ASSESSING THE ROLE OF MICRO FINANCE SERVICES ON THE REPRODUCTIVE HEALTH OF WOMEN IN KIBERA, NAIROBI

BY

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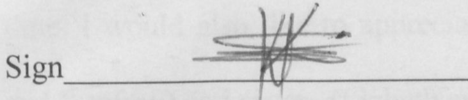
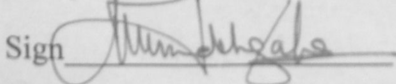
DECLARATION

This research project is my original work and has not been presented to any other university or institution for the award of a degree.

Sign  Date 13/11/2012

Ellyjoy Karimi

This project report has been submitted with my approval as the university supervisor.

Sign  Date 13. 11. 2012

Dr. Owuor Olungah

DEDICATION

To my dear husband Pascal Mailu for his continual inspiration throughout my study period, his undeterred support and encouragement gave me the impetus to clear in good time. I would also like to appreciate my parents Mr. and Mrs. Kithure, brothers (Ryan and Kenfrey) and sisters (Lizbeth and Rhoda) for their prayers and encouragement.

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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
EUR	European currency
FGD	Focused Group Discussion
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
KDHS	Kenya Demographic and Health Survey
KNBS	Kenya National Bureau of Statistics
KWFT	Kenya Women Finance Trust
MDGs	Millennium Development Goals
MFIs	Micro Finance Institutions
MSF	Medicines Sans Frontiers
NGOs	Non-Governmental Organizations
NHIF	National Hospital Insurance Fund
OBA	Output Based Aid
TSPI	'Tulay SA Pag-unlad, Inc
UNCDF	United Nations Capital Development Fund
UNIFEM	United Nations Fund for Women
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WEDTF	Women's Entrepreneurship Development Trust Fund
WHO	World Health Organization
WID	Women in Development
WWF	Working Women's Forum

ABSTRACT

This was a cross sectional study of the role of microfinance services on the reproductive health of women in Kibera informal settlement. In specific, the study sought to examine the extent to which micro-finance services empower women to access reproductive health services and the forms of micro insurance packages for women of reproductive age offered by micro finance institutions in Kibera. The study was guided by the women's empowerment theory in the inquiry process.

The study informants numbering thirty (30) were purposively selected based on their membership to microfinance institutions. Key informants and FGD participants were purposively selected. Data collection was carried out through in-depth interviews, Key Informant Interviews (KIIs) and focused group discussions (FGDs). Analysis of the collected data was thematically done and verbatim approach used alongside discussions to amplify the informants' voices across the themes.

The study findings reveal that cumulative cash obtained through microfinance services has a net effect on women's empowerment. Particularly, women who gain control over their financial resources reported independence in decision making on healthcare expenditure, increased access to health unlike when they would rely on their partners to provide the money towards their healthcare needs. Additionally, the study established that microfinance institutions in Kibera support provision of health services through

client fees, operational revenues and health loans or health savings accounts that present an appealing option to women of reproductive age in Kibera.

The study concludes that microfinance institutions that provide grants, skills training, health education, credit facilities and financial assistance for reproductive health care of women have more clients than those micro finance institutions that provide standalone services and products. The institutions with the former packages attract more women in the slums with a remarkable utilization of reproductive health packages amongst women enrolled under the same.

The study recommends a robust government policy intervention that would see microfinance institutions integrate their products with those of reproductive health for women in the slums. This needs to be complimented with the provision of financial resources and support to providers of women's health services. The microfinance institutions also need to be linked to health providers in the slums for enhanced cross reference in emergency reproductive health needs.

There is a need for a study on program approaches that can reach the vulnerable groups within the informal settlements who are still facing obstacles to both health and economic participation through microfinance institutions. The outcome will inform microfinance investments aimed at intervening amongst poor people in the informal settlement under the global health achievement program.

CHAPTER ONE: INTRODUCTION

1.1 Background to the Study

"... with increased status, independence, income and negotiating power, women are better able to exercise their right to sexual and reproductive health. And when women are better off, so are families and societies. Women's empowerment and participation is essential to economic growth, democracy, social justice and human rights." (Thoraya A. Obaid, Executive Director, UNFPA, 2006).

Microfinance can be defined as the provision of financial services to low-income clients or solidarity lending groups including consumers and the self-employed, who traditionally lack access to banking and related services (Deshpanda, 2001). Microfinance is a broad category of services, which includes micro credit and micro insurance. More broadly, it is a movement whose object is a world in which as many poor and near-poor households as possible have permanent access to an appropriate range of high quality financial services, including not just credit but also savings, insurance and fund transfers (Deshpanda, 2001). Those who promote microfinance generally believe that such access will help to reduce poverty and improve the health of women by increasing their access to reproductive health services.

According to the State of the Micro credit Summit Campaign (www.microcreditsummit.org), 14.2 million of the world's poorest women were reported to have access to financial services through specialized microfinance institutions (MFIs), banks, Non Governmental Organizations (NGOs) and other nonbank financial institutions. These women accounted for nearly seventy-four per cent of the 19.3 million of the world's poorest people being served by microfinance institutions at the time of the

survey. The women, who had accessed cash transfers under microfinance, invested in businesses that they controlled thereby getting enough money that enabled them to afford an array of reproductive healthcare services (USAID, 2000).

According to UNFPA (2006), microfinance is viewed as a key strategy of economically empowering women and involving them in the development process. This is because the microfinance industry has made great strides towards identifying barriers to women's access to financial services and developing ways to overcome those barriers. By, extension, access to finances combined with micro-insurance packages have ripple effect on women including increased access and utilization of reproductive health services.

A survey of microfinance institutions by UNFPA (2006) revealed that approximately 60% of these institutions' clients were women, out of the 29 micro financing institutions 6 entirely focused on women, while among the remaining 23 mixed-sex programs, 52% of the clients were women. The study further shows that those programs offering only individual loans with relatively high interest rates and lacking direct micro-insurance benefits to women tended to have lower percentages of women clients enrolled (UNFPA, 2006). Thus, the study concluded that women prefer MFIs that provide micro-insurance packages including those on healthcare.

According to KDHS (2008-09), poor reproductive health among women in Kenya has been associated with illiteracy, ignorance and poverty among others. The study however indicates that with access to microfinance services, women are more able to practice

family planning, ensure safe births and protect themselves against HIV & AIDS and other sexually transmitted infections. Regarding reproductive health, women report economic dependency and less access to information pertaining to reproductive health services which can be remedied through micro financing (UNFPA, 2005).

Reproductive health problems destroy family units, result in social stigma, financial burden and economic burden to the country. By causing death or severe illness, sexual and reproductive health problems also adversely affect the economy by diminishing the work force and straining health-care systems (UNFPA, 2006). This study undertook to explore the role of microfinance in enhancing reproductive health access among women in informal slum settlement of Kibera- Nairobi.

1.2 Problem statement

Previous studies on microfinance and women have focused on the micro-insurance packages targeting the poor including cash transfers (Deshpanda, 2001). Study by USAID (2000) examined how microfinance increased women's access to finances and by extension access to general health services. In essence, previous studies have looked into the relationship between economic empowerment through microfinance and general access to healthcare leaving a dearth of knowledge on microfinance and women's improved reproductive health. Particularly, there is limited information on MFI services and their role in enhancing the reproductive health of women in the informal settlements in Kenya. This study therefore sought to explore how microfinance services have reduced the household burden of financing reproductive health care by empowering women to

access reproductive health services within the Kibera informal settlements. To this end, the study was guided by the following questions:

i. To what extent do microfinance services empower women to access reproductive health services in Kibera?
ii. What are the micro-insurance packages for women of reproductive age under microfinance services in Kibera?

1.3 Specific objectives

i. To determine the extent to which micro-finance services empower women living in Kibera to access reproductive health services.
ii. To find out the forms of micro insurance packages for women of reproductive age offered by micro-finance institutions in Kibera.

1.4 Justification of the study

The study findings have highlighted the role played by micro-finance institutions towards improving access and affordability of reproductive healthcare services for women of reproductive age living in the urban informal settlements hence adding to the available academic literature bank for reference. The literature has captured the experiences of women in low income areas with microfinance packages on improving their reproductive health access, affordability and security of the mind in case of emergency reproductive healthcare needs.

The findings of this study serve to provide evidence for a case on the formation of policy to cater for needy women and provide guidelines on how to improve their reproductive health care in a resource constrained environment especially within the urban informal settlements. These findings are therefore important for the ministry of public health, finance and social services in the design of pro-poor strategies in reproductive healthcare. Should the recommendations of this study be adopted, they will go a long way to inform sustainable and people driven microfinance services with tailor-made packages for women of reproductive age in low-income areas.

The study findings have come out at a time when there is a global outcry for safe motherhood thus the findings have a potential of making great milestone towards ensuring reduced maternal morbidity and mortality by opening up avenues for reproductive health financing in Kenya. In particular, the non-governmental and women-specific intervention bodies have a chance to improve the delivery of their services by making cross reference on study recommendations.

