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# **FEMALE-ORIENTED MICROENTERPRISES AS A STRATEGY FOR WOMEN EMPOWERMENT: A STUDY OF THE 3-H PROJECT**

**By**

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## **Abstract**

This study was undertaken to explore how female-oriented microenterprises can be used for the empowering of women. Participating Governments In the 1995 Beijing Declaration adopted at the fourth World Conference on Women, expressed their commitments “to advance the goals of equality, development and peace for all women everywhere in the interest of humanity”. Nigeria currently has a population of 201 million (United Nations Fund for Population Activity, 2019) out of which 49.4% are women. But the female population seems to be at a disadvantage resulting from their high level of poverty, low level of literacy, low level of labour force participation, poor health indices and poor access to decision-making power. All these can impact negatively on the overall development of the nation. It is therefore expedient for this poor condition of the female to be addressed through empowerment programmes, since they constitute about half of Nigeria’s total population. The objectives of this study are: find out why is women empowerment crucial; investigate the justification for the need to promoting female-oriented microenterprises; and to examine how the 3–H Project’s female-oriented microenterprises have been used as a strategy for women empowerment. A total of 170 respondents were selected for the study using simple random sampling method. The interview technique was employed to gather the data, which was analysed with the aid of the SPSS statistical package. Findings revealed among other things that if women are to be truly empowered through microenterprises, the effort must be female-oriented and the necessary credit and infrastructure provided through inter-sectoral collaboration.

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**Key words:** Microenterprises, Empowerment, Female –Oriented.

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## INTRODUCTION

Nigeria with a total population of 201 million (United Nations Fund for Population Activity, 2019) out of which 49.4% are women. However, the female population seems to be at a disadvantage, arising from their high level of poverty, low level of literacy, low level of labour force participation, poor health indices and poor access to decision-making power. All these can impact negatively on the overall development of the nation. It is therefore expedient for this poor condition of the female to be addressed through empowerment programmes, since they constitute approximately half of Nigeria's total population. In most countries, women constitute half of the population. It can be safely concluded that any development process that ignores the life-chances of half of the population cannot address the problem of poverty and the crisis of sustainability. As Bastos *et al.* (2009) have noted, poverty is not a gender-neutral condition, as its incidence is greater among women than men; furthermore, women and men experience poverty in distinctive ways. Also, Ailemen, Taiwo and Areghan (2016) noted that women participate in the economy primarily through entrepreneurial businesses, most of which are Micro, Small and Medium Enterprises (MSMEs), and that MSMEs employ 84% of Nigeria's labour force, and contribute up to 48.47% to Nigeria's Gross Domestic Product (GDP). , and stating further that when women earn income, they invest 90% of it into their families.

Hammawa and Hashim (2016) while citing the Global Entrepreneurship Monitor (2012) affirmed that entrepreneurs play a significant role in the global economy; that women entrepreneurs have gained increasing attention and are fast becoming an important sector because of the roles they play as employers of labour and a revenue-generating sector through their micro-enterprises, especially in lower and middle income countries. It is against this

backdrop that this study has been undertaken to explore whether female-oriented microenterprises can be a strategy for women empowerment. Several empirical studies have been conducted in Nigeria on entrepreneurship and women, women and micro credit financing, women and poverty alleviation (Iheduru, 2002; Nkamnebe, 2008; Awojobi, 2014; Illavbarhe and Izeke, 2015) and all came to the conclusion that it is desirable for female entrepreneurs to operate in Nigeria because they will be able to contribute to the economic development of the country, and that micro-credit is very crucial for them to thrive. Furthermore, Ladanu and Ayedun (2016) on how to further enhance the contribution of women micro-entrepreneurs to national economic development, touched on another crucial aspect by stating that relevant agencies at the various levels of government administration, and non-governmental organisations should have a holistic look at the training and improvement of the orientations of the female micro-entrepreneurs, in order to promote their success, act as a springboard for other indigenous female entrepreneurs, as well as contribute meaningfully to the industrialisation and economic growth of Nigeria. This call on agencies, especially the non-governmental agencies, to support female-oriented microenterprises as this can be a strategy in promoting women empowerment in order to alleviate certain societal problem which can be caused by women. The objective of this study was to explore what has been done through the 3-H Project in Kaduna state, Nigeria in the area of promoting female-oriented microenterprises for the purpose of women empowerment, to alleviate the suffering of obstetric fistula patients.

