

SOCIO-ECONOMIC EFFECTS OF WOMEN'S SELF-HELP GROUPS (WSHGs) ON HOUSEHOLD LIVELIHOODS: A CASE OF KALAMA DIVISION, MACHAKOS COUNTY, KENYA

¹Malavu, J., Odek, A., ²Wachira, W.

Abstract: This study investigates the effects of women's self-help groups (WSHGs) on households' livelihoods in Kalama Division, Machakos County. It specifically aims at establishing the effects of women's SHGs on households' income levels in Kalama Division, identifying the role of WSHGs on households' education level in the division, finding out the effects of WSHGs on households' health status. The study was based on 165 respondents selected from existing registered groups in the study area. Data was collected using questionnaires and analyzed quantitatively and qualitatively using tables, graphs, pie charts and percentages. The study findings revealed that WSHGs improved household's income and savings where most of the respondents reported increased incomes in their households. It was also established that Women SHGs affect household education positively mainly through increased income and awareness about education. Further, the study disclosed that WSHGs positively influenced household health because most members of women SHGs had relatively good health except for a few. Ability to access medical facilities also improved as a result of WSHGs. Finally, the study analysis revealed that training was the most preferred strategy for improving WSHGs. The study recommends for more funding and improvement of basic infrastructures such as roads.

Keywords: women's self-help groups (WSHGs), households' livelihoods, household health.

1. INTRODUCTION

Self-help groups, defined as groups of individuals who give mutual support for one another (Murria & Verma, 2013) are viewed internationally as the modern day tool and vehicle for development in rural areas and for changing the poor as well as the marginalized in our society for the better, by assisting them in adapting to income generating activities (IGAs) (Barman & Bhattacharjya, 2015).

Thousands of underprivileged/marginalized women worldwide especially in developing countries are leading their lives through WSHGs (Sudarshan, 2011). Kenya also acknowledges that women are disadvantaged or vulnerable group who should be targeted by the government's development projects. It is because of this that women's role in economic development is clearly being clarified with indications that their roles may still be hidden under from the public, hence the need to support and motivate them in taking part in governance and public life in general (Nyaberi & Omwenga, 2012). In most cases, their qualitative engagement has been achieved through WSHGs (Murugangi & Dombosi, 2007). Nevertheless, socio-economic impacts of these groups are still not clear in many parts of the country including Kalama Division, Machakos County.

So far, there is plethora of studies internationally about involvement of women in WSHGs including their participation in development process. Studies especially those conducted in the Far East countries (Anuppalle & Reddy, 2008) show how these groups have succeeded in ensuring access to micro- finance by the rural segment of the society especially women.

Therefore, there was a need to find out what is happening elsewhere in the world and, in this case, in Kenya because what is true for South Asia regarding women's empowerment may not be necessarily applicable in other parts of the world. It is against this background that this study is proposed.

2. STATEMENT OF PROBLEM

Kalama is one of the drought prone areas in Machakos County. It exhibits a number of social challenges including unemployment, high levels of poverty and food insecurity. There have been a number of initiatives towards development in the area including Women Enterprise Development Funds (WEDF). However, SHGs seems to attract most women, raising the question on whether this could be attributed to their socioeconomic effects on households' livelihood.

Despite the popularity of SHGs especially among women, little studies have been carried out to understand their effects on households. Most of the existing studies such as (Kireti & Sakwa, 2014; Hanna-Kaisa, 2003) have been carried in other areas and are generally limited in scope. The present study attempted to evaluate socioeconomic effects of women SHGs on household's livelihood in Kalama Division, Machakos County

3. OBJECTIVE OF THE STUDY

The broad objective of this study was to assess the effects of women's self-help groups (WSHGs) on households' livelihoods: a case of Kalama division, Machakos County. Specific objectives included: (i) to assess the effects of WSHGs on households' income levels in Kalama Division, Machakos County, (ii) to determine the role of WSHGs on households' education level in Kalama Division, Machakos County, (iii) to find out the effects of WSHGs on household health status in Kalama Division, Machakos County, and (iv) to establish strategies of improving WSHGs services.

4. LITERATURE REVIEW

The Concept of Self Help Groups:

SHGs, which sometime is referred to as mutual aid or support groups, are basically small groups of individuals who voluntarily come together and who are related by common challenge or an affinity for a specific purpose while providing mutual support for one another (Murria & Verma, 2013). The group is often made of between 10 to 20 members who come together with the intention of solving some common socio-economic problems through regular savings and having access to credit, which in turn helps them in their livelihood as well as assuring them of some degree of self-sufficiency (Panda, 2009).

There are various forms of SHGs in developing countries ranging from economic based SHGs, to health, legal to cultural oriented groups (Brody, et al., 2016). SHGs may also provide support through training of its members especially on areas of entrepreneurship, rights of women, political participation, civic and basic education as well justice (Van Kempen, 2009). In most cases, SHGs are linked directly with financial institutions (MFIs) or operate through NGOs. The unique aspect of SHGs is that they are fundamentally based on grass root formations compared to most of the Micro-Financial Institutions (MFIs). It is important to note that every SHG is unique in relation the values, principles and participation of group members (Vetrive & Mohanasundari, 2011).

The Effects of WSHGs on Households' Income Levels:

There is evidence that women's involvement in WSHGs can improve their household's income levels. For instance, (Mualuko, Mbabazize, & Shukla 2016) in their study on the effects of SHGs on women empowerment observed that through such groups, women's income improved hence were able to gain economic independence. (Shah & Panigrahi, 2015) while studying factors influencing credit delivery from formal and informal sources to women households observed that the micro finance firms provide some credit through group approach, which not only assisted them financially but also brought about a ray of hope for a better future.

(Swain & Wallentin, 2012) in their study about variables influencing empowerment of women based on Indian SHGs observe that the economic aspect of these groups is the most important in improving their empowerment. The observation made by (Lyngdoh & Pati, 2013) in their study about the effects of Microfinance on Women empowerment using the case of India's Matrilineal Tribal Society offers evidence that SHGs are associated with increased income. The two researchers observed that microfinance clients actively engaged in Income Generating Activities (IGAs) more frequently than non-members hence improved their incomes.

These studies offer important insight except that they suffer from few methodological flaws. For instance, the increased income from these groups may not automatically imply an increased income level for the whole household. There may be cases where the women use the increased income for their own selfish gains and not for the benefit of their families. The challenge with the Lyngdoh and Pati's study and that of Jerinabi is that they focus on micro-finance instead of directly focusing on SHGs.

