

**CONTRIBUTION OF WOMEN'S INCOME GENERATING
ACTIVITIES ON ACCESS TO HEALTH SERVICES AT THE
HOUSEHOLD LEVEL:**

A case of Vision Fund Tanzania in Morogoro Municipality

By

GRACE NAHASON MWAIGAGA

2017

**CONTRIBUTION OF WOMEN'S INCOME GENERATING
ACTIVITIES ON ACCESS TO HEALTH SERVICES AT THE
HOUSEHOLD LEVEL:**

A case of Vision Fund Tanzania in Morogoro Municipality

By

GRACE NAHASON MWAIGAGA

**A Dissertation Submitted in Partial Fulfillment of the Requirements for Award
of
the Degree of Master of Business Administration (Corporate Management) of
Mzumbe University**

2017

CERTIFICATION

We, the undersigned, certify that we have read and hereby recommend for acceptance by the Mzumbe University, a dissertation entitled Contribution of Women's Income Generating Activities on access to Health Service at the Household Level: The case of Vision Fund Tanzania in Morogoro Municipality, Tanzania in partial fulfillment of the requirements for award of the degree of Master of Business Administration (Corporate Management) of Mzumbe University.

Signature

Major Supervisor

Signature

Internal Examiner

Accepted for the Board of

.....

Signature

DEAN/DIRECTOR,
FACULTY/DIRECTORATE/SCHOOL/BOARD

DECLARATION AND COPYRIGHT

I, Grace Nahason Mwaigaga, declare that this dissertation is my original work and that it has not been presented and will not be presented to any other University for a similar or any other degree award.

Signature _____

Date_____

©

This dissertation is a copyright material protected under the Berne Convention, the Copyright Act 1999 and other international and national enactments, in that behalf, on intellectual property. It may not be reproduced by any means in full or in part, except for short extracts in fair dealings, for research or private study, critical scholarly review or discourse with an acknowledgement, without the written permission of Mzumbe University, on behalf of the author.

ACKNOWLEDGEMENTS

The successful completion of this dissertation is a product of generous support accorded by different institutions and individuals. First, I thank Almighty God for giving me strength throughout my studies.

Sincere thanks go to my supervisor, Dr Kikula, J. guided me from proposal writing to the completion of this study. His insight and scholarly advice helped me to accomplish this study in time and as per the requirements of the Mzumbe University.

Finally yet importantly, my thanks to all members of the school of Business studies, lecturers and my fellow MBA (Corporate Management) students of the 2015/2017 cohort for their advice material and moral support this motivated me during my studies.

Much appreciation goes all respondents, particularly staffs and women clients of Vision Fund Tanzania, Morogoro branch who's participation in this study enabled me to obtain adequate data for analysis and report writing.

I am highly indebted to my family members; my husband Bahati Simon Mwasongwe and my children namely Faith Bahati Mwasongwe, Victor Bahati Mwasongwe and Lusajo Bahati Mwasongwe who lost my special care all the time when I was engaged in this study.

I must point out, however, that in case of any shortfall in this dissertation, I remain solely responsible and accountable.

DEDICATION

This work is dedicated to all women who do income-generating activities for their household access to health services.

LIST OF ABBREVIATIONS

CSEE	Certificate of Secondary Education Examination
DAS	District Administrative Secretary
DEO	District Education Officer
MEST	Ministry of Education, Science and Technology
MoEVT	Ministry of Education and Vocational Training
RAS	Regional Administrative Secretary
IGA	Income Generating Activities
VFT	Vision Fund Tanzania
UNESCO	United Nations Education, Science and Cultural Organisation
URT	United Republic of Tanzania

ABSTRACT

The study was carried out at Vision Fund Tanzania, Morogoro branch. This study explored the contributions of women's income generating activities on household access to health services in Morogoro Municipality, Tanzania. Specifically, the study sought to identify types and ways of women's income generating activities done, to find out the causes of women's income generating activities, and to determine the contributions of women's income generating activities on household access health services.

The main objective of the study was exploring the contributions of women's income generating activities on household access to health services. Both primary and secondary data were used. The former used questionnaire, interviews and observation while the latter used document reviews.

Simple random and purposive sampling techniques were used to select respondents for data collection. Both qualitative and quantitative data were collected, collected data were edited (purified) and coded. Descriptive analysis dominated where frequencies and percentages were computed where possible content analysis was also affected, SSPS facilitated in the analysis process. Sample size was 100 respondents including four staffs and 96 clients from Vision Fund Tanzania.

This study found that there were six major types of women's income generating activities namely small business, farming, livestock keeping, food business, farming product business and clothes business. It was also found that there were six causes of women's income generating activities. These are; reducing the much dependable to husband, reducing family economy challenges, presence of gender equality and equity, make life improvement, increase the cooperation with community and Education of IGA presence in globally.

It was found that there were three contributions of women's income generating activities on household access to health services. These are personal access to health services, family access to health services and community access to health services. This study concluded that women's income generating activities crosscut in all levels of society including personal, family and community.

Therefore, this study recommends that deliberate efforts to improve women's income generating activities for household access to health services. Also the in-service training and review of microfinance policy should be undertaken in order to improve women's

income generating activities and thus high household access to health services. Furthermore the government should provide enough funds to the microfinance firms in order to enhance effective women's income generating activities for household access to health services.

TABLE OF CONTENTS

CERTIFICATION	i
DECLARATION AND COPYRIGHT	ii
ACKNOWLEDGEMENTS.....	iii
DEDICATION.....	iv
LIST OF ABBREVIATIONS	v
ABSTRACT.....	vi
TABLE OF CONTENTS.....	viii
CHAPTER ONE	1
INTRODUCTION.....	1
1.0 Introduction.....	1
1.1 Background information	1
1.2 Problem statement.....	3
1.3 Research objectives.....	5
1.3.1 General objective	5
1.3.2 Specific objectives	5
1.4 Research questions	5
1.5 Significance of the study.....	5
1.6 Limitation of the Study	6
1.7 Delimitation of the Study	6
1.7 The organization of the dissertation.....	7
CHAPTER TWO	7
LITERATURE REVIEW.....	8
2.0 Introduction.....	8
2.1 Theoretical literature review	8
2.1.1 The concept of income generating activities.....	8

2.1.2	Motives behind for income generating activities	9
2.1.3	Essential resources for income generating activities	12
2.1.4	Forms of income generating activities	16
2.1.5	Women entrepreneurship and income generating activities	17
2.2	Empirical Evidence	18
2.3	Research gap	19
2.4	Conceptual framework	19
 CHAPTER THREE		22
RESEARCH METHODOLOGY		22
3.0	Introduction	22
3.1	Description of the study area.....	22
3.2	Research design.....	24
3.3	Population and sample size of the study	24
3.3.1	Population of the study	24
3.3.2	Sample size of the study.....	25
3.4	Sampling procedures.....	25
3.4.1	Simple random sampling.....	25
3.4.2	Purposive sampling.....	25
3.5	The Units of Inquiry and Information obtained	26
3.6	Research Process	26
3.7	Instruments of collection of data.....	27
3.7.1	Primary data	27
3.7.1.1	Questionnaires.....	27
3.7.1.2	Interview guide and interview schedule.....	27
3.7.2	Secondary data	27
3.7.2.1	Documentary review	28
3.8	Data analysis procedures.....	28
3.8.1	Quantitative data analysis	28

3.8.2	Qualitative data analysis	28
3.9	Ethical consideration.....	29
CHAPTER FOUR.....		30
RESULTS AND DISCUSSION		30
4.0	Introduction	30
4.1	Socio-Demographic Characteristics of The Respondents of the Study	30
4.1.1	Age of respondents.....	30
4.1.2	Marital status.....	32
4.1.3	Education of respondents	33
4.2	The nature of income generating activities performed by women for access of 34	
	households health services	34
4.2.1	Types of women’s income generating activities.....	34
4.2.2	Ways women’s income generating activities done	37
4.3	The Motive behind women’s income generating activities	38
4.4	The contributions of women’s income generating activities on household access to 41	
	health services	41
CHAPTER FIVE.....		45
SUMMARY, CONCLUSION AND RECOMMENDATIONS.....		45
5.0	Introduction	45
5.1	Summary of the study	45
5.2	Summary of the key findings	46
5.2.1	Types and ways of women income generating activities.....	46
5.2.2	The motive behind women’s income generating activities.....	47
5.2.3	The contributions of women’s income generating activities on household access to health services.....	48

5.3 Conclusion49

5.4 Recommendations50

5.4.1 Recommendations for actions50

5.4.2 Recommendation for further research.....50

REFERENCES.....51

APPENDICES55

LIST OF TABLES

Table: 3.1 Distribution of respondents in term of frequency and percentage	26
Table 4.1: Age of respondents	31
Table 4.2 Marital of respondents	32
Table 4 .3: Education of respondents	33
Table 4.4: Types of women’s income generating activities (IGA)	35
Table 4.5: Occupation of women who do income generating activities (IGA)	36
Table 4.6: Number of times of women’ borrowing from Vision Fund Tanzania.....	37
Table 4.7: Motive behind women’s income generating activities on household access to health services based on women clients perspective	40
Table 4.8: Contributions of women’s income generating activities on household access to health services	41
Table 4.9: Contributions of women’s income generating activities on health budget and insurance	43

LIST OF FIGURES

Figure 2.1: Conceptual framework on relation of income generating activities (IGA) to the contribution of health services	20
Source: Researcher (2017)	20
Figure 3.1: The map of Morogoro Municipal Council	23

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This study examines contribution of women's income generating activities on households access to health services in Morogoro Municipality, Tanzania. First chapter of this study presents the background of the research problem and statement of the research problem. It also presents about general purpose, specific objectives and research questions of the study. Finally it presents the significance of the study, limitation of the study and delimitations of the study.

1.1 Background information

Vision Fund is part of World Vision Family and a member of the Vision Fund International Network. It is the Microfinance subsidiary of the World Vision. The World Vision and Vision Fund responsibilities are integrated as holistic package.

The Vision Fund focuses on the provision of small loans to the poorest community with at reasonable interest rates for the purpose of making an impact to the children welfare. It deals with poor people in need of help, isolated and often excluded from mainstream support. The parents use the small loan to promote their business to be able to afford the school expenses, to provide nutrition's meals and take good care of the family's health (Brum, 2010).

The Vision Fund works in thirty countries through a network of affiliated Microfinance Institution. In Africa the Vision fund works in nine countries, Asia works in seven countries, Latin America works in eight countries and Middle East works in seven countries (Mashenene, Macha & Dorge, 2014).

In Africa the Vision Fund works in some countries namely Ghana, Kenya, Malawi, Mali, Rwanda, Senegal, Tanzania, Uganda, and Zambia. It has large level of client in

Africa through affiliated Microfinance Institution compared to other region in the World.

