INFLUENCE OF ECONOMIC EMPOWERMENT STRATEGY ON WOMEN HIV/AIDS RISK BEHAVIOUR CHANGE: A CASE OF OMEGA FOUNDATION, KISUMU COUNTY, KENYA

BY

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DECLARATION

This project report is my original work and has not been presented for any award in any University

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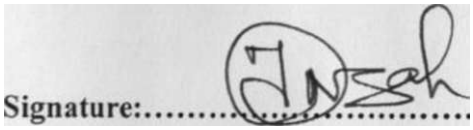
This Research project has been submitted for examination with our approval as University supervisors.



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This research project is dedicated to all the women who are suffering because of HIV/AIDS pandemic.

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS:	Acquired immune deficiency syndrome
HEN:	Health Evidence Network
HIVAIDS:	Human Immunodeficiency Virus
IFAD:	International Funding for Agriculture Development
IGAs:	Income Generating Activities
KAIS:	Kenya AIDS Indicator Survey
KReP:	Kenya Rural Enterprise Programme
KWTF:	Kenya Women Finance Trust
MDGs:	Millennium Development Goals
NACC:	National AIDS Control Council
NASCOP:	National AIDS and STI Control Program
NGOs:	None Governmental Organizations
PLWAH:	People Living With HIV AIDS
STD:	Sexually Transmitted Diseases
UNAIDS:	United Nations AIDS
USA:	United States of America

USAID: United State aid

ABSTRACT

This research project explores the influences of economic status and poverty on HIV/AIDs prevalence in Kisumu County. The research study was motivated by high levels of HIV/AIDs prevalence in area. It is believed that poverty levels and female vulnerability to economic means are at the heart of high incidences of female HIV/AIDS risk. It is a common belief that sexual behaviour change in Kisumu County can reverse the situation. An attempt to reduce the burden of the HIV AIDS pandemic and causes of HIV AIDS among women require multi-sectorial strategies and programmes that addresses poverty, gender inequalities and social marginalization must be supported as a key preventative component of anti AIDS strategy. Due to women's economic vulnerability and dependence on men, their ability to control the conditions like sexual abstinence, condom use and multiple sexual partners are constrained. This shapes their risk of HIV infections and contributes to their high infection rates compared to men. It is believed that empowering women economically bring women and men to a near equitable relations at national, local and household levels. Women empowerment is urgently required to contain and reverse the AIDS epidemic. It is estimated that 7.4% of the population aged 15-64 are infected with HIV, majority being women 8.7% compared to men 5.6%. More women than men are getting infected and dying of HIV and AIDS by the day compared. Kisumu is one of the counties in Nyanza province with poverty incidence of 64%; slightly lower than the national levels of 65%. Compared to the'5.1% national HIV burden, the region's HIV burden is placed at a prevalence of 11.2%.. Addressing the high HIV prevalence and poverty incidences in this region requires urgent and well targeted multi-sectoral approach. The study was guided by four objectives; to what extend is saving programs as an aspect of economic empowerment strategy influence women HIV AIDS risk behaviour change; to assess the level at which access to credit as an aspect of economic empowerment strategy influence women HIV AIDS risk behaviour change; what is the level at which business training as an aspect of economic empowerment strategy influence women HIV AIDS risk behaviour change; and to what extend does group partnership as an aspect of economic empowerment strategy influence women HIV AIDS risk behaviour change. The study explored cross-sectional survey design. 36 women groups supported by Omega Foundation (an NGO based in Kisumu) formed the sample frame for this study. Simple random sampling technique was used to select 255 respondents out of the 762 total populations. The researcher used structured questionnaire to collect data from the respondent. Data (From what sources)collected was reviewed and cleaned at collection point for 3 weeks. The data was analyzed using descriptive statistics and findings presented in tables. The study concluded that Economic empowerment has the potential to reduce the negative impact of AIDS on household economies through programs that foster savings and stimulate the development of Income-Generating Activities further The study recommendations to Government, NGO sectors and other stakeholders; the study implementation of HIV/AIDS related projects and micro-finance projects that would support and improve on the women's income which is a source of their livelihood in the community. These programmes should focus on an attempt that would protect women's rights more so on property ownership and inheritance of assets. The study also recommended that women should be empowered to be economically empowered to decrease their vulnerability to HIV/AIDS risky behaviours.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

The disease AIDS (Acquired Immuno Deficiency Syndrome) caused by Human Immuno Deficiency Virus (HIV) has been in existence since 1981, when the first instance was initially diagnosed. Globally by the end of 2009, around 33.3 million people were living with HIV virus (UNAIDS, 2010). Currently, it is estimated that 2.6 million people become infected with HIV virus and 1.8 million people die of AIDS every year (UNAIDS, 2010). The combined effects of new HIV infections and the beneficial impact of antiretroviral therapy quantify the continuing rise in the population of people living with HIV. UNAIDS (2010) estimated that around 2.2 million people were living with HIV in Europe at the end of 2009. According the report, adult HIV prevalence was estimated to vary below 0.1% in parts of Central Europe to above 1% in parts of the former Soviet Union. In the United States, CDC (2009) statistics estimated that more than one million people were living with HIV in the United States, and more shockingly, one in five (21%) of those people living with HIV is unaware of their infection. However, despite increases in the total number of people living with HIV in the US in recent years, the annual number of new HIV infections has remained relatively stable. Though, new infections continue at far too high a level, with an estimated 56,300 Americans becoming infected with HIV each year.

Sub-Saharan Africa remains the region most heavily affected and heterosexual exposure is the primary mode of transmission in sub-Saharan Africa. The region burdens

67 percent of HIV infections worldwide, 68 percent of new HIV infections among adults and 91 percent of new HIV infections among children. The region also accounted for 72 percent of the world's AIDS-related deaths in 2008 (UNAIDS, 2009).

HIV AIDS remains the leading cause of death among women of reproductive age. Right from the first decade of HIV AIDS pandemic, the WHO (World Health Organization) estimated that there were about 500,000 cases of AIDS in women and children. By the end of 2006, more than a half of the 60 million adults estimated to be leaving with HIV were women. 98 percent of who were women from developing countries (UNAIDS 2006). At the end of 2009 it was estimated that out of the 33.3 million adults worldwide living with HIV and AIDS, more than half are women (UNAIDS, 2009). It is suggested that 98 percent of these women live in developing countries. The AIDS epidemic has had a unique impact on women, which has been exacerbated by their role within society and their biological vulnerability to HIV infection (UNAIDS, 2009).

The percentage of women living with HTV and AIDS varies significantly between different regions of the world. In areas such as Western and Central Europe and Oceania, women account for relatively low percentage of HIV infected people. For example, In USA around 30 percent of people living with HIV AIDS are women, while 39.3 percent in India and 26 percent in Germany and United Kingdom. However, in regions such as sub-Saharan African and especially in Botswana and South African percentages are significantly higher than other regions (Agather, 2007).

In July, 2009 UNAIDS announced that of all Africans aged 15-49 years who are HIV AIDS positive, women make up a disproportionate 57 percent of the population (UNAIDS, 2010). In Sub-Saharan African, women make about 60 percent of the total population living with HIV AIDS (UNAIDS 2008). The women and Girls in the Sub-Saharan Africa are especially vulnerable to HIV infections due to social, economic and political inequalities between women and men, which result in sexual violence and unequal access to prevention, education and training, and care. Girls and young women are less likely than boys and young men to understand key issues around HIV transmission and how to protect themselves. Violence against women is both a cause and a consequence of being infected with HIV. Women's lack of empowerment coupled with the social norms that accept violence against women and coercive sexual relations contribute to a more rapid spread of HIV (UNAIDS 2009). Biologically women are twice more likely to become infected with HIV through unprotected heterosexual intercourse than men (UNAIDS, 2006). Additionally, millions of women have been indirectly affected by the HIV and AIDS epidemic. Women's childbearing role means that they have to contend with issues such as mother-to-child transmission of HIV. The responsibility of caring for AIDS patients and orphans is also an issue that has a greater effect on women (Nyangweso, 2010).

In Kenya, the prevalence of adults age 15-49 stands at 6.3 percent. Although the distribution varies greatly across Kenya, Nyanza province records the highest prevalence of 14 percent in the same age group. Across the country women are more likely to be infected 16 percent compared to men 11.4 percent (KAIS, 2007).

The AIDS pandemic has had adverse effects on social and economic development of women. In areas with few palliative care facilities, when a person becomes ill from AIDS the care is usually a woman's responsibility. For example in Africa, two thirds of all caregivers for persons living with HIV and AIDS are women. This is in addition to many other tasks that women perform within the household, such as cooking, cleaning, and caring for the children and the elderly (Sidibe, 2009).

Families affected by AIDS suffer from increasing poverty. Many families tap into their savings if available and taking on more debt are usually the first options chosen by households struggling to pay for medical treatment or funerals. Then as debts mount, precious assets such as bicycles, livestock and even land are sold. Once these households have been stripped of their productive assets, the chances of them recovering and rebuilding their livelihoods becomes slimmer. In many cases, the responses to a death in poorer households is removing the children especially girls from school (Sidibe, 2009).

Nyangweso, (2010) Indicates that poverty has been found to be both a cause and effect of HIV AIDS pandemic among women. Women from poor backgrounds stand increased risk of contracting HIV mainly through channels of increasing high risk behaviours. In Zambia frequent droughts and limited wage job opportunities after the post-economic liberalization closure of companies were identified as the push factors for women increasingly resorting to transactional sex (Williams & Wilkins, 2008). In South Africa, girls between the aged 14-22 years, first sexual debut is earlier in poor households. In Botswana and Swaziland, food insufficiency among women is significantly associated with inconsistent condom use with a non-primary partner,

exchange of sex for resources, intergenerational sexual relationships and lack of control in sexual relationships. For men, food insufficiency was associated (Williams & Wilkins, **2008).**

In response to reducing the burden of the HIV AIDS pandemic and causes of HIV AIDS among women multi-sectorial strategies and programmes that addresses poverty, gender inequalities and social marginalization must be supported as key components of a comprehensive AIDS strategy (USAID, 2008).

The USAID report, (2008) indicates that research suggests that addressing women's basic economic needs through programs such as microfinance, youth livelihoods and life skills training, and initiatives to protect women's food security and property and inheritance rights not only targets women's economic vulnerability directly, but can also offer a strategic opportunity for attracting sustained group-based participation in HIV prevention activities among the poor. Experience suggest that with combined economic empowerment and HIV interventions, it is feasible to address structural factors such as poverty, gender inequalities and gender-based violence as part of HIV prevention programs. Adequate resources, technical expertise, and monitoring and evaluation mechanisms relating to these goals need to be included to support effective HIV AIDS prevention programs (USAID, 2008).

Kisumu is the third largest city in Kenya, situated around Lake Victoria. It is one of Kenya's poorest cities, facing challenges of food insecurity, growing urban poverty and a high prevalence of HIV/AIDS. Kisumu has very high poverty levels. Over 60 percent of the rapidly growing urban population of 500,000 people live in the peri-urban

settlements (slums) and lack adequate shelter or access to basic services. 73 percent of the population of Kisumu is below 30 years. The rate of people living with HIV and AIDS are very high in Kisumu - approximately 15 percent of the population, compared with an average across Kenya of between 6.3 percent (United Nations Statistics, 2008).

So many initiative most of them targeting women have been put in place to address the HIV risk among women and the general population. There are 588 NGOS operating in Kisumu and of the 588, 371 NGOs (None-Governmental Organizations) work to address HIV/AIDS in Kisumu (NGO Board database, 2011). However despite the region still has a high HIV/AIDS prevalence of 11.2%. Omega Foundation is one of the key NGO working to address the impact of HIV/AIDS in Kisumu. The foundation was established in the year 2002 and working towards strengthening the capacity of vulnerable communities to alleviate the impact of ill-health and poverty, the organization outlines Poverty and HIV/AIDs as the most significant driver of ill-health and poverty in the target area which is Kisumu. The organization targets those women who are infected, affected and those who are at high risk of infection. In addressing the plight of women affected and infected by the adverse impact of HIV AIDS in Kisumu County, the organization provides an integrated approach to caring for these women living with HIV/AIDS through integrating economic empowerment strategy (capacity building on micro enterprise, agro-based business and provision of start up funds for sustainable income projects). This study will focus mainly in analyzing the influence of economic empowerment strategy on reduction of HIV prevalence among women in Kisumu with special focus to the economic empowerment program of Omega Foundation.

