

The Impact of Women Self Help Groups on Their Social Empowerment: A Case Study of Murera Sub-Location in Kiambu County (Kenya)

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Abstract: The purpose of this research project is to assess the impact of women Self Help Groups (SHGs) on their social empowerment. A descriptive study design was used with the study population being drawn from registered women SHGs in Murera Sub- location and respondents are only the registered members of the groups. The study sought to find out if the *Chama's* (local name for SHGs) contribute to the social wellbeing of women. This was examined by factors such as access to medical services, education, the ability to pay fees and provide meals in the households. There was also health awareness on issues such as family planning. The sample of SHG study was drawn from the one hundred and fifty (150) women actively involved in SHGs. The sample size of thirty (30) SHGs was identified through random sampling and five (5) respondents from each group were picked, thus a total 150 respondents. The study used in-depth interview and data was captured using semi structured questionnaires. The findings showed there has been a positive impact on women's social empowerment as a result of being a member of a SHG. The respondents said their standard of living had generally increased and this was evidenced by factors such increased meals in the household and payment of health bills. There was a focus on business-centred trainings thus the need to diversify into social challenges such as health matters and community wellbeing.

Keywords: self- help groups, social empowerment, women, social impact, and autonomy.

1. INTRODUCTION

The Self Help Group (SHG) brings together community members who have volunteered to organize themselves in to a group to free themselves from common problems they are facing. The first step they usually take to eradicate poverty is through mobilizing their financial resources in form of individual savings. These savings are then loaned to members as capital (Vetrivel & Mohanasundari, 2011). Empowerment can be defined as a "multi-dimensional social process that helps people gain control over their own lives. It is a process that fosters power (that is, the capacity to implement) in people, for use in their own lives, their communities, and in their society, by acting on issues that they define as important" (Page and Czuba, 1999).

The self-help group concept began in rural Kenya with the initial self-help groups main activities being saving and lending money (merry-go-round activities) which then grew into groups which were more cohesive, and tended to move on to development activities such as the purchase of iron roofing sheets and water tanks, as well as the construction of latrines and bathrooms. Other than these activities, the self-help group provides the single most important forum for education among women at the grass roots. This is due to its social organization and cohesion, important considerations for peer influence and healthy competition among members (Mutugi, 2004). This education ranges from health issues, political and economic that affects their wellbeing.

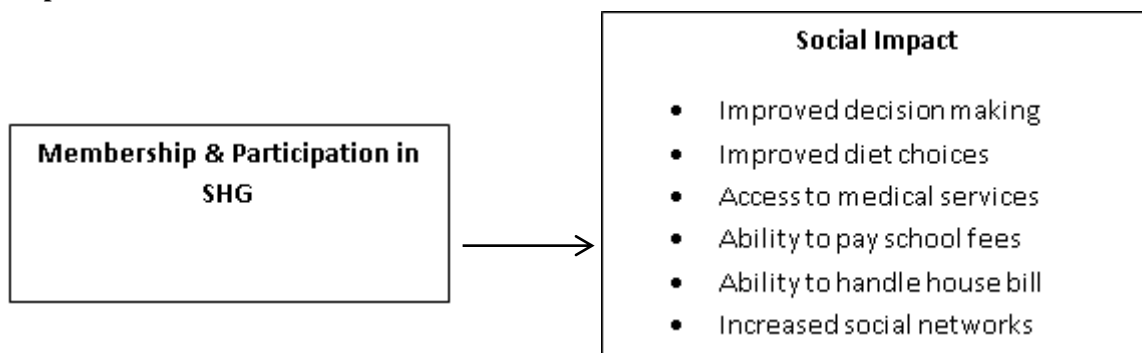
Removing obstacles to women's full involvement and participation in sustainable development is one side of the coin of women's empowerment. The other side is to target women directly to enable them to get more involved. Training programmes which are tailored to the needs of women are an obvious tool. Capacity-building can be at the level of access to relevant information and knowledge, of concrete skills, and with respect to increasing the financial capacity necessary to implement certain actions (UN Women Discussion Paper, 2006).

