

**INFLUENCE OF RURAL WOMEN EMPOWERMENT ON SOCIO - ECONOMIC
DEVELOPMENT IN CHESUMEI SUB COUNTY, NANDI COUNTY –KENYA**

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DECLARATION AND APPROVAL

Declaration by Candidate:

This research proposal is my original work and has not been presented for a degree in any other University or any other award


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This is to certify that this research proposal was done under my supervision and guidance on behalf of Mount Kenya University

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DEDICATION

I dedicate this work to my able wife Nelly Biwott for giving me moral, Spiritual, and financial support further more to my close friends, Prof Joel Chepkwony, Peter Chemei Cheseto and Raymond Korir for captivating and admonishing me through my academic journey.



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ABSTRACT

Empowerment of rural women has made a significant contribution to socio-economic development for societies, especially in developing countries like Kenya. This study set out to look at how empowerment of rural women can lead to socio-economic development, especially in the specific context of Chesumei Sub-County, Nandi County, Kenya. The study was built around several objectives: to establish the capacity-building opportunities that rural women engage in to encourage sustainable development in Chesumei Sub-County; to examine how education for basic education affects socio-economic status of rural women; to establish how economic empowerment affects socio-economic well-being; to establish the effects of health incentives on the socio-economic development of rural women in Chesumei Sub-County. The study included a thematic literature review, comprising of the study, while taking into consideration the study objectives. The study adopted a mixed-methods research design and methods for data collection. Both quantitative and qualitative data collection methods were used in the study with the use of questionnaire and interview schedules. All women that lived in the study setting were approached as the study target. A sample size of 100 respondents was calculated using Yamane's formula,

representative and purposive sampling provided representative participation. The study area was spatially divided into five elective wards and sample size allocation was made relative to the distribution of women in the wards. Additionally, three women leaders from each ward were purposively selected for the interview. The researchers " validated the research instrument, followed by a prevalidation of the tools consistent with the dimensions of the study. In confirming reliability, the test-retest method was utilized using the same questionnaire administered to the same respondents separated by a time lapse. I piloted all five elective wards using five questionnaires in all five elective wards. The coded qualitative data were subsequently analyzed using SPSS to get descriptive to describe the quantitative data and thematic analyses were interpreted for the qualitative data. Descriptive data were used to report the results, including frequencies, percentages, and tables. Ethics played a role in this study, participants provided informed consent which was also aided by participants being informed of the purpose of the study enabling participants to give informed external consent to participate. I assured participants confidentiality and if there were elements of sensitive information, participants would not be identified for reporting or presentation unless permission was explicitly given.



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LIST OF ABBREVIATIONS AND ACRONYMS

FAO: Food and Agriculture Organization.

IFAD: International Fund for Agricultural Development.

KNBS: Kenya National Bureau of Statistics

EU: European Union

CAP: Common Agricultural Policy

USA: Unites States of America

MGNREGA: Mahatma Gandhi National Rural Employment Guarantee Act

ANCWL: African National Congress Women’s League

UWONET: Uganda Women’s Network

NYS: National Youth Service

WEF: Women Enterprise Fund

FGM: Female Genital Mutilation

UN: United Nations

UNDP: United Nations Development Program

UNESCO: United Nations Educational, Scientific and Cultural Organization

OECD: Organization for Economic Co-operation and Development

WHO: World Health Organization



CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter discusses the background of the study from global, regional and local perspectives, it also highlights on the statement of the problem, research objectives and research questions.

Also, the significance of the study is discussed and lastly the chapter was summarized.

1.1. Background of the Study

Rural women play a vital role in socio-economic development, yet their empowerment remains a critical challenge in many parts of the world. This study examines the multifaceted influence of empowering rural women on sustainable development by exploring various dimensions including capacity building, basic education, economic and health factors. The research is intended to highlight the role empowered rural women can contribute to Socio-economic development. Women's empowerment in rural contexts refers to enhancing women's access to resources for development, education and job opportunities. Kabeer (2005) suggests that rural women, economically empowered, can address poverty and foster economic growth by generating incomes and productivity.

Empowered rural women actively engage in agriculture, handicrafts and small enterprises, generate their own livelihoods and stimulate the local economy. A key historical moment in the rural women's empowerment movement is the United Nations Decade for Women, which started in 1975. This international initiative aimed to promote gender equality and women's empowerment through policy advocacy, capacity-building programs and awareness-raising campaigns (United Nations, 2019). The Decade for Women played a crucial role in highlighting the unique challenges

faced by rural women, including limited access to education, healthcare and economic opportunities and mobilizing efforts to address these issues on a global scale.

The historical narrative of rural women's empowerment is intertwined with broader socioeconomic and political changes across different regions and periods. Throughout history, rural women have been active participants in agricultural labor and household economies, albeit often marginalized and relegated to subordinate roles (Doss, 2019). Before industrialization in Europe, rural women played pivotal roles in agrarian economies, contributing to agricultural production, household management and artisan activities. However, the patriarchal norms and legal constraints limited their access to land ownership and political participation circumstances which did not promote the rural women empowerment. The industrial revolution brought significant changes to the lives of rural women in Europe. Urbanization and mechanization of agriculture led to shifts in labor patterns, with women increasingly engaged in cottage industries and domestic work (Davidoff & Hall, 1987). While these transformations offered new opportunities for some women, they also perpetuated gender inequalities and exacerbated socioeconomic disparities. Towards the end of 19th century and in the early 20th century there was the emergence of women's movements and feminist activism across Europe, advocating for suffrage, education and labor rights. In the United Kingdom, France and Scandinavia, women's organizations campaigned for legal reforms and social welfare policies to address gender inequalities in rural areas (Hanley, 2019).

Following World War II, European countries embarked on reconstruction efforts and welfare state reforms, which had significant implications for rural women's empowerment. Policies promoting education, healthcare, and social protection expanded opportunities for women in rural communities, albeit unevenly across regions. The latter part of the 20th Century in the European Union saw the growth and prioritization of gender and women's rights through legislation and

funding approaches. The EU's Common Agricultural Policy (CAP) and Rural Development Programmes incorporated gender mainstreaming approaches in their actions to address the needs of rural women (European Commission, 2020).