1.2 Statement of the Problem

It is observed that women especially widows and elderly grandmothers, bear the brunt of caring for People Living with HIV and AIDS (PLWHA). Further they are responsible for securing household food and income. However, these women face critical marginality in community resource access and information. This contributes to their challenges in access to credit which has been exacerbated by the loss of male relatives. Culturally the men have greater access to sources of financial support that had benefited the whole family. Women are at risk of HIV infection because of their economic vulnerability motivates their participation in commercial sexual practices.. According to (Nyanweso, 2011), economic empowerment has the potential to reduce the negative impact of AIDS on household economies through programs that foster savings and stimulate the development of Income-Generating Activities (IGAs). According to the NGO Board (2011) currently there are 120 NGOs with their Headquarters in Kisumu and 468 NGOS with Headquarters outside Kisumu but with operation in Kisumu. Out these 588 NGOs in Kisumu, 371 NGOs addresses the HTV AIDS pandemic in Kisumu. Nonetheless despite this, Kisumu still has high poverty incidence of 64% slightly lower than the national prevalence of 65%. The region is also burdened with 11.2% of HIV prevalence against 5.1% National prevalence (Kisumu Development Plan, 2008-12). Within the same report the burden of high HIV prevalence and poverty incidences requires urgent and well targeted multi-sectoral approach. The report identify Economic empowerment as an opportunity that needs to be strengthened. The NGO Board (2011) indicates that currently there are 15 NGOs that have incorporated Economic empowerment to their HIV/AIDS programmes. The objectives vary from raising small

holder income and increasing food security among those infected with HIV AIDS or those considered at risk of contracting HIV AIDS especially women.

On the other hand, despite these developments, up to date not much has been done in evaluating the extent to which economic empowerment strategies with an additional HIV related component have impacted HIV AIDS risk behaviour change. This study called for strong and informative evaluations. In the past, evaluations of economic empowerments programs have tended to focus on measuring conventional financial indicators such as poverty targets or financial sustainability measures (USAID, 2008). However, broader impacts on dimensions on how saving, group partnerships, access to credit and business trainings influence women HIV AIDS risk behaviour change not been established. USAID, (2008) report is in agreement with this, the report indicates that less has been done to establish the link of economic empowerment with HIV prevention goal. By providing a detailed exploration of how vehicles such as microfinance or livelihoods initiatives might impact on a range of HIV-related outcomes among women in Kisumu County. This study therefore aimed at establishing the influence of economic empowerment strategy on women HIV/AIDS risk behavior change in Kisumu County.

1.3 Purpose of the Study

The purpose of this study was to establish the influence of economic empowerment strategy on women HIV/AIDS risk behaviour change in Kisumu County.

1.4 Objectives of the study

The study was guided by the following objectives:

1. To establish the extent to which saving programs as an aspect of economic empowerment strategy influences women HIV/AIDS risk behaviour change in Kisumu County;
2. To assess the level at which access to credit as an aspect of economic empowerment strategy influences women HIV/AIDS risk behaviour change in Kisumu County;
3. To investigate how business training as an aspect of economic empowerment strategy influences women HIV/AIDS risk behaviour change in Kisumu County;
4. To explore the extent to which group partnership as an aspect of economic empowerment strategy influences women HIV/AIDS risk behaviour change in Kisumu County;

1.5 Research Questions

The study sought to establish answers to the following questions concerning influence of Economic Empowerment on women HTV/AIDS behaviour change.

1. To what extent is saving programs as an aspect of economic empowerment strategy influence women HIV/AIDS risk behaviour change in Kisumu County?
2. How does the level at which access to credit as an aspect of economic empowerment strategy influence women HIV/AIDS risk behaviour change in Kisumu County?
3. What is the level at which business training as an aspect of economic empowerment strategy influence women HIV/AIDS risk behaviour change in Kisumu County?

4. To what extent does group partnership as an aspect of economic empowerment strategy influence women HIV/AIDS risk behaviour change in Kisumu County?

1.6 Significance of the Study

For national bodies like National AIDS Control Council (NACC) and National AIDS and Sexually Transmitted Infection Control Programme (NASCOP), this study might change their reflection from stakeholders and advisors representing primarily clinical and public health expertise to wider focus that include more diverse range of expertise, including groups working on poverty alleviation and food security as HIV AIDS prevention strategy

The study might provide None Governmental Organizations operating within Kisumu County with information on the strength of their Economic Empowerment to women affected and infected by HTV AIDS. This might act as an important evaluation framework to measure the performance of these programs in reducing the scourge of the virus. The study might also provide necessary baseline information to NGOs to support the development of cross-sectoral partnership models and encourage programmatic innovation to develop combined economic empowerment and HIV prevention interventions. This research study might be useful in drawing out broader lessons, and providing a metaphor for what might be possible in promoting integration of HIV prevention programs with women's economic empowerment on a wider scale among NGOs, CBO and other institutions committed in HIV/AIDS reduction among women

To other Researchers, it is hoped that this study might provide an entry point needed for further research that will provide a guide to programme and policy development for linking economic empowerment strategies and HIV/AIDS interventions in a range of settings.

The study might also enhance the women understanding on HIV/AIDs related issues and be in position to champion community based reforms in avoiding vice activities that continues to escalate the problem of diseases, unproductive and crime.

Lastly the study might give the communities an in depth understanding on HIV/AIDs management. The community capacity and resources will be highlighted in the study in order to establish framework. The study will also enable the communities to organize themselves in order to address the pandemic.

1.7 Basic Assumptions of the Study

The basic assumption of this study was that economic empowerment strategy is an influencing factor to HIV prevalence. It was on this assumption that the study sought to establish influence of women economic empowerment strategy on reduction of HIV prevalence. In addition, it was also assumed that respondents who took part on the study answered the questions honestly and to the best of their knowledge and the result obtained from the sample would reflect on the locality of the whole population. Lastly the results obtained from the sample population would add value to NGOs, the National AIDS controlling bodies and to the donors interested in funding HIV AIDS programs.

1.8 Limitation of the Study

Limitations of a study according to Kombo and Tromp (2006) are challenges anticipated or faced by the researcher during the study which could influence the scope of the study, data accessibility, and unanticipated occurrences. Researcher had foreseen the time as a very limiting factor since some of the respondents lived in the interior rural communities of Nyando. However, this was not the case as the four trained research assistants were attached to field coordinators of Omega foundation, and through this they were able to collect data on group meetings days.

1.9 Delimitation of Study

Delimitation of the study is the purposeful actions to reducing the study population and area to be surveyed to manageable size (Kombo and Tromp, 2006). This study was restricted to Nyanza Province Kenya specifically Kisumu County, which is the hardest hit by HIV/AIDS (11.2%) and high poverty levels (64%) in the country (Kisumu Development plan (2010-2015). The study was also confined to women because of their high prevalence compared to men (5.6% vs. 1.4%) KIAS, (2007). The study was also be restricted to the following main variables: Economic Empowerment to HIV/AIDS risk behaviour change. Research instruments were mainly personal interviews and questionnaires to address possible cases of semi literate respondents who may be encountered in the field.

1.10 Definition of Significant Terms as used in the Study

Women Economic empowerment strategy: Programs that seek to directly help people raise their incomes and standards of living.

Women HIV AIDS risk behaviour : Behaviours that increases the chances of one contracting HIV AIDS

Behaviour change: Transforming from one behaviour that was considered risky to more less risk behaviour

Saving Programmes: Programmes that are focused on safety of money and increase of one disposal income

Business Trainings: Training that impacts on members skills of business startup and business management

Group Partnerships : This a group of members who voluntarily come together to form a group with an objective of empowering themselves economically and socially, contribute savings, invest the savings in a more productive enterprise or lend the savings among the group members to more to better stand of bring sustain the habit of savings in future

Access to credit: Ability of individuals or groups to qualify for lending from financial institutions

1.11 Organization of the Study

This study was organized in five chapters. Chapter one being the introductory chapter which focussed on the background of the study, statement of the problem, purpose of the study, objectives of the study, research questions, significance of the study, limitation and delimitations of the study, basic assumptions of the study and definition of terms used in the study. Chapter two covered the introduction and aspects of economic empowerment, savings programmes as a component of economic empowerment, access to credit as component of economic empowerment, business training as a component of economic empowerment and influence of group partnerships as a component of economic empowerment. The chapter then established the theoretical and conceptual framework, which was the foundation of the analysis to fill the knowledge gap. Chapter three describes the methodology used for analysis throughout the work having an introduction, research design, target population, sample selection, sample size and sampling techniques, research instrument, validity of instrument and reliability of instrument, data collection procedure. Chapter four comprise data analysis, presentation and discussion along four thematic areas of saving programmes, access to credit, business trainings and group partnerships influences reduction of **HIV** prevalence among women. Chapter five comprises summary of findings, conclusions and recommendations of study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviewed literature based on related studies on influence of economic empowerment strategy on women HIV/AIDS risk behaviour change under the following headings; financial saving programs and HIV/AIDS risk behaviour change, Access to credit and HIV/AIDS risk behaviour change, Business trainings and HIV/AIDS risk behaviour change and group partnership and HIV/AIDS risk behaviour change. The chapter then established the theoretical framework and conceptual framework, which were the foundation of the analysis to fill in the knowledge gap.

2.2 The Concept of Economic Empowerment

The concept economic empowerment has been used largely by NGOs and CBOs, to refer to projects that seek to directly to help the vulnerable, mostly those infected or affected with HIV AIDS or those living in extreme poverty by raising their incomes and living standards. Results of evaluation by International Fund for Agricultural Development (IFAD) indicated that the biggest impact on reducing vulnerabilities and child labour comes from economic empowerment, in particular an increase in the income of women. Frequently, improvements in income as a result of IFAD interventions had an indirect effect on whether children, in particular girls, may attend school instead of being required for farm and household labour and contributing to the economic survival of the family (GTZ, 2005). Most of Economic empowerment programs have focused to strengthen the food security and quality of life of targeted groups by introducing more

efficient agricultural and irrigation practices, diversifying rural income opportunities and institutional capacity building of local service providers (GTZ, 2005).

ICima (2009) in trying to explore the role of Economic Empowerment in HIV Prevention found that women's economic vulnerability and dependence on men increases their vulnerability to HIV by constraining their ability to negotiate the conditions, including sexual abstinence, condom use and multiple partnerships which shape their risk of infection.

Men and women tend to have different socio-economic profiles within an economy in terms of the positions they occupy, the activities they engage in and their overall economic status. In this regard, economic growth and development will not obviously benefit men and women equally. In this context, gender inequality acts as a constraint to growth and poverty reduction as evidenced by emerging macroeconomic analysis on Africa (Latigo, 2006).

Gender and socio-economic background of any population always has linkage to participation in any economic activities, and the effects vary across socio-economic groups and regions. Specific issues of concern relate to the unequal or disadvantaged position of women as compared to men and by extension girls as compared to boys in education and economic activities including employment and access to financial assets. Economic empowerment for any population is the cornerstone for sustainable development owing to direct contribution to production systems. This includes participation in such sectors as agriculture, mining, manufacturing, construction, transport, trade, finance, social services, among others (Morduch, 2008).

Women's empowerment generally refers to the recognition that women legitimately have the ability to and should, individually and collectively, participate effectively in decision-making processes that shape their societies and their own lives. In relation to empowerment and transmission of HIV, women must legitimately have the ability and should make informed decisions about their own bodies and behaviours to reduce their risk of infection with IIIV. Important aspccts of empowerment are both agency and women's resources and capacities. Women's agency in sexual and reproductive health matters is greatly influenced by women's ability to exercise and enjoy human rights, prevailing concepts of gender and gender roles, and their own socialization (Mikkola, 2005).

At macro level, development agencies can create an enabling environment by addressing the structural and institutional factors that oppress women. They can work with recipient governments to create structures that institutionalize opportunity for women. At individual level, development agencies can facilitate empowerment through education and skills building, access to information and resources, and creating processes where women have gender equitable roles and opportunities for leadership and decision-making. However, empowerment of women cannot be bestowed by others; those who would become empowered must claim it. Thus methodologies for working with women must be facilitative and not directive to achieve empowerment. Agency women making decisions on issues that are important in their lives and carrying out those decisions requires reflection, analysis and action. This may happen on an individual or collective level. Care must be taken when addressing gender relations at the individual level as challenges to existing power relations between men and women are often strongly

contested. However, gender relations need not be viewed as a closed system with women's empowerment resulting in loss of power by men. Instead, both men and women need empowering to have gender equitable relationships that, in the context of HIV, support change in sexual risk behaviours and reduced transmission of HIV and other sexually transmitted infections (Mikkola, 2005).

