assistance.

RONALD MBOGO

NAROK COUNTY FOR: COUNTY DIRECTOR OF EDUCATION

1 J MAR 2022

For: COUNTY DIRECT OR

**NAROK** 

C.C

- County Commissioner - Narok

- Elizabeth Senewa Takai



# APPENDIX VII: COUNTY COMMISSIONER RESEARCH AUTHORIZATION LETTER



## OFFICE OF THE PRESIDENT MINISTRY OF INTERIOR & COORDINATION OF NATIONAL GORVENMENT

Telegrams: "COUNTY", Narok Telephone: Narok (050) 22433 If calling or telephoning ask for the undersigned

When replying please quote

RE: SR.ADM. 15/6/VOL.II/131

County Commissioner's office Narok County Po Box 4-20500 NAROK

16<sup>TH</sup> March, 2022

The Deputy County Commissioners

Narok North Sub County Narok Central Sub County

### RE: RESEARCH AUTHORIZATION – ELIZABETH SENEWA TAKAL

Ms Elizabeth Senewa Takal is a student of Maasai Mara University. She has been authorized to carry out research on "Women Empowerment Programs and their Influence on Household Decision Making Process" in Narok North and Central Subcounties for the period ending 10/03/2023.

Please accord to her any necessary assistance.

ISAAC W. MASINDE OGW COUNTY COMMISSIONER NAROK COUNTY

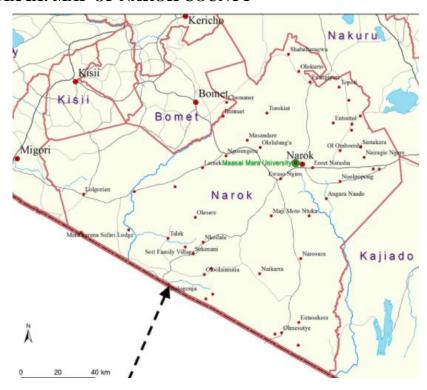
C.C

MS ELIZABETH SENEWA TAKAL

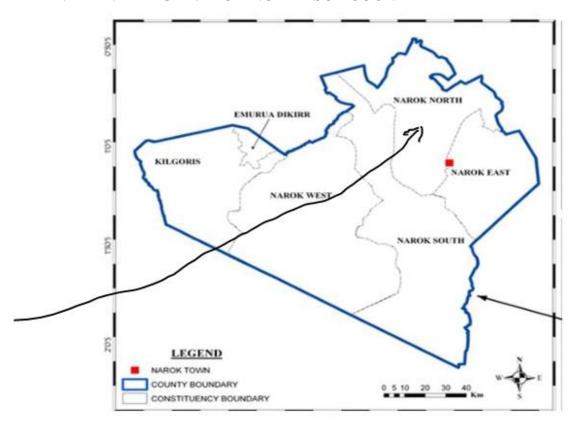
#### **APPENDIX VIII: MAP OF KENYA**



### APPENDIX IX: MAP OF NAROK COUNTY



### APPENDIX X: MAP OF NAROK NORTH SUB COUNTY



### APPENDIX XI: SAMPLE SIZE ESTIMATION TABLE

Table 3	.1																
Table for Determining Sample Size of a Known Population																	
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	265	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	76	270	159	750	254	2600	335	1000000	384								
Note: \(\lambda\)	is Popul	ation Size,	S is San	iple Size		Sou	rce: Krejo	ie & Morgar	Note: N is Population Size; S is Sample Size Source: Krejcie & Morgan, 1970								

### APPENDIX XII: WORK PLAN

Activities	January -	June -	January	Feb-	March -
	April	July	- March	march	April
	2020	2020	2021	2022	2022
Theoretical Study					
and Literature					
Review					
Proposal					
Development and					
Submission					
Proposal					
Presentation					
Field work and					
Data					
Collection					
Data Processing					
and Analysis,					
Thesis writing,					
defence and					
Submission					

### APPENDIX VIII: THE RESEARCH BUDGET

ACTIVITY	ITEMS	UNIT COST IN KSH	SUB TOTAL (KSH)
Literature Review	Library search	20days@ 500.00	10,000.00
Literature Review	Travelling expenses	20 days@100.00	20,000.00
	Internet search	900pages@5.00	4,500.00
	Meals &subsistence	20days@ 500.00	10,000.00
	Wears estudistence	20days@ 300.00	10,000.00
Proposal writing	Typing first copy	58 pages@10.00	560.00
	Printing first copy	58pages@5.00	290.00
	Photocopy of first copy	116copies@3.00	348.00
	Binding	3 copies@70.00	210.00
	Typing corrected copy x20	1160 pages@10.00	
	Photocopying	1160 copies@3.00	11,600.00
	Binding	20copies @ 70.00	3480.00
	Travelling expenses	20times@1000.00	1400.00
	Travelling expenses	<u>20011105(0),1000.00</u>	20,000.00
Sub Total			82,388.00
Piloting	Printing questionnaire	5 pages@20.00	100.00
and Data collection	Photocopying	500pages@3.00	1,500.00
	Travelling expenses	2 weeks @ 5,000	10,000.00
	Meals & subsistence	2 weeks @ 5,000	10,000.00
	Data analysis	Consolidated	5,000.00
Sub Total			26,600.00
Project writing	Typesetting & printing	120pages@10.00	1,200.00
,	Printing the corrected copy	110pages@10.00	1,100.00
	Photocopying	770pages@3.00	2,310.00
	Spiral binding	3 copies@ 100.00	300.00
	Hard cover binding	3 copies @ 3000	9,000.00
	Travelling expenses	1 0	,
	to college	5 times @ 1500	7,500
Sub Total			22,610.00
Total			131598.00
10% Contingency			16,159.80
Grand Total			147,757.80