1.5 Scope and limitations of the study

The study targeted women of reproductive age (18-49 years) who are members of groups supported by micro-finance institutions within Kibera. It focused on the role of micro-finance on the reproductive health of women, the link between micro-finance, empowerment of women in reproductive health and the necessity of health financing by micro finance institutions for the benefit of women of reproductive age.

The findings of this study may not be generalized to represent the situation of women who have benefitted from micro-finance across the country given the unique experiences and circumstances within the slums. Being qualitative in nature, the study findings do not capture the quantitative patterns and trends on microfinance and improved women's reproductive health, however, data collection was triangulated to get rich information that illuminates the study topic.

1.6 Definition of key terms

Reproductive Health: Reproductive health is defined by the World Health Organization, as a state of physical, mental and social well-being in all matters relating to the reproductive system at all stages of life. In this study reproductive health is defined as the rights of women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice and the right to appropriate health-care services that enable women to safely go through pregnancy and childbirth.

Micro-finance services: According to WEDTF (2001) micro-finance, is banking the unbankables, bringing credit, savings and other essential financial services within the reach of millions of people who are too poor to be served by regular banks. In this study, it will refer to financial services rendered to the women in Kibera slums by the micro-finance institutions.

Women: The study will focus on the female gender aged between 18-49 years living in Kibera and registered with one of the Micro-finance service providers.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter reviews existing literature based on the set objectives. The review is organized thematically on the following areas: The link between microfinance and women empowerment in relation to reproductive health; relationship between microfinance and micro insurance services and whether health financing is beneficial to women of reproductive age. This section further presents the theoretical framework that will guide the study.

2.2 Micro finance services and women's empowerment

Empowerment is a multi faceted, multi dimensional and multi layered concept. Women's empowerment is a process in which women gain greater share of control over resources: material, human, financial and intellectual resources that include knowledge, information, ideas whereas financial resources include money and access to money. Control over decision making in the home, community, society, nation and the process of gaining power are also key elements of empowerment (www.articlesbase.com). The Kenya Demographic and Health Survey (KDHS, 2008/9) defines empowerment as moving from a position of enforced powerlessness to one of power. With the economic power, women are able to make important decisions revolving around their health including increased access and utilization of reproductive healthcare services. However, Oxfam (2009) asserts that this is not the case among poor women living in the informal settlement where public health facilities are not available, where reproductive health services are

just another luxury given the low economic status that in turn affects control over the use of resources and access to services such as reproductive healthcare.

Studies by (WHO, 2006; KDHS, 2003 & 2008/09) show that women's education increases the use of maternal health services independent of a number of other factors. Educated women are more likely than uneducated women to use antenatal care, deliver in hospital and postnatal care. Improvements in secondary education for girls may be more effective than primary education and is especially important in countries where girls face great discrimination. According to Women Deliver (2010), if women are employed, earn, control their income and accumulate assets, they are better able to purchase health care services themselves including reproductive health, thus, become less dependent on spouses and other members of their households, leaving women in a better position to make decisions about their health (Women Deliver, 2010). These reproductive health benefits enjoyed by women in employment could be accessible to poor women in the slums with increased access to cash transfers and micro-insurance on reproductive health provided under MFIs.

A study carried out by Working Women's Forum (WWF, 2000) among poor women in India analyzed the connection between microfinance group lending and a decline in domestic violence that results to lack of access to reproductive health services. The findings indicate that in some cases, access to a group of friends or neighbours was shown to be as beneficial as the loans themselves. Through group lending, women's empowerment is also furthered, as the women are required to meet outside the home and

work together, thus increasing their role in society, enhancing their support network and ability to comfortably access reproductive health services (WWF, 2000). Access to loans is found to be beneficial to the reproductive health choices for poor women thus MFIs through their services can enhance this rich role.

Comprehensive impact studies by United Nations Capital Development Fund (UNCDF, 2009) have demonstrated that: (i) microfinance helps very poor households meet basic needs and protect against risks; (ii) the use of financial services by low-income households is associated with improvements in household economic welfare and enterprise stability or growth; (iii) by supporting women's economic participation, microfinance helps to empower women, thus promoting gender equity and improving household well being; (iv) for almost all significant impacts, the magnitude of impact is positively related to the length of time that clients have been in the programme. It can therefore be concluded that women who have been enrolled in MFI services have better welfare including that of access to reproductive health compared to their counterparts.

Microfinance programs from different regions report increasing decision-making roles of women clients on their reproductive health. A Women's Empowerment Program in Nepal found that 68% of its members were making decisions on buying and selling property, sending their daughters to school, negotiating their children's marriages and planning their family while such decisions traditionally were made by husbands (UNCDF, 2009). This indicates that the economic empowerment of women has an effect on power relations within the household that spills into choices around reproductive health.

UNIFEM supported a study in 2002 through Tulay-Sa-Pag-unlad, Inc. (TSPI) a Philippine based Non-governmental organization that provides microfinance services, where it reported that program participation increased the percentage of women who were principal household-fund managers from 33 per cent to 51 per cent, with increased access to reproductive health services and improved maternal health. The study in Philippines showed that access to microfinance services accelerated female uptake of reproductive health services by virtue of their ability to manage household funds (Suzy, 2002).

A study by UNFPA (2008) among women shows that a sense of empowerment may also lead to the practice of healthy behaviors. The study shows that microfinance involvement increases empowerment, which could lead women to seek out education and information, including information via television and other previously unaffordable means of media. Economically empowered women in this study were found to be able to voice their rights and feelings as they became more confident. Thus, such experiences could enhance women's knowledge and ability to make positive decisions related to their reproductive health needs (UNFPA, 2008).

Empowerment gains from health information are enhanced through women's right to access opportunities and resources (Dunford, 2006). Women's economic empowerment at the individual level has potentially significant contributions at the macro-level through increasing women's visibility as agents of economic growth and their voice as economic actors in policy making. This, together with their greater ability to meet household needs,

in turn increases their effectiveness as agents of poverty reduction (Dunford, 2006). Micro finance has been strategically used by some NGOs as an entry point for wider social and political mobilization of women around gender issues. Micro finance groups have been utilized by some programmes as the basis for mobilizing women's political participation and education on pertinent reproductive health issues. It has also been noted that women whose husbands support their microfinance involvement are more likely to exhibit healthy attitudes and behavior (UNFPA, 2008).

From the review above, it can be concluded that microfinance has the potential to have a powerful impact on women's empowerment and propelled access to reproductive health services. Economic empowerment is a complex process of change that is experienced by all individuals differently and impacts positively on women's access to reproductive health services and particularly important to women with low incomes residing within the informal settlements.

2.3 Availability of micro insurance packages for women of reproductive age

As MFIs expand beyond credit to a broader array of financial products, there is increasing interest to offer their clients access to micro insurance products in partnership with insurance companies and health facilities (UNCDF, 2009). These packages are important to women of reproductive age in low income settings that hardly have enough money for regular and emergency reproductive health care services. While commercial insurers provide the majority of the world's products, mutual, cooperative and other community based or community led insurance organizations are emerging as providers of

micro insurance. The greatest challenge for micro insurance schemes is providing real value for poor households, especially, finding the right balance between adequate protection and affordability (Churchill, 2006).

Micro finance can potentially reduce vulnerability by helping individuals diversify their sources of household income, increase their savings, expand their options for credit and improve household money management. It also plays a protective role by helping to accumulate physical assets, increase expenditures on housing and strengthen women's role in collaborative economic decision making (Churchill, 2006). The positive protective role of micro finance is related to the utilization of credit within households and the common use of credit beyond the enterprise. The achievements so far are not so laudable (Churchill, 2006).

Micro finance can also play a big role in reducing vulnerability of the poor by availing suitable saving products and enhancing self insurance. The need to save in cash for the poor is indeed very high for spending requirements related not just for emergencies but also to: life cycle needs including reproductive health and economic opportunities (UNCDF, 2009). Thus, poor people, living in the urban slum, run into problems with money management and finding a safe place to store savings (UNCDF, 2009).

Micro finance clients and staff frequently report that the cost of illness causes difficulties with loan repayment and savings deposits, often requiring clients to use their business loans and other household assets to pay for healthcare expenses. Clients report low usage of health services and delays in seeking care, stemming from barriers of cost, geographic access, cultural beliefs and lack of trust in health providers. Inadequate information about

how to prevent and treat reproductive health illnesses is a common and pressing concern for most women of reproductive age (USAID, 2010).

Micro finance service providers with long term, routine and trusting relationships with clients are well positioned to play a cross sectoral role towards improving access for the poor to a range of important health related services. There are clearly significant opportunities to integrate the expertise from the micro finance and health disciplines to support the self help efforts of poor households. Micro finance service delivery systems offer unique opportunities for distribution of health education and services as well as provision of healthcare financing options to millions of the hard to reach poor worldwide (UNFPA, 2008).