2.2.1 Effectiveness of Empowerment as a Strategy

Empowerment is considered by some a development outcome in itself, and by others a means to an end. Nevertheless, there is no widely accepted method for measuring and tracking changes in levels of women's empowerment although progress is being made in development of a framework and indicators for measuring women's empowerment. The Health Evidence Network (HEN) (2003) has researched the effectiveness of empowerment to improve health and reduce health disparities. The HEN synthesis report shows that empowering initiatives can lead to improved health outcomes and that empowerment is a viable public health strategy. While the sexual and reproductive health aspects of HIV are only part of a multi-sectoral development challenge, it is useful to know that "multilevel empowerment strategies for HIV/AIDS prevention which address gender inequities have improved the health status and reduced HIV infection rates" (Mikkola, 2005).

Interventions to empower women, integrated with the economic, educational and political sectors, have shown the greatest impact on women's quality of life and agency, and on policy changes, and on improved child and family health. There is a growing body of empirical evidence that women's empowerment benefits women's own health promoting behaviours and that they try to promote better social and health outcomes, and

equitable gender norms among their married daughters and their daughters-in-law (Mikkola, 2005).

The paradigm of economic empowerment indicates that women's access to savings and credit gives them a greater economic role in decision-making through their decision about savings and credit. When women control decisions regarding credit and savings, they will optimize their own and the household's welfare. The investment in women's economic activities will improve employment opportunities for women and thus have a 'trickle down and out' effect. The financial sustainability and feminist empowerment paradigms emphasize women's own Income-Generating Activities (IGAs) . Several studies have demonstrated that microfinance has the potential to enhance autonomy and resilience among women participants where newly acquired economic and business skills translate to improvements in self esteem, larger social networks, and wider control over household decision-making (Pyonyk and Kim, 2005)

2.3 Savings program and HIV AIDS Risk Behaviour Change

Research has shown that women who join savings programs tend to be more educated and socially independent than those who do not. This is in agreement with the findings of (Siddique, 2003) in analyzing the impact of women participation in savings and credit groups organized by Save the Children USA on women's empowerment, contraceptive use, and fertility in a rural area of Bangladesh.

Siddique, (1990) when conducting a case study on slum improvement project in Dhaka, India, found that the micro-credit programme especially saving and access to credit have been found to be particularly successful and most attractive. Many poor

households increased their incomes using this facility. Through this programmes, there was increase in the levels of health awareness among slum dwellers, resulting in significant reductions in the incidence of numerous diseases.

Seibel & Almeyda, (2006) when doing a paper review on the economic empowerment programmes in Uganda found that Savings collection strengthens self-reliance, particularly among women: the large numbers of farm and non-farm activities of both men and women were largely funded through saving schemes. From his findings, savings was the core of self-help and self-reliance especially among women who were less risk-prone and more savings-oriented than men. The savings programmes were enabled through the available easy and convenient deposit facilities and collection services in the vicinity.

2.4 Access to Credit and HIV AIDS Risk Behaviour Change

From the early 1970s, women's movements in a number of countries identified credit as a major constraint on women's ability to earn an income and became increasingly interested in the degree to which poverty-focused credit programmes and credit cooperatives were actually being used by women. SEWA (Self Employed Women Association) in India, for example, set up credit programmes as part of a multi-pronged strategy for an organization of informal sector women workers (Mayoux, 2005).

The convergence of poverty and HIV/AIDS has prompted the microfinance sector to ask how it can more effectively engage with and respond to the epidemic. There are three main areas where microfinance and HIV/AIDS clearly intersect. The first relates to

developing strategies that reduce the financial impact of HIV/AIDS. The second point where microfinance and HIV/AIDS come together is the potential for microfinance to reduce the negative impact of AIDS on household economies. Programmes that foster savings and stimulate the development of IGAs have the potential to strengthen both social and financial safety nets (Pronyk and Kim, 2005).

A study from Zimbabwe to evaluate Microfinance schemes aimed at enhancing the economic opportunities of vulnerable groups suggests that microfinance participation may indeed be protective, the study found out that microfinance clients and their households had a greater diversity of income sources, improved savings patterns, and were better able to keep children in school following the death of an adult household member a proxy for AIDS-related mortality (Barnes, 2002).

A third area where HIV/AIDS and microfinance come together is the role of microfinance in HTV prevention. It has been suggested that participation in microfinance has the potential to reduce economic and social vulnerability to HIV. In many settings, donors, practitioners and international stakeholders have made energetic calls for MFIs (Micro-Finance Institutions) to mainstream HIV/AIDS further into microfinance services and to enhance prevention activities. However, there are few best-practice models and little evidence to support these efforts (Pronyk and Kim, 2005).

A study done in Zimbabwe to evaluate Microfinance schemes aimed at enhancing the economic opportunities of vulnerable groups found that the credit provided enabled

beneficiaries to diversify into economic activities such as animal husbandry, horticultural production, and small business development. Even relatively small amounts of credit, such as the 30,000 Tanzanian shillings provided by one NGO to young mothers as part of a revolving fund, offered new opportunities for clients. Most of the organization provided short-term, transferable loans to relatives of PLWHA (People Leaving with HIV AIDS) who could take on credit responsibility if the original client dies. These emergency funds to covered payments still outstanding when clients die, or insurance schemes, are some of the options that were pursued. Another approach was the direct provision of material assistance for example in Uganda, goats were provided to young mothers who had dropped out of school and were considered to be at risk of HIV infection because of their economic vulnerability. Goats are traditional assets in local communities and.were intended to improve the food and economic security by providing the young women with a potential source of savings (White and Morton, 2005)

Access to financial services is critical for economic empowerment of any population and it varies across gender. This includes levels of savings, access to credit, insurance services and remittances. Experiences and evidence from other countries, for instance, point out that loosening of economic constraint imposed on women can have immense consequences on development. This includes the success of micro-finance institutions such as the Grameen Bank that provides small loans for women to start a business of their own (Morduch, 2008).

Pitt and Khandker (2008) indicate that micro credit taken by the woman rather than the man of the household increases women's non-land assets and children's education and doubled women's expenditure than if the credit was given to the husband.

2.5 **Business training and HIV AIDS Risk Behaviour Change**

Critical mitigation intervention required to make women less vulnerable to the socio-economic impacts is empowering women to access credit and in generating income. Income generating projects have been used widely in development programs even before HIV/AIDS to address lack of access to food, primarily economic access and as a major poverty reduction strategy. Income-generating programs for affected women can include support for micro-enterprises, microcredit schemes, training and market access (Mutangadura, 2005).

UNHCR in Yemen, when re-designing the economic empowerment project document among the vulnerable population of Aden and Kharaz refugee Camp observed there was poor management and marketing skills, the absence of an effective business service infrastructure and the unavailability of credit were some of the major obstacles impeding the improvement of micro/small enterprises and IGA in this camps. Existing IGA projects were not systematically based on market demand or feasibility studies. There was need for the promotion of business development skills, financial and non-financial support services for IGA and micro enterprises. These they noted will be essential for creating employment, generating income and reinforcing economic growth which will in turn reduce poverty (UNCHR, Yemen n/d)

A study conducted on 37 income generating projects in 5 countries (Zambia, Malawi, Zimbabwe, Kenya and Uganda) in 2005, indicated that the most commonly implemented IGAs by women affected by HIV/AIDS were gardening, peanut butter making, craftwork such as sewing/knitting, embroidery, beadwork, piggery, poultry production, small retailing of cooked food, freezer pops, candle and soap making, goat raising, sunflower oil expressing, mushroom production, revolving credit program, dairy farming, cattle rearing, fishing, bee keeping and gum tree nurseries (Mutangadura, 2005). The IGA, which were reported to be very effective at generating income, were piggery, revolving credit, poultry and peanut butter making. The very high levels of unemployment and lack of access to markets in rural areas limit income generation opportunities. However training was indicated to be a major determinant of success of an IGA (Mutangadura, 2005)

It is urged that one of the most vulnerable group to HIV are sex workers. Most commercial sex workers witness, the prime cause of commercial sex work is poverty and the social status that the society gives women and the social problems caused thereof. NGOs and CBOs has therefore found that it is necessary to support this group economically and making them engage in alternative jobs after rendering them skill training may reduce their vulnerability to HIV/AIDS (Borena, 2008)

Micro-finance projects has found it necessary to provide training in functional literacy, book-keeping, and financial management, which has enhanced local capacity and self-esteem and enabled beneficiaries to build up relatively efficient and well-

managed enterprises. This has ensured local ownership over the intervention and instilled peer pressure, which can discourage defaulting from credit repayment.

2.6 Group Partnerships and HIV AIDS Risk Behaviour Change

Most NGOs and CBOs working on issues of women and HIV reduction have found it necessary to give credit through group lending models for development of income generating activities. Normally the organizations group women depending on their business ideas and interests and then give them loans which they repay at lower interest rates (Pronyk & Kim, 2005).

Microenterprise programs often prefer group loans to individual loans because they value social capital, aim for community level outcomes, as inexperienced lenders, groups shift many tasks to borrowers and the fact that though group loans, one can reach poorer borrowers than individual loans (Conning, 1998). The success of microenterprise development in the developing world rests mostly on the innovative use of joint-liability groups to make loans to people without traditional collateral (Morduch, 1999). According to Schreiner, (2003) Each group member is liable for the debts of the others; if one does not repay, the others must pay, or else all will lose access to future loans.

When analyzing the success of women and men in rural microfinance a case study in Uganda, (Seibel & Almeyda, 2006) found that Group technology favored women start-ups. Most NGOs in Uganda started with solidarity group credit, weekly meetings and installment periods. Credit discipline was successfully instilled by rigid insistence on weekly repayment of all group members and the refusal to accept any repayment unless

every single member meets his obligations. Collateral was thus replaced by peer pressure. Weekly meetings and standardized group loans were the main instruments for targeting women and the poor through self-selection.

Steele, (1998) in analyzing the key features of most micro-credit programmes in Bangladesh found that Group 'solidarity' is a key feature of most micro-credit programmes. This was often portrayed as the key to high repayment rates. The selected women were grouped into Village Organizations for the purpose of social capital building, providing a locus for training meetings and savings, and to enable peer group support and encouragement.

Micro-finance programmes are currently dominated by the 'financial self-sustainability paradigm' where women's participation in groups is promoted as a key means of increasing financial sustainability while at the same time assumed to automatically empower them. An article that examined the experience of seven micro-finance programmes in Cameroon indicated that micro-finance programmes which built social capital can indeed make a significant contribution to women's empowerment. However, serious questions need to be asked about what sorts of norms, networks and associations are to be promoted, in whose interests, and how they can best contribute to empowerment, particularly for the poorest women. Where the complexities of power relations and inequality are ignored, reliance on social capital as a mechanism for reducing programme costs may undermine programme aims not only of empowerment but also of financial sustainability and poverty targeting (Linda Mayoux, 2002).

2.7 Theoretical Framework

Microfinance programs and institutions have become an increasingly important component of strategies to reduce poverty or promote micro and small enterprise development. However, knowledge about the achievements of such initiatives especially on reduction of diseases such HIV/AIDS remains partial and contested.

This research will be anchored on the AIDS risk Model theory of HIV prevention was introduced in 1990 and provides a framework for explaining and predicting the behaviour change efforts of individuals specifically in relation to the sexual transmission of HIV/AIDS. The model is comprised of three stages and incorporates several variables from other behaviour change theories, including the Health Belief Model, the "efficacy" theory, emotional influences and interpersonal processes.

The stages, as well as the hypothesized factors that influence the successful completion of each phase are outlined below (Catina, Kegeles & Coates, 1990):

Stage 1: Recognition & Labeling of one's behavior as high risk; Hypothesized Influences: Knowledge of sexual activities associated with HIV transmission; Believing that having AIDS is undesirable; and social norms and networking.