The study was undertaken to answer the following questions:

- i. Why is women empowerment crucial?

- ii. What is the need for promoting female-oriented microenterprises?
- iii. How has the 3-H Project's female-oriented microenterprises been used as a strategy for women empowerment?

The study focused on a European Union-Assisted 3-H Project that was executed in Zaria, Kaduna State, Nigeria.

## LITERATURE REVIEW

### Microenterprise

Awasthi (2004) points out that there is no official definition available for microenterprise, and he suggests that microenterprise is the unit that is employing less than six workers. According to the IFC definition, microenterprises are enterprises that employ less than 10 employees, with a total asset that is less than \$100,000 and/or a total annual sale that is less than \$100,000. IETC (1996) perceive microenterprise as a business, often family-based or a cooperative that usually employs less than 10 people and may work informally. Along the same lines, Burns (1996) characterizes microenterprises as enterprises that have a small share of its market, managed by its owners and independent of outside controls. While each country has some type of Microenterprises activity, there is no common agreement on the definition of micro-enterprises. Sometimes micro-enterprises are defined based on the number of employees, size of the capital, turnover of the enterprise and sometimes it is defined based on type of ownership, etc. Each country has however attempted to develop its own definition; for example, in Nigeria, microenterprises (cottage/micro industry) is an industry whose cost of fixed assets including working capital but excluding land is not more than (1 million Naira = \$12500) with a labour size of not more than 10 workers, while in Europe, based on the EU commission recommendation in 2003, the micro enterprise is an enterprise with a maximum number of 10 employees. In the USA, the (AEO) defines a

Microenterprise as a business with five or fewer employees, requiring \$35,000 or less in initial capital.

It can be argued that most authors agree on the definition of SMEs in the sense that a typical SME is mainly owner- managed and houses no more than 20 employees, with limited annual budget and turnover. Although the spirit of a typical MSE is based on participating in business ventures, not all MSEs are actually formally recognized.

Scholars have argued that there is no widely acclaimed definition of a micro-enterprise (Akande, Adewoye, Oladejo, & Ademola, 2011; El-Gohary, Trueman, and Fakukawa, 2008). Different countries and agencies come up with their own definitions. It is, however, pertinent to point out that even within the same agency or country, the definition changes from time to time. Consequently, the definition can be said to be individual-, country-, institution- or agency-specific. A consensus can however be observed on the characteristics or measures used to define these enterprises. The definitions of micro, small, medium or large enterprise used by scholars as well as policymakers/governments centres typically on the number of employees, initial capital outlay, the volume of sales, the asset base, some financial metrics and so on. For many Nigerian scholars, citing Ladanu (2009), Olutunla and Obamuyi (2008), the number of employees is a significant criterion. For instance, the National Council of Industries in 2001 and on the basis of the number of employees considered the micro/cottage enterprise as one with an employee size of not more than ten; small-scale enterprise, between 11 and 100, medium scale; between 101 and 300; and large scale, above 300 workers. In addition to the employee size, this body also used the total cost in defining these enterprises. In view of the above it can be concluded that any enterprise having less than five employees is a micro-enterprise.

On the issue of characteristics of micro-enterprises, Yeshiareg (2008) opined that

these enterprises have a small level of capitalisation, are owner-managed, use simple equipment, locally available resources and with informal transaction relationships with customers. This is typical of Nigerian enterprises. These enterprises are usually unregistered and therefore do not fall within the purview of the government's regulation. The enterprises mainly operate in the informal sector. In view of this, this study posits that a micro-enterprise is an enterprise having less than five employees, has a capital of less than ₦100,000, use simple equipment, has locally available resources, and is operated in the informal sector. Microenterprises are indeed "tiny" enterprises; but according to Mohanty (2013), these "tiny enterprises" "have promising potential for creating self-employment avenues for a multitude of rural population having low and moderate skill and providing scope for productive utilisation of available natural and local resources".