Another form of health financing available in Kenya is the Voucher programmes which are part of what is known as 'output-based aid' (OBA), a 'demand-side' approach to healthcare financing that is attracting growing interest today. The principle behind such programmes is that women below a certain poverty threshold are sold vouchers at highly subsidized rates which entitle them to certain specified services at accredited health facilities (USAID, 2010). Unlike the more traditional 'supply side' model of health care financing, where health services are centrally planned and funds are invested in building and maintaining hospitals and clinics, demand side funds are invested in the client. Kenya's voucher programme empowers women in that they can choose which facility to attend from a number of accredited institutions and change providers if they are unhappy

with the service. The OBA approach also introduces competition between facilities, giving them an incentive to improve quality in order to attract clients.

According to Population Council (2011), Kenya's voucher programme currently operates in six areas namely: Nairobi, Nyanza; Kisumu, Eastern; Kitui, Central; Kiambu, Coast; Kaloleni and Kilifi, covering a population of approximately 400,000 women within three specific services: 1) maternity care (entitles the client to antenatal care (a maximum of 4 clinic appointments); institutional delivery of her baby, including treatment for complications and Caesarean section if required; and postpartum care up to 6 weeks); 2)Family planning; 3) Care for survivors of gender based violence – each with its own voucher. The 'safe motherhood' voucher costs Kshs. 200 (approximately EUR 1.80), the family planning voucher costs Kshs.100, and the one for gender based violence is free to the client.

It is not clear at this stage how the voucher programme will fit into the picture as the new health care financing strategy is put into practice in Kenya. But some of those involved in the restructuring of the health services suggest there might always be a need for a programme dedicated to ensuring access to services of the poorest households, who too often find themselves excluded and that the voucher scheme might continue to cover certain services alongside what is already covered by the national health insurance fund (NHIF). A key concern for any financing mechanism for reproductive health care is that it eliminates, as far as possible, the barriers to access of reproductive health services of the poorest households (Population Council, 2011).

2.4 Theoretical Framework

2.4.1 Empowerment Framework

The women's empowerment framework was developed by Sarah Longwe as a way to conceptualize the process of empowerment through a sequence of measurable actions. The tool highlights the ascending levels of gender equality, although the levels are not linear in nature, but rather are conceptualized as reinforcing in nature. The path can be used as a frame of reference for progressive steps towards increasing equality, starting from meeting basic welfare needs to equality in the control over the means of production.

The five "levels of equality" in the Women's Empowerment Framework include:

1. *Welfare,* meaning improvement in socioeconomic status, such as income, better nutrition, etc. This level produces nothing to empower women.
2. *Access,* means increasing access to resources and information. This is the first step in empowerment as women increase their access relative to men.
3. *Conscientisation* involves the recognition of structural forces that disadvantage and discriminate against women coupled with the collective aim to address discrimination.
4. *Participation* is defined as the women's equal engagement in the decision-making process, in policy making, planning and administration.
5. *Control,* involves the level of access reached and control of resources that have shifted as a result of collective claim making and action.

The model is explicitly political, linking women's inequality and poverty to structural oppression. As such, in order to secure women's equality and empowerment, both materially and financially, women must be empowered. The framework examines a program, such as health or education intervention, to assess how it influences the five levels of empowerment, i.e., negatively, positively, or neutrally. It postulates an ascending level of equality impacts that can be tracked and assessed over time to see if progression or regression is taking place (Longwe, 1995).

2.4.2 Relevance to the study

The control aspect of the framework insinuates more power in the hands of the women once they receive the micro finance funding from the institutions. This ensures that decision making is placed in the hands of women thus positively influencing their reproductive healthcare choices and where they seek the same. Access to and participation in micro financing influences the cumulated assets within the women's hands thus serves to answer the objective on micro finance and women's empowerment. While women participate in micro financing also enables them to make conscious decisions to benefit from health financing that is provided by the MFIs thus moving a notch higher from accessing credit and savings services.

Access to credit facilities and training within microfinance packages helps to build the capacity of women in Kibera towards financial independence. In this case, women enjoy certain levels of direct and indirect benefits from the services offered across board which have a direct bearing on their welfare. This component of the framework combines with

welfare in which the economically empowered women are able to make independent decisions with respect to their health seeking behavior including those on reproductive health. All the components of the framework are relevant in this study, since it clearly depicts the flow from a woman's vulnerable position to not only being economically empowered but also gaining control over her reproductive health.

2.5 Assumptions of the study

i. Micro finance services empower women and increase their access to reproductive health services within Kibera.

ii. Micro finance institutions offer micro insurance services that benefit women of reproductive age in Kibera.

CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter describes the context that the study has been conducted. It describes the study site, study design, study population and unit of analysis, sample size and sampling procedures, data collection methods, data processing, analysis and presentation. The chapter finally presents the ethical considerations that guided this study.

3.2 Study site

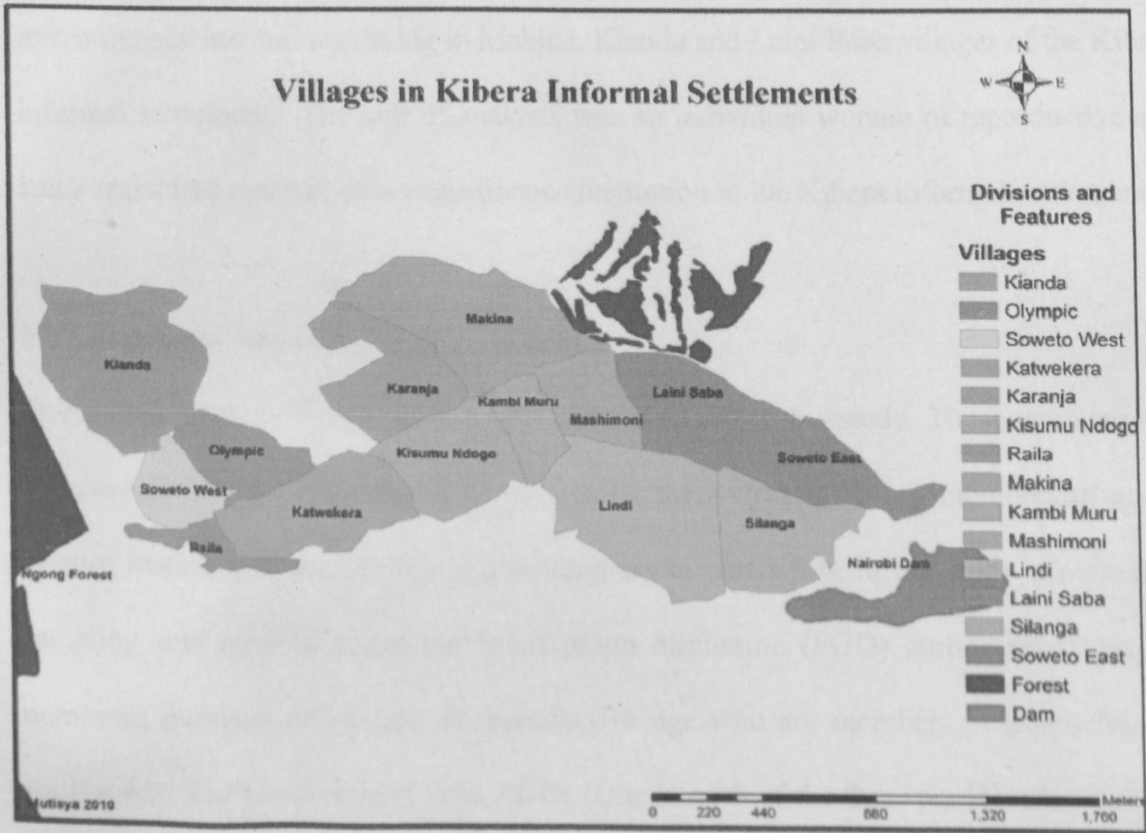
The study was conducted in the informal settlements of Kibera (figure 3.1) located in southwest Nairobi, approximately 5 kilometers from the city centre. Kibera is divided into 13 villages namely: Kianda, Soweto East, Soweto West, Kichinjio, Gatwekera, Kisumu Ndogo, Lindi, Laini Saba, Siranga, Undugu, Makina, Mugumoini and Mashimoni (KNBS, 2009). The study focused in three villages that are presumed to be microfinance hubs within Kibera: Kianda, Makina and Laini Saba villages of Kibera. The 2009 Kenya Population and Housing Census reported Kibera's population as 170,070.

According to Carolina for Kibera, violence against women and girls that includes: rape, defilement, forced prostitution, early/forced marriage, HIV/AIDS, female genital mutilation, poverty, sexual abuse, unequal access to education and lack of reproductive health care are some of the issues women face daily in Kibera. The level of female illiteracy remains high due to gender inequality, although primary and secondary schooling is provided in the community, most education centers are informal and unregulated by the government. As a result, young girls are often forced into early

marriages or low-wage salaries. With over 50% of Kibera's population under the age of 15, this means an entire generation struggling to fight gender disparity and escape from poverty is being overlooked (www.ips.org/mdg3/).

Women of reproductive age face numerous challenges associated with lack of resources to access antenatal care and skilled delivery (KDHS, 2008/09). It has also been reported that a majority of women prefer to be delivered by unskilled birth attendants due to the costs incurred compared to when delivering in a health facility and being attended by professionals. Such cases have resulted to increased gynecological complications and maternal mortality contributing to the alarming national statistics of 488 per 100,000 live births (KDHS, 2008/09).