In colonial America, rural women played essential roles in agricultural production, household management, and community building but the existing norms limited their rights to property ownership and political participation. The 19th century witnessed significant social and economic changes that shaped the lives of rural women in the USA. The expansion of the agricultural frontier, alongside industrialization, led to the emergence of new opportunities and challenges for rural women (Cott, 2000). While some women found employment in agricultural labor or domestic service, others faced economic hardships and social marginalization. With the introduction of suffrage movement in the late 19th century in American history, women were mobilized for political rights and social reform (NWHN, 2021). After the Second World War there was rise of modern feminism and the civil rights movement, which challenged systemic inequalities and discrimination faced by rural women, particularly women of color (Eisenstein, 1981). The intersectional struggles of rural women, encompassing issues of race, class and gender, highlighted the need for more inclusive approaches to women's empowerment in rural America (National Coalition Against Domestic Violence, 2021).

In China, there is a rich historical legacy concerning the empowerment of rural women, shaped by centuries of sociocultural traditions, political ideologies, and economic transformations. Throughout China's history, rural women have played vital roles in agricultural production, family livelihoods, and community resilience. However, traditional Confucian values and patriarchal norms often constrained their social mobility, relegating women to subordinate roles within the household and society (Mann, 2013). Since the late 20th century, China's rapid economic

development and market reforms have brought both opportunities and challenges for rural women. Urbanization, migration, and industrialization have transformed rural economies and labor markets, leading to shifts in women's roles and responsibilities within agricultural production and non-agricultural sectors (Wang & Hu, 2019).

India's history is marked by a complex interplay of cultural traditions, social structures, and political dynamics that have shaped the status and empowerment of rural women. In ancient India, women occupied significant roles in agricultural activities, household management, and community affairs (Kishwar, 1999). However, sociocultural norms often restricted their autonomy and access to resources, perpetuating gender inequalities. During the colonial era, British rule introduced socioeconomic changes that impacted rural women's lives, including land ownership patterns, legal rights, and access to education. While some women benefited from education and social reform movements, others faced exploitation and marginalization under colonial policies. Post-independence, India's Constitution enshrined gender equality principles and women's rights, leading to various legislative reforms and affirmative action measures.

Initiatives such as the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) aimed to enhance women's participation in rural development programs, although challenges such as patriarchal attitudes and caste-based discrimination persist (Deshpande, 2020).

In South Africa the history shaping the empowerment and rights of rural women is characterized by a complex interplay of colonialism, apartheid and post-apartheid transitions. During the colonial era, South Africa's indigenous communities faced displacement, dispossession, and forced labor under British and Dutch colonial rule (Ramphela & Richter, 2019). Indigenous women, particularly those in rural areas, experienced intersecting forms of oppression based on race, class, and gender. The apartheid regime, established in 1948, institutionalized racial segregation and

discrimination, further exacerbating inequalities faced by rural women. The antiapartheid struggle mobilized diverse segments of South African society, including rural women who played crucial roles in resistance movements and community organizing. Organizations promoting women rights such as the African National Congress Women's League (ANCWL) advocated for gender equality, human rights, and socioeconomic empowerment within rural communities. The democratic transition in 1994 brought promises of equality and social justice, yet the legacy of apartheid continued to impact rural women's lives (Rispel et al., 2021)

In Uganda the history of empowerment of rural women is characterized by a diverse tapestry of cultures, colonial legacies, and post-independence struggles. Colonial rule in Uganda, under British administration, introduced socioeconomic changes that impacted rural communities, including women. Land dispossession, forced labor and discriminatory policies marginalized indigenous populations, with rural women facing intersecting nature of oppression based on gender, ethnicity and class. The post-independence era, marked by political instability and authoritarian regimes, further compounded challenges for rural women in Uganda (Mamdani, 1996). Socioeconomic inequalities, limited access to education and healthcare, and patriarchal norms constrained women's participation while making decisions. However, grassroots movements and women's organizations emerged to challenge systemic inequalities and advocate for women's rights and empowerment. Organizations such as the Uganda Women's Network (UWONET) mobilized rural women, providing platforms for education, skills training, and advocacy for gender equality (UWONET, 2021)

The British rule in Kenya introduced socioeconomic changes that impacted rural communities, including women (Kitching, 1980). Land dispossession, forced labor and discriminatory policies marginalized indigenous populations, with rural women facing systemic inequalities and limited

access to resources. In Post-independence Kenya, the government prioritized development initiatives aimed at rural areas, including education, healthcare and agricultural extension services (Chege, 1999). Initiatives such as the National Youth Service (NYS) and the Women Enterprise Fund (WEF) sought to enhance women's access to skills training, credit facilities, and entrepreneurship opportunities. However, persistent challenges remain, including unequal land rights, limited economic opportunities, and gender-based violence (Wamue-Ngare et al., 2019). Cultural practices and norms continue to hinder women's empowerment in rural areas, necessitating holistic approaches that address structural barriers and promote gender equality.

1.2 Statement of the Problem

Rural women represent a significant part of the global population, and they assume an important role in agricultural production, food security, and community development. Despite their vital contributions, they face many barriers to empowerment which restrict their engagement and benefits of sustainable development. While there are numerous initiatives at a global level to address the needs of rural women, and while the United Nations has, through the Sustainable Development Goals (SDGs), made commitments to reduce poverty, improve health care, and achieve zero hunger, challenges remain on both a global and Kenyan level which are still preventing rural women from maximizing their potential and progress towards socio-economic development goals.