Effects of SHGs on Households' Education Level:

Evidence from some African Countries (Burchi & De Muro, 2009) and South Asian (UNICEF, 2007) indicate that enlightened women are more likely to encourage their children's education hence breaking the cycle of poverty and hunger. In an earlier study by (Littlefield, Murdoch & Hashemi, 2003), it was observed that the first thing that poor families do when they get credit is educate their children. School attendants are also enhanced when household/parents get credit loans from MFIs. The research also finds that dropout rates are relatively much lower for children of credit beneficiaries. It is however not clear whether women participation as members of SHGs is associated with their education or enlightenment. It is important to assess the extent to which their membership to WSHGs promote or hinder education status of their households.

In a more comprehensive study, (Maldonado, Veg & Romero, 2005) identified several effects of microfinance which the authors believed positively motivates households to educate their children. This includes the household's expanded income level, the empowering effect it has on clients who are mostly women and their ability to make informed decisions about education as well as the demand microfinance creates for children to be taken to school particularly programs which are tailored towards the mother's education.

Another contribution is that from Khan (2014) who highlights on the educational impacts of Micro-finance and similar organizations or institutions. The aim of his study was to interrogate the effects of microfinance on the household income, consumption level and expenses on educational needs and households' health. The useful insight notwithstanding, the study focused more on general micro-finance without specifying the type. May be different forms of micro-finance have different impacts. The current study focused on SHGs which is one of the models of micro-finance.

In general, there seems to be mixed feelings among scholars on whether SHGs have positive effects on households' educational outcomes. Observation from previous studies tends to vary widely and fail to reach a solid and firm conclusion. Some of the studies are reviewed above do suggest that there are some relationship between the two variables. However, there seems to be many and their interplay complex. The current study sought to uncover this actual relationship which exists between SHGs and Household's education levels/status.

Women SHGs and Household Health Status:

A number of scholars and researchers have made attempts to assess the effect of microfinance and any other strategy on health status. According to (Narayan & Patesch, 2000), ill-health status and being unable to access appropriate health services are not only a consequence of poverty, but also leads to poverty. Any strategy which involves micro-finance is therefore expected to influence health status directly or indirectly by offering health-related services or improving people economic status respectively. None the less, existing studies and conclusions on this aspect tend to vary substantially, for instance, (Leatherman & Dunford, 2010), in their study on associate improvement of diarrheal diseases treatment in the Dominican Republic with provision of micro finance. Similarly, (Pronyk et al., 2006) revealed that MF brings about reduced risk of physical or sexual abuse in their study based in South Africa. These two studies provide very interesting findings except that they focus on specific health schemes incorporated into the programs. Therefore, it will be more interesting to find out whether the same happens in relation to SHGs.

(Saha, Annear & Pathak, 2013) studied the effects of SHGs on health with specific focus on maternal health services. Analysis was done using data from the third national District Level Household Survey from about 601 districts in India. The primary predictor variable in the study was the availability of a SHG in the village. The authors specifically focused on institutional delivery, feeding of new-borns colostrums, and respondents' knowledge about health issues such as family planning methods. The study also controlled for respondents' educational levels, income, and presence of health facilities. Using stepwise logistic regression, the authors observed that participants from villages with a SHG were 19% stood higher chances to delivering in a health institution, feeding their newborns with colostrum and were more likely to have appropriate health knowledge on family planning methods and services. The authors concluded from the study that the participation and presence of SHGs in a given village was linked to good health outcomes. However, this may not be entirely true because other factors tend to play a role. The current study was conducted with the aim of clarifying on the causality between the two variables; SHGs and improved health outcome.

While carrying out an analysis of a household-level based panel dataset, over period of about 8 years in Bangladesh, (Islam & Maitra, 2011) illustrated out access to microcredit assisted many people in the study area, insure their household against health related shocks. The authors observed that those families with access to credit particularly through informal means were less prone to selling their assets such as livestock in dealing with health shocks. However, in situations where there was sick members of the family, those households which were unable to access credit tended to reduce their productive asset base like reducing the number of livestock owned. The authors also noted that the duration in a particular micro-finance scheme mattered a lot.

Using a mixed-methods strategy, Saha (2016) illustrates how the presence of SHGs was linked with good health outcomes. The author suggests that there are mainly four ways through which credit and participation in SHGs and other micro-financial organizations affect or influence households' health outcomes. The first one is the fact that such group's acts as a medium through which health messages are passed or conveyed especially during the groups' meetings. The second avenue is through the improved health status of the participants through the increased disposable income, reducing vulnerability by diversifying their sources of income, and strengthening financial shock-coping strategies (including savings) and productive assets. Third is that available from credit assist the poor in dealing with health related emergencies, such as ill-health of the breadwinner. The last and final pathway is building social capital through groups meetings and mutual support.

From a general overview, there is no comprehensive study which focuses on the effects of women's SHGs on household health status. Studies done so far tend to focus on the role of Microfinance and other strategies and how they are related to health without considering other factors. On the other end, there is argument that it may not lead to improved health. In conclusion, the existing empirical evidence which tend to focus on microfinance and other approaches and their impact on household health is at best mixed. This study sought to clarify the existing link between the two.

Theoretical Framework:

This study was guided by the Community Driven Development Theory (CDDT). The theory holds that development initiated by people themselves is demand responsive. The theory gives control of decisions and resources to community groups. These groups often work in partnerships with demand responsive support education and service. Chambers (1997:32) defined Community Driven Development as a way to provide social infrastructure services to organize economic activities and resource management to empower poor people, improve governance, and enhance security of the poorest.

The theory was more suitable for this study because it explains that success of any development within the society depends on the people themselves including their needs. The formation of SHGs is based on individuals coming together driven by their common problems with the aim of solving or finding solutions to these problem.

5. METHODOLOGY AND DATA COLLECTION

The study relied on descriptive research design which according to Mugenda and Mugenda (2008) is more appropriate when the aim of the study is to give comprehensive description of a given issue or phenomenon. This study was conducted in Kalama Division, Machakos County, Kenya. Kalama division is composed of eight locations which have several sub locations. The area is generally hilly and highly eroded hence the soils have been rendered infertile leading to low crop production. Long rains are experienced between March and May while short rains are received between mid-October and December. Most residents are peasant farmers.

To select a sample for the study area, important factors like the group maturity and members' period of stay in the group were considered. A list of women Self Help Groups (SHGs) was obtained from the Department of culture and social services in Machakos County provided a list of registered WSHGs to the researcher. Convenience sampling technique was used where only the registered WSHGs and the oldest registered members of the groups were considered. Mugenda and Mugenda (2008) 15-30 per cent is deemed representative of the sample. In this study, 30% of the population was considered. From the list given only 10 WSHGs were registered with a total membership of 560 out of which 168 respondents were selected.