Figure 3.1: Map of Kibera



Source: KNBS (2009).

3.3 Study design

This was a cross sectional exploratory study in nature designed to qualitatively tease out the link between microfinance and reproductive health. Qualitative data collection methods were used among them: Focus group discussions, key informant interviews and In-depth interviews. Data collected from these qualitative methods were analyzed thematically. A verbatim approach has been used where selected comments that amplify the informants' voices within the themes are summarized in quotes within the discussions.

3.4 Study population and Unit of analysis

The study targeted all women of reproductive age (18-49 years), who are members of micro finance institutions, living in Makina, Kianda and Laini Saba villages of the Kibera informal settlement. The unit of analysis was an individual woman of reproductive age and a registered member of a microfinance institution in the Kibera informal settlement.

3.5 Sample size and sampling procedures

Thirty (30) women of reproductive age were selected for this study. These women were purposively drawn across the three villages by their virtue of being members of micro finance institutions, availability and willingness to participate in the study. Convenient sampling was used to select the focus group discussion (FGD) participants from the numerous numbers of women of reproductive age who are members of micro finance institutions. The research held three FGDs (One in each of the three participating villages of Kianda, Makina and Laini Saba).

The selection of FGD participants was based on women who have had a long period of being members of the micro-finance institutions and have had a long experience in getting reproductive health assistance during the period. The selection of key informants was purposive based on their expert knowledge on reproductive health and micro-finance. The microfinance providers were drawn from Jamii Bora, Faulu Kenya and Kenya women Finance Trust institutions while the reproductive health providers will drawn from MSF-Kibera, Marie Stopes, St. Mary's Hospital and Kibera Health Centre.

3.6 Data Collection Methods

3.6.1 In-depth interviews

The in depth interviews were carried out with 30 women of reproductive age (18-49 years). The method was important in providing detailed information on the individual's own account of their lived experiences therefore assisting to achieve a holistic understanding of the direct and indirect benefits of microfinance services on the reproductive health of women in Kibera. The in-depth interview gauged the level of understanding of micro financing and its benefits to women; the value of such benefits to women; availability of micro insurance for the benefit of women's reproductive health needs provided by the micro insurance; any other form of health financing provided by the micro-finance institutions and its benefits in advancing access to reproductive health services of its female clientele. An in-depth interview guide (Appendix, 2) was used to collect data.

3.6.2 Key Informant Interviews

This was conducted with three microfinance and three reproductive health service providers. The microfinance providers were drawn from Jamii Bora, Faulu Kenya and Kenya women Finance Trust (KWFT) institutions while the reproductive health providers were drawn from MSF-Kibera, Marie Stopes, St. Mary's Hospital and Kibera Health centre. This method provided information on policies; barriers to access of micro-finance services for women in Kibera; availability of health financing to meet the reproductive health needs of women and possible ways of accelerating access to reproductive health services. A key informant interview guide (Appendix, 3) was used to collect data.

3.6.3 Focus Group Discussions

This was conducted with women of reproductive age (18-49 years) who are active members of micro-finance institutions and have benefited from the services. Three (3) FGDs were conducted, one in each village to get the views of women on how micro-finance services facilitate access to reproductive health services. One FGD was held at Kianda social hall with eight (8) participants, the second FGD was held at Makina primary with ten (10) women while the last FGD was held with seven (7) women at Laini Saba water point. The method was important in gauging the level of understanding of the groups on health financing for the reproductive health needs of women members of micro-finance institutions and challenges in accessing reproductive health services through the support of micro-finance institutions. A focus group discussion guide (Appendix, 4) was used to collect data.

3.7 Data processing and analysis

Data collected was transcribed and analyzed thematically. Patterns and relationships were then established and raw information captured in a different language and later translated into English; direct quotations have been used where necessary in strengthening mainstream arguments. The outcome of the study has been organized within the context of the themes already set in the objectives. Demographic information has been analyzed quantitatively and presented in form of graphs and pie charts.

3.8 Ethical considerations

Relevant authorization was sought from the Institute of Anthropology, Gender and African Studies and the Ministry of Higher Education through the National Council for Science and Technology before embarking on fieldwork.

Before the interviews were conducted, the purpose of the study was clearly explained and permission sought from the participants by signing the consent form outlined in appendix 1. The study ensured privacy and confidentiality by using codes or pseudonyms instead of names to refer to informants. The local authorities in Kibera were informed of the research and the outcome shared with the participants as well as the local administrative structures in a feedback session. To the scientific community, attempts will be made to publish the findings of this study in a refereed journal.

CHAPTER FOUR: FINDINGS AND DISCUSSIONS

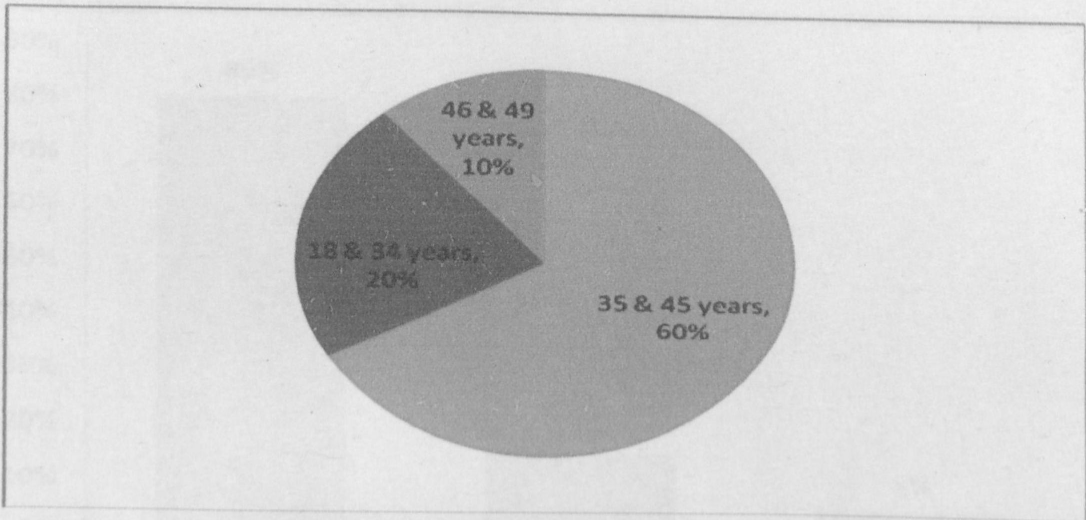
4.1 Introduction

This chapter presents the findings on the role of microfinance on the reproductive health of women in Kibera informal settlement. The chapter starts with presentation of the demographic characteristics of the informants and then discusses the rest of the findings.

4.2 Demographic characteristics

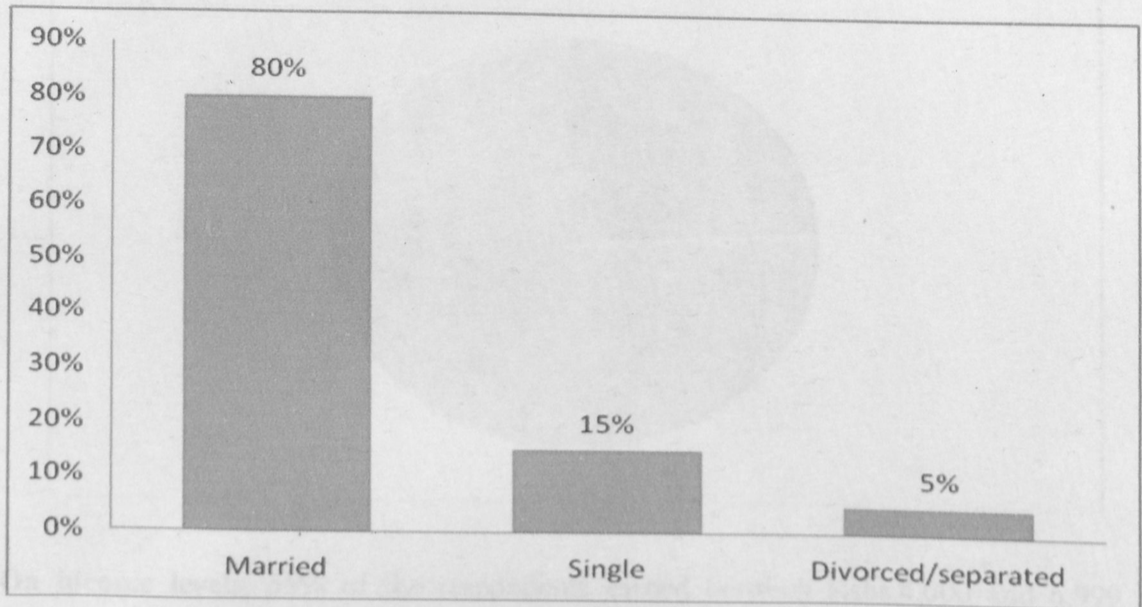
In this study, more than half (60%) of the respondents in this study were aged between 35 and 45 years, the other 30% were aged between 18 and 34 years, while 10% were aged between 46 and 49 years. It was important to establish the ages of women members of microfinance institutions so as to get an idea on average age that most women in the informal settlement deem it appropriate to begin saving towards their reproductive health needs. The study found out that most women begin to save and engage with microfinance institutions beyond the youthful age of 35 years. The findings are summarized in figure 4.1 below.