Rural women in Kenya continue to face intertwined barriers that hinder their participation in decision making and ability to access critical resources, impacting their economic empowerment and overall well-being. Gender inequity to ownership of land and property rights are some of the notable challenges facing rural women in Kenya (Wamue-Ngare et al., 2019). Ownership of land is one of the most important determinants of both economic empowerment and social status, but

many rural women encounter legal and customary barriers that limit their ability to secure land tenure and succession rights. The patriarchal system of land tenure and discriminatory cultural practices compound gender inequality and exacerbate the vulnerability of rural women to poverty. Furthermore, rural women in Kenya often face limited access to education and skills training that deepens their marginalization. Educational attainment is correlated to economic opportunities and prospects for empowerment, but rural women experience barriers such as inadequate infrastructure, cultural norms that prioritize boy's education, and early marriage or pregnancy. Consequently, most rural women find themselves stuck in low-skilled, informal sector employment, which offers little opportunity for meaningful wages and advancement. Gender-based violence is another widespread and critical issue that impacts the well-being and empowerment of rural women in Kenya. Domestic violence, sexual harassment and harmful cultural practices (for example, female genital mutilation, or FGM) harm rural women's mental and physical health, restrict their movement, and maintain cycles of fright and dis-empowerment. Moreover, lack of access to health care services is a significant challenge for the empowerment of rural women in Kenya. Health care is often insufficiently organized and culturally relevant, and rural women may have limited access due to geographic isolation. Restricted access limits rural women's access to sexual reproductive health services, maternal care, HIV/AIDS prevention and treatment services, and has ramifications for health and meaningful economic and social engagement. These factors keep rural women enmeshed in successful cycles of poverty and dis-empowerment.

Despite efforts by Kenyan government towards the support of women empowerment, the Kenyan rural women still lack behind in terms of socioeconomic empowerment and hence the need of this study to find out why and provide recommendations on how to improve rural women empowerment in Kenya.

1.3 The purpose of the study

The main purpose of this study was to examine the influence of rural women empowerment on Socio-economic development in Chesumei Sub County.

1.3.1 Specific Objectives

This study was guided by the following specific research objectives

1. To determine the influence of rural women capacity building on socio- Economic development in Chesumei -Sub County.
2. To establish influence of basic education on rural women socio-economic development in Chesumei Sub-County.
3. To determine the influence rural women economic empowerment on socio-economic development in Chesumei Sub-County.
4. To determine the influence of health incentives on rural women Socio-economic development in Chesumei Sub-County.

1.3.2 Research Questions

1. What are the influences of rural women capacity building on Socio-economic development in Chesumei -Sub County?
2. What are the influences of basic education on rural women socio-economic development in Chesumei Sub-County?
3. What influence does rural women economic empowerment have on socio-economic development have in Chesumei Sub-County?
4. How do health incentives on rural women influence socio-economic development in Chesumei Sub-County?

1.4 Justification of the Study

This study addresses gender disparities. Gender disparities persist in Kenya, particularly in rural areas, where women face multiple layers of marginalization and discrimination. The present study is directed towards an important aspect of gender inequality and intends to promote more inclusive and equitable development outcomes through the empowerment of rural women.

Empowering rural women connects to the achievement of various Sustainable Development Goals (SDGs) such as gender equality, poverty reduction, and health and well-being. This study advances the common good by exploring approaches to promote the socioeconomic status and well-being of rural women to inform SDG implementation in Kenya. This study also contributes to initiatives to promote and protect the rights of rural women in Kenya through social justice and human rights. Furthermore, evidence-based research is necessary to facilitate policy enactment and program development. By identifying the barriers to rural women's empowerment and evaluating existing interventions, this study provides valuable information for policymakers, practitioners and development partners seeking to design more effective and targeted interventions to support rural women in Kenya. Lastly, this study fills a critical gap in the literature by generating new knowledge and insights that can inform future research, advocacy, and capacity-building efforts in this area.

1.5 Scope of the study

The study focuses on rural women's empowerment within the context of Chesumei Sub County, Nandi County Kenya. The study explored a range of thematic areas relevant to rural women's empowerment, including but not limited to capacity building, education, healthcare incentives and rural women economic opportunities. It aims to provide an understanding of the challenges and opportunities faced by Kenya's rural women.

1.6 Limitations of the Study

Self-reported data from participants is a central aspect of this study and is subject to potential bias or inaccuracies. There can be social desirability bias, and participants may misrepresent their experiences, specifically regarding sensitive topics like economic status and gender-based violence. Additionally, the measurement tools used in this study may not be able to capture the complexity of socio-economic development and rural women's empowerment.

1.7 Delimitation of the Study

The study was delimited only to the research objectives and was done within Chesumei Sub County and it utilized mixed methods research approaches in data collection and analysis. Also, this study targets only rural women residing in Chesumei Sub-County.

1.8 Assumptions of the Study

The study assumes that empowerment is not a static outcome but a dynamic process that unfolds over time. It recognizes that empowerment involves changes in individual capabilities, relationships, institutions, and structure and may occur at multiple levels—personal, household, community and societal.

1.9 Operational Definition of Terms

Empowerment: It refers to the process through which rural women in Kenya gain greater control over their lives, resources, and decision-making processes. It involves the expansion of women's capabilities and opportunities enabling them to exercise their rights, voice their concerns, and participate actively in social, economic, and political spheres.

Rural Women: In the context of this study, rural women refer to women residing in rural areas of Kenya.

Socio-economic Development: is the pursuit of socio-economic development in a way that meets the needs of the present and does not compromise the ability of future generations to meet their own requirements and the common improvement of people's social and Economic status.

Capacity Building: It means developing the knowledge, skills and resources needed for rural women to participate in decision-making, problem-solving and other sustainable development initiatives. Indicators of capacity building may include participation in training events, learning new skills, confidence and willingness to initiate community development.

Basic Education Access: The availability and affordability of educational opportunities for rural women, including access to primary, secondary and vocational education programs. Measured through indicators such as enrollment rates, attendance, literacy and numeracy levels and access to educational resources.

Morbidity: Quality of being unhealthful.

Mortality: The condition of being susceptible to death

Sustainable development goals: call or aims to action to end poverty and inequality in the world

Economic empowerment refers to the ability of women and men to engage in, contribute to, and benefit from processes of growth in ways that are respectful of the value of their contributions to growth, while at the same time increasing women's access to economic resources and opportunities.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This section discusses the relevant literature review guided by the research objectives. The literature review examines empirical studies and research findings relevant to rural women empowerment initiatives in similar contexts with an aim to identify gaps and emerging themes in the literature. Also, theoretical and conceptual frameworks related to rural women empowerment and socio-economic development was discussed in this chapter.