The Vision Fund clients have low average loan size that affects the business due to fewer resources.

In Tanzania 75% of the people live in rural area and majority of them have little or no access to financial services such as loans. Therefore, they fail to access opportunity to improve their lives.

Vision Fund Tanzania break the cycle of poverty to poor people by developing their business through providing microfinance products and services to those of limited means in a way which honors the Lord. Vision Fund is currently the fourth largest and fastest growing Microfinance Institution in Tanzania. It operated under Christian fellowships with the slogan known as "*Together in Christ, together we build*".

Vision Fund Tanzania ideology focuses on building brighter future for children, empowering families to create incomes and jobs and releasing the economic potential for communities to thrive (Brum, 2010).

Vision Fund is Microfinance Institution in Tanzania that started its operations in 1996. It was formerly known as Small Enterprises Development Agency (SEDA). In 2014, Vision Fund Tanzania was regulated as Microfinance Bank by the Central Bank of Tanzania (BoT). The main goal of Vision Fund is to provide financial services and products that meet the needs of low-income families and communities in the way that honors the Lord.

Vision Fund offers different loans and saving products to both men and women who intend to be engaged in business. Its clients are encouraged to save and borrow carefully for investment and generation of income. It stresses on providing foundational training,

including subjects like financial literacy, business basics, life skills and an empowered worldview (Brum, 2010).

Vision Fund Tanzania grants its financial services using Cashless Mobile Banking Platform that enables people to receive pay back loans and save. The arising problems related to loans are treated on tablet-based solutions that will make internal processes, including the loan saving account application processes, paperless. According to Kato and Kratzer (2013), Vision Fund has 9 branches in Tanzania and it serves more than 14,640 clients.

1.2 Problem statement

In Tanzania, there are many studies on women income generating activities (Magati, 2013; Sabauni, 2011; Philipo, 2008; and Iringo, 2007). Most of these studies have linked women income generating activities with other variables like household income, livelihood improvement, and sustainable development. The studies that have linked women income generating activities with the access to health services at household level are scanty.

The studies by Wangwe (2004) and Ayyu (2013) reveal that women in Tanzania like other parts of the world have been increasingly participating in economic activities through non-farming activities for their income generating. Female labour force participation has been more increasing than that of men in Tanzania (Brum, 2010). The involvement of females in economic activities closes the gap that has arisen from the disequilibrium between their aspirations and the perceived valuation of the labour market offers. In view of the fact that traditionally entrepreneurship and business involvement were considered men activities. Women engagement in entrepreneurship, for example, has brought in diversity to the innovation process and improving income at the household levels (Sigalla, 2007). However, its implication to health livelihood at the household level is not adequately documented.

Moreover, women are expected to provide entrepreneurship with a more diverse perspective for resource control and increased freedom of ownership. Only male entrepreneurs with male thinking innovation do not sufficiently give socio-economic solutions to social and economic problems but they need complement thinking and innovations of women (Brum, 2010). Disqualification of women's involvement from economic issues leads to creation of a burden to their husbands, society and the nation at large.

Rejecting women's participation in economic activities leads to increased dependency ratio because men have to work to feed themselves and their women. Rejecting women's participation may lead them to extreme poverty, which essentially, all members of the society feel its impact.

However, supporting, treating women gently, and appreciation build their health and leads to happy life not only for themselves but also for the whole society (Kato and Kratzer, 2013). Giving room for women to show up their talents in income generating activities can bring positive change starting from the family levels. Some studies have shown women to be resourceful economic agents who contribute to the income of families and the growth of communities in a number of ways. They work as entrepreneurs, as farm and non-farm laborers, in family businesses, for others and as self-employed to generate income.

How this income generated contributes to health livelihood is what this study intends to reveal. Therefore, this study intends to disclose the way through which the economic activities are performed by women in generating income and access to health services at the household levels. The study seeks to establish the link between women's income generating activities and the health services access at the household levels.

1.3 Research objectives

1.3.1 General objective

The general objective of this study was to assess the contribution of women's income generating activities on the access of health services at household levels. The study was mainly concerned with the way income-generation activities are undertaken by women (who are client of Vision Fund Tanzania) and access of health in their households.

1.3.2 Specific objectives

The specific objectives of the study were:

- i. To identify the nature of income generating activities performed by women client of Vision Fund Tanzania in Morogoro Municipality that give to access of health services.
- ii. To find out the motive behind women's engagement on income generating activities.
- iii. To examine the contributions of women's income generating activities on access to health services.

1.4 Research questions

- i. What are the types and ways income generating activities done by women in improving their household access to health services?"
- ii. What are the motives behind women's engagement on income generating activities?
- iii. What are the contributions of women's income generating activities on access to health services?

1.5 Significance of the study

This study is worth conducting as it is in line with Vision 2025 and Millenium development goals (MDGs). Its important is due to the factor that there is scanty information relating to the uses of the women's income in the house hold issues such as

access to health services at the house hold , sending children to school and provision of food in the house hold. The findings emanating from this study and its recommendations will give out the true information about the contribution of the women's income generating activities to the access of health service at house hold in Morogoro Municipality.

The study will be of importance for the researcher for the Partial fulfillment for the requirement of Master's Degree of Business Administration (MBA) of Mzumbe University. Further, this study will be used as reference material for students and other people wishing to carry out further research on business cluster initiatives. Also the empirical information generated from this study may be useful to policy makers as well as other institutions who are interested in improving access of health service in the house hold.

1.6 Limitation of the Study

Limitation of the study refers to conditions beyond the researchers' control that may place limits on the study activities and its application to other situations (Morgan, 1998). There were several limitations of the study including the following; data was not collected on time due to one major reason. Some women clients and staff were not available in their workstation for interview due to their busy schedule. The researcher had to overcome this problem by making frequent visits, making appointments through mobile phones and arranging a convenient time for interviews including late evening hours after work duties.

1.7 Delimitation of the Study

This study solely dealt with the contribution of women's income generating activities on households' access to health services in only Vision Fund Tanzania women clients in one branch located in Morogoro Municipality. Hence the findings may not necessarily

be generalized to all cities in Tanzania. However some aspects of the findings may be used elsewhere with similar conditions based on their suitability and usefulness.

1.7 The organization of the dissertation

This dissertation has five chapters. Chapter one consists of an introductory part, background of the study, statement of the problem, objectives of the study, research questions, rationale for carrying out the study, and organization of dissertation. Chapter two covers literature review whereby a number of concepts linked to the topic are discussed. Chapter three describes research methodology that covers all methods and techniques that was used in data collection and data analysis.

It covers the population of the study, sample size and sampling technique, methods of data collection such as questionnaires, observation, interviews, and documentary review, and the methods of data analysis that includes a combination of descriptive, historical and analytical methods as well as the use of software packages. Chapter Four presents and discusses findings of the study. Chapter Five presents conclusion and recommendations of the study. Recommendations focus on further study and policy interventions.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

Chapter one presented to introductory part of the study. It prepared the grounds for this chapter. This chapter presents the literature review that address the main concepts that are introduced in chapter one. The concepts addressed in details mainly in two areas namely theoretical and empirical literature review. Under these areas, the concepts linked in line with the research objectives and research questions. After this chapter, the following chapter gives the methodology procedures followed by the study.

2.1 Theoretical literature review

2.1.1 The concept of income generating activities

Income generating activities are the means to increase income (UNESCO, 1993). The income generating activities are interventions that attempt to address poverty, unemployment, and lack of economic opportunities to increase participants' ability to generate income and secure livelihoods. They are economic efforts done by individuals or associations of individuals with the intention to answer income questions (ILO, 2012). The income generating activities do not always mean immediate generating money although money used at the end for measurement of such income.

A human being is naturally an economic being, as no way can a person be separated from economic issues. Men (term inclusive for both man and woman) become resourceful economic agents when they try their best to be entrepreneurs in order to extract the living from the nature and the surrounding environment (Carletto *et al.*, 2007). In this way man becomes an entrepreneur who contributes to the income of his own family and the growth of community to which he belongs (ILO, 2012). To generate

income or to be engaged in income generating activities, the entrepreneurs need the factors of production such as land, capital etc. (Marwa and Aziakpono, 2015).

Those involved in income generating activities work as entrepreneurs, as farm and non-farm laborers, in family small and larger businesses, some work for others and some as self-employed.

The income generating activities need interventions. These interventions are the interventions that are in varied forms, including microcredit programs that provide small loans to individuals or groups who would not normally qualify for loans from conventional financial institutions. Microcredit is one form of microfinance, which involves the provision of a wider range of financial services, such as access to savings, credit, and insurance to poor people. In addition to microcredit, other income generation interventions focus on business and vocational skills training for participants, either for positions within existing industries or to develop small businesses of their own. Both microcredit and vocational skills training programs may include additional components that are not related to income generation. These may include health education, women's empowerment, critical thinking, and communication skills.

2.1.2 Motives behind for income generating activities

Everything that happens must have a cause. The reasons for the engagement in IGAs can be proactive or reactive. The following are some of the factors that make people especially the entrepreneurs to get involved in income generating activities.

a) Growing levels of literacy

There is a connection between literacy and income generation activities. The growing literacy skills improve the capability of generating income and its performance. It is a major driving force for the expansion of IGAs and entrepreneurs (UNESCO, 1993). Individual's literacy leads to access of information on global development. The information acquired results to entrepreneur's aspirations for improving their living

conditions and quality of life through improved income generation activities. The individual urges for higher levels of income.

This pushes more and more entrepreneurs who are seeking opportunities to engage in economic activities through acquisition of relevant productive skills and abilities (UNESCO, 1993). Individual's literacy makes one to have skills on how to run and manage business. Literacy and business skills are said to reduce of clients' repayment problem facing various financial institutions in Tanzania.

Some studies show a positive correlation between business performances with education levels of the individuals who manage that business (Brum, 2010). Most training literatures have emphasized the benefits institutional gained from adopting a systematic approach to entrepreneurs' learning and development. The development of skills underpins entrepreneur's business objectives and strategies to meet those objectives (Keep and Rainbird, 2000). Business can seek to achieve goals through a variety of entrepreneur's strategies and approaches and the importance of ensuring commitment and retention following training may lie in the strategic approach that is utilized. Literacy and training) increase entrepreneur's commitment, which can further counter the numerous direct and indirect costs associated with business expansion or liquidation (Owen, 2006).

b) Urban migration

Urban migration has become the global problem (Batista *et al.* 2014). Almost all over the world, there has been increased migration of people from rural to urban areas in search for greener pastures (Darko, 2013). People who migrate are mostly concerned with the benefits they hope to gain by moving and usually give less thought to the problems that they will encounter because of the process (Naude *et al.* 2015). Many people especially the youth residing in rural and semi-urban areas are migrating to nearby cities and towns seeking for employment (Batista *et al.* 2014). This is because

poor social services such as health, clean water, electricity and roads are poor in the rural areas in Tanzania (Naude *et al.* 2015). In addition, the main economic activity for the rural Tanzania is farming which for most cases is not paying despite the toil the rural people incur.