Figure 4.1: Age groups of the respondents



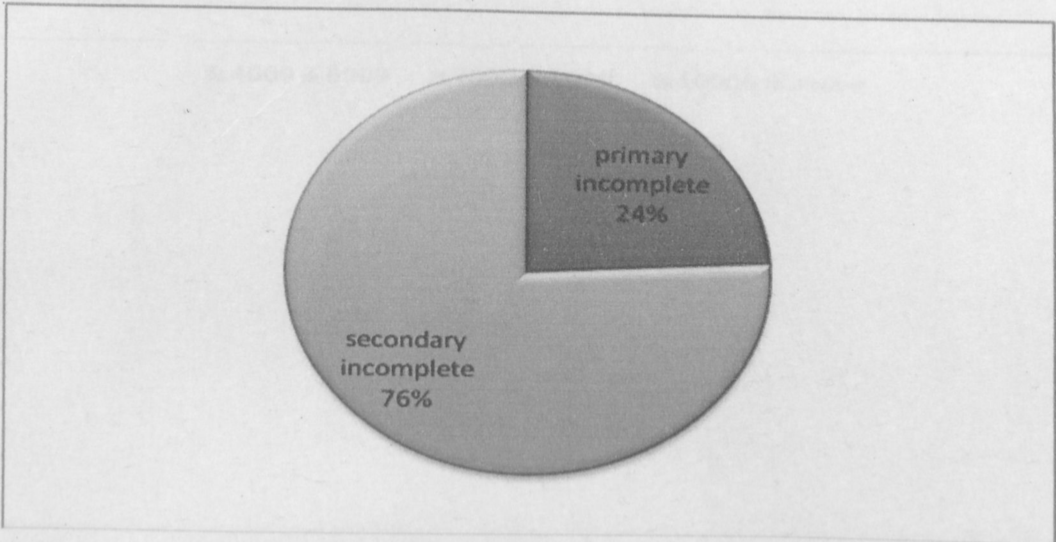
Analysis of marital status of the informants revealed that 80% of the women were married, 15% were single and 5% were separated/divorced. Marital status was an important variable in this study because it remains a significant determinant on how access to microfinance affects the relationship between men and women in decision making in the household. The findings are summarized in Figure 4.1 below.

Figure 4.2: Marital status of the respondents



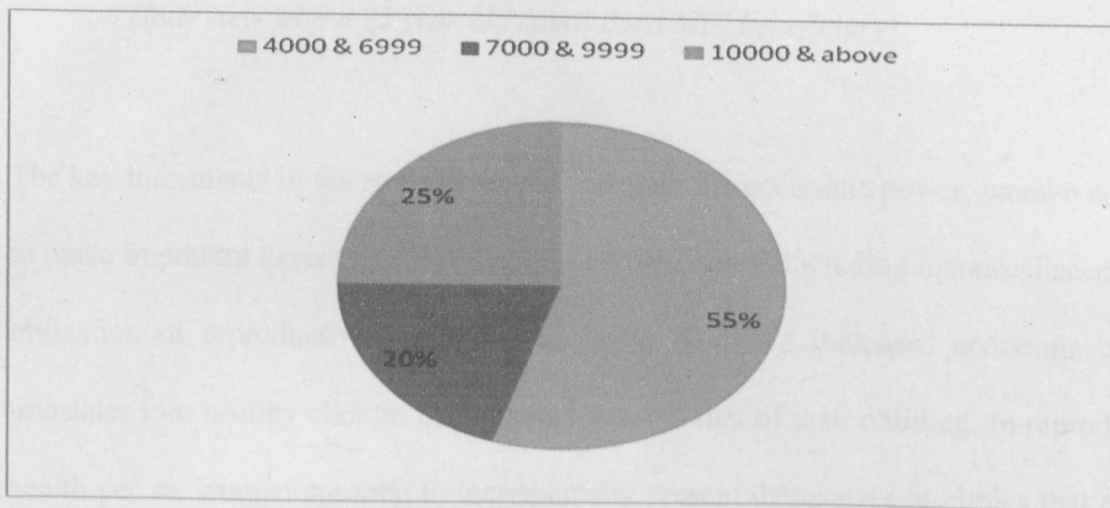
On education, the findings indicate that 24% of the informants had not completed primary school while 76 % had incomplete secondary education. Thus, none of the respondents had achieved tertiary education. Education level attained was important in gauging the perception of microfinance packages, the significance that women give to their reproductive health needs within the informal settlement as well as the potential use of microfinance benefits and act as advocates for more women to enroll in the institutions and secure their lives. The level of women's education also determines the degree of empowerment and ability to utilize information for their benefit. The findings of education level are summarized in figure 4.3 below.

Figure 4.3: Educational levels of the respondents.



On income levels, 55% of the respondents earned between Kshs.4,000 and 6,999 a month, 20% earned between Kshs.7,000 and 9,999 while the remaining 25% earned 10, 000 and above. Income level is an important variable since it determines the affordability of services around one's environment, the ability of the drop outs to rebuild their dream and enroll in school as well as the drop outs ability to see their younger siblings through school.

Figure 4.4: Income levels of the respondents



4.3 Empowerment of women through participation in MFIs

4.3.1 Microfinance and women's decision making

Empowerment is a multi faceted, multi dimensional and multi layered concept. Women's empowerment is a process in which women gain a greater share of control over resources that include: material, human, financial and intellectual resources that include knowledge, information, ideas and financial resources that include access and control of money. Informants in this study were of the opinion that enrollment in microfinance institutions gave them an edge on issues of decision-making in the households, contribute positively to their family welfare by determining where they seek healthcare and that of their children as captured in the voice of an informant below:

> "I felt relieved when I got enrolled with Jamii Bora initiative in Kibera, soon I was able to buy my own household items, my husband began respecting my decisions in recognition of my worth....the loan initiative not only expanded my business but also provided me with advice on how I could use saving schemes on health matters...for the first time this year, I was able to have a pap smear

which I can now afford at a subsided cost…women in the informal settlement can gain a lot if they enroll in the MFIs and partake in the trainings offered which opened my eyes on how to take care of my reproductive health needs." *(Interview with a 35 year old Jamii Bora MFI beneficiary).*

The key informants in the study observed that with the economic power, women are able to make important decisions revolving around their health including increased access and utilization of reproductive healthcare services. Women's increased economic control translates into healthy choices about their lives and that of their children. In reproductive health per se, women are seen to incrementally present themselves at clinics that closely work with the MFIs operational in Kibera which could be a derivative of the financial empowerment that boost affordability and accessibility as a whole to originally dependent group of persons. This sentiment is captured in the interview below:

"The women who are enrolled in microfinance institutions enjoy multiple benefits, these women have money they can have a say over in terms of usage, it is easier for the women to apportion a great amount of their savings on their health rather than depend on their husbands, the women are always integrated in certain information sharing sessions which boost their decision making on the potential and healthy use of the savings. The health providers closely work with MFIs so that we can make sure women use part of their savings in their own health given the high poverty prevalence around, that denies women access to health care. More significantly, we have advocated in our seminars with these women that reproductive health should not be auxiliary but a central concern of their healthcare seeking behavior." (*An interview with a key informant from St. Mary's hospital).*

Informants in this study were of the opinion that enrollment in microfinance institutions gave them an edge on issues of decision-making in the households. Consensus emerging from FGDs shows that the women's economic gains in microfinance institutions spill into their social standing in the society. The savings provide a social security in case of emergencies and meeting of long term household investments, it also reduces the dependence on the husbands and economically unstable traditional social groups or *chamas* that are abound within the slums. This sense of empowerment is captured in the voice of an FGD participant below:

> "We have witnessed a lot of transformation since the microfinance institutions began operating and enrolling women in Kibera…some people who used to sell vegetables and other wares have largely benefitted by expanding their businesses, the training components before one is advanced any loans cut across issues of decision making with income from such schemes, health and welfare issues. Today, we benefit from emergency loans from the MFIs and we can be guaranteed by fellow women in the groups rather than running to our relatives who at times do not have enough savings. We are more informed and the schemes though economic in nature, they broadly affect other spheres of our lives including and not limited to access and control of money and other resources." *(A member of KWFT during an FGD with women at Kianda social hall).*

The findings of the study on microfinance and women's empowerment serve to reinforce the earlier findings by (UNCDF, 2009) indicating that microfinance programs from different regions report increasing decision-making roles of women clients on their reproductive health. Specifically, the report indicates that Women's Empowerment Program in Nepal found that 68% of its members were making decisions on buying and selling property, sending their daughters to school, negotiating their children's marriages

and planning their family while such decisions traditionally were made by husbands (UNCDF, 2009). The women in this study reported similar sentiments of having the control over money saved or earned through microfinance related investments which positively impact on their welfare.