2.1 Empirical Literature

The empirical literature in this study reviews relevant scholarly views from different scholars with an aim of finding the nexus between the empowerment of rural women in Chesumei Sub County and its relationship with the attainment of Socio-economic development.

2.1.1 Influence of Rural Women Capacity Building on Socio-economic Development

Rural women are important contributors to socio-economic development around the world, carrying out essential functions in agriculture, family welfare, and community resilience.

Unfortunately, however, these vital roles, and the potential of rural women generally, are often neglected and underappreciated due to systemic barriers and exclusion, such as, limited access to resources, education, and decision-making opportunities and platforms. Capacity building initiatives to enhance skilful and equitable use of skills and knowledge and resources available to rural women are a crucial interventions as part of promoting gender equality and achieving the Sustainable Development Goals (SDGs). This discussion reflects upon how capacity building initiatives affect the empowerment of rural women and their socio-economic development.

Capacity building is characterized by a wide array of initiatives that support rural women in education and training, financial resources, and supportive networks. The Food and Agriculture Organization (FAO) has highlighted that women's capacity in rural areas is important for resolving issues of food security and economic security (FAO, 2011). Educated and skilled women are more

likely to productively participate in activities and programs that support increases in agricultural productivity and household income.

Furthermore, capacity building initiatives help women develop essential soft skills, such as leadership, negotiation, and communication, which are crucial for effective participation in community and political processes. According to the United Nations Development Programme (UNDP), the capacity building of women creates individual empowerment, which enables collective action to advocate for their rights and influence political processes (UNDP, 2019). The empowerment of rural women through capacity building activities has a substantial impact on women's participatory role in socio-economic development processes. Empowered women are more disposed to adding value to community development processes, access markets in various sectors, and contribute to local governance. Evidence shows that rural women are able to contribute unique perspectives during decision-making processes which can cultivate inclusivity and promote effective community development processes (Malhotra et al., 2002).

A study by the International Fund for Agricultural Development (IFAD) found that women who received training and support in entrepreneurship were more likely to start and sustain their own businesses, which not only enhanced their economic status but also created job opportunities for others in their communities (IFAD, 2016). This ripple effect highlights the importance of supporting capacity building measures to enable women to assume leadership roles and to generate economic growth in their communities. The impact of empowered rural women on socio-economic development is multidimensional. The participation of women in economic activities increase family income and living conditions. In a World Bank report, mentions of women's economic empowerment as pathways to economic growth highlights how engaging women increases labor participation, but also increases productivity (World Bank, 2012).

Moreover, rural women play a crucial role in sustainable agricultural practices. Capacity building initiatives that focus on sustainable farming techniques enable women to adopt environmentally friendly practices, thus contributing to food security and natural resource conservation. Research has shown that women are often more willing than men to adopt sustainable agricultural practices when provided with adequate training and support (Kassam et al., 2018).

Moreover, when women are empowered, families eventually experience improved health and education outcomes. Women are more likely to use their improved economic resources to invest in the education and health of their children, creating intergenerational benefits for the socioeconomic development of their communities. As reported to the United Nations Population Fund (UNFPA), educated women are more likely to ensure their children are educated, thus interrupting the cycle of poverty (UNFPA, 2016).

While capacity building can provide tremendous benefits for rural women, there are still numerous challenges. Cultural expectations, limited access to resources and absence of surrounding support structures can obstruct a women's ability to benefit from capacity building programs. Thus, it is important to both create tailored interventions that accommodate the specific needs and contexts of rural women and further develop partnerships across government, NGOs, and local communities in order to add to the most supportive environments for rural women. Partnerships can help provide and create supportive environments that not only promote empowerment for rural women to reach their goals, but also build capabilities for sustainable development. In conclusion, capacity building programs are essential to the socio-economic development of rural women. In providing women the skills, knowledge, and resources to be part of business and community activities, the programs action in respect to the empowerment aspect of rural women and their broader socio-economic

development. Growing capacities for rural women is both a social justice matter, as well as working towards the sustainable development goals.

2.1.2 Importance of Capacity Building for Rural Women

Capacity building programs serve as a tool that strengthens rural women's capacities by providing training, education, and leadership development initiatives (UN Women, 2020). These training programs help women develop the confidence needed to claim their rights and make informed decisions impacting their lives, for example, a program about financial literacy and entrepreneurship can empower them to start or grow their own businesses, which increases their independence, and, in many cases, increases their decision-making power in the household (Kabeer, 2012). In addition to the capacity building, programs and capacity building initiatives often challenge traditional gender norms and strive towards gender equality by creating a community of support for women to be empowered (World Bank, 2021). By creating opportunities for women to access information, technology, and networks, they can work to overcome barriers in decision-making areas like politics, governance and community development (Agarwal, 2020).

Capacity building for rural women is a key component in economic development and poverty alleviation. Empowered women are better equipped to engage in income-generating activities, agriculture, and entrepreneurship, thereby contributing to household income and economic growth (Doss, 2020). Additionally, by investing in the education and health of their families, women break the cycle of intergenerational poverty and promote human development (UNDP, 2021). Furthermore, capacity building programs enhance women's access to markets, credit, and resources, enabling them to participate more effectively in economic activities and value chains (FAO, 2019). This not only improves their own livelihoods but also stimulates local economies and promotes inclusive growth and hence realization of sustainable development.

Capacity building initiatives contribute to building resilient and sustainable communities by strengthening the capacity of rural women to cope with environmental challenges, climate change, and natural disasters (IFAD, 2020). Through training in sustainable agriculture practices, resource management, and disaster preparedness, rural women are key pillars in mitigating the impact of environmental degradation and ensuring food security for their families and communities (UNESCO, 2021). Moreover, when empowered they advocate for sustainable development policies and practices at the local level, leading to more inclusive and equitable governance structures (OECD, 2021). Capacity building initiatives contribute to the effective management of natural resources, infrastructure development and service delivery in rural areas.