Stage 2: Making a commitment to reduce high-risk sexual contact and to increase low risk activities; Hypothesized Influences; Cost and benefits; Enjoyment (for example will the changes successfully reduce my risk or HIV infection?); Self efficacy; people's beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives (Bandura, 1994) and Knowledge of the health utility and enjoyability of a sexual practice, as well as social factors (groups, norms and

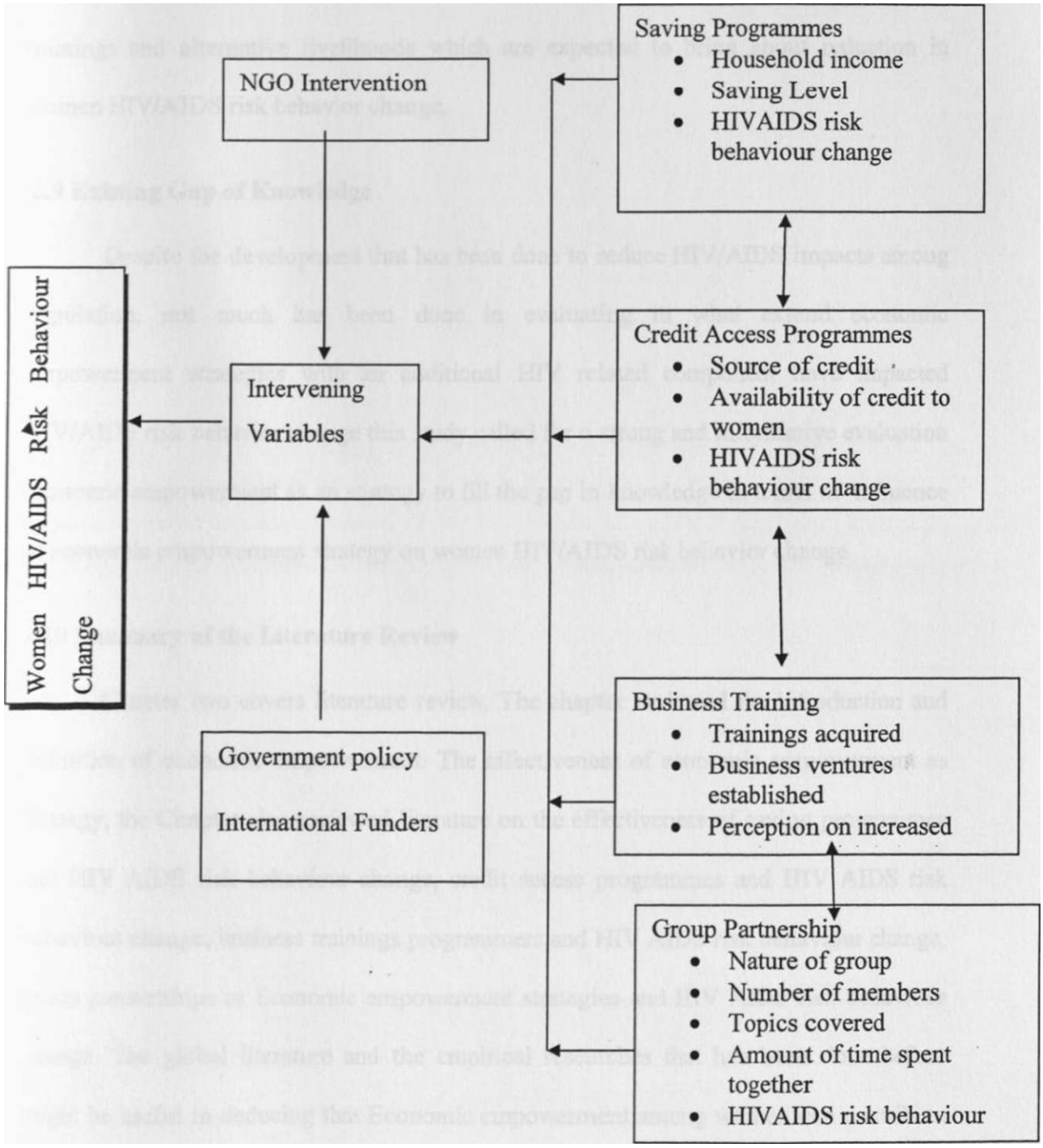
social support) are believed to influence an individual's cost and benefit and self efficacy beliefs.

Stage 3: Taking action; this stage is broken down into three phases: 1) information seeking; 2) obtaining remedies; 3) enacting solutions. Depending on the individual, phases may occur concurrently or phases may be skipped. Hypothesized Influences: Social networks and problem-solving choices (self-help, informal and formal help); Prior experiences with problems and solutions; Level of self-esteem; Resource requirements of acquiring help; Ability to communicate verbally with sexual partner and Sexual partner's beliefs and behaviours.

The authors of the AIDS Risk Reduction Model (Catina *et al,* 1990). also identified factors in addition to those listed above that may facilitate or hinder an individual's movement across the stages. These include: aversive emotional states (for example high levels of distress over HIV/AIDS) or dampened emotional states (which may be caused by alcohol and/or drug use). In addition, external factors such as public education campaigns, an image of a person dying from AIDS, or informal support groups, may also cause people to examine and potentially change their sexual activities.

2.8 Conceptual Framework

This section described the perceived conceptual framework:



KEY •«— Indicate the functional relationship between variables

In the above conceptual framework, the strategies of economic empowerment such savings programme, credit access, business training and group partnerships are complimented by NGO interventions, government policy and international flinders such trainings and alternative livelihoods which are expected to bring about reduction in women HIV/AIDS risk behavior change.

2.9 Existing Gap of Knowledge

Despite the development that has been done to reduce HIV/AIDS impacts among population, not much has been done in evaluating to what extend economic empowerment strategies with an additional HIV related component have impacted HIV/AIDS risk behavior change this study called for a strong and informative evaluation economic empowerment as an strategy to fill the gap in knowledge in terms of influence of economic empowerment strategy on women HIV/AIDS risk behavior change

2.10 Summary of the Literature Review

Chapter two covers literature review. The chapter reviewed the introduction and definition of economic empowerment. The effectiveness of economic empowerment as strategy, the Chapter also reviewed literature on the effectiveness of saving programmes and HIV AIDS risk behaviour change, credit access programmes and HIV AIDS risk behaviour change, business trainings programmers and HIV AIDS risk behaviour change, group partnerships as Economic empowerment strategies and HIV AIDS risk behaviour change. The global literature and the empirical researches that has been done before might be useful in deducing that Economic empowerment among women can contribute

to HIV AIDS risk behaviour change. The chapter also covered the theoretical and conceptual framework that guides the study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter discussed the research design that was used for the study and its characteristics. It also provided information on the population of the study, the sample frame, sample selection, data collection method and data instrument used. Finally it presented the research procedure adopted including the administration of the questionnaire and how the data was analyzed and presented.

3.2 Research Design

The study adopted the descriptive survey research design which involved quantitative approach. This study involved describing of the state affairs as it existed without influencing in any way. Therefore the descriptive study design was best suitable for this study. The survey was relevant to this study allowed researcher to collect data from members of population in order to determine the current status of that population with respect to one or more variables.

Survey research was advantageous because it sought to obtain information that describes existing phenomenon. It also helped to explain and explore the existing status of two or more variables at a given point in time. Surveys were also used in collecting data from large populations that are not easy to observe directly. This study focused on finding influence of women economic empowerment strategy on women IIIV/AIDs risk behavior change.

According to Kothari (2004), surveys are only concerned with conditions or relationships that exist, opinions that are held, processes that are going on, effects that are evident or trends that are developing. The method of data collection happens to be either observation or interviews or questionnaire (Kothari, 2004).

3.3 **Target Population**

The target population is the collection of elements that posses the information sought by the researcher (Mutai, 2000). The study was located in Kisumu County where 36 registered women group funded by Omega foundation were studied. The 36 registered women groups consisted of 762 women in total. This population was ideal for the study because it was based in Kisumu drawn from the slums areas of Kisumu where poverty levels were high, and all were either infected or affected by HIV. The women had also been in the economic empowerment programme for more than 3 years therefore these groups were considered knowledgeable enough to provide the kind of information required for the study.

3.4 **Sample Size and Sample Techniques**

This subsection covered the sample size and sampling technique. The sub-section described the sample size and techniques used in obtaining sample from sampling frame. According to Mugenda and Mugenda (1999), a sampling frame is a list of elements from which the sample is actually drawn from and is closely related to the population. The sampling frame in this study consisted of 36 women IGAs groups with 762 members who were all women either affected or infected with HIV/AIDS in Kisumu County.

3.4.1 Sample Size:

According to Welman and Kruger (2001) sample size is that finite size of statistical population whose properties are studied to gain information about the whole population. According to Mugenda and Mugenda (2003), the desired sample when population is less than 10,000 is given by the following formulae:

$$** \sim \frac{n}{1+n/N}$$

Where: nf = Desired Sample when population is less than 10,000.

n =Desired Sample Size when Population is more than 10,000.

N = Estimate of the Population Size

According to Fisher *et al,* (1998), at 95% confidence level and 50% target population assumed to have characteristics of interest with a Z-statistic of 1.96, n is equal to 384. Therefore;

$$\mathbf{n_f = 384/1+384/762}$$

=255 respondents

Therefore 255 respondents was interviewed in the 36 women groups that was, an average of 7 respondents per group

3.4.2 Sampling Technique

The study used the proportionate sampling methodology to calculate the sample population for each group. The total population for each group was divided by the overall total population and then multiplied by total sample population, *(see the table 3.1 below for detailed information)*

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Table 3.1: Target Population and Sample

IGA Group Name	*Population Size*	*Percentage (%)*	*Sample Size*
Alendu Oasis	21	3	8
Mirako	22	3	8
Masogo Moyie	17	2	5
Casma	18	2	5
St, Benedicts	27	4	10
Geneva	19	2	5
Kadete	31	4	10
Kalando	14	2	5
Raflki	32	4	10
Korowe	16	2	5
Cham pachi	22	3	8
Ogenya	10	1	3
Kamayoga	19	2	5
Kotieno	10	1	3
AnyuroKolal	10	1	3.
Irrigation	15	2	5
Kapiyo	16	2	5
Kadhiambo	22	3	8
Nduru	19	2	5
Ugwe	15	2	5
Kawakungu	12	2	5
Kolal	24	3	8
Mapendeleo	15	2	5
St. Annes Otonglo	30	4	10
Awuoth	30	4	10
Kisian	16	2	5
Pal Omega	30	4	10
Rit Ngimani	18	2	5
Starlight	12	2	5
St. Psalm	25	3	8
Winjruok Kende	13	2	2
Okore Ogonda	15	2	2
Kunya	27	4	10
Neema-kibos prison	80	10	26
Asenya	20	3	8
Kapuonje	20	3	8
TOTAL	**762**	**100**	**255**

3.5 Research Instruments

While considering the literacy level of the respondents, the study employed questionnaires as instruments for data collection. Wiersma (1985) observed that questionnaires studies are generally much less expensive and do not consume a lot of time in their administration. The study employed both structured questionnaire which was administered women either affected or infected by HIV/AIDS drawn from the 36 IGA groups in Kisumu county.

The questionnaire was divided into sections A, B, C, D and E. Section A gathered information on the demographic information such as age, marital status, educational level, occupation and family role. Section B captured the type of savings programmes available, source and level of income, current levels and before saving levels, women risk to HIV/AIDS. Section C captured information source of credit before and current, availability of the credit, property ownership, available basic amenities, access to health services and perception on how credit programmes has influenced women risk to HIV/AIDS. Section D captured information on business training, types of training acquired, business ventures established, perceptions on how business programmes had influenced HIV risk behaviour. Section E gathered information on group partnerships, nature of the groups and ventures, HIV information shared within the group and perception on how group partnership programmes had influenced women risk to HIV/AIDS.

3.5.1. Pilot Testing of the Instruments

A pilot testing of the instrument was conducted in Rafiki support group before actual administration to respondents. The results from the pilot was analyzed by the study and determined that the research instrument properly addressed the objectives under study. According to Mugenda and Mugenda (199) a pretest sample of a tenth of the sample respondent with homogenous characteristics is appropriate for the pilot study. This assisted the study in addressing the ambiguities in the questionnaires before the actual administration to the respondents

3.5.2. Validity of the Instrument

For the purposes of this study, In order to address validity the research instruments were given to two supervisors who in turn scrutinized all the questions in the tool to assess their appropriateness in addressing the critical issues in the study. In addition to that, the instruments were also subjected to peer review in which restructuring of the questions and language used was reviewed.

Cohen *et al,* (2000) defines validity as the degree to which correct inferences can be made based on results from an instrument. In reality, validity depends not only on the instrument itself, but also on the process of instrumentation of the group and the groups' characteristics being studied. Best and Kahn, (1989) further define validity as the quality of data-gathering instrument or procedure that enables it to measure what it's supposed to measure.

3.5.3 Reliability of the Instruments

Cohen ***et al,*** (2000) describe reliability has been as the degree to which scores obtained with an instrument are consistent measures of whatever the instrument measures. Best and Kahn, (1989) further, defines reliability as the degree of consistency that the instrument or procedure demonstrates; regardless of whatever it is measuring, consistency is required. Mugenda and Mugenda, (1999) observed that reliability is a measure of degree to which a research will yield consistent results after repeated trials.

The reliability of the instrument was tested using split-half method to calculate correlation of odd and even items separately and using r-function of Spearman Brown prophecy formulae:

$$\text{ReBability} = \frac{2\text{xCorr. Between the even halfs}}{1+\text{Corr between the odd halfs.}}$$

$$2r$$

r is a quantitative measure of reliability on a scale of 0-1, such that as **r** tends to 1, the stronger the reliability and vice versa. For this study, reliability of 0.5 or more is acceptable (Salemi, 2008).