4.3.2 Economic empowerment

The study sought to know how microfinance opens up opportunities for women in the informal settlement. This is because most of the microfinance packages involve loaning schemes and business training opportunities. Even significant to this question was how the business operation would work to empower and impact on the women's health in general and reproductive health in particular. The study established that women who had accessed cash transfers under microfinance invested in businesses that they controlled thereby getting enough money which in turn they are able to control as described in the interview below:

> "I have greatly benefitted from being an active member the Faulu Micro Finance Institution in Kibera, today I am the owner of a big vegetable stall with better returns than my initial charcoal business…I have also received training on saving schemes and long-term investment strategies. I have greatly benefited from this system because I can now support my husband in our home development projects, pay school fees and access quality health care. Of significance, is when I was able to plan my last born's delivery and paid the delivery cost to the hospital in advance, so my husband only ensured that I had transport to the hospital and he did not have to worry about clearing the hospital bill. " *(An interview with 40 year old member of Faulu Kenya Micro Finance Institution in Kibera).*

The consensus emerging from the FGDs indicates that women find microfinance institutions to be leveraging them with the business world. This is explained by the readily available loan for starters as along as one is introduced by a registered party and is ready to attend the investment trainings meant to ensure that businesses initiated do not suffer the managerial skills. Other key issues highlighted as advancing women's business spheres with microfinance involve basic book keeping and risk management. Health benefits are seen in the use of the profits and savings thereof.

> "The microfinance institutions have introduced affordable loaning schemes dependent on the needs of the clientele in Kibera, those who are starting up small businesses only need two guarantors while those who have advanced savings can use their previous saving slips if they have to access expansion schemes. Multiple and relevant trainings are given to members that make the overall business management understandable given the fact that a majority of women here do not have college education but rely on experience to move their businesses forward something that is increasingly changing. There is more money into the hands of women and this means more control over our hard-earned resources and a better future for our families." *(A member of Faulu Kenya during an FGD with women at Makina School).*

The key informants in the study observed that women empowered through business initiatives are able to reach to the services originally outside their scope. This follows better skill equipment in business organization and management, endearing women to the principles of hard work and business ethics and sharing of experiences on how the benefits of business operation can be used for better healthcare. The point is to put some money into the women's hands and increase their control over the same.

> "The approach for slum women has been turning around their vulnerability into strength, this is why we cannot do loaning to the women without complimenting it with lessons on how to effectively use the money, save and better their welfare. The packages we offer are tailored to uplift the status of the women and generally see them being able to control their lives." *(An interview with a key informant at KWFT).*

The findings on women's access to microfinance opportunity in this study indicate a close linkage between the incomes earned, its control and the use over multiple schemes such as healthcare as needs arise. Women reported better welfare for their families and generally reduced dependence on their male counterparts. In a previous study by Women Deliver (2010), it was established that when women are employed, earn, control their income and accumulate assets, they are better able to purchase health care services themselves including reproductive health. In this study therefore, it can be concluded that economic empowerment through continued financial advancement and business opportunity creation will see more women become less dependent on their male spouses and other members of their households and increasingly be in a better position to make decisions about their health.

In conclusion, the use of financial services by low-income households is associated with improvements in household economic welfare and enterprise stability or growth; (iii) by supporting women's economic participation, microfinance helps to empower women, thus promoting gender equity and improving household well being, the women's health at large and women's reproductive health in particular.

4.3.3 Microfinance and elimination of barriers to RH access

The study sought to understand how microfinance institutions have contributed to the elimination of reproductive health access barriers that women in the informal settlement face. This was an important aspect in diagnosing how the packages of microfinance interact with collateral barrier reduction in loaning schemes for the least secured groups of the informal settlement and how increased access to loans play out to enhance women's access to reproductive healthcare. The findings indicate that microfinance industry has made great strides towards identifying barriers to women's access to financial services and developing ways to overcome those barriers especially within the informal settlement of Kibera. To this end, the key informants observed that there is need for more insurance and large-scale scheming to cover a large number of women still left out:

> "Microfinance institutions operating in the informal settlements have had to appeal and make their services flexible to women's needs and economic status; our focus is to ensure that we eliminate structural barriers on access to loans and subsequently eliminate any management limitations that the women within the informal settlement face in their business. This is based on the philosophy that women's access to finance and business opportunities trickle to their families and enable their personal health choices. We offer additional services like health insurance and education so that women can access services that are vital to their well being" (*An interview with a key informant from Faulu-Kenya).*

It can be concluded that microfinance institutions in the informal settlements hold key to women's sustainable investment and also enables them to access RH services comfortably

4.3.4 Combined packages and empowerment

The study sought to know from the informants the preferred packages under microfinance. This was deemed important in assessing how the transition from mainstream loaning by the microfinance institutions to multiple package delivery has impacted on the consumers; choices especially the women in Kibera. Findings indicate that a majority of women preferred combined packages that would train them on the benefits of taking loans; business management, repayment schemes available, complimentary welfare packages and closely monitored business progression were preferred. In particular, microfinance packages that link women to health providers have attracted quite a number of youthful women who do not have sufficient savings to respond to emergencies as well as access to regular reproductive healthcare checkups. The informants in the study observed that:

> "I have great preference for the packages that train us on business opportunities in which we can invest the money. The MFI representatives usually monitor our progress often and make recommendations on whether you need to diversify or if you qualify for loans for expansion. Trainings are important and they have assisted us to access the services that have been initially out of our reach, this has been made possible through MFIs like Faulu and Jamii Bora that call in the health providers, introduce us as their clients and we get to access reproductive health services from private clinics that we pay through our savings. For example, last year I was able to deliver without being harassed to pay upfront at

> the St. Mary's Hospital but also benefited from pre and post natal services for free. The Faulu Kenya agents assisted me to join their insurance scheme that helped pay my bills without stressing my husband and I. This is what my friends and I enjoy by being members of the MFIs. *(An interview with 31 year old kiosk owner and MFI member).*

Drawing on experiences with women, the key informants observed that women continuously prefer packages that reach out to them beyond the financial provision into welfare-related schemes. While most women focus on getting the money for business, lack for business management skills, the need to improve family welfare and personal health makes them opt for broader schemes or packages. The choice is also boosted by the fact that an MFI would act as a linkage to business education on investment, send business monitors and link women to health providers.

> "Over the last two years, we have seen women demand more than just loan advancement; this has made the institutions to re-think the intervention strategies and combine or cross work with those of health so that we become a one-stop centre. In this way, our services have a broader reach than the traditional loan oriented schemes." (*An interview with a key informant from Jamii Bora).*

Participants from FGDs were of the opinion that advancing loans only would not make any differences from the services of mainstream banks. Something that motivates people of low-income bracket predominant in Kibera had to be sought and designed. In their opinion, MFIs that offer combined training, loaning and cross health reference and payments are more needs driven than those that are leaning on a single item.

> "In this village, we prefer to be given full packages rather than enroll in those institutions that keep sending you back and forth…women are engaged in their family's welfare and require to be attended to at once, be trained in long lasting

investment packages that we can share with our peers. The MFIs have designed packages that make them stand out from normal banking institutions for example: the e-health cards/vouchers that Faulu Kenya enables women to register for free family planning services, cervical cancer screening, pre and post natal services including delivery at selected health facilities and treatment for GBV that they give to women at a subsidized fee or free. We are happy because such services were rarely accessed by women and many would deliver at home, die of cervical cancer and live with painful gynecological complications for lack of money.."*(A comment from one of the participants during an FGD with women members of MFIs in Laini Saba at the Salvation Army Hall).*

In essence, there is a great demand for MFIs that offer combined packages since they are found to address the varying needs of women in the informal settlement. Clients were found to have preference for MFIs that go beyond business financing to health financing which satisfies their needs and enables them to invest in their health and well being. The findings are thus reminiscent with those of (UNFPA, 2006) that show that those programs offering only individual loans with relatively high interest rates and lacking direct micro-insurance benefits to women tended to have lower percentages of women clients enrolled.

4.3.5 Increased information packages

Microfinance institutions are seen to empower their clientele through information on various business and health packages. The study informants reported broad satisfaction with the training received on issues of savings, investments, business book keeping and health packages by the MFIs in Kibera. The net effect is an empowered clientele with the ability to make informed decisions about their business, family welfare and their reproductive health choices as captured in the key informant interview below.

"Information on various microfinance packages and their operational modes remains the driving force for clientele's increased numbers. People become more enlightened when they are meaningfully engaged through information into a new system that is touching directly into their lives. For example, we spend a lot of time explaining to women members of MFIs how their savings can be used as insurance for accessing healthcare including reproductive health in our clinics." *(An interview with a key informant from Marie Stopes-Kibera).*

Women informants in this study reported a high preference for information packages and the use of simple and context specific examples in relaying the messages. In their opinion, continued engagement in trainings had the potential to transform the attitudes of women who are not yet enrolled in the MFIs, increase the knowledge of the members who had received initial resistance from husbands who held ideas that MFIs would operate as shylocks and subsequently disappear with the women's savings. Information on healthcare was pointed out as standing out and significant to women's welfare especially how MFIs would increase access and cross references for reproductive health care services.