Questionnaires were used to collect data which were analyzed using qualitative and quantitative methodologies. To analyze quantitative data, the questionnaires were first checked for consistency and errors. Data that contained incomplete information was excluded. Responses from open-ended items were grouped into few discrete categories and tallied accordingly. The quantitative data collected was tabulated according to their frequency and percentage and then analyzed

accordingly. The researcher used Statistical Package for Social Sciences (SPSS Version 1) in data coding, entry and analysis. Moreover, the qualitative data obtained from open- ended questions was changed to complete narratives.

6. FINDINGS AND DISCUSSIONS

Socio-economic Characteristics:

Respondents' Age:

To establish the age of respondents, the researcher asked them to indicate their age and the results are shown in Table 1.

Table 1: Age Group of Respondents

Age	Frequency	Percent
(18-30) years	68	41.2
(31-43) years	44	26.7
(44-56) years	32	19.4
(57-69) years	21	12.7
Total	165	100.0

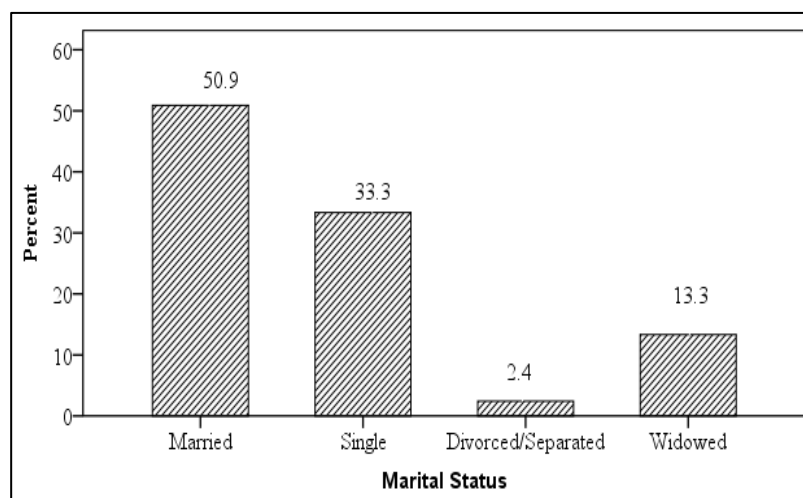
Source: Field Data (2017)

The findings presented in table 1 show that 41.2% of the respondents were of age 18-30 years and 26.7% were of them belonged to the age bracket of 31-43 years. Beyond this group, the membership to WSHG decreases where 19.4% of the respondents fall in the age group of 44-56 years, and the number of respondents constituting only 12.7% in the age bracket of 57-69 years. From this it can be deduced that majority of the respondents are composed of the young and middle age group people. The reason might be that, this is generally the productive age group and thus this group of people can actively participate in socio-economic activities, which is true of the activities of WSHGs in the study area. The other possible reason is that these a young people who are mainly striving to fight poverty and provide for their family.

These findings are consistent with (Mualuko et al., 2016) on self-help groups that showed that most of the self-help group members were young adults and that membership to SHGs decrease with increase of age. Similar observations were made by (Okurut & Botlhole, 2009) and (Lyngdoh & Pati, 2013). The study findings however contradicts those of (Shah & Panigrahi, 2015) who observed that participation in SHG increased with increasing age basing his argument on the assumptions that increasing age means more autonomy and less control by other members of households.

Marital Status:

Marital status of the sample respondent has been studied into four categories namely: married, single, Divorced/Separated and Widowed. The detail of the classification of respondents according to marital status is as shown in Figure 1.



Source: Field Data 2017

Figure 1: Distribution of Respondents by their Marital Status

The study revealed that (33.3%) respondents were still single, while 50.9% were married. About 13.3% of the respondents were either Divorced or Separated and only 2.4% was widowed. It can be deduced from these findings that most members of the WSHGs are married. This may be attributed to the fact that they have more responsibility hence get involved in social organizations and any other related organizations in their pursuit for monetary support. The findings confirms the notions that women who usually take active part in women group including WSHGs are in most cases those who are married due to the fact they have to struggle to support their households or families (Brody, et al., 2016).

Educational Attainment:

The research also sought to find out the level of education of the respondents, where they were to indicate their level of education and the results are shown in Table 2.

Table 2: Highest Levels of Education

Education Levels	Frequency	Percent
No school	8	4.8
Primary	58	35.2
Secondary	53	32.1
Tertiary	46	27.9
Total	165	100.0

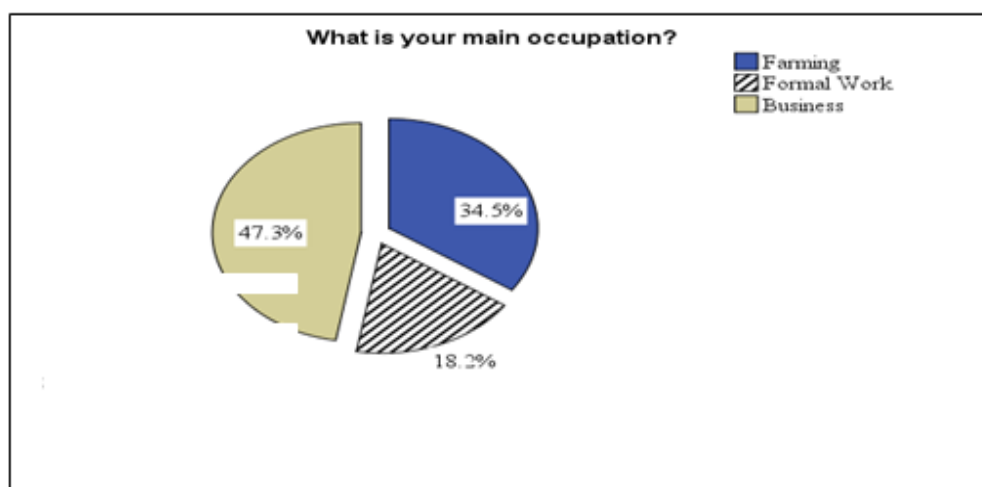
Source: Field Data (2017)

Generally, most self-help group members have completed either primary (35.2%) or secondary school (32.1%) education. There was a good participation of members with a tertiary school education whose overall estimation was 27.9%. Only 4.8% of the respondents did not attend any school.