3.6 Data Collection Procedure

The study data was collected using structured/semi structured questionnaires. While the respondents were 255 women who were either infected or affected by HIV/AIDS in Kisumu County. The 255 women respondents were drawn from 36 IGA

women groups supported by Omega Foundation in Kisumu County. The questionnaires were used to collect primary data from the respondent while secondary data was reviewed from the books, journals and internet for the development of the proposal. The research instrument was administered to the respondents by four trained research assistants. The researcher obtained a letter from University of Nairobi permitting her to seek for research permit from the National Council for Science and Technology.

3.7 Data Analysis Technique

In this research, the mean was one measure of central tendency used to analyze responses that were received. The mean was the average of a set of scores or measurements. The purpose was to help determine the participants' responses to various issues that were presented to them in answering the research questions. Frequency distribution tables were also used as they give a record of the number of times a score or a response occurred. The scores were also presented using percentages. All quantitative data was coded and results presented using tables.

3.8 Ethical Consideration

The study sought the consent and permission of respondents through the relevant authorities. The study also ensured confidentiality of the information collected from the respondent. For those respondents who were not willing to participate in the study, they were permitted to opt out. Lastly no inducement was given to any individual in order to solicit for information. The research assistants were oriented on the ethics of the study.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSION

4.1 Introduction

This chapter presents the study findings which have been analyzed, presented, interpreted and discussed in line with the study objectives under sub-thematic areas response return rate, distribution of respondent by occupation, distribution of family role, distribution by marital status, distribution of respondents by marital status, distribution of respondent by HIV status, the HIV/AIDS and level of income of the women, HIV/AIDS and health of women, HIV/AIDS and women participation in economic empowerment strategies.

4.2 Questionnaire Response Rate

The study managed to get all respondents targeted by the study. A total of 255 questionnaires were sent to be filled and all were returned for analysis. This yielded 100% response rate and this was a result of proper co- ordination with the field assistants, the women and the prior briefing on the purpose and the importance of the study.

4.3 Demographic Characteristics of Respondents

The demographic characteristics of the respondents helped the study to determine the quality of responses from the respondents to enable the study achieve its objectives. The respondents' demographic characteristics were assessed based on age, education level, occupation, marital status, and family role and HIV status. The respondents interviewed were the poor and the underserved that were either affected or infected with

HIV, drawn from Omega Foundation (NGO) economic empowerment programme in Kisumu County.

4.3.1 Distribution of Respondents by Age

To determine the age distribution of women participating in economic empowerment programmes, the study sought to establish the age distribution of the respondents.

Table 4.1 Characteristics of age categories of the women under study

Age Category	F	%
19 years and below	1	0.39
20-29	22	8.63
30-39	81	31.76
40-55	116	45.49
56years and above	35	13.73
Total	**255**	**100**

Table 4.1 shows the findings revealed that the majority of women were in the age groups of 40-45 years, followed by 116 (45%) and 30-39 years 81 (32%). This was followed by age group of 56 years and above 35(14%). However, very few were of the age group 20-29 years 22(8%) and 19 years and below 1(1%). The study confidently concluded that most women who participate in economic empowerment programmes are 39 years and above. This is in line with a study done by Sherman in Johns Hopkins Bloomberg School of Public Health, Baltimore, who did an evaluation of the JEWEL project: An innovative economic enhancement and HIV prevention intervention study targeting drug using women involved in prostitution.

4.3.2. Distribution of Respondents by Level of Education

The study also sought to determine the Education characteristics of women involved in economic empowerment programme to determine the education characteristic of women under economic empowerment program. The responses are presented in table 4.2

Table 4.2: Education Level of Respondents

Level of Education	F	%
No education	28	10.98
Primary school	141	55.29
Secondary level	84	32.94
University level	2	0.78
Totals	**255**	**100**

From the table 4.2., majority of the respondents indicated that they had attained primary education 141 (55.3%), followed by secondary education 84(32.9%). Nonetheless, only 2(0.8%) had attained university education. On the contrary 28(11%) had no basic education, which was a quite large number of respondents without basic education. It therefore can be concluded that majority of women in economic empowerment programme are those with no or primary education. These findings were in line with those of Bailey *et al.,* (2007) who established in his study that most women affected by HIV/AIDS under economic empowerment programmes are those with no or less education

4.3.3. Distribution of Respondent by Occupation

To determine economic status of respondents, the respondents were asked about their occupation and the results as presented in table 4.3.

Table 4.3 Occupation of the women under study

Occupation	**F**	**%**
Employed	9	3.53
Self Employment	221	86.67
Unemployed	25	9.80
Total	**255**	**100**

From the table 4.3, majority 221(86.7%) were self employed, 25(9.8%) were unemployed while only 9(3.5%) indicated that they were on employment. This indicatesd that majority of women were in informal employment sector while very few were in formal employment. Therefore it could be concluded that majority of the women respondents are involved in income generating activities to their families. This is in line with the findings of Loewenson and Whiteside, (1997) who showed that, women are responsible for caring for sick members of their households, for their childcare, at the same times being heavy involved in generating money and supply of food for their household hence have some occupation.

4.3.4. Distribution of Respondents by Marital Status

Further to determine the quality of respondents in providing quality of data respondents were asked to their marital status. Five chooses were presented to them to

choose from in relations to how best they defined their marital status. The findings are presented in the table 4.4.

Table **4.4: Marital Status of the Respondents**

Marital Status	**F**	**%**
Single	18	7.06
Married	123	48.24
Separated	1	0.39
Divorced	2	0.78
Widowed	111	43.53
Total	**255**	**100.0**

From the table 4.4, results indicated that majority 123(48.2%) of women respondents were married, 111(43.5%) were widowed, 18(7.1%) were single, 2(0.8%) were divorced and 1(0.4%) was separated. With these findings, the study established that majority of women under economic empowerment programme were those who were married and widowed. These findings were in line with those of Loewenson and Whiteside, (1997) who did a study on the Impact of AIDS on Rural Households in Africa. From the data gathered in Zambia, his study indicated that burden of caring for the family fall largely on women, especially, those who are widowed or married.

4.3.5. Distribution of Respondent by Family Breadwinners

After determining the respondent occupation status and marital status, the study also sought to determine whether the respondent was her family breadwinner or not as most women who engage in economic empowerment normally sought for alternative livelihood. The respondents were presented with the question of whether they were their

family breadwinner or not and were given two choices of yes or no to choose from. The findings are presented in the table 4.5.

Table 4.5 Breadwinner role of the Respondents

Bread Winner	F	%
Yes	181	70.98
No	57	22.35
Not Indicated	17	6.67
Total	**255**	**100.0**

Analysis from of the study (table 4.5) demonstrated that majority of the women respondents 181 (71.5%) were breadwinners to their families, 57(22.5%) were not while 17(5.9) did not indicate response to this question. It could therefore be concluded that majority of women under economic empowerment were breadwinners to their families. These findings were in line with those of Loewenson and Whiteside, (1997) who did a study on the Impact of AIDS on Rural Households in Africa. From the data gathered in South Africa, he established that women are responsible to their family and in generating money and supplying food for their households hence must have some occupation.

4.3.6 Distribution of Respondent by HIV Status

As a preliminary ascertainment of the respondents so as to provide quality data for analysis, the study sought to establish the current HIV/AIDS status in order to be in line with the objectives of the study. However because of the sensitivity of this question, the question was broken into two. The first part sought to establish how many of the women study respondents were aware of their status and the second part determined if the

respondents were willing to share their status. The respondents were given three choices; positive, negative and not indicated to choose from.

Table 4.7: Distribution of Respondents by HIV Status

HIV/AIDS status	F	%
Positive	160	62.8
Negative	65	25.5
Decline	22	8.63
Don't know	8	3.14
Total	**255**	**100.0**

From the above analysis, it was demonstrated that majority of the respondent 160(62.8%) were HIV positive, 65(25.5%) were of negative HIV status while 22(8.63%) did not give response while 8(3.14%) indicated they were not aware of their HTV/AIDS status. The study therefore confirmed majority of women within economic empowerment programme were those infected by HIV/AIDS; this further established the quality of the respondents as the study sought to establish how economic empowerment influences women HIV/AIDS risks behaviour change.

4.4. **Saving Programs and HIV/AIDS Risk Behaviour Change**

The provision of savings accounts, loans to poor women and men through microfinance initiatives has greatly benefited those who are not served by formal banking systems. Cultural barriers, lack of access to education and. limited property titles and inheritance rights, low status of women, illiteracy, often prevent poor people from obtaining finance from banks. Landless women are particularly excluded from formal financial services due to the lack of collateral. The use of financial services helps poor women increase and diversify incomes, build human, social and economic assets, and

improve their livelihoods. Increased access to safe places to save also provides vulnerable women with improved security against crises, such as HIV/AIDS. The study sought to establish the influence of Saving Programmes on women HIV/AIDS risk behaviour change in Kisumu County. The specific parameters for analysis were; whether they were involved in saving programme, has the level of savings increased, sources of savings, sources of income, and level of income. To measure the HIV/AIDS risk, the respondents were asked whether there were women within the group whom were having multiple sexual partners for economic gain.

Table 4.8. Multiple partners for Economic gain

Multiple partners	**F**	**%**
Yes	91	35.69
No	84	32.94
Not sure	80	31.37
Total	**255**	**100.0**

From the findings, majority 91(35.7%) indicated that there were group members going out with multiple sexual partners for economic gain. 84(32.9%) indicated no knowledge, while 80(31.4) said they were not sure. This implied that majority of the women engaged multiple sexual partners as a way of earning extra income. This increased the vulnerability of the women to HIV because this furthers their dependence on men and constrains their ability to negotiate for safe sex. These findings are in line with those Kima (2005) who did a study in Botswana and found that women earn 30-40% less than men for the same work, and most of those who are working are employed outside the formal sector in jobs characterized by income insecurity and poor working conditions. She urged that this economic vulnerability increases their vulnerability to

HIV by furthering their dependence on men and constraining their ability to refuse sex, negotiate the use of a condom, discuss fidelity with their partners, or leave risky relationships.

4.4.1. The influence of engaging in a saving program on the risk of contracting HIV/AIDS among women in Kisumu County

Saving programs encourage self-sufficiency, financial management and asset accumulation. Saving programs are strategies of economic empowerment. Therefore the study sought to find out how many of the respondents were involved in the saving programs.

Table 4.9: Women Involvement in Saving Programs

Saving program	F	%
Yes	196	76.86
No	59	23.14
Total	**255**	**100.0**

From the table 4.9 the study found out that majority of the women respondents 196 (76.9%) were involved in saving programs while 59 (23.14%) of the women respondents did not engage in any saving program. This implies that most women engage in a saving program in order to empower themselves economically.

Table 4.10: A cross tab of those engaging saving program and the risk of contracting HIV/AIDS among women in Kisumu County.

			Risk			
Saving program	**Yes**	**%**	**No**	**%**	**Don't know**	**%**
Yes	74	81.3	67	79.7	55	
No	17	18.7	17	20.3	25	
Total	**91**	**100**	**84**	**100**	**80**	

Table 4.10 shows that 74/91(81.32%) of women who engage in saving programs are at risk of contracting HIV/AIDS as compared to 17 (18.68%) who did not engage in any saving program. This implies that economic empowerment does not reduce the chances of contracting HIV/AIDS as the majority of the respondents who engage in saving programs are still at risk of contracting the disease. According to Pronyk, (2008) material poverty increases the risk of contracting HIV mainly through the channel of increasing high-risk behaviours, particularly for women

4.4.2 Respondents Preferred Scheme

Village banking and self-help micro-finance group has been major methodologies used by numerous NGOs in fostering micro-finance among poor women. The study also sought to establish this factor.