### **Empowerment**

According to the World Bank (1995), the term empowerment has different meanings in different sociocultural and political contexts, and does not translate easily into all languages. An exploration of local terms associated with empowerment around the world always leads to lively discussion. These terms include self-strength, control, self-power, self-reliance, own choice, life of dignity in accordance with one's values, capable of fighting for one's rights, independence, own decision making, being free, awakening, and capability—to mention only a few. These definitions are embedded in local value and belief systems. The World Bank (ibid) states that empowerment means enabling individuals and groups to achieve highest potential by removing barriers and increasing assets. This definition has to do with a process of ensuring the removal of all barriers in order to enable individuals attain their highest potentials in life. Empowerment is a multidimensional and interlinked process

of change in power relations (Mayoux, 2005).

Women empowerment can therefore be defined as the process of increasing the capacity of women to make choices and transform these choices into desired actions and outcomes

(Krishna, 2003). The United Nations (2001) classified women's empowerment into : the right to make choices; the right to have access to resources; the right to control their own lives; sense of self-worth; and the ability to create a social and economic order. To further explain women empowerment, Neeraja (2005) highlighted the levels of empowerment as follows: i. the level of welfare, this means that the basic needs of women have to be looked into and there must be provision of basic services; ii. The level of Access, this has to do with equality of access to resources (such as educational opportunities, land and credit); ii. Conscientisation, this refers to the recognition and willingness to close the gender gaps of inequality and what roles can be played by women to eliminate the system that restricts their growth; iv. Participation, that women must be mobilised to take active part in decision-making in society, on an equal basis with men. They must also learn to organise themselves and work collectively so as to gain increased representation and increased empowerment, and eventually greater control; v. Control, there should be balance of power between men and women such that women should not be dominated by men. Empowerment should be that women are given the necessary skills to be able to make informed choices and decisions over their lives and children's lives, as well as play active roles in the development process of their society. Empowerment, therefore, is a call to action and it involves a process of fundamental change in the quality of life of women, and it involves the ability to live a long and healthy life; ability to be knowledgeable; and ability to have access to the resources needed for a decent

standard of living. These constitute the 'measure of empowerment' and the foundations that would enable people to gain access to other opportunities as well (Kabeer, 2003:84). This study explored how microenterprise was employed as a strategy to empower women who were fistula patients.

### **Female –Oriented Microenterprises**

Female-Oriented Microenterprises refer to micro-enterprises that are established with the intention of addressing the empowerment of women. They are the activities of women in pursuing profitable opportunities; they take on tough roles to meet their personal needs in order to become economically self-reliant (Abey, 2018).

### **Why Women Empowerment Is Crucial**

According to Woldie and Adersua (2004), the significant contribution of women in the past towards sustaining the socio-economic well-being of their families has been neglected and taken for granted by society as a whole. This has therefore resulted not only in gross underestimation of women's socio-economic contribution to the economy, but also in under-utilisation of women's tremendous socio-economic potentials in the Nigerian business environment. The female population in Nigeria seems to be at a disadvantage resulting from their high level of poverty, low level of literacy, low level of labour force participation, poor health indices and poor access to decision-making power. All these can impact negatively on the overall development of the nation. It is therefore expedient for this poor condition of the female to be addressed through empowerment programmes, since they constitute about half of Nigeria's population. The idea that gender is a development issue is no longer in doubt; however, failure to address women issues on the basis of their individuality, with reference to their interests, needs, rights and capabilities, will make a mockery of the

development exercise (Bruce, 2004) There has been gross underestimation of women's socio-economic contribution to the economy, and also under-utilisation of women's tremendous socio-economic potentials in the Nigerian business environment. But as observed by Denanyoh, Ajei and Owus (2013), there is a momentous increase in the number of female entrepreneurs in Nigeria who are involved in Micro, Small and Medium Enterprises (MSMEs) and that this is a welcomed development. This is because practitioners, policy-makers, and academics in developing countries consider this trend as very significant for socio-economic growth; because it has the ability to enhance the quality of life, create long-term wealth first to the individual, and second to the society at large. Since many Nigerian women are breadwinners, who financially run their families, support their spouses and relatives, female-oriented enterprises have become a welcomed development. The position of this paper is that for the women to be able to contribute maximally to the economic development of the country, it is essential that their entrepreneurial capabilities and their competencies be enhanced. Hence, the need for collaborations between the various levels of government and the non-governmental organisations.