These and many other reasons have locked economic opportunities for gaining full employment in rural areas (Batista *et al.* 2014). Many social and economic problems arise for the migrants especially when their expectations are not realized. These problems force most of them to start new businesses for their income generation (Naude *et al.* 2015).

c) Changing business environment

We are living in the globalized world following the advanced and speedy changing technologies which are associated with new discoveries (Batista *et al.* 2014). There are opening of new economic opportunities that attract many entrepreneurs and business people to make investment in these opportunities.

Following these rapid changes that are taking place in the technological, industrial and economic realms, the world of work is undergoing rapid transformations, which encourage men and women to get involved in income generation activities (UNESCO, 1993). In addition, there are jobs and businesses that are becoming obsolescent giving place to new ones and attract attention to entrepreneurs. From this point of view, the changed business environment has changed some rules and beliefs, which make most of the people including the women to be involved in business (Naude *et al.* 2015). This is different from past years when the women and girls were to stay at home to wait men and boys to bring all the needs at home. Today we are witnessing more women who are entering in business to generate income (UNESCO, 1993).

d) Poverty alleviation

Many people are now engaging in income generating activities so as to reduce poverty. Majority of the individuals especially in the Developing Countries are living in extreme poverty. To get rid of these poor economic situations, they decide to involve themselves in income generating activities. In addition, the economic conditions of some sections of society even in developed countries need to be improved. This calls for preparing the people with technical, vocational and entrepreneurial skills that aim at income generation in order to solve the problems associated with acute poverty (UNESCO, 1993).

2.1.3 Essential resources for income generating activities

Resources are important for the implementation of income generating activities. The implementation of these income generating activities requires a significant amount of resources as explained hereunder.

a) Human resources

Human resources are the primary resources in the income generating activities. The human resource is the main resource because it is the source of all other resources. OECD defines human capital as *"the knowledge, skills, competencies and attributes embodied in individuals that facilitate the creation of personal, social and economic well-being"*(Murphy, 2009:5). Income generating activities must be planned with due attention to existing production, making it compatible with other daily chores.

The human capital encompasses the entire attributes and resources that the organization needs for its success. The human capitals are the resources needed by the firm for its competitiveness and development. It includes the stock of educated, trained and healthy citizens responsible for the organization performance and productivity (Murphy, 2009). Jackson and Schular (1990) had revealed that human resource needs to ensure that the employees have the skills and competencies that the business needs to succeed.

The human capital works hand in hand with a business plan to determine which resources are needed to achieve the business's goals. It is like human resource planning which traditionally have been used by the organizations to ensure that the right person is in the right job at the right time.

Investment in human capita is critical to income generating activities in entrepreneurial arena since it is predetermined by some conditions such as ability to find and retain decent work, pursue quality education and improvement in their standard of living. *“Sustainable development is about improving the quality of people's lives and expanding their ability to shape their futures. These generally call for higher per capita incomes, but they also involve equitable education and job opportunities, better health and nutrition, and a more sustainable natural environment.”*(Murphy, 2009:6).

The human capital can lead to sustainability as long as a business invests in its workforce through training and building their experience.

b) Land

Land is an important resource in entrepreneurial business. In many countries of the world, land is the basis for cash-economy production. However, due to agricultural policies there are problems in land distribution especially in the urban areas. Due to this fact, land tends to be scarce and as a result, agricultural activities are supplemented by other sources of income. It is in this way income-generating activities come in. Since most of the income generating activities that are based on crop cultivation, it is necessary to look into who is in control of the land (holding material power), and who is working on it (providing the manpower) (Ramboll, 2000).

c) Raw materials

Raw materials are important for income generating activities. Many income-generating activities are based on raw materials and/or other inputs, which have to be purchased to smoothen those activities.

It often turns out that most producers are not located close to the raw materials, thus it raises the cost of obtaining them. The higher the price of these raw materials is the more the vulnerability of economic activities. This is ‘the point of using local inputs, though a care should be taken not to induce oversupply of raw materials in the local market.

d) Financial capital

The term "financial capital" refers to the purchasing power or medium that represents saved-up financial wealth (usually in the form of currency), which is used by firms or individual entrepreneurs to invest by starting or developing businesses, i.e. to purchase or acquire physical capital (Curtiss, 2012). No business can be undertaken without capital. Capital is very essential in income generating activities. The capital is invested to give income. According to Van Praag (2003), financial capital includes debt and equity. This is known as capital structure.

Financial capital can directly affect their access to real capital. Without efficient financial capital markets, farmers might delay adopting more efficient technologies as they become available (Collender and Morehart, 2004).

Quisumbing and Meinzen-Dick (2001) suggest that in women economic empowerment, microfinance is the best-known type of program that works through women’s groups. Group savings, credit, and insurance programs for women substitute collective action through the groups for conventional assets (such as land) as collateral.

The unequal distribution of income and financial capital between women and men, women’s lack of decision-making power, the unequal distribution of household tasks, the care-giving role assigned to women and girls, gender-based violence, and the constraints imposed on women’s socio-economic mobility due to legal, cultural and labour market barriers, all act as contributory factors which cause and compound women’s poverty (Smee and Woodroffe, 2013).

e) Social capital

Mashenene *et al.* (2014) points out that there is lack of consensus on a precise definition of social capital. Acquah (2008) defines social capital as the actual and potential resources embedded in networking relationships that are accessed and used by actors for actions (for example, conduct of enterprise business activities). Baker (1990) defines social capital as a resource that actors derive from specific social structures and then use it to pursue their interests; it is created by changes in the relationships among actors.

Social capital serves to capture how people interact with each other, and how these social interactions in turn yield benefits for the individuals and collectively. Social capital is regarded as a source of power for women and helps them to protect themselves against undesirable events (Joseph, 2002). Mashenene *et al.* (2014) argues that working through groups is one major mechanism through which programs and women themselves can improve the status of women. In fact, the networks and collective action that groups generate are being recognized as assets in themselves.

Social capital may be one asset in which gender inequalities are not as pronounced, or in which women even hold an advantage. Social capital is understood as patterns of social organization arguably has the greatest bearing upon power relations in a society and thus on the prospect of empowerment (Mashenene *et al.*, 2014).

The implication of social capital for empowerment, it is important to have more complete picture of social capital, especially one that includes attention to gender and hierarchies within social networks and the broader context of gender differences within which social networks are forged. Social capital that exists within a broader context of gender inequality can exacerbate women's disadvantages, as women remain excluded from the more powerful networks of trust and reciprocity that exists among men leading to gender differences in forms and consequences of empowerment and disempowerment (Otope, 2011).

f) Physical capital

Physical capital for women entrepreneurs include things such as access to road, shopping , recreation services, land , transportation, safe shelter, information and agricultural products outcomes (Mashenene *et al.*, 2014). Physical capital is the most tangible forms of assets. They play a major role not only in economic production, but also in providing security against difficult times. Rights to land and houses, in particular, also convey status and power within a community (Morrison and Jutting, 2004).

Yet these assets are unequally distributed between men and women. Even where women are primarily responsible for food production (as in many African societies), land is owned or controlled by men. Women acquire use rights through relationships to a man—usually a husband or father; maintaining those rights depends on continuing the relationship (Jutting and Morrison, 2005).

Poor women and men need a range of assets and capabilities to increase their wellbeing and security, as well as their self-confidence, so they can negotiate with those who are more powerful.

2.1.4 Forms of income generating activities

Income generating activities can be in a number of forms. The form or nature of income generating activities depends on the nature of the business undertaken. Some of the following can be addressed below.

a) Agricultural production

Agricultural production include all activities including farming and crop production of cereals, cash crops, vegetables etc, large and small animal-raising such as poultry, rabbits or pigs etc, bee-keeping, fish culture, etc.

b) Processing

Processing involves activities that turn raw materials into goods. Processing include such activities such as milling (hand-mills), hulling, food processing and preservation (cold storage and drying, juice, jam and bread making), processing equipment, etc.

c) Agricultural related and non-agricultural activities

The agricultural related and non agricultural activities include such things like; the manufacture of farm implements, rural construction, wood and metal workshops, masonry, welding, motor repairs, etc.

d) Handcrafts

Handcrafts in business are those business activities related to weaving, dyeing, basket making, embroidery, shoe making, and sewing. They involve making tools from the natural environment for domestic use.

e) Commercial activities

Entrepreneurs mostly involve themselves in business activities such as the selling of basic commodities such as salt, sugar, milk, matches and soap. The buying and selling of agricultural commodities and handicrafts; the selling of various inputs; the buying and selling of agricultural and related implements and equipment; grain shops and banks; village pharmacies and import-export activities.

2.1.5 Women entrepreneurship and income generating activities

Women Entrepreneurs are defined as the women or a group of women who initiate, organize and operate a business enterprise. Globally, women form 40% of the world's total working population, and female labour force participation has been increasing faster than that of men (ILO, 2013). Women's earnings are essential for the family survival.

The women are the ones who know what the family needs due to their involvement in domestic and family chores. Woman entrepreneurs tend to be highly motivated and self-directed. They also exhibit a high internal locus of control and achievement. Income generated from women entrepreneurial activities is most of the time spent on as investment in assets, education and health as well as immediate food needs. Evidences show that women business owners possess certain specific characteristics that promote their creativity and generate new ideas and ways of doing things:

- Risk-taking tendency
- Personal motivations
- Married and first born
- Self-employed father
- Interpersonal skills
- Competence in finance, and in managing relationships

2.2 Empirical Evidence

Brum (2010) and VanPraag (2013) examined how participation in microfinance services leads to an increased in the women's control over savings and income generated from business; participation in household decision-making; household ownership of properties/assets; self-esteem; self-efficacy; and mobility and in turn leads to participation in activities outside home.

The results show a significant difference between the women members of microfinance institutions (MFIs) and women empowerment. It was revealed that women members of MFIs have more control over savings and income generated from the business, greater role in decision-making, greater self-efficacy and self-esteem, and greater freedom of mobility and increased activities outside home.

Philipo (2005) researched on the contribution of women's income generating activities (IGAs) to the household income in Kigoma Urban District. The findings of the study

show that IGAs undertaken by women in the study area have positive margin cost. It was revealed that women's income contribution to household per month was statistically significant as compared to incomes contributed from other members of household.

The study also identified access to credit and training to be the major constraints for development of IGAs undertaken by women in the study area. Iringo (2007) assessed the effectiveness of the IGAs initiated by women in the agenda setting for poverty alleviation. It was found by the study that women play a fundamental role in poverty alleviation at the household level, and special attention may be required to ensure that this role is strengthened.