"There is much to be gained from the continued trainings that we are offered by Jamii Bora, Faulu Kenya and KWFT MFIs, topical issues discussed include: saving and loans schemes, health information and access to services, health insurance, business expansion strategies that give us strength in convincing our peers to join and convince members of our households about the benefits of joining MFIs. Many women get convinced by MFIs that add value to our lives in addition to stable financing" *(A comment by one of the participants during an FGD with women at Makina).*

The findings have a close reflection on what UNFPA (2005) describes as economic independence of women with relevant information. The net effect of this is increased access to information on reproductive health complimented by the affordability enhanced through micro financing.

4.3.6 Microfinance and reduced violence

The study sought to know if empowerment through micro financing has had any impact on violence against women in the Kibera informal settlement. This is because violence against women has been established to cause severe reproductive health challenges to women, besides; economic dependence of women on men. The informants observed that economic empowerment has significantly influenced the power relations in the households whereby their husbands have begun to realize their contribution in household sustenance. With reduced dependence, the women observed that economic, emotional and physical violence they originally experienced had reduced.

> "When you have money, you begin to make almost an equivalent contribution to the upkeep of the family as your husbands, with time, incidences of abuse naturally diminish and you begin experiencing mutual respect …some of our colleagues' even bale out their husbands in tough economic situations through the savings that we make with MFIs. We are also informed and empowered on a number of issues, so yes we admit that abuse is quite minimal in this place with more women having money under their control and ensuring that our spouses appreciate the contribution we make in the household. Not ruling out the fact that some women experienced violence after they started contributing to the family kitty due to insecurity from their spouses. This has also significantly reduced because we sometimes invite our spouses to attend education meetings that have benefited not only both husband and wife but also the family as a

whole" *(A comment from one of the FGD participants at the youth hall -Laini Saba).*

Key informants in this study associated reduced violence in the back drop of women's economic empowerment with increased input of women in the household that was originally seen as the domain of men. They explained that once there is a remarkable economic independence of women, men have had to accept a shift in power balance and support rather than bully women in their households.

> "It is worth noting that there is a strong correlation between women's increased economic earnings and reduced violence. This is based on the fact that many men see these women as complimentary partners rather than people who actively depend on them for their livelihoods." *(An interview with a key informant from Faulu Kenya MFI)).*

These findings work to illuminate on the past studies by Working Women's Forum (WWF, 2000) among poor women in India whose analysis that pointed out the connection between microfinance group lending and a decline in domestic violence that results to lack of access to reproductive health services.

4.3.8 Microfinance and healthy behaviours

The study informants indicated that MFIs have significantly played a role in changing their perspectives on health matters. This is due to consistent training that members of the MFIs receive during inductions and cross referencing to service providers. Behavior change emanates from basic training, peer learning and increased access to advisory services from the health providers based on access to services and the issues that prevail. This was emphasized by a participant as described below:

> "There is a change in the attitude of women towards life: people have become more focused, attend more trainings on health seeking behavior upon being referred by the MFIs and their cooperating partners, increased money in the hands of women also means increased accessibility to the health centers and their services…women who originally relied on commercial sex to earn a living are presently engaged in decent businesses and therefore earning a decent income that does not pre dispose them to multiple reproductive health problems, HIV and STI infection" *(A comment by an FGD participant at Makina- hall-Makina).*

Key informants in the study were of the opinion that enabling women to access a decent income and placing money in their hands meant an increase in their access to media and multiple channels of information. It is from these sources that an array of behaviours could be learnt under the guidance of service providers and a host of stakeholders.

> "Women under MFIs continuously garner for more information, they make use of the cash at hand to buy radios, television and even attend seminar series meant to bolster their world view and perspectives….it is interesting to see how new avenues that inform women's healthy behaviours are quickly adopted." *(An interview with a key informant from Jamii Bora).*

These findings serve to reinforce the thinking that financial empowerment is closely linked to adoption of healthy behaviours as espoused in a study by UNFPA (2008). The previous study shows that microfinance involvement increases empowerment, which could lead women to seek out education and information, including information via television and other previously unaffordable means of media. In essence, economically

empowered women in this study were found to be able to voice their rights and feelings as they became more confident.

This study thus concludes that microfinance remains a significant avenue through which women can be empowered towards achieving an edge in their health and fulfilling their reproductive health needs.

4.4 Micro insurance packages in MF and women's reproductive health

4.4.1 Enhanced savings and health insurance

The study sought to establish whether there is a linkage between women's enhanced savings and self health insurance. This was important because the MFIs have largely served to replace the traditional self help groups that offered women some form of social insurance. The question was also important in diagnosing how saving has acted to intervene amongst the vulnerable groups within the informal settlements. The key informants observed that savings with MFIs prove to be more reliable sources of insurance compared to traditional borrowing systems from relatives or merry-go-rounds.

> "Savings are more secure and reliable, you are always sure to get the money when you need it even in cases of emergencies …what is more different in this context is that the people and women in particular do not have to rely on the good will of their colleagues and family but reap directly from their cumulative small savings, I think this will go a long way to fulfill their reproductive health needs." *(An interview with a Faulu representative).*

The informants in this study were of the opinion that saving in the MFIs packages has immensely acted as a good emergency insurance in the conduct of their activities. In regard to health, women pointed out that their antenatal and post natal care services could

easily be catered for compared to the past where their husbands would have to contribute almost in every aspect of their health care. Besides empowering the women, the savings in MFIs is seen as a way of improving the maternal healthcare as in the interview below:

> "I never experienced any problems paying and going for check-ups with my second pregnancy once I was enrolled in the Jamii Bora MFI. I was always referred to the St. Mary's Hospital and told that any additional charges would be settled by my savings and the hospital would directly be paid by Jamii Bora where we usually contribute twenty Kenya shillings per month. In cases where I have been admitted at the St. Mary's hospital NHIF pays for the bed and the other costs are charged to and taken care of by Jamii Bora. This has encouraged me to feel confident when seeking reproductive health services unlike in the past when there was no such arrangement. I recall experiencing two miscarriages for lacking money to pay for admission and treatment. I have been on a mission of encouraging women of my age to join such MFI s and majority have a good story to tell"*(An interview with 36 year old mother of three and member of Jamii Bora MFI).*

The FGD members were unanimous that savings have offered them the best scheme for the vulnerable women in the slum who had originally perceived insurance as a preserve of the rich. Savings have come to work better when coupled with trainings on how they could be used to expand businesses, achieve healthcare demands and generally improve women's welfare.

> "We save to better our families' livelihoods, our families depend on us, we are always trained on a broad range of services we can reach through savings…most women in this village appreciate that investing money in MFIs gives one a peaceful mind knowing that emergencies are catered for, not withstanding access to reproductive health care that was a preserve of the rich…" *(A comment from an FGD participant at the Salvation Army hall- Kianda).*

These findings serve to strengthen earlier conclusion of UNCDF (2009) that posited that the need to save in cash for the poor is indeed very high for spending requirements related not just for emergencies but also to: life cycle needs including reproductive health and economic opportunities. This study therefore concludes that micro-finance institutions through their packages can also play a big role in reducing vulnerability of the poor by availing suitable saving products and enhancing self health insurance.

4.4.2 Microfinance and integrated education

The study sought to know if microfinance providers give any education packages in their services. This is important in gauging the success platforms for different initiatives that women enrolled for in the micro finance institutions. Specifically, the study sought to know if the MFIs in their packages provide health education including information on reproductive health. The study established that members of the MFIs who have lasted for more than a year have cumulatively benefitted from occasional seminars and follow up missions meant to empower women.

> "I have been trained on a number of days over the last two years since I joined the group…trainings not only focus on business but are packaged to meet daily challenges including health aspects like HIV/AIDS, Self breast examination, importance of exclusive breastfeeding, nutrition, pregnancy and child care ." *(An interview with a 45 year old MFI member).*

The experts in this study were of the opinion that micro finance service providers with long term, routine and trusting relationships with clients are well positioned to play a cross sectoral role towards improving access for the poor to a range of important health

related services. There are clearly significant opportunities to integrate the expertise from the micro finance and health disciplines to support the self help efforts of poor households.

> "The women members of the MFI groups greatly benefit because of the multifaceted trainings they are taken through…while health has always been seen as a peripheral product of the MFIs, it has become central to effectively intervene on long term needs of the women in the slums, this has therefore, made it necessary to cooperate with other providers or directly train and offer referral services to our clientele." *(An interview with a KWFT representative).*

The study findings echo what UNFPA (2008) had posited that micro finance service delivery systems offer unique opportunities for distribution of health education and services as well as provision of healthcare financing options to millions of the hard to reach poor worldwide.