The study finding implies that the level of education for the respondents is relatively low as most of them have reached primary level with some having attained secondary education. This is not surprising since Kalama Division is majorly rural. The other issue is that all respondents were women who like in the rest of other African countries are disadvantaged in terms of educational attainment due to social cultural barriers. But at the same time, participation in WSHGs could be motivated by their inability to get loans from banks and other formal financial institutions which in most cases favors those in formal employment with salaries and who are able to save regularly.

Main Occupation of respondents:

The occupation of the respondents refers to any activity that acts as the source of income for the family. The occupation of the respondents is normally where all the source of income is derived from to meet the daily needs of the family. It was also important to get information on occupational status. Respondents were therefore asked to specify their main occupation. The findings are as shown in Figure 2 below.



Source: Field Data 2017

Figure 2: Distribution of Respondents according to their Main Occupation

As it can be seen in Figure 2 above, business remains the major source of livelihood to the majority of the women in WSHGs as represented by close to half (47.3%) of all the respondents who took part in the study. Farming was the second most common source of livelihood as indicated by 34.5% of the total number of respondents in the study, while only 18.2 % derived their livelihood from formal employment.

Business and Farming were found to be the common occupations of respondents. However, relatively fewer respondents relied on formal work as a source of livelihood. In this study, formal employment was used to imply that type of work which gives one regular salaries/wages apart from other benefits.

Respondents' Monthly Income

Income is one of the socioeconomic variables that were studied. It generally decides the background of an individual and acts as the yardstick to measuring ones standard of living. Table 3 below summarizes the findings.

Table 3: Respondents' Monthly Income

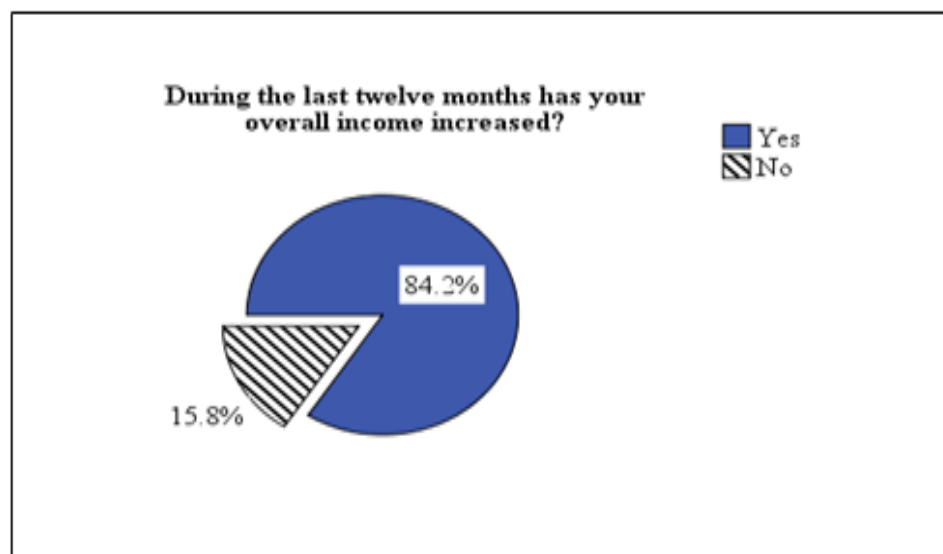
Monthly Income	Frequency	Percent
Up to Ksh. 5000	37	22.4
Ksh.5000-10,000	52	31.5
Ksh'10,001-15,000	21	12.7
Ksh.15,001-20,000	14	8.5
Ksh.20,001 and above	41	24.8
Total	165	100.0

Source: Field Data (2017)

As illustrated above, the levels of monthly income are grouped into five major categories with the lowest being up to Ksh. 5000 and the highest being Ksh. 20,001 and above. The Table shows that majority of the respondents comprising of 31.5% earn between Ksh. 5000 and 10,000. This is followed by 22.4% of the respondents who earn up to Ksh. 5000. About 24.8 % of the respondents get a monthly income of Ksh. 20,000 while 12.7% take home between Ksh. 10,001 and 15,000. It is clear from the table that only 8.5 % receive between Ksh. 15,001 and 20,000.

The effects of WSHGs on households' income levels :

Whether there has been an Increase in Households' Income over the Last twelve Months



Source: Field Data 201

Figure 3: Increase in Household's Income

Figure 3 illuminates the opinion of respondents on whether there has been increase in households' income over the last 12 months. According to the study, overwhelming proportion of the respondents, 84.2% revealed that there have been increases in household income. Only 15.8% had contrary opinion.

Just like the current study, previous studies have also demonstrated that there are some positive effects of SHGs on households' income. For instance, Mualuko et al., (2016) in their study about the effects of SHG on women empowerment observed that through such groups, women's income improved hence were able to gain economic independence.

The Main Reasons for Increase:

Table 4: Reasons for the Increased Households' Income

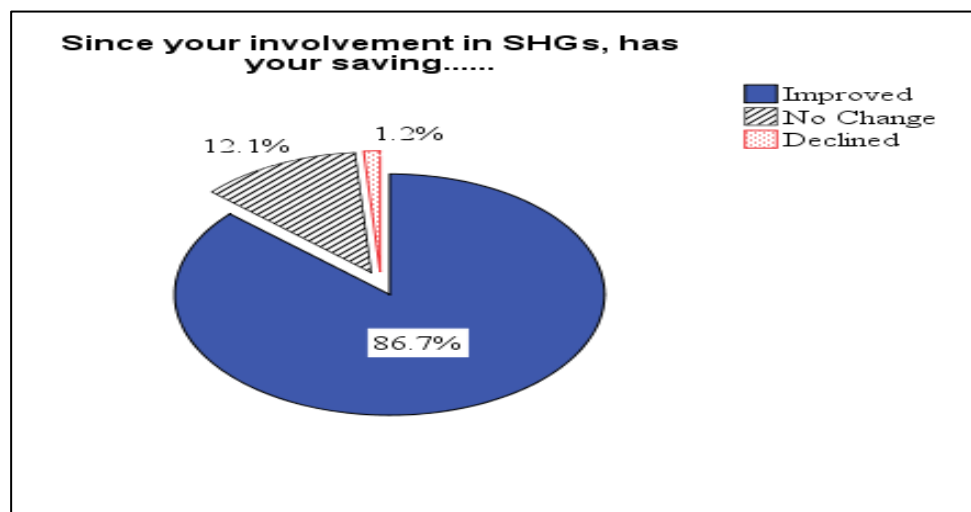
Reasons	Frequency	Percent
Expansion of the existing enterprise,	67	40.6
Establishment of new enterprise	34	20.6
Got a job/employment	18	10.9
Income from other sources	12	7.3
Others	8	4.8
Total	139	84.2
Missing System	26	15.8
Total	165	100.0

Source: Field Data (2017)

The data in Table 4 shows that majority of the respondents (40.6%) attributed the increase in household income to expansion of the existing enterprise, 20.6% linked it with establishment of new enterprises, 10.9% to new job/employment while 7.3% mentioned income from other sources.