2.1.3 Capacity Building's Contributions to Socio-economic Development

Capacity building is recognized as a fundamental process in achieving socio-economic development goals by enhancing individuals' and communities' abilities to address socioeconomic and environmental challenges effectively. Capacity building initiatives play a significant role by empowering individuals with skills, knowledge and resources necessary for productive activities. According to Smith and Schmid (2021), targeted training programs, vocational education, and entrepreneurship schemes enable individuals to access employment opportunities, start businesses and contribute to economic growth. By enhancing the employability and productivity of the workforce, capacity building programs stimulate innovation, enhance competitiveness and foster inclusive economic development for rural women (UNDP, 2022). Furthermore, capacity building in areas such as financial literacy, market access, and value chain development empowers marginalized groups, including rural women, youth, and smallholder farmers, to participate more effectively in economic activities and benefit from emerging opportunities (OECD, 2021). By

promoting equitable access to resources and opportunities, capacity building contributes to reducing poverty, narrowing income disparities and promoting sustainable livelihoods.

Capacity building initiatives promote social inclusion and human development by enhancing individuals' capabilities, expanding their choices, and fostering active participation in society. According to Sen (1999), development should be viewed not only in terms of economic growth but also as the expansion of people's freedoms and capabilities. Capacity building programs that focus on education, health, and social empowerment enable individuals to exercise their rights, improve their well-being, and participate meaningfully in decision-making processes. Moreover, capacity building fosters social cohesion and community resilience by strengthening social networks, promoting civic engagement and nurturing a sense of belonging (UNESCO, 2021). By investing in human capital and promoting inclusive policies and practices, capacity building contributes to building more equitable and cohesive societies where all individuals have the opportunity to fulfill their potential and contribute to the common good.

The literature overview comprehensively discusses the significance of capacity building for rural women and its role in sustainable development. However, there is little in the literature that talks about the specifics of the challenges and barriers that rural women face in accessing capacity building and benefitting from those programs specifically. The literature does talk about the positive contributions of capacity for empowerment of rural women, economic development and social inclusion, but doesn't does not seem to capture some of the barriers to accessing and benefitting from these initiatives. Understanding the constraints faced by rural women for gaining access to capacity building is important in being able to develop a more focused and tailored response to better capacity building programs for rural women based on their specific needs and realities.

2.1.4 Influence of Basic Education on Rural Women Socio-economic Development

Basic education is a fundamental driver of socio-economic progress for rural women, equipping them with essential skills, knowledge, and capabilities to navigate various challenges. Beyond personal empowerment, education significantly contributes to the well-being and advancement of their families and communities. One of its primary benefits is the acquisition of crucial skills that enable rural women to overcome obstacles related to healthcare access, economic opportunities, and limited decision-making power. According to the United Nations Educational, Scientific and Cultural Organization (UNESCO), education serves as a powerful means of poverty reduction, allowing individuals to secure better employment opportunities and improve their overall quality of life (UNESCO, 2014).

For rural women, literacy and numeracy skills gained through basic education are essential for engaging in economic activities such as farming and entrepreneurship. The World Bank highlights that women who complete basic education are more likely to participate in income-generating ventures and attain higher earnings compared to their uneducated counterparts (World Bank, 2018). These economic opportunities not only strengthen individual financial security but also contribute to the economic resilience of households and entire communities.

Moreover, education empowers rural women to actively engage in decision-making processes at both the household and community levels. Women who receive education are more likely to understand and advocate for their rights, participate in discussions on family planning, healthcare, and community development. Findings from the International Center for Research on Women (ICRW) indicate that educated women make more informed choices regarding their health and family welfare, leading to better overall outcomes for themselves and their children (ICRW, 2014).

Additionally, basic education fosters critical thinking and problem-solving abilities, enabling women to effectively address socio-economic issues. Educated women can identify community needs, advocate for necessary resources, and contribute to meaningful social change. Their active participation is vital for promoting gender equality and social justice, particularly in rural regions where traditional gender norms often limit women's involvement in public decision-making.

Another significant advantage of education is its positive impact on health outcomes. Knowledge acquired through education enhances women's understanding of health practices, leading to improved well-being for themselves and their families. Studies show that educated women are more likely to seek medical care, recognize the importance of proper nutrition, and ensure their children receive vaccinations and necessary health interventions (Chikoko et al., 2016).

Furthermore, education plays a crucial role in reducing maternal and child mortality rates. According to the World Health Organization (WHO), maternal education is a key determinant of maternal and child health, as educated mothers are more likely to identify health risks early and seek medical assistance in a timely manner (WHO, 2019). Improved health outcomes not only enhance the quality of life for women and their families but also contribute to broader community health and development goals.

Despite the clear benefits of education, many rural women still face substantial barriers to accessing educational opportunities. Cultural expectations, financial limitations, and inadequate infrastructure often prevent girls from attending school. The Global Partnership for Education reports that approximately 129 million girls worldwide are out of school, with a significant proportion living in rural areas where educational resources remain scarce (GPE, 2020).

To overcome these challenges, there is a need for comprehensive policies that promote gender equality in education. Strategies such as financial aid programs, improved school infrastructure, and community awareness campaigns on the importance of girls' education are essential. Additionally, engaging local communities in challenging cultural beliefs that favor early marriage and domestic responsibilities over schooling can help create a more supportive environment for female education.

In conclusion, basic education serves as a cornerstone for the socio-economic empowerment of rural women. It provides them with critical skills, strengthens their decision-making power, and significantly improves health outcomes. However, to fully realize these benefits, the barriers preventing women's access to education must be addressed. By investing in rural women's education, societies can foster sustainable development, alleviate poverty, and advance gender equality.

2.1.5 Empowerment through Basic Education

Empowerment through basic education is a trans-formative process that equips individuals with knowledge, skills, and capabilities necessary to assert their rights, make informed decisions, and participate actively in society. It is rooted in the notion of human development, as articulated by Sen (1999), which emphasizes the expansion of people's capabilities and freedoms to lead lives they value. Basic education serves as a catalyst for empowerment by providing individuals with foundational knowledge, literacy and numeracy skills, enabling them to access information, communicate effectively, and navigate complex social, economic and political environments. According to Aikman and Unterhalter (2019), empowerment through basic education goes beyond mere acquisition of knowledge and skills; it encompasses the development of critical thinking, problem-solving, and decision-making abilities, as well as the cultivation of selfconfidence and

autonomy. Through basic education, individuals get to understand themselves, their rights and their roles in society, empowering them to challenge inequalities, advocate for their interests, and contribute to positive social change.