4.4.3 MFI and voucher programs

The study sought to establish the component of micro insurance package that is operational in Kibera and largely used by the MFIs. The study established that a voucher system is a commonly used package for women members of the MFIs. This has been made possible through the sale of healthcare seeking vouchers to women who live in low income areas as Kibera. The reason behind this is that a lot of these vouchers are subsidized and the cooperating healthcare providers are enlisted for referrals.

> "we are still embracing the voucher system as a key way of linking our clients to healthcare providers across Kibera…this is a program that we find appropriate

> for low income areas and has been consultatively reached upon by the MFIs and health providers in Kibera.'' *(An interview with a Jamii Bora representative).*

The informants in this study were in consensus that the use of the voucher cards by the MFIs has largely broadened their access to healthcare and reproductive health needs in the region. Of significant concern is the slow pace that some of the MFIs were incorporating the idea that women deemed appropriate for their economic status in Kibera.

> "We can get some expensive health checkups in places like MSF in Kibera at a relatively low cost dependent on the MFI in which you are enrolled…our opinion is that all the MFIs operational in Kibera should adopt the system and reach out to women's pressing reproductive health demands." *(A comment from an FGD participant at Laini Saba).*

Another form of health financing available in Kenya is the Voucher programmes which are part of what is known as 'output-based aid' (OBA), a 'demand-side' approach to healthcare financing that is attracting growing interest today. The principle behind such programmes is that women below a certain poverty threshold are sold vouchers at highly subsidized rates which entitle them to certain specified services at accredited health facilities (USAID, 2010).

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

This study has assessed the role of micro finance services on the reproductive health of women in Kibera, Nairobi. The study closely looked into how micro finance services empower women to access reproductive health services and the forms of micro insurance packages for women of reproductive age offered by micro finance institutions in Kibera. The study was guided by women's empowerment theory in the inquiry process.

The study established that microfinance plays a significant role in women's empowerment across economic and social spheres. It was noted that women are able to make prudent and informed decisions around their reproductive health, based on the level of empowerment. The study also showed that there is increased access to reproductive health services where women's control over financial resources meant an increased voicing of their rights and feelings as they became more confident. Ultimately, economic empowerment has a direct impact on access and affordability of reproductive healthcare services for the women in Kibera.

The study further established that there are micro insurance packages within the MFIs that relate directly to the reproductive health needs of the women in Kibera. Women are adequately educated on health and reproductive health packages through referrals under MFIs while at the same time enjoy payment of their services through savings. The MFIs

and service providers are also found to cooperate in providing subsidized healthcare to the women of low economic status in Kibera.

5.2 Conclusion

Empowerment has been found to be a principal factor in addressing women's reproductive healthcare needs. Economic empowerment through loaning, business training and savings has offered women an opportunity to expand and make informed decisions on their healthcare needs and reproductive health in particular. MFIs through their diversified products in the low income areas of Kibera stand to lift more women in social-economic aspects and health insurance which would ultimately reduce maternal morbidities, improve reproductive healthcare seeking behaviours and socio-economically empower the women.

Micro insurance packages that are tailor made to meet women's socio economic situations and contexts remain a strong asset that MFIs have devised. These packages need expansion across the MFIs in Kibera so that a large group of women can benefit. The packages serve to increase awareness/knowledge of health practices, alternative payment of the services available under MFIs and access to health related services as per the varied demands of women of reproductive age in Kibera.

5.3 Recommendations

- Given the importance of information on enlightening women on various reproductive health packages under MFIs, the component should be integrated and jointly carried out by both the MFIs and health providers in Kibera. This will see more women drawn into registering and securing their future and enhanced reproductive health access through loans and savings.
- The MFIs should increasingly embrace facilitated referrals to their members so that they can reach out for reproductive health services that are beyond the healthcare providers in Kibera.
- There is need for the MFIs and healthcare providers to embrace pre paid health plans as a complimentary component of voucher payment so as to increase the number of women taking up the maternal healthcare services across Kibera.

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APPENDICES

Appendix 1: Consent Form

My name is Ellyjoy Karimi a student at the University of Nairobi pursuing Masters in Gender and Development Studies. I am conducting a research in Kibera, as part of the partial fulfillment of my degree requirements, on the impact of microfinance services on the reproductive health of women. You have been purposively selected to participate in this study.

I wish to inform you that our discussion will be confidential and I will not keep a record of your name or address or any other information that will expose your identity. You have the right to stop the interview at any time or skip any questions that you may feel uncomfortable to answer. You may interject to seek clarification. There is no right or wrong answer. I shall not give any remuneration for participating in this study but I will appreciate your input and share with you the survey findings. I hope the findings will help in designing appropriate policies that will help women in accessing reproductive health as a result of micro-financing by the different organizations. We will come up with recommendations depending on the findings that are aimed at protecting the lives of women and mothers at their point of need.

I expect to share with you the outcome of this undertaking with a view to improving the reproductive health care environment for the majority of women. The interview will take approximately thirty (30) minutes of your time.

Do you agree to be interviewed Yes No

Appendix II: In- depth Interview Guide

Hello, my name is Ellyjoy Karimi a student at the University of Nairobi pursuing a Masters degree in Gender and Development Studies.

I wish to inform you that our discussion will be confidential, in addition I will not keep a record of your name or address or any other information that will expose your identity. You have the right to stop the interview at any time, or skip any question that you may feel uncomfortable to answer and interject to seek clarification. There is no right or wrong answer.

The interview will take approximately thirty (30) minutes

(Find out the following demographic information: age, level of education, occupation, parity,)

Do you agree to be interviewed Yes No

Signature: Date:

If yes, proceed and ask the below questions:

1. Which MFI do you subscribe to?
2. How long have you been an active member of the MFI?
3. How have you benefited from the products offered by the MFI?
4. How have you benefited from the micro insurance scheme?
5. How has access to micro finance services impacted on your reproductive health?
6. What are the significant Microfinance services that have enabled your access to RH services?
7. How has these services improved your life as an individual and that of your family?

8. Is there family/community support for such initiatives?
9. What are the challenges/barriers faced?
10. What can be done to improve access to microfinance and therefore, reproductive health?
11. What advice can you give to other women like you who would wish to access microfinance and improve their reproductive health?
12. How can the microfinance services be improved so as to improve the reproductive health of women in this community?

Appendix III: Key Informant Interview Guide

Hello, my name is Ellyjoy Karimi a student at the University of Nairobi pursuing a Masters degree in Gender and Development Studies.

I wish to inform you that our discussion will be confidential, in addition I will not keep a record of your name or address or any other information that will expose your identity. You have the right to stop the interview at any time, or skip any question that you may feel uncomfortable to answer and interject to seek clarification. There is no right or wrong answer.

The interview will take approximately thirty (30) minutes

Do you agree to be interviewed Yes No

Signature:……………………………………………..Date:…………………………………………

If yes proceed with the following questions:

1. What do you understand by the term reproductive health?
2. What is microfinance?
3. What kind of service does your organization provide?
4. If (MFI Service provider) what are some of the benefits of microfinance services on the reproductive health of women that you know of?
5. If (Reproductive Health Service provider) a) Do you know the financial barriers to access of reproductive health services for women?

   B) Do microfinance institutions provide services that help women access RH services in this area?

C) If yes is there an established direct link with the MFI? Could you mention other MFIs that provide similar services?

6. What are the barriers to access of services?
7. Does access to MFI have any impact on reproductive health? If yes, what are some of the impacts? Do women ordinarily apply for credit to finance their reproductive health care?
8. What can be done to improve the situation and help women to access RH services?

Appendix IV: Focused Group Discussion Guide

You have been purposively selected to participate in this study as an informant with information on the topic and as a member of a microfinance institution.

I wish to inform you that our discussion will be confidential, in addition I will not keep a record of your name or address or any other information that will expose your identity. You have the right to stop the interview at any time, or skip any question that you may feel uncomfortable to answer. You may interject to seek clarification. There is no right or wrong answer.

The interview will take approximately one hour.

Do you agree to be interviewed Yes No

Signature: Date:

If yes, proceed and ask the following questions:

1. What do you understand by the term micro finance,
2. What is the group understanding of reproductive health?
3. How many microfinance institutions operate here? What are their names and what products do they offer?
4. How did you get to join the microfinance institutions and why?
5. What is the common practice in terms of utilizing microfinance services to access RH services in this village?
6. What are the barriers in accessing reproductive health services?
7. How have you overcome these barriers through microfinance?
8. What can be done to improve the situation and ensure that MFIs accelerate access to RH services for women.

REPUBLIC OF KENYA

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Our Ref:

NCST/RCD/14/012/1217

Date:

3rd September 2012

Ellyjoy Karimi Kithure
University of Nairobi
P.O.Box 30197-00100
Nairobi.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on ***"Assessing the role of micro-finance services on the reproductive health of women in Kibera, Nairobi,"*** I am pleased to inform you that you have been authorized to undertake research in **Nairobi West District** for a period ending **30th October, *2012.***

You are advised to report to **the District Commissioner and the District Education Officer, Nairobi West District** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.

DR. M. K. RUGUTT, PhD, HSC.
DEPUTY COUNCIL SECRETARY

Copy to:

The District Commissioner
The District Education Officer
Nairobi West District.