2.3 Research gap

Both theoretical and empirical literature reviews have shown that the women are capable of participating fully in economic activities and thereby contributing to the wellbeing of the members of their families. Most studies have been conducted but they focused on the issues of women empowerment and women's ability in economic activities to reduce poverty.

On contrary, this study intends to specifically focus on the contribution of women on access of health services through their income generating activities.

2.4 Conceptual framework

Figure 2.1 present the conceptual framework for this study. The framework shows a set of independent variable and dependent variable which influence access of health services at household level.

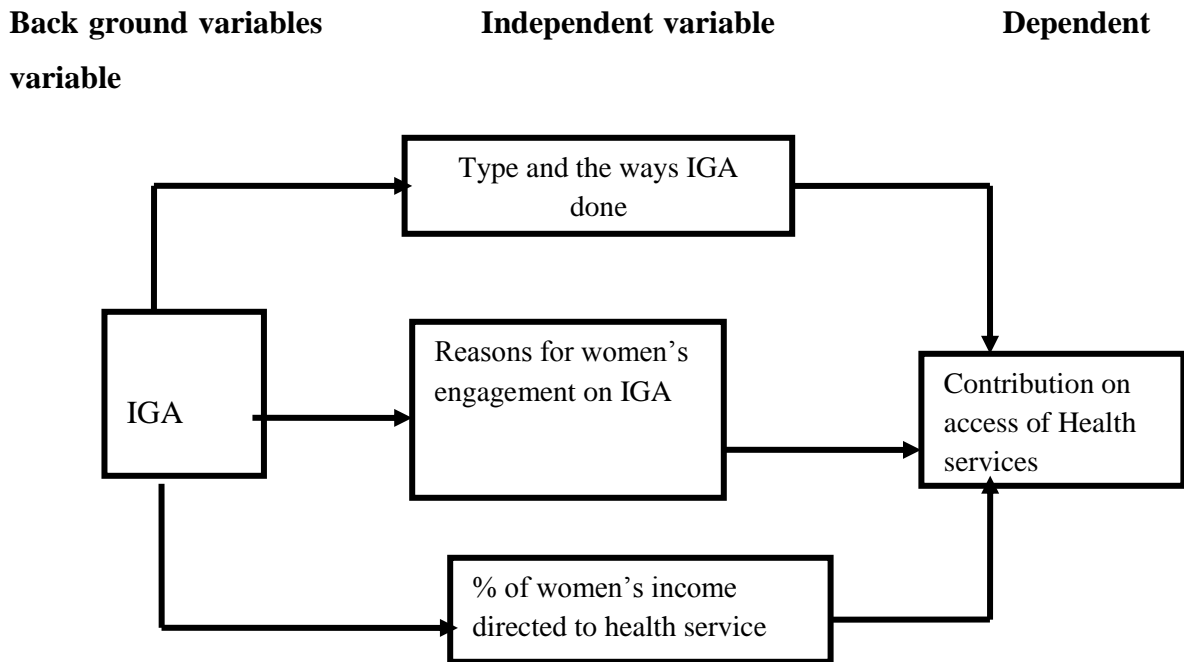


Figure 2.1: Conceptual framework on relation of income generating activities (IGA) to the contribution of health services

Source: Researcher (2017)

The independent variable which will be measured in the study are level of women's income, percentage of the women's income directed to health, power in decision making concerning health issues in the house hold before and after the engagement of the women in the IGA.

Women's income level and its source can affect access of health services at the households.

The increase of incomes leads to improvement in health service in the households, so the rising of income is important strategy for urban dwellers in dealing with access of health service. Household with high level of income has large chance of maintaining access of health services compare to house hold with low level of income.

The involvement of women in the IGA will enable women to have power to say especially in resources allocation since the study show that income controlled by women particularly in Africa is more likely to be spent on resources allocation such as health and food as shown by (Dark, 2013) who report that household with more women control over income are more likely to be healthy and food secure.

The income generating activities lead by women will also contribute to the access of health service by each individual in the household. Women income generating activities revolve more around the subsistence needs of the households particularly child health care and food production (ILO,2012). Improving access of household health services means focusing on the role of women because they are the main vulnerable person in health service and their families (Curtiss, 2012).

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter provides a blue print of investigation's methods, which adopted in the study. The chapter is divided into sections and sub-sections. These include; the study area; research design; population and sample size; sampling procedures; data collection methods; and data analysis techniques.

3.1 Description of the study area

The study was conducted in the Morogoro at Vision Fund Tanzania office located at Morogoro Municipality. The specific target of the study was the women entrepreneurs who receive loans from Vision Fund Tanzania and invest them in income generating activities. Morogoro, Vision Fund Tanzania is located is the capital of Morogoro Region. According to Morogoro Municipal Council profile the Morogoro Municipal Council is located 169 kilometers (105 mi) west of Dar es Salaam and 223 kilometers (139 mi) East of Dodoma. Morogoro Municipality is located at latitude 60 49'S and longitude 37040' E, at the base of the Uluguru Mountains. It is one of the Country's largest cities and commercial centers with a women population of 315,866 (60%) of the population available in Morogoro Municipality (VanPraag, 2013). With an annual urban population growth (2002–2012) of about 2.6 percent, Morogoro Municipality is among the fastest growing urban centers in Tanzania (Mosha and Philemon, 2010). Morogoro Municipality has been the fast growing town with a big number of women being increasingly engaged in entrepreneurial activities (Morogoro Municipal annual report, 2016). The study intends to disclose the extent to which women's participation in income generating activities plays a part in the access to health services at the household level.

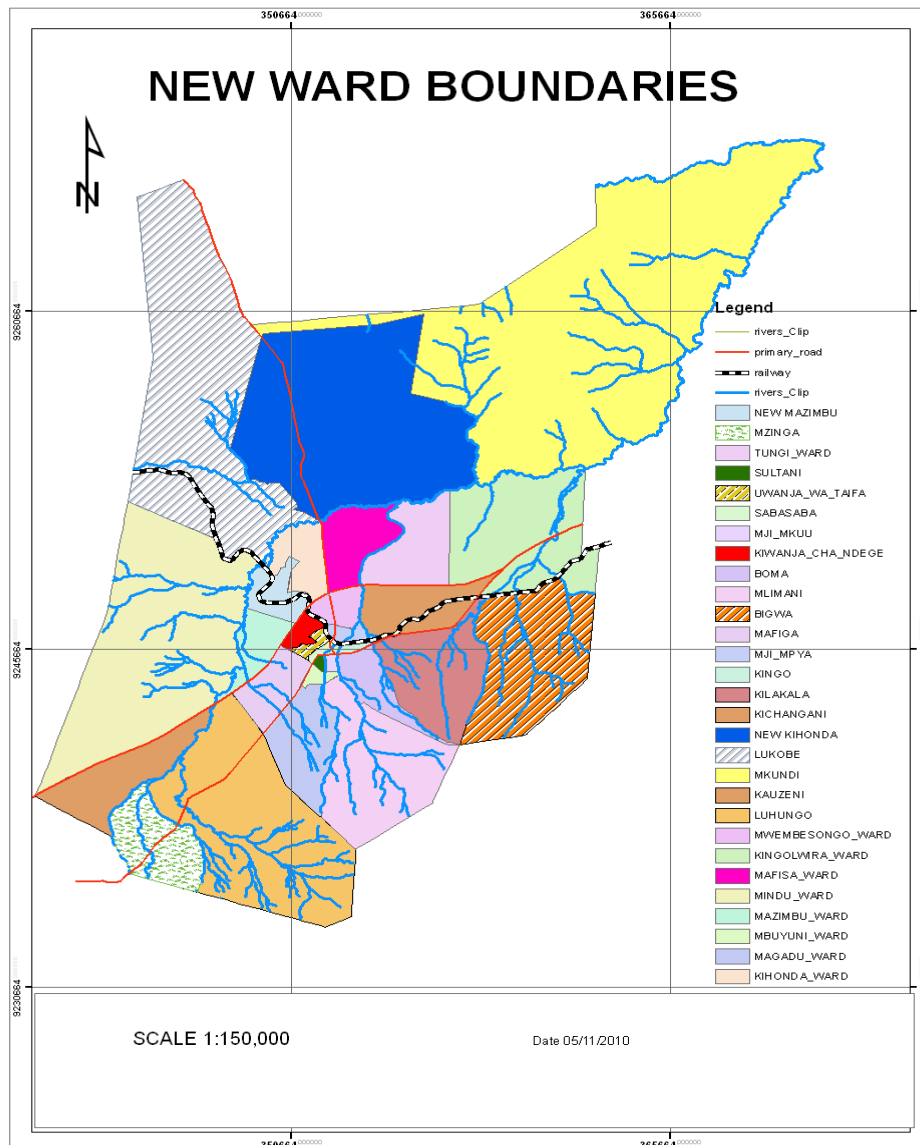


Figure 3.1: The map of Morogoro Municipal Council

Source: URT (2016): Morogoro Municipal Council head quarter

3.2 Research design

According to Kothari (2004), research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with cost-cutting measure in conduction of research. In line with this, Milanzi (2009) adds that the research design is a blue print that enables the investigator to come up with solutions to those problems and guides him/her in various stages of the research. It is about organizing of research activities, including the collection of data in ways that are most likely to achieve the research aim.

This study conducted under cross sectional research design, the design involved collecting empirical data, generally from Vision Fund Tanzania office in Morogoro. The design provided detailed information about the case selected (Saunders, *et al.*, 2003). Also the case study design allowed the entire organization to be investigated in-depth and with great attention on a particular problem. In addition, it gives insight into a particular problem or situation; it is a detailed investigation of individuals, groups or a whole organization (Milanzi, 2009). Again using this design the researcher was able to attain more knowledge on the problem being studied as it gives room for intensive interviews, which enables the problem to be well understood.

3.3 Population and sample size of the study

3.3.1 Population of the study

Turner (2011) argues that the population of a study refers to set of objects, which are the focus of the research and about which the researcher wants to determine some characteristics. The target population for the study was made up of the 133 women who involve themselves in income generating activities and are the clients of Vision Fund Tanzania in Morogoro Municipality (Vision Fund Tanzania Profile, 2016). The 12 staffs from Vision Fund Tanzania (Vision Fund Tanzania Profile, 2016) was contacted for the interviews for the detailed information about the process of providing loans to the women and the number of women client in their office provided the information about

the status of women in business activities and their contribution in access of health service at house hold respectively.

3.3.2 Sample size of the study

The sample size for the study was calculated according to the formula recommended by Yamane (1973) as cited by Jigme (2007) which is as below.

$$n = N / (1 + N (e)^2)$$

Whereas, n = size of the sample required=? N = number of people in the population=133, and

$$e = \text{allowable error} = (0.05).$$

$$\text{Hence, } n = 133 / (1 + 133 (0.05)^2) = 100$$

Thus, sample size was comprised of 100 respondents in the study area.