2.1.6 Mechanisms of Empowerment through Basic Education

Through basic education, individuals get empowered to challenge inequalities, advocate for their interests and contribute to positive social change. Empowerment through basic education operates through various mechanisms that enable individuals to realize their full potential, exercise agency, and effect change in their lives and communities. One such mechanism is access to information and knowledge. Basic education equips individuals with essential knowledge on their rights, health, hygiene, nutrition and other aspects of daily life, making them able to make correct decisions and take proactive steps to improve their well-being (Aikman and Unterhalter, 2019). Basic education fosters critical consciousness and social awareness among individuals, enabling them to recognize and challenge injustices, discrimination, and inequalities in their communities. By engaging in critical reflection and dialogue, individuals develop a deeper understanding of social issues and collective action strategies, empowering them to advocate for social justice, equality and human rights (Freire, 1970). Another mechanism of empowerment through basic education is skill development and capacity building. Basic education provides individuals with practical skills, such as literacy, numeracy, communication and problem-solving, that are essential for personal and professional development. By acquiring these skills, individuals enhance their employability, entrepreneurship and income-generating opportunities, thereby improving their economic well-being and social status (UNESCO, 2021).

Empowerment through basic education has profound implications for individuals, communities, and societies at large. At the individual level, empowerment through basic education enhances

individuals know how and confidences, enabling them to overcome obstacles, pursue their aspirations and lead fulfilling lives. Empowerment through basic education promotes personal resilience, well-being, and self-actualization. At the community level, empowerment through basic education fosters social cohesion, collective action and community development. Educated individuals are more likely to participate in community initiatives, volunteerism, and civic engagement activities, contributing to social capital formation, trust, and reciprocity within communities (Putnam, 2000). Moreover, empowered individuals serve as role models and change agents within their communities, inspiring others to pursue education, challenge norms, and strive for positive change. At the societal level, empowerment through basic education contributes to broader processes of social transformation and development. Educated citizens are more likely to engage in democratic processes, advocate for social justice, and hold governments and institutions accountable for their actions (Kabeer, 2012). Moreover, empowerment through basic education promotes inclusive economic growth, poverty reduction, and sustainable development by unlocking human potential, fostering innovation, and expanding opportunities for all members of society.

While the literature acknowledges the profound implications of empowerment through basic education at the individual, community, and societal levels, there is limited discussion on the long-term sustainability of empowerment outcomes. For instance, do the empowerment gains achieved through basic education initiatives among rural women persist over time, or do they diminish due to external factors such as economic downturns, political instability, or cultural values? Additionally, are there specific strategies or interventions that can enhance the sustainability of empowerment outcomes beyond the immediate implementation period of basic education

programs? There is needed to investigate the long-term trajectories of empowerment through basic education and identify strategies for sustaining and scaling up positive outcomes over time.

2.1.7 Rural Women Economic Empowerment and Social Development

The economic empowerment of rural women is a central and transformative process for the wellbeing of individuals and communities, and for achieving broader social development efforts. Economic empowerment enhances women's access to resources, economic opportunities, and decision-making power, so they can increase their income levels and social status. Economic empowerment improves not just the benefits to individuals' livelihoods, but also promotes social cohesion, alleviating poverty and leading to sustainable rural development within rural communities.

One of the primary dimensions of economic empowerment is the increase in women's income. Economic independence allows women to support themselves and their families, reducing their vulnerability to poverty. According to a report by the Food and Agriculture Organization (FAO), closing the gender gap in agricultural productivity could raise the income of rural women by up to 20% (FAO, 2011). This increase in income not only improves the living standards of women and their families but also stimulates local economies through increased spending on goods and services.

Empowered women often reinvest their earnings into their households, prioritizing education and health. A study by the World Bank indicates that women tend to allocate a higher proportion of their income to their children's education and health compared to men, fostering a cycle of investment in human capital that benefits entire communities (World Bank, 2012). This reinvestment is crucial for breaking the cycle of poverty, as educated children are more likely to attain better jobs and contribute positively to the economy.

Economic empowerment also enhances women's social status and their roles within their communities. As women gain economic independence, they often experience increased confidence and improved decision-making capabilities. This shift can lead to greater involvement in community affairs and governance, which are essential for fostering democratic processes and social justice. Research has shown that women's participation in local governance leads to more responsive and inclusive policymaking, which is crucial for addressing the unique needs of rural populations (UN Women, 2014).

Furthermore, women's economic empowerment contributes to challenging and changing societal norms and gender roles that traditionally limit women's opportunities. By participating in economic activities, women can assert their rights and influence social change. The UN Development Programme (UNDP) emphasizes that empowering women economically leads to shifts in gender dynamics, promoting equality and enhancing the overall social fabric of communities (UNDP, 2013).

Despite the clear benefits of economic empowerment for rural women, significant barriers still exist. Access to education, credit, markets, and technology remains limited for many women in rural areas. A report by the International Fund for Agricultural Development (IFAD) notes that rural women often lack the necessary skills and resources to fully participate in economic activities, resulting in missed opportunities for income generation and development (IFAD, 2015). Additionally, social and cultural norms may hinder women's ability to engage in economic activities or assert their rights, further perpetuating cycles of poverty and inequality.

To address these challenges, targeted interventions are necessary. This includes implementing capacity-building programs that equip women with the skills needed for entrepreneurship, access

to credit, and market information. Additionally, policies that promote women's land rights and access to resources are essential for facilitating economic empowerment. For example, ensuring that women have the legal right to own and inherit land can significantly enhance their economic security and decision-making power (Deere & Leon, 2001).

To conclude, the economic empowerment of rural women is a main force for social development, resulting in more income, enhanced social status, and more community engagement, all supporting sustainable development goals. But to maximize women's potential as change agents, barriers need to be lowered and an environment for empowerment needs to be created. Investing in education, resources access and policy are fundamental to achieving these ends, and making sure that rural women can fully participate in, and benefit from social and economic development.