Given the important role of health as an essential constituent of total wellbeing, it has been reiterated time and again by researchers, policy makers, and in various policy documents that no society or nation can achieve total wellbeing of its people ignoring health. In other words, women's empowerment cannot be achieved by ignoring or denying issues related to health of women. Although women's empowerment has been a central issue on the agenda of various developmental programmes for so many years, women's health has got little attention or at best it has been confined to the field of family planning and contraception. There has been no attempt to address the issue of women's health in a comprehensive way, touching multiple domains of their health so as to have an impact on their total wellbeing. While health is obviously an integral component of women's well-being and empowerment, it is also organically linked to their empowerment within the household and the society. It is in this context, that SHGs play the important role of ensuring good health for the women through empowering them within the household as well as within the society. However, till date, the functioning of SHGs has been viewed only from an economic perspective. The existing approach emphasizes economic development of people and women in particular, in case of women SHGs. However how these economic benefits are being translated into change in women's status, particularly their health status has not been explored.

1.1 Objective of the study:

The overall objective of this study is to determine whether women Self Help Groups contribute to women's social empowerment.

1.2 Conceptual Framework:



2. LITERATURE REVIEW

Social empowerment is understood as the process of developing a sense of autonomy and self-confidence, and acting individually and collectively to change social relationships and the institutions and discourses that exclude poor people and keep them in poverty. Poor people's empowerment, and their ability to hold others to account, is strongly influenced by their individual assets (such as land, housing, livestock, savings) and capabilities of all types: human (such as good health and education), social (such as social belonging, a sense of identity, leadership relations) and psychological (self-esteem, self-confidence, the ability to imagine and aspire to a better future). Also important are people's collective assets and capabilities, such as voice, organization, representation and identity (Blomkvist, H., 2003).

For the SHGs to be successful, they must be cohesive. Cohesion is the "glue" that binds a group of people together. A cohesive group acts together and sees itself as unified. A non-cohesive group pulls in different directions and sees itself as a collection of individuals. Several factors influence group cohesion: Group size, External threats, Homogeneity, Stability, Success. (A.Carron & Spink, 1995)

In the study of the factors influencing the success of SHGs, the researcher adopted Bruce Tuckman's "forming, storming, norming & performing" theory. He maintained that these phases are all necessary and inevitable in order for the team to grow, to face up to challenges, to tackle problems, to find solutions, to plan work, and to deliver results. In the Forming

stage which is the first stage, team members get to know each other, work out their roles and where they stand in relationship to one another. Crucially, Tuckman points out how people at this stage test their relationships (rivalries begin, etc.). The second stage is the Storming stage where conflict and polarization brews and there may be a rebellion against the leader. This is usually an unhappy time for the group, but it is a vital stage in the group's development. The third stage is the Norming stage where cooperation replaces conflict as members work towards common goals: this is where Group Cohesion occurs, increasing mutual respect. People feel comfortable expressing intimate personal opinions in this stage. The fourth stage is the Performing stage where roles become flexible and functional. Relationships have stabilized and the main goal now is group success. In 1977, Tuckman and Mary Ann Jensen proposed a fifth stage which they called Adjourning.

3. RESEARCH METHODS

The study adopted a descriptive study design; this design was crucial in capturing the socio-economic characteristic of the study groups such as demographics data, economic status, social benefits, and entrepreneurial activities. As explained by Mugenda it helped in collecting data concerning behaviour, attitude, values and characteristic (Mugenda, 2008).

The target population of the study was the women who belong to a SHG in order to determine the social empowerment capacity these groups have on its members. It looked into the activities of thirty SHGs. There are active the SHGs within Murera village and had been active for more than two years. Dealing with 5 members from each group, where 1 out of the 5 were be group leaders and the other 4 were group members that do not hold any official position.

Purposive sampling was used for Murera sub - location. The SHGs studied were identified through systematic random sampling every 3rd group was sampled until the desired sample size of 30 groups was attained which is 33.3% of 90 SHG. Five respondents were randomly selected from women members who are 2 years and above in the group to reach a desired sample size of 150 respondents which is 30% of 500. The choice of 33.3% and 30% is in line with Roscoe, Uma Sekaran; and Roger Bourgie's that a sample size of a descriptive study should constitute 30% of the accessible population cited (Roscoe, 1969; Sekaran, 1992, 2006).

The study used a questionnaire and interview guide as an instrument of data collection from the target population. The questionnaire was suitable due to the fact that they provide respondents with the luxury of completing the questionnaires at a time and place that suits them, they are cost efficient and data collection is quick. The questionnaire encompassed both closed-ended and open ended question that retrieved the information necessary for this study, 150 questionnaires were issued out. The interview guide was essential in documenting the case studies from personal experiences of the members. It brought out qualitative information that may not have been accessed by use of questionnaires. Information that it retrieved included; the background information, the extent to which these women have been empowered socially and the barriers they face in efficiently benefitting from their groups.