3.4 Sampling procedures

3.4.1 Simple random sampling

Under this design, every item in the population has an equal chance to be included in the sample. Probability sampling follows the logic of random sampling whereby each number (name) is given an equal chance of being selected in the sample (Barbie, 1995).

The study used simple random sampling approach to select the respondents (women entrepreneurs). A total number of 96 (96%) respondents of the total women's involved in income generating activities were randomly selected from 133 respondents. The loan officer of Vision Fund gave the list of names of the women entrepreneurs.

3.4.2 Purposive sampling

According to Barbie (1995), non-probability sampling is the sampling procedure where items are selected deliberately by the researcher based on some established criteria including the potential of respondents to provide resourceful information.

The study applied non-probability sampling to the people who were resourceful in providing vital information for addressing the research questions. Specifically, purposive sampling was used for key informants who were interviewed, i.e. staffs and women clients of Vision Fund Tanzania.

3.5 The Units of Inquiry and Information obtained

The respondents were in two categories namely staffs and women client of Vision Fund Tanzania in Morogoro Municipality. The staff was selected because they support women while women clients do IGA in their daily activities. The information was summarized in Table 3.1

Table: 3.1 Distribution of respondents in term of frequency and percentage

Units of Inquiry	Information to be Obtained
Staffs of Vision Fund Tanzania in Morogoro Municipality	Operation of vision fund to support women
Women Clients of Vision Fund Tanzania in Morogoro Municipality	IGA in connection to health provision

3.6 Research Process

Research process according to this study is addressed into two lines

3.6.1 Pre test

Pre test is a process whereby a researcher after preparing the instruments , the same are given to a colleague who then re-checks the instruments in case there are typographical error and the like.

3.6.2 Pilot-study

Pilot study is a process whereby the researcher after preparing the instruments then the researcher administer to a 10% of the respondents in an effort to recheck the quality of the instrument.

The study instruments such as interview, questionnaires, documentary review and an observational checklist were also pre-tested and pilot tested before they were used in the study. Finally, the instruments were refining to suit the context of the study and were translated into Kiswahili.

3.7 Instruments of collection of data

There are two main data collection methods namely primary and secondary data.

3.7.1 Primary data

In this study, primary data involves the following:

3.7.1.1 Questionnaires

According De Vaus (2002) questionnaire consists of a set of predetermined questions that may be structured, unstructured or semi structured. Unlike interview, questionnaires used to collect opinion on a theme of interest from a large sample of respondents (Yin, 1994). Questionnaire were both open and closed ended questions used to solicit views from women entrepreneurs who involved themselves in income generating activities. Questionnaires were distributed to 100 respondents.

3.7.1.2 Interview guide and interview schedule

The interviews guide complemented what the questionnaires were unable to provide. The interview tool helped to disclose respondents' views/opinions regarding the matter. Yin (1994) affirms that the interview tool is a very important source of getting information. Further, it is helpful in handling case study related matters. In this study, interviews were used to collect information from the staffs of Vision Fund Tanzania and Clients of Vision Fund Tanzania in Morogoro branch. The interview schedule was used not only to show who were involved in the interviews but also showed the time for starting the interviews .

3.7.2 Secondary data

Secondary data involves document reviews.

3.7.2.1 Documentary review

To complement primary sources of evidence discussed above, secondary sources used including document reviews. Documentary review entailed reviewing various documentary materials in order to address the research problem. Specific documents that were reviewed include Morogoro Municipal Council reports, Vision Fund Tanzania reports, the books, journals and periodicals from University library, published and unpublished papers and websites. Moreover they may be biased and represent interest of those who author or produce them (Creswell, 2003).

3.8 Data analysis procedures

Data analysis refers to sorting, coding, summarizing, and organizing the data in such a manner that they answer research questions (Yin, 1994). Both qualitative and quantitative data were collected. The data collected were edited and coded. An approach to data analysis involved both qualitative and quantitative techniques.

3.8.1 Quantitative data analysis

Quantitative data processing involved categorization, reorganization, editing, coding and entering them in a computer by using Statistical Package for Social Sciences (SPSS) program. A substantial part of the analysis in this study was based on descriptive statistics analysis by using SPSS computer software based on frequency analysis and percentages. Data were presented using texts and tables to illustrate findings.

3.8.2 Qualitative data analysis

According to Creswell (1994), the process of data analysis is eclectic; there is no right way. Data analysis requires that the researcher be comfortable with developing categories and making comparisons and contrasts. It also requires that a researcher be open to possibilities and see contrary or alternative explanations for the findings.

In this study, the researcher used some suggestions made by Creswell (1994) to analyze the qualitative data. The process of qualitative data analysis was based on the data interpretations. For example, the volume of the data that were collected from the transcribed interviews, observations and documents was reduced to contents, sub-contents and categories. These categories and codes systematically formed the basis for the emerging story that was revealed by the researcher. The researcher marked quotes that were useful in generating the contents and carefully considered information that was contrary to the emerging contents.

3.9 Ethical consideration

The aim of observing ethical issues in research is to safeguard credibility of research and investigator, to protect human rights and privacy from being infringed by scientific experimentations (Erwin *et al.*, 1994).

The researcher observed all the research procedures to ensure that ethical matters were adhered to. The researcher used clear, proper and common language to communicate with each category of respondents. All information would remain anonymously and no one can be identified by names or be mentioned anywhere, thus, the coded abbreviations for their titles was used for data analysis and report writing after the fieldwork and this guaranteed confidentiality.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.0 Introduction

This chapter presents study findings, analysis and discussions of the same. The first part of the chapter provides background characteristics of respondents in terms of age, gender and level of education. The chapter further gives the type and ways of IGA done by women, reasons of women's engagement on IGA, and the contribution of women's IGA to access to health services in Tanzania household.

4.1 Socio-Demographic Characteristics of The Respondents of the Study

The characteristics of respondent were categorized in terms of demographic characteristics namely age and social characteristics of respondent were based on gender and level of education. The study involved 96 respondents who were representing three wards, namely; Sabasaba ward women 36 (38%), 16 (17%) Kilakala ward women and 44 (45%) Kihonda ward women from Morogoro Municipality. Various reports from firms supporting women in IGA and other Ministry of Health and Social Welfare used to get more useful information that could be of help to be used for the findings.

4.1.1 Age of respondents

The age distribution was considered in establishing the age composition of the respondents, for instance, which age groups are aware of the contribution of women's income generating activities (IGA) in Tanzania household access to health services. In addition, the age group helped a researcher to examine the extent of challenges of contribution of women's income generating activities (IGA) in Tanzania household access to health services. This information gives a picture as to which age group was

aware of contribution of women’s income generating activities (IGA) in Tanzania household access to health services and its practice at Morogoro Municipality.

The age pattern in Table 4.1 showed that 38% of respondents’ had age between 18 and 30 years. The next big age group forming 40% was made up of respondents whose age was 46 and above years. The last age group with the lowest proportion in this study was 31 and 45 years, which has twenty respondents forming 22% of the total respondents. Table 4.1 shows the distributions of respondents’ age.

Table 4.1: Age of Respondents (N=96)

Age Group	Frequency	Percentages
18 - 30	37	38
31 - 45	20	22
45 +	39	40

Source: Study findings, 2017

The findings suggest that respondents aged from 31 and above were aware of contribution of women’s income generating activities (IGA) in Tanzania household access to health services than younger respondents. This because most of aged respondents had undergone various capacities building trainings that has facilitated them to be aware of contribution of women’ income generating activities (IGA) in Tanzania household access to health services and therefore, know the ways of doing income-generating activities.

The study revealed that Morogoro Municipality women with the age of 18 and 30 years had not attended even access to health services induction training since they were involved at income generating activities; thus, they are performing their IGA using their own experience and by leaning organization culture only. All respondents were adults and were all able to provide their experience on the contribution of women’s income

generating activities (IGA) in Tanzania household access to health services at Morogoro Municipality.

4.1.2 Marital status

The study considered the marital status of the respondents in order to establish who among women, which group, are more beneficiary of income generating activities on their household health. These respondents differed in marital status. In order to analyze the population involved in the study, respondents were categorized by their marital status as presented in Table 4.2.

Table 4.2 Marital of respondents (N=96)

Marital Group	Frequency	Percentage
Married	60	62
Single	4	4
Divorced	4	4
Widowed	24	26
Single Parent	4	4

Source: Study findings, 2017

Table 4.2 shows the marital distribution of the sample of respondents who participated in this research including 60(62%) married, four (4%) single, four (4%) divorced, four (4%) single parent and 24 (26%) widowed. The findings revealed that the bigger sample was drawn from married. The implication that can be drawn from data on table 4.2 is that a good number of married women were taken as a sample to represent other women who are single, widows, divorced and single parent at Morogoro Municipality. The study revealed that married women and other women are aware of contributions of women' income generating activities on access to health services at household as showed in the following sections.

4.1.3 Education of respondents

It is believed that the level of education contributes a lot in making people aware of the contribution of women's income generating activities (IGA) in Tanzania household access to health services.

The more the one is educated, the higher the possibility of being competent in using her IGA on access to health services. Education is crucial in improving performance, reducing poverty, improving general health, and hence, enables people to play their full part in their communities and Nation by delivering services with integrity, accountability, loyalty, and respect of law and with proper use of official information (URT, 2005). Table 4.3 shows various levels of education for respondents involved in the study.

Table 4 .3: Education of Respondents (N=96)

Education Category	Frequency	Percentage
Primary Education	36	38
Secondary Education	36	38
Certificate	5	5
Diploma	5	5
Degree	4	4

Source: Study findings, 2017

The data from Table 4.3 revealed that most women who were involved as respondents in this study conducted at Morogoro Municipality are educated where as 38% of respondents had a primary and secondary education, 5% had certificate and diploma while 4% of respondents had degree. This suggests that most women are educated thus; they are aware of their contribution of women's income generating activities (IGA) in Tanzania household access to health services.

However, the study observed that although 38% of the sample is educated in primary and secondary and 5% had certificate and diploma, yet, the contribution of women's income generating activities on health is rarely existing due to a number of reasons such

as time for delaying of raising income in relation to the cost of life, shortage of working and medical facilities, and poor working environment. These contributions of women's income generating activities (IGA) on access to health services for household are discussed in details in the following sections.

4.2 The nature of income generating activities performed by women for access of households health services

This section discusses the findings relating to the types and ways women's income generating activities were done in improving their access to health services. More specifically, the section provides answers to the first research question of the first objective: "What are the types and ways income generating activities done by women in improving their household access to health services?" The section consists of two subsections: (1) the types of women's income generating activities done in improving their access to health services (2) the ways women's income generating activities were done in improving their access to health services. Data were collected through interviews, questionnaire and documentary review.