Owolabi, Fatusi, Kuti, Adeyemi, Fatureti and Obiajuwa (2008) also reiterated that the Poor economic status may make it difficult for women to make informed decisions about using health preventive and promotive services, such as antenatal care, particularly in an environment where the national poverty level is as high as 70%, as in the case in Nigeria. Women may also choose, under those unfavourable economic conditions, to seek for care in substandard facilities because of the perceived cost of treatment in centres with higher standards of care. Several studies in Nigeria have actually shown a trend of decline in antenatal attendance and hospital delivery

rates, as hospital costs have been rising due to macroeconomic policies, which had also not significantly improved the economic situation of the populace.

Empowerment of women is a key for overall economic and social development. Involvement of rural women in micro-enterprises helps in equipping women to be economically self-sufficient and leads to a positive self-esteem, which enables them to participate in development activities as well as in the process of decision-making. Furthermore, empowerment of women through participation in micro-enterprise activities ensures a strong economy and stable society (Mohanty, 2016).

### INTERVENTION BY THE 3 – H PROJECT

While precise figures are not available, it is estimated that more than 2 to 3.5 million girls and women live with untreated obstetric fistula with an added incidence of 50,000 to 100,000 new cases each year, mostly occurring in sub-Saharan Africa and Asia (Tunçalp, Tripathi, Landry, Stanton, Ahmed, 2015). In a review by Ijaiya, Rahman, Aboyeji, Olatinwo, Esuga, Ogah, Raji, Adebara, Akintobi, Adeniran and Adewole (2010), it was concluded that many Nigerian women are living with Vesicovaginal fistula. The annual obstetric fistula incidence is estimated at 2.11 per 1000 births. Vesicovaginal fistula is a preventable condition, which is prevalent in Nigeria and most resource-poor countries of the world. It is more prevalent in northern Nigeria than southern Nigeria. Obstetric fistula accounts for 84.1%-100% of the Vesicovaginal fistula. Prolonged obstructed labour is consistently the most common cause at 65.9-96.5% in all the series. Other common causes include caesarean section, advanced cervical cancer and Gishiri cut. The identified predisposing factors were early marriage and pregnancy, which were rampant in northern Nigeria, while unskilled birth attendance and late presentation to the health facilities was

common nationwide. Among the significant contributory factors to high rate of unskilled birth attendance were poverty, illiteracy, ignorance, restriction of women's movement, non-permission from husband and transportation. Pregnancy outcome was dismal in most cases related to delivery with still birth rate of 87-91.7%. Stigmatization, divorce and social exclusion were common complications. Overall, fistula repair success rate was between 75 and 92% in a few centres that offer such services. Vesicovaginal fistula is prevalent in Nigeria and obstetric factors are mostly implicated. It is a public health issue of concern. Some scholars (Phillips, Ononokpono, Udofia, 2016) suggest a need to look into the problem of obstetric fistula purposefully to describe it contextually, rather than to label it. That is, to explore the economic, political, moral and religious dimensions of the problem. It is with this view that the 3-H Project took up the task of approaching the issue in a holistic manner through women empowerment activities at its fistula repair centre in Zaria, which is the capital of Kaduna State, Nigeria.

The 3-H Project was a project by an international non-governmental organisation. It was funded by the European Union. The main purpose was to carry out fistula repairs among the women suffering from fistula; provide them with expert information on contraception in order to be able to make informed contraceptive choices for the purpose of child spacing; it also organised empowerment programmes for the women such as: basic literacy, basic accounting literacy, provided training for the women in various crafts and trades (such as sewing, tie and dye, knitting, spaghetti-making, cooking, bead making, decorations, among others); supported the women to set up microenterprises; provided the women with micro-credit to run their businesses.