Status of Savings:

One of the aims of micro-financial groups like SHGs is to encourage savings among participants. It is generally believed that higher savings assist people to smooth out households' consumption in situations of vulnerabilities like income failures Burcher, (2010). In this study, the respondents were asked if their savings has improved, declined or whether there has been no change since their involvement in SHGs. Figure 4 illustrates the findings.



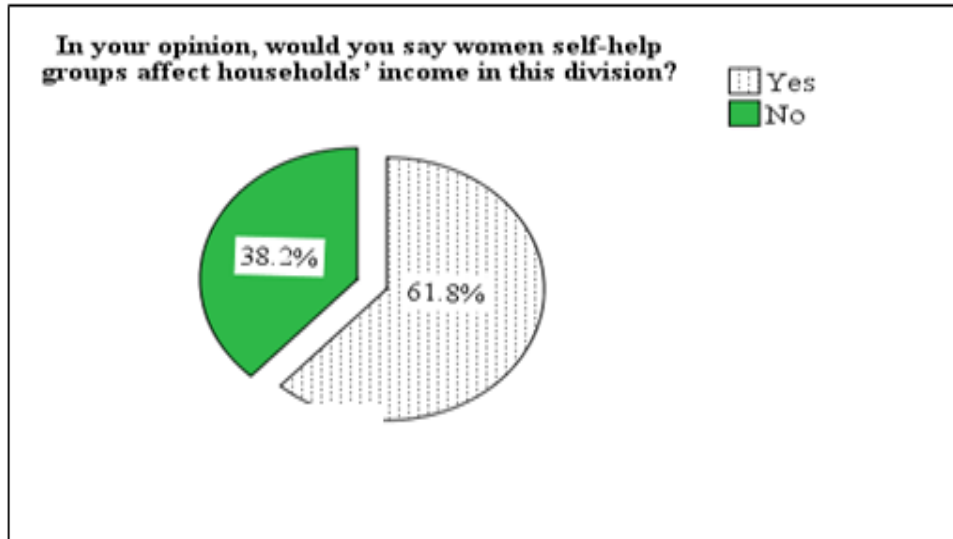
Source: Field Data 2017

Figure 4: Impacts of WSHGS on Savings

Out of the 165 respondents, 86.7% had improved on their savings after being part of the WSHGs. However, 12.1% indicated that there was no change since their involvement. Interesting, 1.2 % indicated that their savings had declined.

Respondents' Perception on the Effects of WSHGs on household Income:

When asked whether WSHGs affect household Income, 61.8% said yes while 38.2% said no as shown in Figure 5. This implies that indeed, WSHGs do affect household Income.



Source: Field Data 2017

Figure 5: Respondent's response on if WSHGs affects Household Income

The current results confirm the previous findings as reviewed in this study. For instance, Jerinabi (2006) reached a conclusion that the credit or money provided by SHGs can be utilized by the members for various income generating activities and this leads to an increase in the household incomes. Banerjee & Ghosh (2009) also reached a conclusion that members of SHG achieve an increase in their income because of the political empowerment which enables them to engage in more productive jobs. In the current study, respondents revealed that they were able to initiate and expand various income generating activities through WSGHs.

When further questioned why they believed WSHGs affected household income, it emerged that this depended largely on the activities of the group. The replies revolved around monthly contribution or table banking and expansion of business as well as more savings. The various responses varied but were very similar. Some of the responses from the respondents are illustrated as follows:

"I have expanded my business because of the money I get from WSHGs...This has increased my savings as well as household's income."

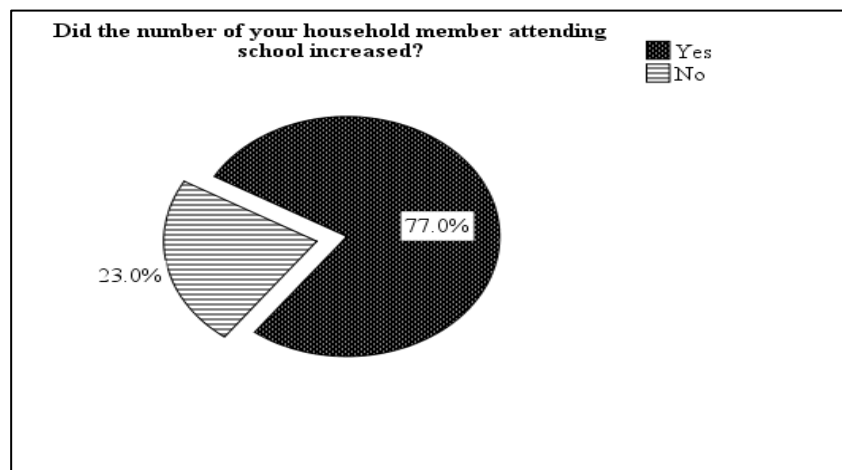
"In our group, we have been able to get training especially on the farming practices and our produce has increased since then. This has led to increased income."

From these responses, it is clear that participation in WSHGs plays a significant role in relation to household income. Women in these groups tend to contribute and pool together the little money they have. They also initiate business activities and then attempt to expand the same. All these simply mean additional income to the family.

ROLE OF WSHGs ON HOUSEHOLDS' EDUCATION LEVEL IN KALAMA DIVISION:**Whether there has been an Increase in School Attendance**

When asked whether there was an increase in the number of household members attending school, most of the respondents, 77% said yes compared to only 23% who said no. Figure 6 below imply that,

WSHGs have a positive effect on Households' education.



Source: Field Data 2017

Figure 6: Effects of WSHGs on School Attendance

The findings are partly consistent with Khan's (2014) conclusion. The findings also verify those of other studies such as (Littlefield et al., 2003), (Maldonado et al., 2005) and Romero (2005). These findings uphold conclusion by (Littlefield et al., 2003) that the first thing that most women from poor household do when they get credit is educating their children, hence the justification for targeting women. However, the current empirical results contradict those of other studies discussed in the literature review, including the study by (Quaregebeur & Marthi, 2005) that explains that most people involved in SHGs and other forms of micro-finance were generally willing to invest in educating their children, but were not involved in any way and were not aware of their children's studies in comparison to non-client parents. The finding also contradicts those of Hytopoulos (2011) and Feng (2013) who found that microfinance had no impact on education expenditures, with or without regard to entrepreneurship propensity, implying that it had no effect on households' education.