2.1.8 Opportunities for Rural Women's Economic Empowerment

A large percentage of the global population is comprised of rural women, especially in developing countries, where they play critical roles in farming, livestock raising and household businesses or enterprises. Although rural women encounter numerous obstacles, they had the potential or ability to tap into opportunities that can lead to their economic empowerment and promote sustainable development. One significant opportunity for rural women's economic empowerment is greater access to financial services and credit. Financial inclusion opportunities, in the form of microfinance programs, savings groups and mobile banking services, may provide rural women additional financial options and resources to invest in their businesses, accumulate assets and respond to economic shocks (UN Women, 2021). Research has shown that access to credit enables rural women to expand their businesses, diversify their income sources and invest in productive assets such as land, livestock, and equipment (IFAD, 2021). Moreover, fiscal services towards the needs of rural women, such as flexible repayment schedules and group lending models, can help

overcome barriers related to collateral requirements and limited financial literacy (World Bank, 2019). Another opportunity for rural women's economic empowerment lies in skills development and entrepreneurship training. Investing in education, vocational training and business development programs empower rural women with the skills and confidence to start and manage successful enterprises (OECD, 2021). Entrepreneurship training programs offer rural women opportunities to learn about business planning, marketing strategies, financial management, and market linkages (UNDP, 2021). By providing hands-on training and mentoring support, these programs enable rural women to identify viable business opportunities, overcome challenges and adapt to changing market conditions.

Furthermore, skills development initiatives can enhance rural women's employ-ability and income-earning potential in various sectors, including agriculture, agribusiness, handicrafts, and tourism (FAO, 2020). By acquiring skills in areas such as crop production, food processing, animal husbandry, and value-added activities, rural women can access higher-paying jobs, improve their livelihoods, and contribute to local economic development. Also access to markets and value chains presents another important opportunity for rural women's economic empowerment. Linking rural women producers to markets, both locally and internationally, can enable them to earn higher incomes, access new customers and diversify their product offerings (IFPRI, 2019). Supporting rural women's participation in agricultural value chains, including production, processing, packaging, and marketing, can create opportunities for value addition, income generation, and job creation (UNESCO, 2020). By strengthening linkages between producers, processors, traders, and consumers, value chain development initiatives can enhance rural women's competitiveness, bargaining power and profitability.

While the literature highlights the immediate benefits of economic empowerment opportunities for rural women, there is limited discussion on the sustainability and long-term impact of these interventions. Questions arise regarding the durability of the economic gains achieved through access to financial services, skills development, and market participation. Do rural women face challenges in sustaining their businesses or maintaining their employment in the long run? What factors contribute to the sustainability of economic empowerment initiatives, and how can these factors be strengthened to ensure lasting impact?

2.1.9 Influence of Health Incentives on Rural Women Socio-Economic Development

In the contemporary world, there is an increasing positive recognition of health incentives in promoting rural women's well-being and empowering them to participate fully in sustainable development initiatives. Health incentives play a vital role in addressing the health challenges faced by rural women and promoting their socio-economic development. These incentives encompass a range of interventions, policies, and programs aimed at improving access to healthcare services, promoting healthy behaviors and addressing the social determinants of health (UNDP, 2021).

This helps rural women to reduce additional costs in provision of medical bills and services which in turn uses this capital to develop themselves and improve their livelihoods

One of the pillar aspects of health incentives is the provision of affordable and accessible healthcare services in rural areas. This includes the establishment of primary healthcare centers, mobile clinics and outreach programs that bring essential health services closer to rural communities (IFAD, 2021). By increasing access to preventive care, maternal and child health services, and treatment for common illnesses, these initiatives can improve health outcomes and reduce health disparities

among rural women. Additionally, health incentives may include financial incentives or subsidies to encourage rural women to seek healthcare services and adopt healthy behaviors. For example, cash transfers, vouchers, or subsidies for maternal and child health services can incentivize pregnant women to attend antenatal care visits, deliver in health facilities, and receive postnatal care (World Bank, 2019). Similarly, incentives for immunization, family planning and nutrition counseling can promote preventive care and improve health behaviors among rural women. Furthermore, health incentives may involve community-based interventions that address the social determinants of health and empower rural women to take control of their health and well-being (OECD, 2021). These interventions may include health education programs, community health worker initiatives, and women's empowerment activities that promote health literacy, reproductive rights, and gender equality (FAO, 2020). By engaging communities and empowering women as agents of change, these initiatives can foster a culture of health promotion and disease prevention in rural areas.

To maximize the influence of health incentives on rural women's sustainable development, policymakers, development practitioners, and healthcare providers must adopt a comprehensive and integrated approach to health promotion and service delivery (UNESCO, 2020). This requires investment in primary healthcare infrastructure, human resources, and supply chain management to ensure the availability of essential medicines and medical supplies in rural areas (WHO, 2021). Moreover, policymakers should prioritize the development and implementation of gender-responsive health policies and programs that address the specific needs and priorities of rural women (UN Women, 2021). This may involve targeted interventions to improve maternal and child health, reproductive health, nutrition, and mental health services for rural women, as well as efforts to address gender-based violence and discrimination within healthcare settings (UNDP, 2021).

While the literature highlights the significance of health incentives in enhancing rural women's health and contributing to sustainable development, research for evaluating the effectiveness of health incentives is currently lacking. There is scant empirical evidence on the effects of specific health incentive programs on health outcomes, patterns of health-seeking behavior, and overall quality of life. More research is required to evaluate the efficacy of several health incentives—such as financial subsidies, community-based interventions, and healthcare infrastructure improvements—in relation to sustainable development goals in rural areas. Furthermore, there is a limited holistic understanding of the barriers and facilitators that affect the uptake and effectiveness of health incentives among rural women. Research is warranted to examine variables such as socioeconomic status, cultural beliefs, geographical accessibility, and attitude of healthcare providers that may affect rural women's access and utilization of health services and incentives. It is important to understand these factors to create targeted interventions and policy recommendations that address rural women's needs and preferences and realize the potential benefits of health incentive programs.