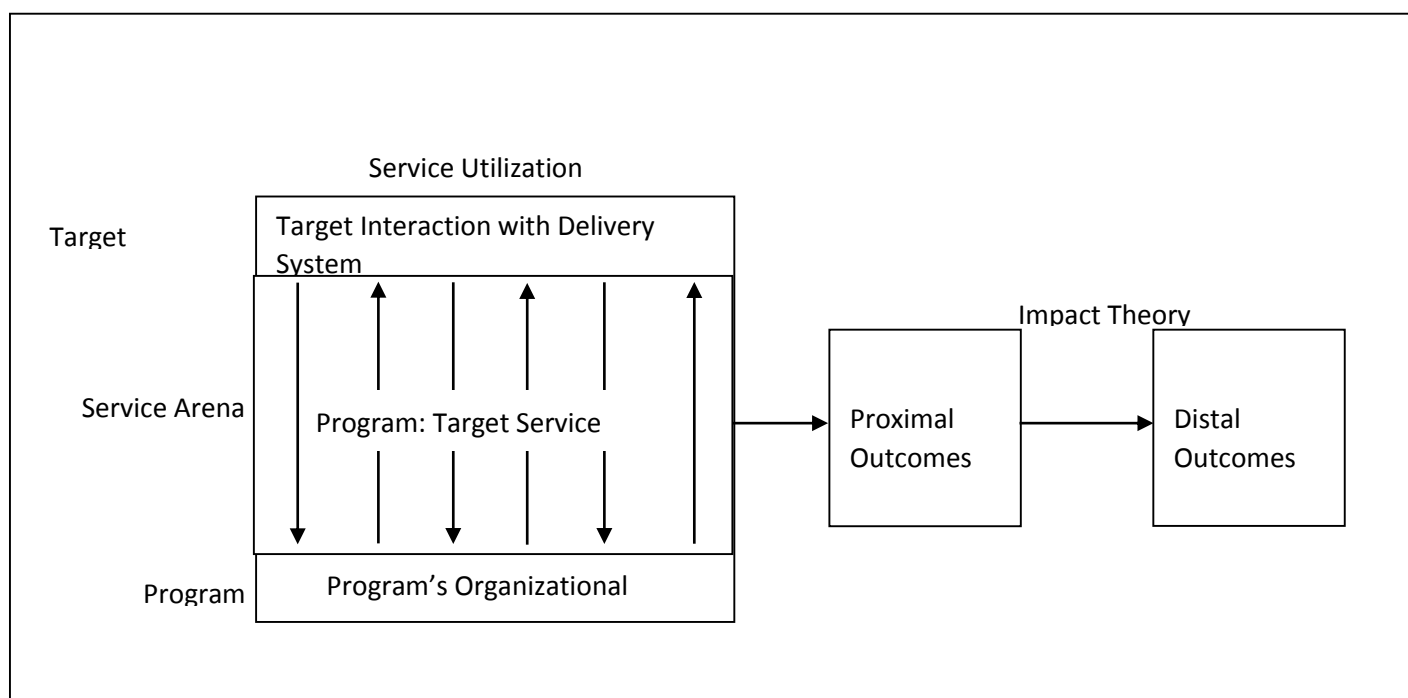
### Theoretical Framework

The Programme Impact theory was adopted for this study. This is a cause theory, which describes a cause-and-effect sequence in which certain programme activities instigate causes and certain social benefits are eventually produced (Chen, 1990; Lipsey, 1993; Martin and Kettner, 1996). Programmes, according to Rossi (2004),

rarely exercise direct control over the social conditions they are expected to improve, they must generally work indirectly by changing some critical but manageable aspect of the situation, which, in turn, is expected to lead to more far-reaching improvements. This theory comprises of the following components:

to improve, they must generally work indirectly by changing some

**Fig. 1. Programme Theory**



**Source:** Rossi, Lipsey and Freeman – 2004

The scheme highlights three interrelated components of a programme theory:

- The programme impact theory – this is a cause theory which describes a cause-and-effect sequence in which certain programme activities instigate causes and certain social benefits are eventually produced (Chen, 1990; Lipsey, 1993; Martin and Kettner, 1996). Programmes according to Rossi (2004) rarely exercise direct control over the social conditions they are expected

critical but manageable aspect of the situation, which, in turn, is expected to lead to more far-reaching improvements.