Reasons for the Improved school attendance:

In order to confirm the findings on whether there has been improvement in households' education as a result of involvement in WSHGs, the research sought for explanations for the improved school attendants. The findings are displayed in Table 5

Table 5: Major Reasons for the Improved School Attendance

Reasons	Frequency	Percent
Improved income	60	47.2
Increase awareness towards education	36	28.3
New schooling building in the area	10	7.9
Others	21	16.5
Total	127	100.0

Source: Field Data (2017)

As depicted on Table 5, a higher proportion of the respondents, 47.2% linked the increase in school attendance with improved income while 28.3% associated it with increased awareness towards education. Interestingly, ten respondents or 7.9% attributed the increase to new school buildings in the area. Although not directly related to SHGs, (Maldonado et al. 2005) explains that effects of SHGs on household education is informed by family's additional income and their empowering effect on women's ability to make decisions in relation to children's education. In the current study, the most frequently mentioned reason for the improved school attendance was increased income and by extension improved awareness on the need and importance of education.

Reasons for Decrease/No Change in Attendance:

The study also sought for explanations for those who believed there was not increase in school attendances. Table 6 clearly explains the reasons for an increase in school attendance.

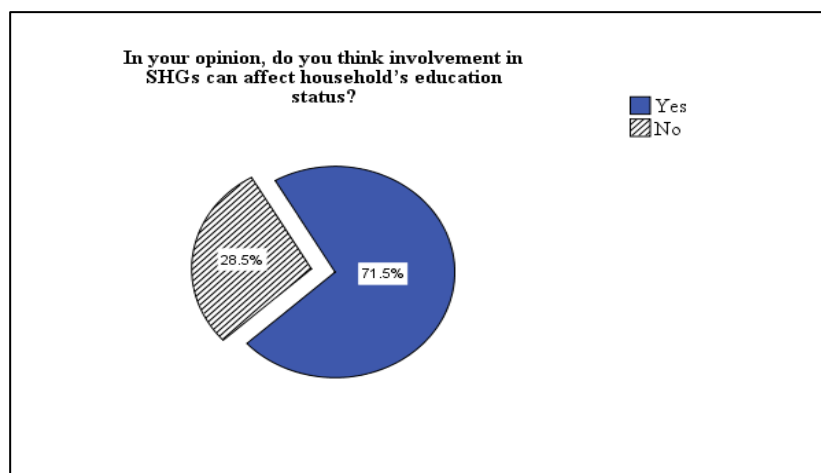
Table 6: Reasons for Poor School Attendance

Reasons	Frequency	Percent
Lack of income for school tuition	2	5.3
Lack of interest to attend school	14	36.8
Needed for help to the household	6	15.8
Others	16	42.1
Total	38	100.0

Source: Field Data (2017)

The findings as revealed on Table 6 show that majority of the respondents, 36.8% explained that poor school attendance was due to sheer lack of interest to attend school while 15.8% argued that they were needed to help with household chores. Only 5.3% stated that it was due to lack of income.

Respondents' Perception about the Role of WSHGs on Households' Education Levels:



Source: Field Data 2017

Figure 7: Perceptions on the Role of SHG on Household Education

The analysis clearly indicates that 71.5% of the respondents agreed that WSHGs affect household education. Only 28.5% believed that it did not affect. The findings therefore imply that indeed WSHGs play a major role in the improvement of households' education. When asked to explain why they thought WSHGs affected households Education, their responses revolved around awareness about the importance of education. The following are some of their response

"Enlighten members of the group on the need to improve education and also helping them to raise funds"

"Created awareness on importance of education and investing in education"

"From the SHGs earnings for the women, we take our children to school for further education"

"Increased awareness towards needs to education... again, it has also increased income which is then channeled towards education"

The above observations are consistent with explanation by (Maldonado et al., 2005) in a study about the effect of SHGs on education. The authors explain that due to the fact there seems to be uncertainty about the future, imperfect information especially on opportunities, and high private discount rates, which are largely attributed to poverty, decision making of household including their choices about education tend to be shortsighted. However, these choices can only be re-visited in case there is some acquisition of new knowledge that either modifies inter-temporal preferences or changes their attitudes about the value of education. Therefore is participation in SHGs changes the perceptions about opportunities or allows learning about potential returns, it may then have significant and positive impact on household education.

A number of respondents also mentioned the issue of expanded business and increased incomes as contributed to the possible impact on household Education. For instance, one of the respondents said:

“It leads to the expansion of business which leads to increased income and this is invested in education”

Still, another respondent had this to say,

“One can borrow and use the money to educate her or his children”

This confirms observations made by (Maldonado et al., 2005) who explains that changes in income have modifying effect on the households' ability to afford the opportunity costs of education. The authors also added that so long as the microfinance influences the growth of the incomes for most rural and poor households, it also influences their demand for education. As seen in this study, respondents reported that they were able to borrow money and initiate or expand business meaning diversified sources of income for the family.

THE EFFECT OF WSHGS ON HOUSEHOLD HEALTH STATUS IN KALAMA DIVISION:

Health Status of Household members over the last 6 Months

On the question, ‘is there any member sick or injured during the last 6 months?’ only 27.3% indicated yes while most of the respondents, 72.7% said no. This implies that only few people have had incidents of ill-health. It also implies that most of the respondents have relatively good health. The findings are illustrated in Table 7.

Table 7: Whether there has been sick /Injured member of the Household during the last 6 Months

Response	Frequency	Percent
Yes	45	27.3
No	120	72.7
Total	165	100.0

Source: Field Data (2017)

Whether Medical Treatment was received:

For those who indicated that they had members who got sick or injured over the six months, further enquiries were made on eliciting their responses on whether the patients got medical treatment. Table 8 shows the findings.