Table 4.11. Preferred saving scheme

	Bank		Merry-g-round		Table banking	
Response	**Frequency**	**Percent**	**Frequency**	**Percent**	**Frequency**	**Percent**
Yes	76	29.80	245	96.08	240	94.12
No	179	70.20	10	3.92	15	5.88
Total	**255**	**100**	**255**	**100**	**255**	**100**

Table 4.11 showed that majority of the women preferred saving through merry-go-round 245 (96.08%) followed by table banking 240 (94.12%) while only 76 (29.80%) prefer saving through commercial banks. The study therefore concluded majority of the poor women in micro-economic empowerment program only access group savings schemes like the merry-go-round and table banking. These findings were supported by those of Mayoux (1998) argues that group-based programs are assumed to build or reproduce social capital through developing economic and social networks of marginalized people. This is then assumed to further empower the marginalized through enhancing their ability to increase incomes, negotiate change in the household and participate in collective social and political activities

4.4.3 **Respondents Preferred Mode of Saving**

After establishing the preferred saving scheme the study also sought to establish the level of savings. Available literature indicates lacks of financial stability increases women risk of contracting HIV/AIDS. The findings were tabulated in table 4.12 below

Table 4.12. The preferred amount saved by the respondents

	Bank		Merry-g-round		Table banking	
Amount Saved	**F**	**%**	**F**	**%**	**F**	**%**
100 and below	23	30.3	120	48.9	86	35.83
101-200	52	68.4	-	-	71	29.58
201-300	1	1.3	108	44.1	14	5.83
301-400	-	-	-	-	1	0.43
401 and above	-	-	4	1.6	68	28.33
Total	76	**100**	**245**	**100**	**240**	**100**

When the respondents were asked about their monthly savings, majority said that they save 100 shillings and below as shown in table 4.12. This was similar in all saving schemes. Only few respondents saved above KES 400. The study therefore concluded that despite the availability of savings scheme, these women level of income were low while the level of their expenditures were high causing their saving levels to be very minimal. This implied that majority of these women were still economically vulnerable. These findings concurred with those of Pronyk, (2008) who argued that material poverty increased the risk of contracting HIV mainly through the channel of increasing high-risk behaviours' particularly for women.

4.4.4 **The influence of level of saving on the risk of contracting HIV/AIDS among women in Kisumu County**

After establishing the sources of savings, the study also sought to determine if the women had experienced an increase in the level of their savings as an aspect of economic

empowerment influences the risk of contracting HIV/AIDS. The results were tabulated in table 4.13

Table 4.13 Families increased levels of savings

Level of Savings Increased	**F**	**%**
Yes	186	72.9
No	69	27.1
Total	**255**	**100.0**

Table 4.13 shows that most families 186 (72.9%) have had increased level of saving while 69 (27.1%) disclosed that their level of saving has not increased. The study therefore established that the women had been economically empowered through their increased levels of savings.

4.4.5 **The influence of income on the risk of contracting HIV/AIDS among women in Kisumu County**

Poverty has been defined as a cause and effect of HIV/AIDS. It is urgued that women economic vulnerability and dependence on men may increase their vulnerability to HIV by constraining their ability to negotiate the conditions, including sexual absitence, condom use and multiple partnerships which might shape their risk of infection. Therefore the study sought to identify sources and levels of income as lack of this shape a woman to HIV/AIDS risk behavior. The results were then tabulated in table 4.14

Table 4.14 Sources of Income

	Employment		IGA		Donations	
Response	**F**	%	**F**	r %	**F**	**P**
Yes	31	12.16	205	80.39	20	7.84
No	224	87.84	50	19.61	235	92.16
Total	**255**	**100**	**255**	**100**	**255**	**100**

From the table 4.14 the study found that majority of women 205(79.5%) earned their income through Income Generating Activities (IGAs) followed by regular income 31(12%) while only 20(7.8%) reportedly depends on donation from friends. This therefore meant that income generating activities was the main source of income of the of the women. This is also an indication of economic empowerment. The study can therefore conclude that most of these women join the economic empowerment because of their economic vulnerability and thus to enhance their economic engagement and income for their families. These findings were in line with those of Loewenson and Whiteside, (1997) who established that women have more responsibility of ensuring that their families are involved in generating income and supplying food for their households through various sources.

4.4.6 **Respondents Level of Income**

Families' income improves the livelihood of the family and enables the family to buy the required basic necessities like foods, clothing and shelter among others. However some families do not get enough income to be able to cater for its family mores o the poor women, HIV affected and infected families who need additional support. Therefore

the study sought to determine the levels of families' income. The findings are tabulated in the table 4.15

Table 4.15 Levels of Income

Levels of income		F	%
1000 and below		H5	45.1
1001-3000		76	29.8
3001-5000		38	14.9
Above 5000		20	7.8
Not specified		6	2.3
Totals	~	**255**	**100.0**

Table 4.15 showed that majority of women respondents 115(46.2%) had income levels between KES 1001-3000 followed by 76(30.5%) who indicated income levels of KES 3001-5000. However very few 20(8.0%) had income levels above KES 5001. The study could therefore conclude that most of women in economic empowerment were poor women who lived on KES 3000 and below. These findings were in line with those of Julia Kim, (2005) who indicated that by improving access to credit and savings services, microfinance initiatives seek to provide business skills and income generating opportunities for poor women who are excluded from formal financial services and markets and this may reduces their chances of engaging in HIV/AIDS risky behaviours for commercial gain.

Table 4.16: A cross tab of income level of the women and the risk of contracting HIV/AIDS among women in Kisumu county.

	Risk					
Variables	**Yes**	**%**	**No**	**%**	**Don't know**	**%**
Level of income (SHS)	41	45.1	42	50.0	32	40.0
< 1000	26	28.6	19	22.6	31	38.8
1001-3000	18	19.8	11	13.1	9	11.3
3001-5000	5	5.5	7	8.3	8	10.0
>5000	1	1.1	5	5.9	0	0.0
Not indicted						
Total	**91**	**100**	**84**	**100**	**80**	**100**

From the Table 4.16, 41 (45.05%) of the women at risk of contracting HIV/AIDS have an income of less than 1000 shillings per month, 26(28.57%) earn between 1001 and 3000, 18 (19.78) earn between 3001-5000 while 5 (5.49) earn over 5000 shillings. This confirmed that economic vulnerability promoted women HIV/AIDS risky behaviours. These findings were in line with those of Pronyk, (2008) who concluded that material poverty increased the risk of contracting HIV mainly through the channel of increasing high-risk behaviours, particularly for women.

4.5 **Access to Credit and HIV/AIDS risk behaviour change**

The care for sick relatives.and orphans has tremendous financial repercussions in terms of medical costs and lost business income, as most caregivers who mostly are women have to reduce their income earning activities and draw from their business capital to meet expenses. The death of relatives leaves many female and orphans, which

are less able to cope with crises. HIV/AIDS normally triggers a series of misfortunes that require numerous coping strategies causing women to seek for credit. The ability of women to borrow, save and earn income increases their self-confidence, improve their status in the community and enable them to either better confront impacts of HIV/AIDS or avoid HIV/AIDS risky behaviours. The study sought to establish the extent to which access to credit influences women HIV/AIDS behaviour change in Kisumu County. The specific parameters to be assessed were availability of credit, level of credit accessed in the past, and sources of credit to women, in measuring HIV/AIDS Risk, a question of what level they would say business trainings have decreased group members chances of involving in HIV/AIDS Risk Behaviour.

4.5.1 Credit access

Designing appropriate financial products for women to borrow is essential to strengthen women's role as producers and widen the economic opportunities available to them. Mostly poor women are faced challenges in accessing credit due to lack of collateral. The study sought to establish how many of the women respondents had accessed credit in the past. The findings are presented in table 4.17

Table 4.17 Individual Access to Credit

Accessed credit	r	%
YCS	247	98.9
No	**8**	i.i
Total	**255**	**100**

From the table 4.17 above, majority 247(98.86%) had accessed credit, while only 8(1.14%) had not accessed credit. The study therefore concluded that these women were able to access credit, and had accessed credit to boost their income and uplift their living standard. These findings were in line with those of Barnes, (2002) who when doing a study in Zimbabwe to evaluate micro-finance schemes aimed at enhancing the economic opportunities of vulnerable population found that microfinance clients and their households had a greater diversity of incomes, and were able to access group credit to meet their families expenditures.

4.5.2 Level of Credit Access:

Availability of credit to women enhances their economic opportunities and enables the vulnerable groups to diversify into different economic activities. The study therefore sought to establish level of credit access to women in Kisumu County. The findings are in the table 4.18

Table 4.18 Total level of credit accessed

Levels of income	F	%
1000 and below	99	38.8
1001-3000	93	36.5
3001-5000	22	8.6
Above 5000	29	**11.4**
Not specified	12	**4.7**
Totals	**255**	**100.0**

The findings in table 4.18 illustrated that majority of the respondent 99(38.82%) had accessed credit of KES 1000 and below, followed 93(36.47%) who indicated they had accessed below KES 3000. Only 29 (11.37%) respondents indicated that they had accessed credit levels of above KES 5000. In addition, 12 (4.71%) people did not response to this question. The study could therefore conclude that these women are still economically vulnerable.

4.5.3 Availability of Credit to Women

Availability of credit to women enhances their economic opportunities and enables the vulnerable groups to diversify into different economic activities. The study therefore sought to establish availability of credit to women in Kisumu County. The findings are in the table 4.19

Table 4.19 Availability of Credit to Women

Credit to women	F	%
Not available	81	31.8
Averagely available	138	54.1
very Available	36	14.1
Total	255	100.0

The findings (table 4.19) of the study indicated that majority 138(54.1%) indicated that the credit was averagely available to women, 81(31.8%) of the women indicated that credit was not available to women like them while only 36(14.1%) of the women indicated that credit was available to women like them. Study therefore concluded that majority of the poor women did not have access to credit and therefore could only access credit through their group savings. The findings were similar to those of Barnes, (2002) who in evaluating the success of economic empowerment programme in Zimbabwe noted due to lack of collateral, most poor women could not access loan through the commercial banks and could access loan through the group saving and this in turns reduces their **HIV/AID** risk behaviours.

4.5.4. **Source of Credit to Women Respondent**

Commercial banks rarely provide loans to poor households, and even less frequently to women. Without access to credit, women are often stuck in the cycle of poverty with no opportunities to improve their lives or those of their children. Microcredit projects offer an alternative source of credit for women and poor families.

Therefore the study sought to establish where in the past has the respondents acquired credit. The results are table 4.20

Table 4.20: Where you accessed credit in the past

	Bank		**NGO**		**Group Fund**	
	F	**%**	**F**	**%**	**F**	**%**
Response						
Yes	27	10.6	46	18.0	143	56.1
No	204	80.0	186	72.9	94	36.9
Don't know	8	3.1	4	1.6	5	1.9
Not specified	16	6.3	19	7.5	13	5.1
Total	**255**	**100**	**255**	**100**	**255**	**100**

The respondents were presented with three choices, Bank, NGO and Group fund. They were allowed to have multiple selections. The findings (table 4.20) indicated that majority of the women 143(56.08%) had accessed credit from group fund, 46(18.04%) from NGO and only 27(10.59%) had accessed bank credit. It can therefore be concluded majority of women from Kisumu county access group credit.

4.3.5 Access to Credit and HIV/AID Risk Behaviour Change

In order to measure the influence of credit and HIV/AIDS behaviour change, respondents were asked what level access to credit has decreased their chances of getting in HIV/AIDS risky behaviours. The results are presented in the table 4.21

Table **4.21 : Opinion on how credit decreased chances of risk behavior**

Decreased chances of risk behavior	**F**	**%**
High	131	51.4
Medium	102	40.0
Low	22	8.6
Total	**255**	**100.0**

The findings demonstrated that increasing credit access to respondents can reduce HIV/AIDS risk. 131(51.4%) showed that their chances had highly decreased, 102(40.0%) indicated that it had averagely decreased while only 22(8.6%) indicated there was no change. From the findings therefore, it could be concluded that increasing credit access reduces chances of HIV/AIDS risk engagements. The findings of the study were in line with those of Morduch, (2008) who indicated that as a result of the income earned through microcredit projects, women are better positioned to care for family members infected with HIV/AIDS, to send their children to school, and to have the financial stability that will help them to avoid high-risk sexual behavior.

4.6. **Business Training and HIV/AIDS Risk Behaviour Change among women in** Kisumu **County**

Micro-finance projects has found it necessary to provide training in functional literacy, book-keeping, and financial management, which in turn enhance capacity and self-esteem to enable beneficiaries to build relatively efficient and well managed enterprises. This ensure local ownership over the intervention and instill peer pressure, this discourages defaulting from credit repayment. The study therefore sought to investigate how business training as an aspect of economic empowerment strategy

influence women HIV/AIDS risk behaviour change in Kisumu County. The specific parameters that were assessed included, if the women had go through training, the business ventures established as a result of the training received, if they felt empowered enough to run their business. To measure the risk, to what level they would say business trainings have decreased group members' chances of involving in HIV/AIDS risk behaviour change.