- The programme service utilization plan – This has to do with the way the programme is organised such that it can actually provide the intended services. It constitutes the programme's assumptions and expectations about how to reach the target population with the programme's activities.
- The programme's organizational plan – This refers to the propositions that: If



the programme has certain things, such as resources, facilities, personnel, and so on; and if it is organized and administered in a particular way, and if it engages in particular activities and functions, then a viable organization will result that can operate the intended service delivery system. This has to do with programme management, which encompasses both the functions and activities the programme is expected to perform and the human, financial, and physical resources required for that performance. Central to this scheme are the programme services, those specific activities that constitute the program's role in the target-programme transactions that are expected to lead to social benefits. The programme theory has been described and used under various names such as: Logic Model, Programme Model, Outcome Line, Cause Map, and Action Theory (Rossi, 2004).

### **Application of Programme Theory to the Study**

This study is geared towards gaining knowledge about the 3-H Project and the effects or outcomes which it has been able to produce in the area of empowerment of women for improved female-oriented microenterprises this will help to reduce fistula occurrence in Nigeria, this is why the programme theory has been adopted. Its application in regard to figure 2 can be seen as follows:

- i. Programme's Organizational Plan: This has to do with the management structure of the Project. This can be broken down into, how the project was managed, the different cadres of people involved in its management, as well as

strategies adopted in carrying out project activities.

- ii. The Service Utilization Plan: This means the type of services rendered and the way services were delivered to the clients.
- iii. The Target Population: The target population for the Project is fistula patients. It was to provide such services that will assist in empowering them to live healthier reproductive lives and to eliminate the reoccurrence of fistula.
- iv. Service Arena: This has to do with the way empowerment activities were undertaken and rendered at the Fistula Centre.
- v. The Programme Arena: This relates to what programme facilities were available, the personnel and the activities.

The personnel comprised of the project volunteer team in both Nigeria and Germany, the independent Medical Managers at both the District and State levels, the project paid employees, the External Auditors and the employees of government, who constituted the clinical service providers.

Activities – The activities were centred around the project strategies comprising of Advocacy, Awareness and Sensitization, Training of the clinical service providers, the supply of commodities and the provision of basic medical equipment to the service points, the trainings in basic literacy, basic accounting literacy, training in trades and crafts, assistance to repaired and trained patients in setting up

microenterprises, giving micro-credit loans.

In order to further explain the link between a programme's activities and the expected outcomes, a Programme Impact Theory is applied to show the link. Programme Impact Theory is a causal theory which describes a cause-and-effect sequence in which certain programme activities are the instigating causes and certain social benefits are the effects they eventually produce (Rossi, Lipsey & Freeman, 2004).

## METHODOLOGY

The obstetric fistula project in northern Nigeria provided surgeries at two fistula centres, namely, Wudil in Kano State, and Zaria in Kaduna State. At both centres, medical doctors were trained in fistula repair, nurses and midwives were trained in post-operative care, advocacy visits were carried out to traditional rulers, opinion leaders, market women, government officials at all levels, all with the aim of creating awareness to maternal mortality and fistula; enlightenment campaigns were conducted with accompanying media messages and jingles on the need for pregnant women to seek medical attention when labour starts. For those who were already fistula patients, In addition to medical care, patients also received education in basic literacy, accounting literacy, vocational training and microcredit loans to set up microenterprises.

The fistula centre selected was the one in Zaria, Kaduna State. The population of study constituted all the female in the centre from which 170 was selected using stratified random sampling technique. Therefore, 170 constitute the

sample size for this study. The sample selected were the first set to benefit from the micro-credit loans and the micro-enterprises empowerment programme during its first five months that the programme commenced. Interview was used with the aid of an interview schedule to collect the necessary data from the patients. Also, the patients' hospital records were made available to the researcher by the management of the centre; this enabled the researcher to corroborate and to confirm the information supplied by the patients. Simple percentages were used to analyse the data.