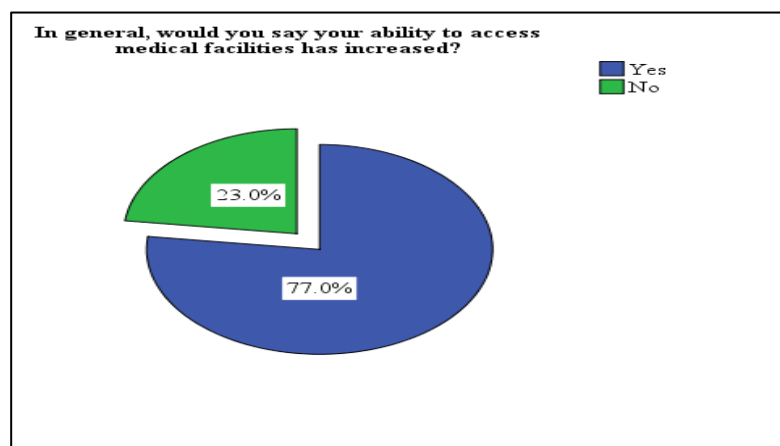
Table 8: Response on Medical Treatment

Response	Frequency	Percent
No	15	33.3
Yes	30	66.7
Total	45	100.0

Source: Field Data (2017)

Table 8 highlights that among the total 45 respondents who disclosed they had sick family members, 66.7% indicated that they patients received medical treatment while 33.3 % indicated that they never received any medical treatment.

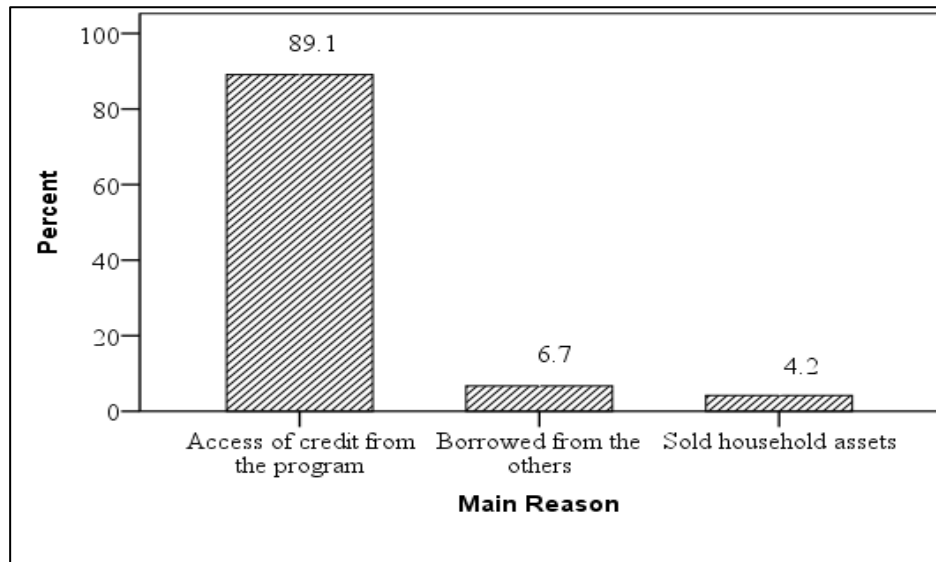
Perception on Whether Ability to access Medical Facilities has Increased:



Source: Field Data 2017

Figure 8: Effect of WSHGs on access to Medical Facilities

Figure 8 above shows that majority of respondents, 77% believed that their ability to access medical facilities improved as opposed to only 33% who believed otherwise. In a follow up question, respondents were asked to explain why they believed their ability to access medical facilities had increased. From the findings, higher proportion of the respondents, 89.1% attributed the increase to access to credit from the program. However, 6.7% and 4.2% indicated that their ability to access medical facilities increased after they borrowed money from others and selling household assets respectively. Detailed findings are presented in Figure 9 below.



Source: Field Data 2017

Figure 9: Reasons for the Improved Access to Medical Facilities

The findings are consistent with available literature that the income and social capital generated through women's involvement in SHGs positively influences access and utilization of health services. For instance, (Saha et al., 2013) while investigating the effect of SHGs on health with specific focus on maternal health services observed that participants from villages with a SHG were more likely to have good health outcome such as delivering in a health institution, feeding their newborns with colostrum and having appropriate health knowledge on family planning methods and services.

However, the current findings contradicts that of (Okurut & Bothole 2009) who observed that access to microfinance did not have any significant effect on household health using a case of Uganda. Perhaps, this may have been occasioned by the type of micro-finance which probably deals very little in health issues.

General Perception of the respondents' on the role of WSHG on Households' Health Status:

The study assessed the general perception of the respondents about the role of WSHGs on households' Health status by asking the question, "What effects do women self-Help Groups have on Households' Health status in Kalama Division?" Some of the responses are as illustrated below:

"Improve health care since one is able to get credit from WSHGs for treatment/medication"

"It has helped to improve health status through members supporting one another with information and financial support"

"Improving living standards of the members... and providing civic education to members; encouraging members to save; it has also helped to bring women together"

The observations reinforces conclusions by Saha (2016) who argued that there are four major ways through which SHGs was linked with good health outcomes. The first one is the fact that such group's acts as a medium through which health messages are passed or conveyed especially during the groups' meetings. In the current study, respondents mentioned improved information sharing as common within the groups. The second pathway that was mentioned by the author was through the improved health status of the participants through the increased disposable income, reducing vulnerability by diversifying their sources of income, and strengthening financial shock-coping strategies (including savings) and productive assets. Indeed, respondents mentioned issues of increased incomes and expansion of business. Other

mentioned improved savings. The last and final pathway is building social capital through groups meetings and mutual support. As can be seen from the quotes above, respondents mentioned issues of moral support as common especially in situation of sickness.

In general, women's SHGs tend to give members avenues for combining their collective strengths and which empowers and influence their health outcomes. Women's SHGs have network of savings and credit which are associated with financial and credit discipline as well as social capital. It is therefore not surprising that most of the respondents disclosed improvement in their households' health outcome. There is some power in social capital which is common characteristic of most of social organizations including WSHGs in Kalama Division. Social capital such as developed trust among the group members, norms and networks tend to improve the efficiency of individuals, community and society at large by facilitating coordinated actions (Brody, et al., 2016; Saha, 2016).

Strategies of Improving WSHGs Services in Kalama Division:

The last objective of the study was to establishing strategies of improving WSHGs services. Table 9 summarizes the findings.