4.6.1 Business Training

Women entrepreneurs, especially in developing countries lack training and entrepreneurial process is a vital source of developing human capital as well as plays a crucial role in providing learning opportunity for individuals to improve their skills, attitudes and abilities. Taking cognizance of the peculiar situations of most women in developing countries in terms of poverty, low educational levels and other societal discriminations, and effects of HIV/AIDS pandemic training is a very important micro-finance factor for women entrepreneurs as it would provide the skills and experience needed for their IGAs. The study wanted to establish which business trainings the respondents had gone through. The findings are in the table 4.22

Table 4.22: Business trainings you attended

Business trainings attended	F	%
Group loaning and savings	163	63.9
Business Management	56	21.9
Marketing skills	4	1.6
None	11	4.3
Not specified	21	8.2
Total	**255**	**100.0**

From the table 4.22 majority of the respondents 163(63.92%) indicated group loaning and savings, 56(21.9%) indicated business management skills while 4(1.6%) indicated marketing skills. 11(4.3%) indicated that they had not gone through any training while 21(8.24%) did not specify whether they had gone through training or not. It can therefore be concluded that most women in Kisumu County had undergone skills training which is necessary for business venture. These findings were in line with those of Ekpe Isodoro, (2010) who established that skills training and tertiary education have positive effects on enterprise performance.

4.6.2 **Business ventures established**

Having established how many had gone through training, the study also sought to find out how many of the women had established business ventures as a result of the training.

Table 4.23: Ventures established as a result of business trainings

Business trainings attended	**F**	**%**
Small scale business	188	73.7
Large scale business	31	12.2
None	13	5.1
Not specified	23	9.1
Total	**255**	**1UU.U**

Table 4.23 shows that most women 188 (73.73%) who have benefited from the business trainings have established small businesses of their own, 31 (12.16%) have been engaged in large scale business while 13 (5.1%) have no business since they had the trainings. The study therefore concluded that majority of the women in economic empowerment training have established small scale business ventures. These findings are in line with those Mutangadura, (2005) who conducted a study on 37 IGA projects in Zambia, Malawi, Zimbabwe, Kenya and Uganda and found that the most commonly implemented IGA by women affected by HIV/AIDS were on small scale.

4.6.3 **Business Empowerment**

Business training enhances capacity and self-esteem to enable beneficiaries to build relatively efficient and well managed enterprises. This ensures local ownership over the intervention and instills peer pressure, which discourages defaulting from credit repayment. The study therefore sought to establish if the women felt the ability to run their business. The findings are stipulated in the table 4.24

Table 4.24 : Do you feel empowered enough to run business

Ability to run a business	F*r*	%
Yes	152	59.6
No	60	23.5
Not specified	43	16.9
Total	**255**	**100.0**

Table 4.24 shows that most women 152 (59.6%) have the ability to run their own businesses given the fact that they had received business trainings while only 60(23.5%) indicated that they did not feel empowered. 43(16.9%) did not give response to this question. The study therefore concluded that business trainings were effective and can be used to economically empower women so as to reduce risky behaviors. These findings are in line with those of Borena, (2008) who argued that micro-finance training enhance local capacity and self-esteem, this he said enabled beneficiaries to build up relatively efficient and well managed enterprise.

Table 4.25: A cross tab of the ability to run a business and the risk of contracting HIV/AIDS among women in Kisumu County.

			Decreased risk of			
Ability to run a business	**High**	**%**	**Medium**	**%**	**Low**	**%**
Yes	100	84.1	41	53.9	11	64.7
No	19	15.9	35	46.1	6	35
Total	**119**	**100**	**76**	**100**	**17**	**100**

Table 4.25 showed that majority of the women 100 (84.1%) who had the ability to run business were at a lower risk of HIV/AIDS infection as compared to 19 (15.9%) of the women who cannot run businesses on their own. This implied that establishing a business does reduce chances of risky behaviors among women. These findings were in line with Pronyk and Kim, (2005) who established that participation in microfinance had the potential to reduce economic and social vulnerability to HIV/AIDS.

4.7 **The influence of group partnerships and HIV/AIDS risk behaviour change** among **women in Kisumu County**

Most micro-credit programmes have found group solidarity as a key feature of most micro-credit programmes. This is often portrayed as the key to high credit repayment rates. The group partnerships serve the purpose of social capital building, providing a locus for training meetings and savings. It also enables peer groups support, encouragement and information sharing. The study sought to establish the extent to which group partnerships influences women HIV/AIDS behaviour change in Kisumu County. In order to measure for risk behavior for the women the respondents were asked to state whether there are women in their groups having multiple sexual partners. The responses were then tabulated in table 4.26

Table 4.26: Knowledge of group members having multiple sexual partners

Multiple sexual partners	**F**	**%**
Yes	67	26.3
No	182	71.4
Not specified	6	2.4
Total	**255**	**100.0**

Table 4.26 showed that only 67 (26.3%) of the women had multiple sexual partners. This showed that few women in these groups were at risk of **HIV/AIDS** infection. These findings were in line with those of Pronyk & Kim, (2005) who demonstrated that most NGOs and CBOs working towards addressing poverty and HIV/AIDS among women have found it necessary to give credit through group lending and group sharing.

4.7.1 Group Discussion Items

In order to determine the items discussed during these group meetings, the respondents were asked to state these items and the results are tabulated

Table 4.27: Items discussed during group meetings

	Individual contribution		**Loan issuing to members**		**Group business report**		**Share HIV/AIDS information**	
Response	**F**	**%**	**F**	**%**	**F**	**%**	**F**	**%**
Yes	248	97.3	236	92.6	235	92.2	230	90.2
No	7	2.8	19	7.5	17	6.7	22	8.6
Not specified	.				3	1.2	3	1.2
Total	**255**	**100**	**255**	**100**	**255**	**100**	**255**	**100**

Table 4.27 showed that 248 (97.3%) discussed individual contribution, 236 (92.55%) discussed loan issuing to members, 235 (92.2%) discussed group business

reports while 230 (90.2%) discussed information regarding to HIV/AIDS. These findings were in line with those of Pronyk & Kim, (2005) who demonstrated that most NGOs and CBOs working towards addressing poverty and HIV/AIDS among women have found it necessary to give credit through group lending and group sharing of HIV/AIDS among others.

Table 4.28: A cross tab of groups discussing HIV/AIDS information and the risk of contracting HIV/AIDS among women in Kisumu County.

	HIV/AIDS RISK			
HIV/AIDS information	**Yes**	**%**	**No**	**%**
Yes	64	95.5	162	89.0
No	3	4.5	19	11.0
Total	67	**100**	**182**	**100**

Table 4.28 shows that 64 (95.5%) of the women were still at risk of HIV/AIDS infection despite discussing this topic in the group meetings. This implies that information about HIV/AIDS is not well discussed despite good knowledge about it and this did not reduce the risk of HIV/AIDS infection.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This is the last section of this study report. It presents a consolidated summary of all findings, relevant conclusions, study recommendations and suggestions for further investigations.

5.2. Summary of Findings

The data in chapter four enabled the study to establish the influence of economic empowerment strategy on women HIV/AIDS risk behaviour change in Kisumu County. A sample of 255 women affected by HIV/AIDS on Economic empowerment was selected from Kisumu County. The factors that were examined by the study saving programmes and HIV/AIDS risk behaviour change, credit access and HIV/AIDS risk behaviour change, business training and HIV/AIDS risk behaviour change, and group partnership and HIV/AIDS risk behaviour change of women in Kisumu County.

From the study data on influence of saving programme on HIV/AIDS risk behaviour change, the extend of the influence was not established as majority 35.69% (table 4.8) indicated that there aware of group members who were still having multiple partners for economic gain. However from the findings, majority saved through the micro-finance initiated schemes like Merry-go-round 96.08% and Table banking 94.12%. The findings also established that majority of the women had been economically empowered as most of the respondents 72.9% indicated that their interests had increased.

The study also indicated that majority (80.39%) of the respondents acquired their income **through** the IGAs. In addition a cross tabulation of income versus HIV/AIDS risk, **majority** (45.05%) within low income brackets were indicated to be more at risk of **contracting** HIV/AIDS.

The influence of access to credit on women HIV/AIDS risk behaviour change were tested and found to be significant in most of the women. The specif parameters that were assessed were availability of credit to women, level of credit access, sources of credit. In measuring HIV/AIDS risk, the study sought to establish the extend to which access to credit had contributed to decrease the engaging in HIV/AIDS risk behaviours. The study discovered that increasing credit access to women highly influences the HIV/AIDS risk behaviour change. 51.37% of the respondents indicated that it highly reduces their chances while, 40% indicated that it averagely reduces their chances. The study established that 98.86% of the respondents had accessed credit. However, majority of the respondents 38.82% had accessed credit of KES 1000 and below. Further the study revealed is not available to poor women. Majority have only accessed the group credit.

The influence of business training on women HIV/AIDS risk behaviour change was also examined by the study. The factors which were tested were the business trainings undertaken, the business ventures established as a result of training, if the women felt empowered to run their businesses and in order to measure risk, the women were asked to what extend they would say business trainings have decreased group members chances of involving in HIV/AIDS risk behaviour change. The study findings indicated that majority 63.92% had been trained issues around group loaning and savings. In regards to business ventures, majority had at least established a small scale business

(IGA) to generate family income. Of the sample population, **59.61%** of the women indicated that they feel empowered enough to run their business after undergoing training. This indicates that the business trainings are effective and can be used economically to empower women. In addition, business trainings were also established to be effective in influencing HIV/AIDS risk, **55.29%** indicated that it reduces risk of contracting in HIV/AIDS.

Lastly established the influence of group partnerships on HIV AIDS risk behaviour change; the study established that very few women **(26.27%)** in the group were at risk of contracting HIV/AIDS. Group members indicated that HIV/AIDS information was one of the major topics of discussions in their groups.

5.3. Conclusions

On the basis of the findings of the study, the following conclusions are made on the three interdependent variables and the moderating variable on the influence of economic empowerment HIV/AIDS risk behaviour change among women in Kisumu County. Through the saving programmes households' income increased and there was also increase in saving levels. However, majority of the women were still reported to be at risk. The study indicated that majority of the families incomes had increased due to establishment of IGAs. The study also revealed that majority of those at risk was those within the low income bracket.

Increasing credit access to women highly reduces the risk of contracting HIV/AIDS. Majority of the respondents had accessed group credit. However the study

also confirmed that credit is not easily available to women. Those who had accessed credit had established small scale business ventures to generate income.

The study findings indicated that majority had been trained issues around group loaning and savings. In regards to business ventures, majority had at least established a small scale business (IGA) to generate family income. Most respondents indicated that they felt empowered to run their businesses. Business trainings were effective in reducing HIV/AIDS risk as most of the respondents indicated that it reduces their chances of engaging in HIV/AIDS risk behaviours.

Lastly influence of group partnerships on HIV AIDS risk behaviour change; the study established that very few women in the group were at risk of contracting HIV/AIDS. Group members indicated that HIV/AIDS information was one of the major topics of discussions in their groups.

5.4. Recommendations

Based on the study's findings, the following recommendations were;

Through the saving programmes households' income increased and there was also increase in saving levels. However, majority of the women were still reported to be at risk. The study indicated that majority of the families incomes had increased due to establishment of IGAs. The study also revealed that majority of those at risk was those within the low income bracket. Step up awareness campaign to influence level of savings should be encouraged. Commercial banks should also reach to the poor women.

Increasing credit access to women highly reduces the risk of contracting HIV/AIDS. Majority of the respondents had accessed group credit. However the study **also** confirmed that credit is not easily available to women. Those who had accessed credit had established small scale business ventures to generate income. Step up awareness campaign to influence level of savings should be encouraged. Commercial banks should also reach to the poor women.

The study findings indicated that majority had been trained issues around group loaning and savings. In regards to business ventures, majority had at least established a small scale business (IGA) to generate family income. Most respondents indicated that they felt empowered to run their businesses. Business trainings were effective in reducing HIV/AIDS risk as most of the respondents indicated that it reduces their chances of engaging in HIV/AIDS risk behaviours. The women affected with HIV/AIDS should be offered business trainings geared towards empowering them in establishing small business which can generate income for their families.

Lastly influence of group partnerships on HIV AIDS risk behaviour change; the study established that very few women in the group were at risk of contracting HIV/AIDS. Group members indicated that HIV/AIDS information was one of the major topics of discussions in their groups. Support groups should be encouraged among women affected with HIV/AIDS. This will enhance their understanding about HIV/AIDS and live with a positive attitude to adopt healthy behaviors so as to improve on their economic status though establishment of IGA activities.

5.5. **Recommendations for Policy and Practice**

The agencies like NGOs and government departments should implement HIV/AIDS related projects and micro finance projects that would support and improve on the women's income which is a source of their livelihood in the community. They should focus on attempt that would protect women's rights more so on property ownership and inheritance of the assets. Women should also be empowered by these agencies to be economically independent.

Poverty reduction and allocation adequate resources to improve on the women affected with the HIV/AIDs should be enhanced by the government. There should be policies that focus on helping those living with and affected by HIV to ensure greater support and funding for sustainable livelihood approaches especially women empowerment through trainings.