4. FINDINGS

This project aimed to investigate the social impacts of SHGs on women empowerment in Murera Sub location in Kiambu County. The study revealed that most of the respondents were married and they had all reached secondary school level for their education. Therefore the women were mostly family oriented. 127 women had dependents with 62% having less than three dependants while the rest had more than three dependants. Most of the women who married made the decision usage of the SHG money with consultation with their husbands. Those who were not married had the freedom to choose what they did with the money they received. The women with more dependants spent much more on meeting the basic household need such as buying food and paying school fees while those with no dependants spent their money on investments and clearing health bills. Therefore the family composition and relationship status had an impact on how the money received from the SHG was spent.

80% of the respondents were members of the SHG while other 20% were officials. This was based on the selection criteria of one official among each five group members. It was realised that having the official position did not have a direct economic or social gain on the officials. In fact the members preferred being members as they found the officials working so hard with no merit or reward being given to them. It would be good to train the officials and give them an allowance to ensure their work is appreciated and the members respect them. Some officials said their leadership skills

had improved although they had not been trained on the post they held. 97% of the members had been in their groups for two years or more. The duration did not seem to have much of an impact on their participation. The older members however had more assets considering they had access to loans and credit for longer.

83% of the women met on a monthly basis while the rest met per fortnight or per week. Time was a challenge especially for those who met twice or four times per month. Another issue noted was that the meetings were long and been held on Sundays snatched the women time to spend with their families. It would be good for the women to agree on timelines and stick to them.

All the women agreed that their household needs were met in one way or another through the money received from the group. The money was spent on buying food, school fees, rent and health bills. There was agreement on need to advance more in investments such as buying land or starting businesses. Although some women had done this, there is still room for growth in the same.

42% of the women said they had been trained by the SHGs. Therefore 58% women had not received any form of training. Even for the 42% of women, the training was business and investment focused. It would be good to ensure the SHGs can train women on economic and social matters. Social issues include health, family values, team building, community cohesion and others. These will ensure the women are able to gain wealth as well knowledge that can be shared with the community. Their awareness on health matters was at 39% respondents who had learned a lot from their groups. Topics such as family planning, cancer, nutrition and immunization are among essential topics that the women should be enlightened on. This will ensure the same knowledge is passed on to their families and eventually the whole community.

75% of the women said that their dependants had extremely and moderately gained socially from the SHGs. The impact of the SHGs on the community was felt through good neighbourhood relations, SHG acted as a peace making agency, better security and clean environment.

Some of the women faced opposition when joining the SHGs from their husband and community. The opposition from the husbands came because of the time spent in meetings or women not sharing their money plan with their spouses. The opposition from the community came about when a person was not understood well or bad rumours were spread about them. However they managed to solve the challenges by involving their husbands more in decision making and talking with members openly to avoid rumours.

5. CONCLUSIONS

Results indicate that participation of women in SHGs has had positive social impacts on their empowerment and wellbeing of their families. Therefore women should continue participating in the SHGs in order to improve their lives.

The goals of the SHGs should go beyond meeting basic needs as most of these have been met. They should extend to long term goals that increase their investment and at the same time enlighten the community on social matters. This will not only build the household unit but ensure the community and country at large is able to grow and develop both economically and socially. Therefore there is need to shift focus from only economic trainings and encourage social trainings. There is need to discuss health matters such cancer and nutrition which have become buzzwords in the society we live in. The SHGs should have the power to transform society as well adapt to the changes in the dynamic world.

6. RECOMMENDATIONS

The SHGs would benefit immensely from trainings. The trainings can be both economic and social to ensure the women are all rounded. The economic ones can focus on savings, investments and business management. The social ones can expound on health matters such as cancer, family planning and nutrition, environment conservation, community security and team building ones to improve the SHGs cohesiveness. This would ensure the women are empowered both socially and economically.

The government has been trying to create opportunities and linkages for women groups. This is good, however, the SHGs in rural areas may lack the expertise or know how on how to apply for online tenders or grants for their groups. It would be good to have a key person from the government visiting the SHGs regularly updating them on the opportunities and if possible helping them apply for them. This would ensure not only the local community grows but the country as a whole.

The SHGs can be used as agencies by Non-Governmental Organisations. They can be used to create awareness on health matters such as cancer or educate people on importance of hygiene practices. They would be an agency that can be used to transform the society. This is because they are mothers, wives, daughters and members of the community. Therefore the community would be willing and ready to learn from them.

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