Table 9: Responses on the Strategies for Improving SHGs' Performance

Suggestions	Frequency	Percent
Training	132	79.8
Government Grant/Loans	17	10.4
Others	16	9.8
Total	165	100.0

Source: Field Data (2017)

Table 9 clarifies that training was suggested by most respondents comprising 79.8% while only 10.4 % recommended for government grants/loans. About 9.8% of the respondents had other suggestions which ranged from sensitizing women on importance of joining and creating SHGs which have a positive impact on their lives, to training more on table banking

7. CONCLUSION AND RECOMMENDATIONS

The study concludes that WSHGs play a major role in improving income levels of households which can be realized directly through cash contribution, savings or indirectly through expansion of business and training. Groups have the potential for improving household Education status especially through reduced resource constraints within poor households previously excluded from formal credit markets, by allowing and easing access to financial support and improved incomes allowing investments in their children's future with fewer present costs. It also exposes participants to information about the importance of education. The study also concludes that WSHGs also play a crucial role in improving Households' Health. Lastly, it is clear from the study that training is the most preferred approach and suggestion for improving and enhancing the functions of WSHGs.

The study recommends the need by the government and all other stakeholders to consider coming up with efficient legal framework and institutions as well crucial infrastructure including good road network and accessible market centers. There is also need for additional complementary health programmes to people of Kalama Division such as micro-health insurance which aims at protecting participants and members against the risks of ill-health. Further, the study recommends that public health practitioners and planners invest in further investigating the role of existing WSHGs' programs to expand health coverage to take care of the unmet needs of population, especially the poor women and their households.

REFERENCES

- [1] Anuppalle & Reddy, R. (2008). Self-help groups in India – A catalyst for women economic empowerment and poverty eradication. 33rd Global conference of ICSW, tours (France). June 30th- July 4th. France
- [2] Brody, C., De Hoop, T., Vojtkova, M., Warnock, R., Dunbar, M., Murthy, P., et al. (2016). Economic self-help group programmes for improving women's empowerment: a systematic review, 3ie Grantee Final Review. London: International Initiative for Impact Evaluation (3ie).

- [3] Burchi, F., & De Muro, P. (2009). Reducing Children's Food Insecurity through Primary Education for Rural Mothers: The case of Mozambique. Rome: FAO.
- [4] Butcher, S. (2010). The Relative Success and Challenges of Integrating Health Strategies into Microfinance: Considerations for Eye Care and Related Fields. Australia.: University of Melbourne.
- [5] Chambers, R. (1997). Whose Reality Counts? Putting the First Last. London: IT Press
- [6] Feng, C. (2013). The impact of Microfinance on Households' expenditures on Health and Education : Evidence from a Randomised Controlled Trial implemented in India. Master Thesis, Georgetown University
- [7] Hanna-Kaisa, S. (2003). Empowering Credit -More than Just Money: The Socio-economic impacts of Micro-finance on Women in Nairobi, Kenya. Thesis, University of Jyväskylä, Department of Social Sciences and Philosophy, Nairobi.
- [8] Hytopoulos, E. (2011). The Impact of Microfinance Loans on Children's Educational. Journal for Equity in Health , 7
- [9] Jerinabi, U. (2006). Micro Credit Management By Women's Self Help Groups. . New Delhi: Discovery Publishing House.
- [10] Kireti, G. W., & Sakwa, M. (2014). Socio-economic effects of Microfinance Services on Women: The Case of Rosewo Microfinance, Nakuru County, Kenya. International Journal of Academic Research in Economics and Management Sciences, 3, 43-59..
- [11] Littlefield, E., Murdugh, J., & Hashemi, S. (2003). Is Microfinance an Effective Strategy to Reach the Millennium Development Goals?" CGAP Focus Note 24. Washington, D.C: Consultative Group to Assist the Poor.
- [12] Lyngdoh, B., & Pati, A. (2013). Impact of Microfinance on Women Empowerment in the Matrilineal Tribal Society of India: An Analysis Using Propensity Score Matching and Difference-in-Difference. Journal of Rural Management, 9, 45-69.
- [13] Maldonado, J., Veg, C., & Romero, V. (2005). "the Influence of Microfinance on the Education Decision of Rural Household: Evidence from Bolivia. American Agriculture Economics Associations.
- [14] Mualuko, B. W., Mbabazize, M., & Shukla, J. (2016). Effect of Self-Help Groups Activities on Women Empowerment in Rwanda. The International Journal of Business Management, 4(4), 539-547.
- [15] Mulwa, F. W. (2010). Demystifying Participatory community development. Pauline's publication Africa, Nairobi, Kenya.
- [16] Murria, P., & Verma, S. (2013). Microfinance through Self-Help Groups: A Thematic Perspective. Productivity, 54, 302-310.
- [17] Murugangi, K. R., & Dombosi, B. (2007). Self help groups – new women's movement in Kenya. Social Welfare, 47, 9-12.
- [18] Narayan, D., & Patesch, P. (2000). Voices of the Poor: From Many Lands,". Washington, DC.: World Bank.
- [19] Nyaberi, D., & Omwenga, G. K. (2012). Exploring the contrasting roles of women in Gusii and Luo community: Cultural relations aspects. Archives of Cultural Studies and Dynamics, 11, 199-207.
- [20] Okurut, F. N., & Botlhole, T. (2009). Informal Financial Markets in Botswana: A Case Study of Gaborone City. Development Southern Africa, 26, 255-270.
- [21] Panda, D. K. (2009). Measuring Impacts Of Women Self-help Group-based Microfinance In Eastern India: An Analysis Through Econometric Models. Globsyn Management Journal, 3, 41-48.
- [22] Pronyk, P. M., Hargreaves, J. R., Kim, J. C., Morison, L. A., Phetla, G., & Watts, C. (2006). Effect of A Structural Intervention for the Prevention of Intimate-Partner Violence and HIV in Rural South Africa: A Cluster Randomized Trial.

- [23] Quaregebeur, M., & Marthi, S. (2005). The Linkage Between Microfinance and Effective Education with a Focus on Parental Involvement-An Exploratory Study in Andhra Pradesh, India. Institute of Financial Management and Research (IFMR).
- [24] Saha, S., Annear, P. L., & Pathak, S. (2013). The effect of Self-Help Groups on access to maternal health services: evidence from rural India. *International Journal for Equity in Health*, 1-9.
- [25] Swain, R., & Wallentin, F. (2012). Factors empowering women in Indian self-help group programs. *International Review of Applied Economics*, 26, 425-444.
- [26] UNESCO. (2013). *International Literacy Data 2013*. UNESCO Institute for Statistics.
- [27] UNICEF. (2007). *Call for equity. Women's decision making power*. New York: UNICEF.
- [28] Van Kempen, L. (2009). The 'Downside' of Women's empowerment in India: An Experimental Inquiry into the Role of Expectations. *Social Indicators Research*, 94, 465-482.
- [29] Vetrive, S. C., & Mohanasundari, M. (2011). Self-Help Groups: Women Empowerment and Social security in Tamilnadu. *Advances in Management*, 4, 55-59.