Improve girls' schooling, job opportunities, and ability to access credit in order to reduce women's vulnerability to sexual exploitation and harassment. Increasing livelihood options for women reduces their chances of falling into high-risk behavior that could lead to HIV infection. Create and formulate national policies to protect and support Vulnerable HIV positive women and children since they are at a greater risk of contracting HIV, because of poverty and unstable living conditions. Orphans are much more likely to engage in economically motivated sexual encounters than non-orphans.

The government should enact and implement laws that protect the Property Rights of AIDS Orphans and Address the needs of HIV infected people. The issue of inheritance rights may require governments efforts to ensure that each child has a birth certificate and national identification (which many children in developing countries do not have) to

strengthen coordination and administration of government child service and social service departments that offer safety nets to children. National legislation is needed to establish and/or enforce inheritance rights of child- and widow-headed households. Such laws could help minimize the practice among young girls and women of trading sex for security and shelter, thus contributing to HIV prevention.

The civil society organization should focus on sustainable programs, especially those intergrating HIV/AIDS and economic empowerment programmes to women to improve on their livelihoods, for instance, empowering the support groups to initiate more sustainable income generating activities (IGA's).

5.6. Contribution to body of knowledge

Table 5.1: Contribution to body of knowledge based on the findings

Objectives	Contribution to body of knowledge
1 .Establish the extent to which saving programs as an aspect of economic empowerment strategy influences women HIV/AIDS risk behaviour change in Kisumu County;	-The HIV/AIDs burdens leads to increased expenditures this reduces the income levels and saving levels of women affected and infected with HIV/AIDS.
2. Assess the level at which access to credit as an aspect of economic empowerment strategy influences women HIV/AIDS risk behaviour change in Kisumu County;	-Lack of access to credit make women more vulnerable and this increases their economic dependency on men which enhances their HIV/AIDS risk behaviours.

	There is need for developing strategies that allow poor women to access credit in commercial banks.
3. Investigate how business training as an aspect of economic empowerment strategy influences women HIV/AIDS risk behaviour change in Kisumu County;	-HIV/AIDs affect the incomes and saving levels of women and their families. It is therefore important that NGOs, CBOs and The Government should work towards supporting this group economically and making them engage in alternative jobs after rendering them skill training which may reduce their vulnerability to HIV/AIDS.
4. Explore the extent to which group partnership as an aspect of economic empowerment strategy influences women HIV/AIDS risk behaviour change in Kisumu County;	- women's participation in groups should be promoted within economic empowerment programmes integrated with HIV/AIDS as a key means of increasing financial sustainability while an information sharing ground

5.7 Suggestions for Further Research

The study made the following suggestions for further research:

1. The influence of economic empowerment strategy to other family household

HIV/AIDs risk behaviour change.

2. Other strategies that can influence women HI/AIDS risk behaviour change apart from four identified strategies: the government motivated strategies, civil society, community based organizations and self motivated strategies.
3. The study was limited to Kisumu County. Future studies on the same topic could be extended to other parts of Kenya.

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APPENDIX III

TARGET POPULATION AND SAMPLE

IGA Group Name	*Population Size*	*Percentage (%)*	*Sample Size*
Alendu Oasis	21	3	8
Mirako	22	3	8
Masogo Moyie	17	2	5
Casma	18	2	5
St, Benedicts	27	4	10
Geneva	19	2	5
Kadete	31	4	10
Kalando	14	2	5
Rafiki	32	4	10
Korowe	16	2	5
Cham pachi	22	3	8
Ogenya	10	1	3
Kamayoga	19	2	5
Kotieno	10	1	3
AnyuroKolal	10	1	3
Irrigation	15	2	5
Kapiyo	16	2	5
Kadhiambo	22	3	8
Nduru	19	2	5
Ugwe	15	2	5
Kawakungu	12	2	5
Kolal	24	3	8
Mapendeleo	15	2	5
St. Annes Otonglo	30	4	10
Awuoth	30	4	10
Kisian	16	2	5
Pal Omega	30	4	10
Rit Ngimani	18	2	5
Starlight	12	2	5
St Psalm	25	3	8
Winjruok Kende	13	2	2
Okore Ogonda	15	2	2
Kunya	27	4	10
Neema-kibos prison	80	10	26
Asenya	20	3	8
Kapuonje	20	3	8
TOTAL	762	100	255

APPENDIX III

LETTER OF TRANSMITTAL

Dear Madam,

Thank you for agreeing to participate in this research project. My name is Juliana Akinyi Otieno, I am a masters of Arts student in Project Planning and Management student at the University of Nairobi. **I** am currently working on my graduate project entitled **"Influence of Economic Empowerment Strategy on Women HIV/AIDS Risk Behaviour Change"**

I would like to sit down with you and ask you some questions. This will take around 30 minutes. For all questions, there are no wrong or right answers. Your participation in this study is **entirely voluntary** in addition, you can choose not to answer any question that you feel not comfortable with or terminate the interview at amy time.

Your participation in this exercise will help me in learning if at all economic empowerment to young women has been vital in reducing their vulnerability to HIV AIDS.

I want to assure you that all information you give me will be kept confidential. Your name will not be recorded on any document related to this study. A study identification number will be used in place of your name on the interview records.

In case of any questions regarding the study, please contact:

Juliana Akinyi (Tel: +254- 020- 266-260-4 or +254-(0)724456854 or 0736420373)

L50/72589/08

I have read the above information and I agree to participate in this study.

Name:_____Date:

Respondent Signature:_____Interviewer's signature:

APPENDIX III

QUESTIONNAIRE TO WOMEN BENEFICIARY OF ECONOMIC EMPOWERMENT PROGRAM

Introduction

Dear Madam,

I am a Masters of Arts (Project Planning and Management) student at the University of Nairobi carrying out research the *"Influence of Economic Empowerment Strategy on Women HIV/AIDS Risk behavior Change"*. It is my humble request that you assist me in my filling in the Questionnaires as correctly and honestly as possible. Be assured that your identity and responses will be treated with **UTMOST CONFIDENTIALITY** and for this reason DO NOT WRITE YOUR NAME on the questionnaire.

Section (A): Demographic characteristics of the respondents. (Kindly respond to the question by marking an X in the boxes [*] the correspond best to you).

Instructions: Tick as appropriate.

QUESTIONAIRE		
1.0	**Introduction**	**Reponses**
1.1	Date of interview:	/ /2010
1.2	Start time:	
SECTION A: DEMOGRAPHIC INFORMATION OF THE RESPONDENTS		
1.4	What is your age group?	1. 19years and below years [ ] 2. 20-29 years [ ] 3. 30-39 years [ ] 4. 40-55 years [ ] 5. 56 years and above [ ]

1 15 What is your highest Education level?	1. No education [ ] 2. Primary level [ ] 3. Secondary level [ ] 4. Tertiary level [ ] 5. University level [ ]
1.6 ! What is your occupation?	1. Employed [ ] 2. Self employed [ ] 3. Unemployed [ ]
1.7 What is your marital status?	1. Single [ ] 2. Married [ ] 3. Separated [ ] 4. Divorced [ ] 5. widowed [ ]
1.9 Are you the breadwinner of your family?	1. Yes [ ] 2. No [ ] 3. Others. (Specify)
10.0 Are you are of your HIV AIDS status?	1. Yes [ ] 2. No [ ]
11.0 Would you mind sharing your HIV status?	3. Positive [ ] 4. Negative [ ]

SECTION B: SAVING PROGRAMS AND HIV/AIDS RISK BEHAVIOUR CHANGE

(Kindly respond to the question by marking an X in the boxes [x] the correspond best to you).

	QUESTION?	Yes.	No.	
1.0	Are you involved in saving program?	Yes[ ]	No [ ]	For those who answer NO to this question should

1				jump to question 4.0
L	Has your level of savings increased since you joined the economic empowerment program?	Yes [ ]	No [ ]	
3.0	**How do you save? (tick where applicable)**			
3.1	With the bank	Yes[ ]	No [ ]	
3.2	Within groups (merry-go-round)	Yes [ ]	No [ ]	
3.3	Group savings and loaning/Table banking	Yes [ ]	No [ ]	
3.4	others	Yes [ ]	No [ ]	
4.0	**What are your source(s) and levels of income? (tick where applicable)**			
4.1	Regular employment			
4.2	Income generating activity			.
4.3	Donations from friends and well wishers			
4.4	**What is your total level of income?**			
9.0 1	DO you think there are women in this group that would want to go out with multiple partners to supplement their income?	Yes [ ]	No [ ]	Don't Know [ ]

	SECTION C: ACCESS TO CREDIT AND HIV AIDS PREVALENCE (Kindly respond 1 the question by marking an X in the boxes [x] the correspond best to you).			
1.0	Have you ever been trained on how to access credit?	Yes [ ]	No [ ]	Don't know [ ]
2.0	Have you accessed an individual credit in the recent past?	Yes [ ]	No [ ]	How Much?
3.0	Have you accessed a group credit in the recent past?	Yes [ ]	No [ ]	How Much?
4.0	How would you describe the availability of credit to women like you?	Not available [ ]	Averagely available	Very available [ ]

	[1			
5.0	**From where have you accessed credit in the recent past?**	**Tick Appropriately**		
5.1	Bank	Yes [ ]	No[ ]	Don't know]
5.2	From NGO	Yes [ ]	No[ ]	Don't know]
5.3	Group members	Yes[ ]	No[ ]	Don't know]
5.4	Others, specify			
6.0	In your opinion, how much has access to credit decreased your chances of getting to risk behaviour?	High]	Medium]	Low]
7.0	Do you think increased access to credit has contributed to some members reducing the number of sex partners?	Yes[ ]		No[ ]

	SECTION D: BUSINESS TRAINING AND IIIV/AIDS PREVALENCE(Kindly respond t the question by marking an X in the boxes [x] the correspond best to you).			
1.0	List all the business trainings you have received in the past			
2.0	List the business ventures you have established as a result of the business training you hav undergone?			
3.0	Do feel empowered enough to run your business after undergoing training?	Yes[ ] No [ ]		
4.0	To what level would you say business trainings have decreased group members' chances of involving in risky behaviours?	High [ ]	Medium [ ]	Low [ ]

	SECTION C: GROUP PARTNERSHIPS AND HIV/AIDS PREVALENCE		
1.0	How many group members are you in your group?		
3.0	When you meet do you discuss the following? **Tick appropriately**	Yes[ ]	No[ ]
3.1	Individual contribution?	Yes[ ]	No[ ]
3.2	Loan issuing to members?	Yes [ ]	No[ ]
3.3	Group business progress report?	Yes[ ]	No[ ]
3.4	Share on HIV AIDS information?	Yes[ ]	No[ ]
3.5	Others, specify	Yes[ ]	No[ ]
6.0	Do you know anyone in your group who has multiple sexual partners for economic gain?	Yes [ ]	No [ ]
	Thank you very much for your time and contribution.		
	Signed by the intcrviewer(optional)		
	End time		

REPUBLIC OF KENYA

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0urRef: **NCST/RRI/12/1/SS-011/928**

Date:

1,.JULY, 2011

Juliana Akinyi Otieno
University Of Nairobi
P.O BOX 825-40100
Kisumu

Dear Madam,

RE.RESEARCH AUTHORIZATION

Following your application for authority to carry out research on **Influence Of Economic Empowerment Strategy On Women HIV/AIDS Risk Behaviour Change: A Case Of Omega Foundation, Kisumu County,Kenya . I** am pleased to inform you that you have been authorized to undertake research in **Nyanza Province,** Kenya for a period ending **31st December, 2011**

You are advised to report to **District Commissioner and the District Education Officer in Kisumu East and West Districts** before embarking on the research project.

DR. M. K. RUGUTT, PhD,HSC—^
FOR: SECRETARY/CEO

Copy to:
The District Commissioners
Kisumu East District
Kisumu West District

The District Education Officer

PAGE 2

PAGE 3

Research Permit No: NCST/RRI/12/SS011/928

THIS IS TO CERTIFY THAT:

Date of issue: 1ST July 2011

Prof./Dr./Mr./Mrs/Miss/Institution: Juliana Akinyi Otieno

Fee received: KSHS.3000

of (Address) University of Nairobi

P.O BOX 825, Kisumu

has been permitted to conduct research in

All Location

Kisumu East & West District

Nyanza Province

on the topic: Influence of economic Empowerment strategy on women HIV/AIDS risk behavior change: A case of Omega Foundation, Kisumu County, Kenya

Applicant's Signature

Secretary National Council for Science and Technology

for a period ending 31st December, 2012