4.2.1 Types of women's income generating activities

The main focus of this sub-section was to identify the types of women's income generating activities done in improving their household access to health services. Data were gathered through questionnaire, interviews and documentary review. Women clients were asked to respond to these questions: "What is type of income generating activities done by women for household access to health services?", "What are types of occupation done by women who are involved in income generation activities? " Underlying these questions my assumption was in line with various literatures (see, for example Batista, McIndoe & Vicente, 2014; Brum, 2010; and Curtiss, 2012). It was anticipated that women would have their own initiatives in ensuring their daily household access to health services.

The findings revealed that, there are six types of women’s income generating activities. The types of women’s income generating activities were livestock keeping, farming, small business, food business, clothes business, farming product business. The findings from women’s questionnaire are summarized and presented in Table 4.4:

Table 4.4: Types of Women’s Income Generating Activities (IGA)

Type of IGA	Frequency	Percentage
Livestock Keeping	10	9
Farming	10	9
Small Business	24	25
Food Business	14	16
Clothes Business	24	25
Farming Product Business	14	16
TOTAL	96	100

Source: Study findings, 2017

Table 4.4 Presents findings show that, respondents understanding and recognition on the types of women’s income generating activities that used in household access to health services varies depending on the statements given. 24(25%) of the respondents accepted that small business and clothes business are women’s income generating activities for household access to health services. 14 (16%) of the respondents agreed that food business and farming product business were women’s income generating activities on household access to health services, while, 10(9%) of the respondents revealed that livestock keeping and farming were women’s income generating activities for household access to health services. This is due to the fact that income-generating activities enable women to set their desired goals on something which automatically influence their household access to health services so as to fulfill their targeted goals contrary to the tendency of women’s working for the sake of passing time and earning salaries (Brum, 2010).

On the other hand, researcher found out the occupation background of women who do income-generating activities. The four occupations revealed by respondents that

were business, farming, wage employment and livestock keeping. The findings were as shown in Table 4.5.

Table 4.5: Occupation of women who do Income Generating Activities (IGA)

Type of IGA	Frequency	Percentage
Livestock Keeping	4	5
Farming	8	9
Business	64	68
Wage Employment	16	18
TOTAL	96	100

Source: Study findings, 2017

Table 4.5 findings show that, women based on four occupations do income-generating activities for household access to health services varies depending on the statements given. 64 (68%) of the respondents revealed that business' income generating activities were their occupation. 16 (18%) of the women of the respondents revealed that wage employment were their occupation. 8 (9%) of the respondents revealed that farming were their occupation and they did income-generating activities on household access to health services. While 4(5%) of the respondents revealed that livestock keeping is their occupation and they did income-generating activities on household access to health services.

Furthermore Vision fund Tanzania' staff justified this through data from interview which were distributed and done to them and responded if they understanding the types of income generating activities done by women for household access to health services. One of the staff remarked:

Our clients do small business, livestock keeping, and farming for income generating activities. Few women do more than one income generating activities for example small business and livestock keeping. These income-generating activities support women in their household access to health services. (Interview, staff: 12/05/2017).

The implication was that both staff and clients themselves clearly knew the types of women's income generating activities. These findings concurred with Batista, McIndoe & Vicente, (2014) who found that, business and livestock keeping were types of women's income generating activities used for household access to health services.

4.2.2 Ways women's income generating activities done

The main focus of this sub-section was to identify the ways of women's income generating activities (IGA) done in improving their household access to health services. Data were gathered through questionnaire, interviews and documentary review. Women clients were asked to respond to these questions: "How income generating activities are done by women for household access to health services?" How frequently has women borrowed from Vision Fund Tanzania? Underlying these questions the researcher objective was in line with various literatures (see, for example Batista, McIndoe & Vicente, 2014; Brum, 2010; and Curtiss, 2012). It was anticipated that women would have their own ways of income generating activities in ensuring their daily household access to health services.

From interview, women clients revealed the ways used to do income generating were through selling them directly, buying goods and selling by giving customers one month to pay, buying goods from wholesale and selling in their shops. For example one of women clients remarked:

After taking loan from Vision Fund Tanzania in Morogoro, branch. I go to the wholesale and buy different goods. Then I keep in my shop and selling at retailer price. I get the profit, which used for keeping family and I. (Interview, women client: 17/05/2017).

Furthermore, the study revealed that women borrowed at Vision Fund Tanzania, Morogoro from frequency of one month to ten years. The findings collected through questionnaire are as shown in Table 4.6.

Table 4.6: Number of times of Women' Borrowing from Vision Fund Tanzania

Number of Times	FREQUENCY	PERCENTAGE
1-3	44	46
4-6	28	29
7-10	24	25
Above 10	0	0
TOTAL	96	100

Source: Study findings, 2017

Table 4.6 Presents findings show that, the frequencies that women borrowed in Vision fund Tanzania used on income-generating activities for household access to health services varies depending on the statements given. Forty four (46%) of women respondents who did income generating activities revealed that women borrowed one to three times in Vision Fund Tanzania. Twenty-eight respondents equivalent to (29%) of the women sample revealed that women borrowed 4 to 6 times in Vision Fund Tanzania for income generating activities. Twenty-four respondents equivalent to (25%) of the women sample revealed that women borrowed seven to 10 times in Vision Fund Tanzania for income-generating activities on household access to health services.

While none of the respondents i.e. equivalent to (0%) of the women sample revealed that they borrowed more than ten times for income-generating activities on household access to health services. The findings indicated that the contributions of microfinance to women are recently known in view of the fact that 1 to 6 times women borrowed from Vision fund Tanzania.

4.3 The Motive behind women's income generating activities

The second objective of this study intended to examine the motive behind women income generating activities for household access to health services. Under this objective Vision Fund Tanzania' staff and women, clients were asked to express their views on causes of women to be engaged in income generating activities.

All four Vision Fund Tanzania staff revealed that the motive behind women's income generating activities were to be free from poverty, initiate of big business, getting basic

needs like education and treatment, avoid being dependable person, change of lifestyle, increase of family income, reduce the hardness of life, freedom of women and getting school fees for their children. These were critical benefit gained from the income generation activities. During interview sessions, four staff remarked that:

Staff 1: The reasons for motive behind women to income-generating activities were to change lifestyle and increase family invests in income. In addition, women reduce the hardships of life and have flexible due their income generating activities (Interview, staff: 17/05/2017).

Staff 2: The rationale behind women to do income-generating activities was to be strong in economy and initiate big business. In addition, women were gaining benefits like education and treatment as well as avoidance being much dependable to their husband and relatives through income generating activities. (Interview, staff: 17/05/2017).

Staff 3: The motives behind women establishing income-generating activities were to support family incomes and up bring their children. In addition, women were being active in supporting households' men (masculine) and support community due their income generating activities. (Interview, staff: 17/05/2017).

Staff 4: The motive behind women to do income-generating activities were to increase business capital, buying agriculture inputs and doing modern agriculture by using machine tools. In addition, women were livestock keeping in modern way like boilers and layers and making children go to schools smoothly owed their income generating activities. (Interview, staff: 17/05/2017).

Following these responses, it was revealed that women have several reasons to engage in income generating activities for house access to health services through different mechanism. Women reasons included; be free from economy, initiate of big business, getting basic needs like education and treatment, avoid being dependable person, change of lifestyle, increase of family income, reduce the hardness of life, freedom of women and getting school fees for their children. The findings concurred those revealed by Darko (2013), Khan and Noreen (2012) as well as Marwa and Aziakpono (2015) argued that women participate in income generating activities to seek basic needs and wants.

Furthermore, the study revealed that the causes of women’s income generating activities through Vision Fund Tanzania, Morogoro were reducing the dependence on husbands, reducing family economy challenges, presence of gender equality and equity, make life improvement, and increase the cooperation with community and education of IGA presence in globally. The findings collected through questionnaire were as shown in Table 4.7.

Table 4.7: Motive behind Women’s income generating activities on household access to health services based on women clients perspective (N=96)

Motive behind	Frequency	Percentage
Reduce much the dependable to husband	48	50
Reduce family economy challenges	28	29
Presence of gender equality and equity	20	21
Make life improved	20	21
Increase the cooperation with community	48	50
Education of IGA presence in globally	28	29

Source: Study findings, 2017

Table 4.7 Presents findings on the motive behind women’s generating activities as follows 48(50%) of the respondents who did income generating activities through Vision Fund Tanzania revealed that women needed to reducing the much dependence to husbands and increase the cooperation with community. 28 (29%) of the respondents

revealed that the reasons for women to do income-generating activities through Vision Fund Tanzania were to reduce family economic challenges and education of IGA presence in globally. 20 (21%) of the respondents revealed that the cause of women participation in income generating activities through Vision Fund Tanzania were to improve life better and institute gender equality and equity.

4.4 The contributions of women's income generating activities on household access to health services

The third objective was aimed at exploring the contributions of women's income generating activities on household access to health services. To fulfill this objective, Vision Fund Tanzania' staff and few women' clients were interviewed and questionnaire were administered. More specifically, the section provides answers to the third research question: "What are the contributions of women's income generating activities in improving their household access to health services?" The section consists of four questions: (1) Contributions of women's income generating activities in improving their access to health services (2) The health insurance due women's income generating activities in improving their household access to health services (3) What is the women's income generating per month? (4) What is distribution of income from your IGA? The study results revealed that the motives behind women's income generating activities were getting income for personal health, family health and community health. The findings are provided in Table 4.8.

Table 4.8: Contributions of Women’s income generating activities on household access to health services

Contribution	Frequency	Percentage
Overcoming personal access to health services	48	50
Overcoming family access to health services	28	29
Overcoming community access to health services	20	21
TOTAL	96	100

Source: Field Data (2017)

Table 4.8 findings show that, the contributions of women’s generating activities were getting income for personal health, family health and community health for household access to health services varies depending on the statements given. 48 (50%) of women of the respondents revealed that women needed to overcome personal access to health services, through Vision Fund Tanzania. 28 (29%) of the respondents revealed that reasons for women to carry out income-generating activities were to overcome family access to health services through Vision Fund Tanzania. 20 (21%) of the respondents revealed that women participate in income generating activities in order to overcome community access to health services through Vision Fund Tanzania. Additionally it was noted that all sampled women clients noted that there were contributions of income obtained from their income generating activities. During interview sessions, three women clients remarked that:

Women client 1: *The contributions of women’s income-generating activities were contributing to favor health environment, ability to get treatment independently, to have Insurance health card and getting enough time with family. In addition, the insight about lifestyle have changed and getting opportunity to participate in family projects. (Interview, women client: 20/05/2017).*

Women client 2: *Women were able to pay the family treatment in hospitals when they feel sick, able to join family health insurance and get CHF cards, my income has increased, all my family members get access to health services. In addition, the contributions of women's income-generating activities were to get all the basic needs, my family get balanced diet for their health and making to have high income.* (Interview, Women client: 20/05/2017).