## RESULTS AND DISCUSSION

In any study on fistula, an illness that affects women only, mainly caused by prolonged obstructed labour as a result of delay in seeking expert medical care, age is a factor to consider. The ages of the patients ranged from 10 to 45 years. The pictorial age distribution was as contained in Table 1. From the table, it could be seen that most of the patients fall within the 10 to 24 years age range, which constitute 60.6% of the total number of respondents. This age range is the range of women that are still supposed to be in school or just completing their education under normal circumstances; if they were already married and having children without any job in a conservative society, it means that they would be dependent on their husbands and not likely to have any decision-making power at all. Hence, the delay in seeking skilled medical care, which is part of the delay model that contributes to the onset of fistula, would be the case (the Society of Obstetrics and Gynaecology in Nigeria SOGON, 2008). Also, Umemezia and Osifo (2018) quoting

Taiwo, Agwu, Adetiloye and Hassan (2015), stated that entrepreneurship by women leads to the promotion of self-reliance among women, has the capacity to reduce poverty, delivers opportunities for skill development and acquisition, and empowers women to have access to factors of production, particularly credit facilities. And because women

constitute about half of the total population of Nigeria, and the poverty rate of Nigeria is high, poverty among the female population cannot be ignored. Hence, a gendered solution has to be sought through empowerment. This answers the question that women empowerment is crucial.

TABLE 1: AGE DISTRIBUTION OF RESPONDENTS

AGE	RESPONSES	PERCENTAGE
10 – 14	30	17.6%
15 – 19	42	24.7%
20 – 24	31	18.2%
25 – 29	26	15.3%
30 -34	10	5.9%
35 – 39	12	7.1%
40 – 45	19	11.2%
<b>Total</b>	170	100%

Source: Researcher's Survey, 2018

The second question that: What is the need for promoting female-oriented microenterprises?

Promoting women-oriented microenterprises is important because poverty is more prevalent among the women population; many of them are unschooled, have little or no economic skills and are therefore confined to the traditional activities of child bearing and home-keeping, and for those in the rural areas, they may also provide farm assistance to their husbands (Ladanu and Ayedun, 2016); they lack the financial resources that can assist them to set up businesses on their own. Table 2 depicts the kinds of business activities that the women went into after their vocational training. After the training, they were usually given free equipment necessary for their trade; for example, those who chose to go into dress making were given sewing

machines, knitting machines for those who chose knitting. Chemicals were provided for those who chose soap making, spaghetti making machine for those who chose that trade, and so on. In addition, they were each given microcredit loan of ₦30,000 for a start, payable in instalments over a period of 6 months without any interest. When they succeeded in paying back without defaulting, they were given ₦60, 000 payable over a period of one year; their success in repayment without defaulting attracted a further upgrade to ₦100, 000. Table 3 reveals the responses of the women as to whether the microcredit loan was beneficial. Out of the 170 women interviewed, 122 of them, representing 71.7%, responded that it was highly beneficial to them whereas 45, which represented 26.5% stated that it was beneficial, while 3, representing 1.8% responded that it was not

beneficial to them. When prodded further, the 3 women who responded that it was not beneficial stated that their husbands collected the money from them to fund some family expenses such as naming ceremony, marrying another wife and for farm inputs but never refunded the money back to them. This shows that the 3 women were still not free from their societal subjugation; this was not surprising as the 3 women were within the 10 – 14 age range and were already married. They had little or no decision-making power over their socio-economic status.

For the women who reported that the microcredit loan was highly beneficial 122 (71.7%) and beneficial 45 (26.5%), a further question was asked on how their businesses had assisted them. A total of 45 (26.5%), 42 (24.7%), and 42 (24.7%) reported that they now have money to take care of their daily needs (such as feeding, feminine hygiene, clothing etc), they are able to take good care of their children, and are able to contribute money for their antenatal and postnatal medical care (and go to hospital for medical treatment) respectively. These responses are in consonance with the findings of Ailemen et al (2016) that the greatest contribution of micro-finance is that it empowers people, by providing them with confidence, self-esteem, and the

financial means to play a greater role in their development. It is important to note that 27 of the women, representing 15.9%, reported that their family members now borrow money from them; this shows that out of their income, they are also able to assist family members. This also agrees with the findings by Awojobi (2014) and Ogunleye (2017) that empowerment of women through microfinance leads to improvement in household well-being, income and empowerment of the women; also that greater lending of microfinance to women leads to an improvement in repayment rate; and lending to them will improve outreach to the poor.