Women client 3: *The contributions of women's income-generating activities were to participate in developmental project, pay tax after generating incomes which used to build ward in hospitals and reduce poverty among people. Through my IGA, my community gets services nearby.* (Interview, Women client: 20/05/2017).

The findings suggest that women clients in the sampled microfinance had awareness of the presence of contributions of income generating activities on household access to health services since they can point out number of contributions. Furthermore, findings on contributions of IGA to health insurance and health budget revealed that 56(58.5%) and 40(41.5%) of the respondents revealed that they had insurance cards and health budget for their families respectively. The findings were as shown in Table 4.9.

Table 4.9: Contributions of women's income generating activities on health budget and insurance

Contribution	FREQUENCY	PERCENTAGE
Women having CHF cards due to IGA	56	58.5
Women able to allocate health budget	40	41.5
TOTAL	96	100

Source: Study findings, 2017

Table 4.9 findings revealed that, the contributions of women's generating activities were getting CHF cards due to IGA and women having ability to allocate health budget varies depending on the statements given. 56 (58.5%) of women respondents who did

income generating activities revealed that women were able to join health insurance and have CHF cards. 40 (41.5%) of the respondents revealed that women able to allocate health budget for their families. These findings concur with Naude, Siegel & Marchand (2015) and Otobe (2014) who pointed out that, the contributions of income generating activities were many including household access to health services through health insurance. These findings highlight the view of Smee & Woodroffe (2013), Wangwe (2014) and Van Praag (2013) who point out that, women who don't participate in income generating activities failed to afford health payment in hospitals when themselves and families feel sick.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

The research explored the contributions of women's income generating activities on household access to health services in Morogoro Municipality, Tanzania. This final chapter presents a summary of the study and the key findings. The chapter further discusses the contribution of the study, conclusion and finally provides recommendations for further study. The first section presents a summary of the study on the contributions of women's income generating activities on household access to health services in Morogoro Municipality, Tanzania. The other sections further summarize the major findings, draw conclusions and provide recommendations for action and for further research.

5.1 Summary of the study

The purpose of the study was to explore the contributions of women's income generating activities on household access to health services in Morogoro Municipality, Tanzania. The study had three specific objectives: (1) To identify the nature of income generating activities performed by women client of Vision Fund Tanzania in Morogoro Municipality; (2) To find out the causes of women's engagement on income generating activities; and (3) To examine the contributions of women's income generating activities on household access to health services.

The study was conducted in Morogoro region, Morogoro Municipality, where, one of microfinance was selected, Vision Fund Tanzania. The study employed a total of 100 respondents where the researcher makes a total of two groups, in first group comprised 96 and second group comprised 4 informants from each selected microfinance thus, making a total of 96 women client informants and 4 Vision Fund Tanzania' staff. The

researcher used simple random sampling to select 96 respondents also, used purposive sampling to select four Vision Fund Tanzania' staff.

The study was quantitative in nature and employed case study design. The methods used to collect data were interviews, questionnaires, document review and observation. The data collected through questionnaires were analysed using SSPS software. The data collected through interviews were analysed by using descriptive display matrix table, and some direct quotations from the respondents were integrated in the narrative report. Moreover, data obtained through observations were subjected to content analysis.

5.2 Summary of the key findings

The summary of the major findings are presented as per study objectives and research questions.

5.2.1 Types and ways of women income generating activities

The findings from first objective revealed that, there are six types of women's income generating activities. The types of women's income generating activities were livestock keeping, farming, small business, food business, Clothes business, farming product business. 24 (25%) respondents accept that small business and clothes business are women's income generating activities for household access to health services. Fourteen respondents equivalent to (16%) of the sample agreed that food business and farming product business are women's income generating activities on household access to health services. While ten (9%) respondents revealed that livestock keeping and farming were women's income generating activities for household access to health services.

Further, the researcher found out the occupation background of women who do income-generating activities. The four occupations revealed by respondents that were business, farming, wage employment and livestock keeping. Sixty-four equivalents to (68%) of women respondents who did income-generating activities revealed that business is their occupation. Sixteen respondents equivalent to (16%) of

the women sample revealed that wage employment is their occupation. Eight respondents equivalent to (9%) of the women sample revealed that farming is their occupation and they did income-generating activities on household access to health services.

While four respondents equivalent to (5%) of the women sample revealed that livestock keeping is their occupation and they did income-generating activities on household access to health services.

The findings also revealed the ways used to do income generating activities were through selling them without assistance, buying goods and selling by giving customers one month to pay, buying goods from wholesale and sell in their shops. Furthermore, study shows that, women had range from 1 to 10 number of times borrowed in Vision fund Tanzania used on income-generating activities for household access to health services varies depending on the statements given. Forty four (46%) of women respondents who did income generating activities revealed that women borrowed one to three times in Vision Fund Tanzania. Twenty-eight respondents equivalent to (29%) of the women sample revealed that women borrowed 4 to 6 times in Vision Fund Tanzania for income generating activities. Twenty-four respondents equivalent to (25%) of the women sample revealed that women borrowed seven to 10 times in Vision Fund Tanzania for income-generating activities on household access to health services. While nobody respondents' equivalent to (0%) of the women sample revealed that they borrowed more than ten times for income-generating activities on household access to health services.

5.2.2 The motive behind women's income generating activities

The second objective intends to explore the motive behind women's income generating activities. The study was revealed that women have several motives behind to income generating activities for house access to health services through different mechanism. Women motives behind included be free from economy, initiate of big business, getting

basic needs like education and treatment, avoid being dependable person, change of lifestyle, increase of family income, reduce the hardness of life, freedom of women and getting school fees for their children.

Findings also showed that, the causes of women's generating activities were getting income for personal health, family health and community health for household access to health services varies depending on the statements given. Forty-eight (50%) of women respondents who did income generating activities through Vision Fund Tanzania revealed that because women need to reducing the much dependable to husband and increase the cooperation with community. Twenty-eight respondents' equivalent to (29%) of the women sample revealed that reasons for women to do income-generating activities through Vision Fund Tanzania were to reduce family economy challenges and Education of IGA presence in globally. Twenty respondents equivalent to (21%) of the women sample revealed that causing of women to participate in income generating activities through Vision Fund Tanzania were to make life improvement and presence of gender equality and equity.

5.2.3 The contributions of women's income generating activities on household access to health services

Findings from third objective shows that, there three contributions of women's Income generating activities which namely as getting income for personal health, family health and community health for household access to health services as varies depending on the statements given. Forty-eight (50%) of women respondents who did income generating activities revealed that women need to overcome personal access to health services through Vision Fund Tanzania. Twenty-eight respondents equivalent to (29%) of the women sample revealed that reasons for women to do income-generating activities were to overcome family access to health services through Vision Fund Tanzania. Twenty respondents equivalent to (21%) of the women sample revealed

that women to participate in income generating activities were to overcome community access to health services through Vision Fund Tanzania.

Findings also showed that, the contributions of women's income generating activities were getting CHF cards due to IGA and women having ability to allocate health budget varies depending on the statements given.

Fifty-six (58.5%) of women respondents who did income generating activities revealed that women are able to join health insurance and have CHF cards. Forty respondents equivalent to (41.5%) of the women sample revealed that women are able to allocate health budget for their families.

5.3 Conclusion

On the basis of these findings, the study shows that mainstream household health system contribute in several areas including personal health, family health and community health that allow access of quality health. Despite government efforts to improve the income generating activities condition of women in microfinance with main goal of eradicating household health problem in future.

Therefore, the health problem existing in mainstream household cannot be complimented without women's income generating activities (IGA) that is why women opt for doing IGA as the means to find out their incomes to get their household health requirements for better life. However, microfinance management is seen as a contributing factor to good working condition to women due to its loan provision for women's income generating activities.

Thus, a controlling mechanism of the contributions of income generating activities to household health through regulation and oversight body can bring a meaningful contribution on the role played by central government on supplementing microfinance working conditions.

5.4 Recommendations

5.4.1 Recommendations for actions

This study recommends that the deliberate efforts to improve microfinance for women's income generating activities is needed. It is recommended that in-service training and review of microfinance policy should be undertaken in order to improve women's income generating activities and thus high household access to health services. It is also recommended that microfinance materials should be provided in order to enhance effective women's income generating activities in households.

Deliberate efforts should also be made to improve women confidence especially married in order to improve women's income generating activities on household access to health services.

It is also recommended that efforts should be made to ensure commitment and determination of women in doing income generating activities; especially married women should be given high priority.

5.4.2 Recommendation for further research

The researcher recommends that there should be a study on the causes of women unexploited health insurance services for household access to health services to improve household treatment. The study should also be comparative undertakings considering relatively women use health insurance cards and those pay cash in access to health services from those involving in income generating activities. The findings of such study would help to underscore factors for ineffective household access to health services and propose mechanisms to improve household health in the country.

REFERENCES

- Barbie, E. (1995). *Survey research methods*. Word worth publishing company, Belmont California. 395 pp.
- Batista, C.; McIndoe-Calder, T.; and Vicente, P.C. (2014). Return Migration, Self-Selection and Entrepreneurship in Mozambique. IZA DP No. 8195.
- Brum, S. (2010). *What Impact Does Training have on Employee Commitment and Employee Turnover*. [Online] Available: <http://www.uri.edu/research/lrc/research/papers/Brum-Commitment.pdf>. Site visited on 20th July, 2016
- Collender, G. and Morehart, V. (2004). *The use of technology in income generating activities*. Nairobi, Kenya: Jomo Kenyatta Publisher.
- Creswell, J. (2003). *Research design: Qualitative, quantitative and mixed methods approaches (2nd ed.)*. Thousand Oaks, CA: SAGE Publications.
- Creswell, J. W. (1994). *Research design: Qualitative and quantitative approaches*. Thousand Oaks, CA: SAGE Publications.
- Curtiss, J. (2012). Determinants of Financial Capital Use Review of theories and implications for rural businesses. Factor Markets Working Paper No. 19/February 2012. Accessed from www.factormarkets.eu on 23rd February, 2017.
- Darko, D.K. (2013). Reducing Rural-Urban Migration through Local Economic Development: A Case Study Of Sankpala Community In The Central Gonja District Of The Northern Region. Dissertation Submitted to The University Of Ghana, Legon in Partial Fulfilment of The Requirement for the Award of Ma Migration Studies Degree.
- Erwin, E., Gendin, S. and Kleiman, L. (1994). *Ethical Issues in Scientific Research: An Anthology*. London: Garland Publishing.
- ILO (2012): Empower rural women, end poverty and hunger: unleashing the potential of rural women.
- ILO (2013). 'Global Employment Trends 2013'. Geneva: ILO.

- Iringo, C.W. (2007). Women's Participation in income generating activities for poverty alleviation: A case study of Pole Pole Ndiyo Mwendo Women Economic Group – Bunju Ward Kinonfoni Municipal. A Project for the award of Masters of Science in Community Economic Development in Southern New Hampshire University at the Open University of Tanzania.
- Jigme, S. (2006). Determinants Affecting Foreign Direct Investment. In Bhutan: Perception of Government officers In “Bimst-Ec” Member Countries, A Thesis Submitted in Partial Fulfillment of The Requirements for The Degree Of Master of Business Administration, Department of International Business Graduate School, The University of The Thai Chamber of Commerce, 79pp.
- Joseph, C. (2002). Gender and Local Government. Friedrich Ebert Stiftung South Africa Office, Johannesburg.
- Jütting, J. and Morrison, C. (2005). Changing social institutions to improve: The status of women in developing countries. OECD Development Centre, Paris.
- Kato, M. P. and Kratzer (2013). Empowering Women through Microfinance: Evidence from Tanzania. *ACRN Journal of Entrepreneurship Perspectives* 2(1) 31-59.
- Khan, R. E. A., & Noreen, S. (2012). Microfinance and women empowerment: A case study of District Bahawalpur (Pakistan). *African Journal of Business Management*, 6(12), 4514–4521.
- Kothari, C. R. (2004), *Research Methodology: Methods and Techniques*. New Delhi: Washwa Prakashan.
- Marwa, N. and Aziakpono, M. (2015). "Financial sustainability of Tanzanian saving and credit cooperatives", *International Journal of Social Economics*, 42 (10): 870 - 887 .
- Mashene, R. G., Macha, J. G. L. and Donge, L. (2014). Socio-Cultural Determinants of Entrepreneurial Capabilities among the Chagga and Sukuma Small and Medium Enterprises in Tanzania. *Journal of Economics and Sustainable Development*, 5(17), 90-103.

- Milanzi, N.C. (2009). *Research Methods in Social Sciences: Theory, Philosophy, Methodology and Observation*, Mzumbe University: Morogoro, 189pp.
- Morogoro Municipal annual report.(2016). The planning and implementation of municipal duties, 2015/2016. Morogoro, Tanzania: Author.
- Naude, W.; Siegel, M.; and Marchand, K. (2015). *Migration, Entrepreneurship and Development: A Critical Review*. Discussion Paper No. 9284, Maastricht School of Management: Maastricht.
- Otobe, N. (2011). 'Global Economic Crisis, Gender and Employment: The Impact and Policy Response'. Geneva: ILO.
- Otobe, N. (2014). Promoting women's economic empowerment through productive employment and social protection. WIDER Working Paper 2014/091.
- Philipo, K., & Lee, N. (2005). Corporate social responsibility: Doing the most good for your company and your cause. *Resource Policy*, 27, 61-75.
- Quisumbing, J. R. and Meinzen-Dick, R. S. (2001). Empowering women to achieve food security. International Food Policy Research Institute (IFPRI). Washington.
- Ramboll, D. (2000). *Handbook on Income-Generating Activities for the use of Danish NGOs and their partners in the South*. The Project Counselling Service, Klostepot, Denmark.
- Saunders, M, Lewis P and Thorn hill, A (2003) *Research Methods for Business Students 3rd Edition*. United Kingdom: Prentice Hall.
- Sigalla, R. (2007). *A Study of Women's Lives, Self-Employment and Education in Tanzania*, Open University of Tanzania, Dar es Salaam.
- Smee, S. and Woodroffe, J. (2013). *Achieving Gender Equality and Women's Empowerment in the Post-2015 Framework*. The Gender and Development Network (GADN). www.gadnetwork.org.uk .
- Turner, B. (2011). *The Sociology of Religion*. The SAGE handbook of Sociology, SAGE Publications, New Delhi, 301pp.

- UNESCO (1993). *Income – Generating Programmes: APPEAL Training Materials for Continuing Education Personnel (ATLP-CE)*. UNESCO Principal Office for Asia and Pacific: Bangkok.
- Van Praag, C.M. (2013). Business Survival and Success of Young Small Business Owners. *Small Business Economics*, 21: 1 – 17.
- Vision Fund Tanzania Profile.(2016). *Statistics of customers for 2011/2016*. Dar es Salaam, Tanzania: TPH.
- Wangwe, S. (2014). Innovation in Rural Finance in Tanzania. Paper prepared for The Third Annual Conference on Microfinance held from 15th to 17th March 2004 at the AICC, Arusha.
- Yin, A, (1994), *Valid and Reliable questionnaires*. McGraw Hill: New Jersey
<<http://www.diamondfacts.org>>Accessed on 14th May, 2012.

APPENDICES

Appendix 1

A QUESTIONNAIRE FOR CLIENTS

INTRODUCTION

Dear Vision Fund Tanzania women's clients

I am a student of Mzumbe University looking for the data concerning the contribution of women's income generating activities in the access of house hold health service. The results of this research will help to suggest appropriate measures on improving health service at the household through women's IGA. You are requested to participate in this important exercise by answering the following questions to enable the researcher to get reliable information regarding the contribution of women's IGA in the access of health service at the household level.

I like to assure that all information provided will be treated with confidentiality and only used for research purposes.

Thanks for your cooperation.

A. BIBLIOGRAPH INFORMATION

1) Ward name

2) Age of the respondent:-

(a) Below 18 years old

(b) 18-30 years old

(c) 31-45 years old

(d) 46-60 years old

(e) Above 60 years old

3) Highest Education level:-

- (a) Primary education (b) Secondary education
(c) Certificate (d) diploma (e) degree (f) Postgraduate

4) Marital status:-

- (a) Married (b) Single
(c) Divorced (d) Widowed
(e) Separation (f) Single parent

5) Number of household members:

MEMBERS	NUMBER
CHILDREN	
DEPENDANT	
SPOUSE	
TOTAL	

6) Women occupation is:-

- (a) Business (b) Farming
(c) Wage employment (d) Livestock keeping
(e) Others (Mention).....

7) For how long have you been a client of Vision Fund Tanzania.....years?

8) How many times have you borrowed from Vision Fund Tanzaniatimes.

9) What is your average monthly income due to income generation activities?.....

10) On average, what is your total family monthly income?.....

11) What is the monthly average expenditure breakdown of your income generating activities on

ITEM	Tshs
PERSONAL HEALTH	
FAMILY HEALTH	
COMMUNITY HEALTH	

B. IDENTIFICATION AND THE WAYS INCOME GENERATING ACTIVITIES DONE

12) What are the incomes generating activities performed by you?

13) What are the incomes generating activities performed by women client of Vision Fund Tanzania in Morogoro Municipality?

14) How do you perform the incomes generating activities?

15) Have you received any training on entrepreneurship skills?

Yes..... No.....

16) How do you use the loan obtained from Vision Fund Tanzania?

- (a) Investing in business
- (b) Paying school fees
- (c) Buying food
- (d) Getting Health services
- (e)Others (Mention).....

17) If loan is used for business, mention the type of business that you have been engaged

.....

C: IDENTIFICATION OF CAUSES OF WOMEN’S INCOME GENERATING ACTIVITIES

18) What are the causes of you to do income-generating activities at personal level?

.....

...

19) What are the causes of you to do income-generating activities for your income of family?

.....

.....

20) What are the causes you to do income-generating activities for community income?

21) What are causes of women to be involved in income generating activities?

22) Who is your reason for you to be part and parcel of IGA?

- (a) Myself
- (b) My husband
- (c) Both of us

D: IDENTIFICATION OF CONTRIBUTION OF WOMEN’S INCOME GENERATING ACTIVITIES IN HEALTH

23) What are the health benefits gained from your income generating activities at personal level?

.....

...

24) What are the health benefits gained from your income generating activities at family level?

.....
....
25) What are the health benefits gained from your income generating activities at community level?

.....
.....
.....

Appendix 2

A QUESTIONNAIRE FOR VISION FUND TANZANIA'S STAFF

INTRODUCTION

Dear Vision Fund Tanzania Staff

I am a student of Mzumbe University looking for the data concerning the contribution of women's income generating activities in the access of house hold health service. The results of this research will help to suggest appropriate measures on improving health service at the household through women's IGA. You are requested to participate in this important exercise by answering the following questions to enable the researcher to get reliable information regarding the contribution of women's IGA in the access of health service at the household level.

I like to assure that all information provided will be treated with confidentiality and only used for research purposes.

Thanks for your cooperation.

A. BIBLIOGRAPH INFORMATION

- 1) For how long have you been an employee of Vision Fund Tanzania.....years.
- 2) Sex (a) Female (b) Male
- 3) When did you start your financial institution in Morogoro Municipality?.....
- 4) How many clients do you have in Morogoro Municipal?.....
- 5) What are the total numbers of women in your financial institution?.....

B. IDENTIFICATION AND THE WAYS INCOME GENERATING ACTIVITIES DONE

- 6) What are the incomes generating activities performed by women client of Vision Fund Tanzania?
- 7) What are the incomes generating activities performed by women client of Vision Fund Tanzania in Morogoro Municipality?.....
- 8) How are the incomes generating activities performed by Vision Fund Tanzania women’s clients in Morogoro Municipality?
- 9) Do you provide any training on entrepreneurship skills to your clients?
Yes..... No.....
- 10) What are the percentages of loan obtained by clients from Vision Fund Tanzania used in:

(a) Investing in business	(b) Paying school fees.....
(c) Buying food	(d) Getting Health services.....
(e) Others (Mention).....	

C: IDENTIFICATION OF CAUSES OF WOMEN’S INCOME GENERATING ACTIVITIES

- 11) What are the causes of you to do income-generating activities at personal level?

.....
...

12) What are the causes of you to do income-generating activities for your income of family?.....

13) What are the causes of you to do income-generating activities for community income?

14) What are the causes of women to involve in income generating activities?

D: IDENTIFICATION OF CONTRIBUTION OF WOMEN'S INCOME GENERATING ACTIVITIES IN HEALTH

15) What are the health benefits gained by your clients from income generating activities at personal level?.....

16) What are the health benefits gained by your clients from income generating activities at family level?.....

17) What are the health benefits gained by your clients from income generating activities at community level?.....

Appendix 3

AN INTERVIEW FOR VISION FUND TANZANIA'S STAFF

- 1) What are the incomes generating activities performed by Vision Fund Tanzania women's clients in Morogoro Municipality?
- 2) What are the reasons of women's engagement on income generating activities?
- 3) What are the contributions of women's income generating activities on access to health services?

Appendix 4

AN INTERVIEW FOR VISION FUND TANZANIA'S WOMEN CLIENTS

- 1) What are the incomes generating activities performed by Vision Fund Tanzania women's clients in Morogoro Municipality?
- 2) What are the motives behind women's engagement on income generating activities?
- 3) What are the contributions of women's income generating activities on access to health services?