There was inter – sectoral collaboration. The Fistula Centre was established by the NGO within the government-owned hospital; the doctors and nurses who provided medical care were all government employees within the same hospital. The medical equipment, surgical consumables, drugs, training for doctors and nurses, empowerment training of various types, and the microcredit loan as well as the monthly monitoring and evaluation visits to the women, were all supplied or conducted by the NGO. All these were made possible by the constant advocacy visits, the awareness creation and sensitization activities by the NGO.

TABLE 2: TYPES OF ENTERPRISE UNDERTAKEN BY THE WOMEN

ENTERPRISE	NUMBER OF RESPONDENTS	PERCENTAGE
Soap making	39	23%
Spaghetti making ( <i>Taliyya</i> )	27	15.9%
Ram Rearing	16	9.4%
Food Vendor	10	5.9%
Dressmaking	30	17.6%

Knitting	25	14.7%
Bead Making	9	5.3%
Others	14	8.2%
<b>Total</b>	170	100%

Source: Researcher's Survey, 2018

TABLE 3: RESPONSES ON HOW BENEFICIAL THE MICROCREDIT HAS BEEN

RESPONSE	NUMBER RESPONDENTS	OF	PERCENTAGE
Highly Beneficial	122		71.7%
Beneficial	45		26.5%
Not Beneficial	3		1.8%
<b>Total</b>	170		100%

Source: Researcher's Survey, 2018

TABLE 4: BENEFITS DERIVED FROM THE MICROENTERPRISE

RESPONSE	NUMBER RESPONDENTS	OF	PERCENTAGE
I Have money for my daily needs	45		26.5%
Our Family members now borrow money from me	27		15.9%
I am able to take good care of my children	42		24.7%
I am able to contribute money for my antenatal and postnatal care	42		24.7%
Others	14		8.2%
<b>Total</b>	170		100%

Source: Researcher's Survey, 2018

## CONCLUSION

This study has been able to establish that through this strategy of microenterprises for women empowerment, a lot of problems that affect women were countered, such as poor nutrition, poor access to health care services due to lack of money for transportation, lack of money to access care at the service delivery points, lack of knowledge about child spacing, lack of participation in household decision-making, even when it concerns their health, and low self-esteem. It was also established that the public sector can collaborate with either the private sector or the non-governmental sector to achieve people-centred development programmes. This study concluded that because Nigeria is a patriarchal society and with the northern part being somewhat conservative, women empowerment programmes are necessary for maternal health promotion, poverty eradication and gradual enlightenment of the populace in order to achieve the Sustainable Developmental Goals set out by the global community.

## RECOMMENDATIONS

Arising from the findings of the study the following recommendations are made:

- i. That in order to achieve developmental goals, empowerment of the people is essential. This is because development should be participatory, and the populace cannot participate if they lack capacity to be able to participate meaningfully.
- ii. Women must not be neglected in the process of development,

because they constitute about half of the population. Therefore, programmes that will promote their empowerment must be introduced and pursued vigorously.

- iii. Because many families still practise polygamy, the men due to general poverty, may lack the capacity to provide adequately for their families. When women are empowered through microenterprise, they will be able to take care of their children. But the necessary training in entrepreneurship must be provided to facilitate their success.
- iv. Women have been found to be better home managers, therefore when they go into microenterprises, the chances of boosting their household income and care are higher.
- v. The public sector alone cannot do the work of development, collaboration between the different tiers of government, the private sector and the Non-governmental organisations is recommended.
- vi. This 3 – H Project was found to be successful, there is therefore a need for a gradual scale-up by the government and development partners.

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