2.2 Theoretical Framework

This study utilized Empowerment Theory and feminist empowerment theory. Empowerment theory presents a holistic framework for understanding and fostering individuals' capacity to be in charge of their lives, make informed decisions, and effect positive change in their communities (Rappaport, 1987). At its core, empowerment involves enhancing individuals' sense of self-efficacy and ability to navigate societal structures and systems (Zimmerman, 2000). According to this theory, empowerment unfolds through a dynamic process where individuals gain awareness of their strengths and resources, critically analyze social inequalities, and collectively work towards dismantling oppressive structures (Gutierrez et al., 1995). It emphasizes the importance

of both individual and collective action in challenging injustices and promoting social change. Key principles of the Empowerment Theory include participation, critical consciousness, and social support (Zimmerman, 2000). Participation entails the involvement in decision-making processes and fostering a sense of ownership and accountability. Critical consciousness involves recognizing and challenging power dynamics and structural barriers that perpetuate oppression. Social support encompasses building networks of relationships that provide emotional, instrumental, and informational support, facilitating empowerment processes (Gutierrez et al., 1995).

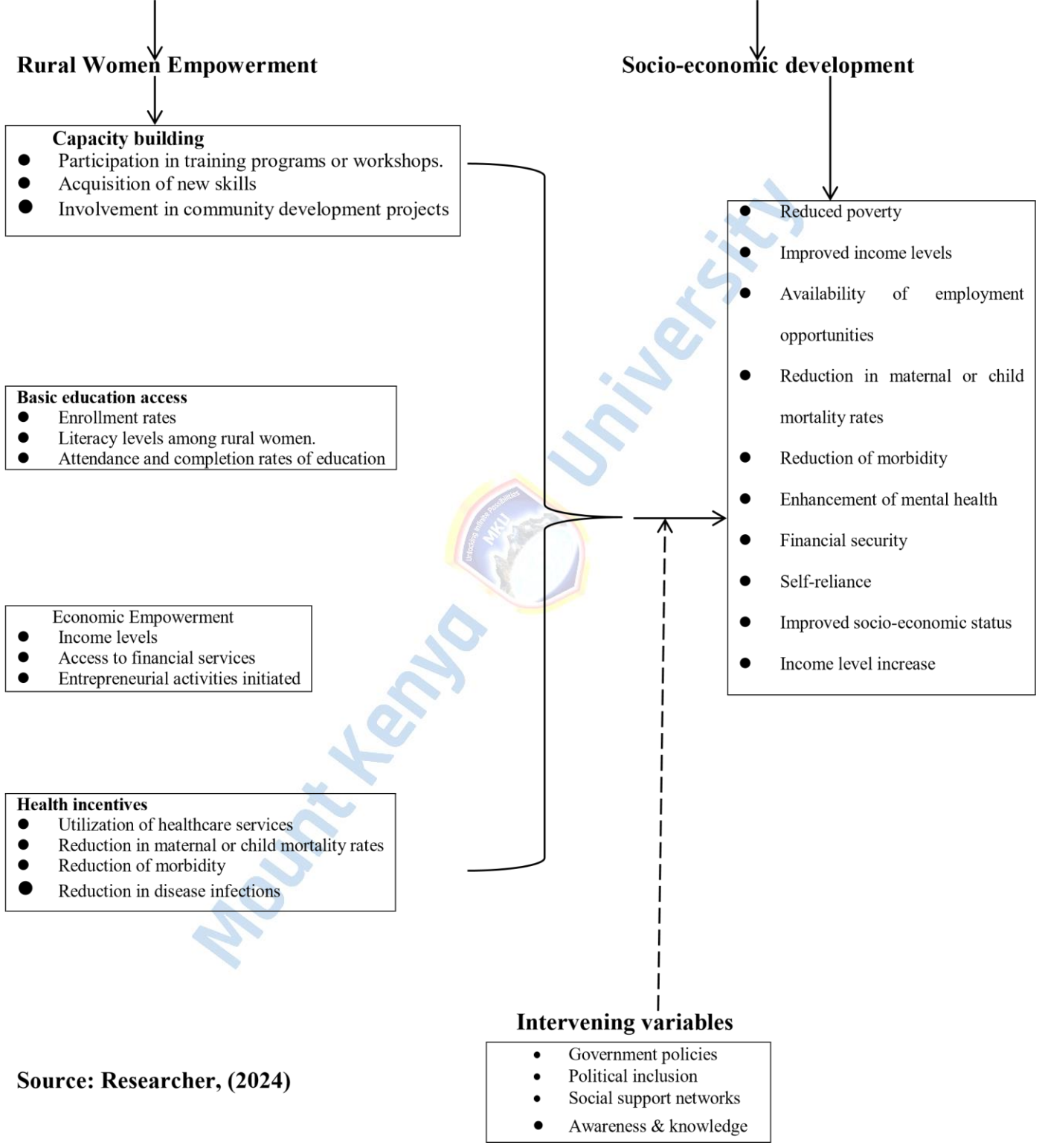
The theory was relevant to this study because it's comprehensive framework which enables for understanding the dynamics of empowerment of rural women and its influence on sustainable development outcomes, and as well its tenets is used and was applied too in the entire process developing framework. By examining the interplay between capacity building, education, economic empowerment and health incentives, the theory contributes to a deeper understanding of how empowerment processes can drive positive change in Chesumei Sub-County.

On the other hand, feminist empowerment theory emphasizes the importance of addressing power dynamics and structural inequalities that impact women's autonomy. In this study, understanding the influence of rural women capacity building, basic education, economic empowerment and health incentives on sustainable development requires examining how these interventions contribute to enhancing women's decision-making power, control over resources and ability to participate in shaping their own development trajectories. By applying feminist empowerment theory, this study explores not only the outcomes of these interventions but also the underlying processes of empowerment that lead to sustainable change in women's lives.

2.3 Conceptual Framework

Within this study, the independent variables are associated with the elements or instigations that the investigator controls or standardizes for manipulation that is expected to influence the dependent variable. These independent variables are comprised of: capacity building for rural women; access to basic education; economic empowerment; and health-related inducements designed for sustainable development. Conversely, the dependent variable indicates an outcome or effect that is measured based on variations within the independent variables. For this study, sustainable development is the dependent variable. Additionally, there are intervening variables that serve as intermediaries between independent variables and dependent variables, which clarify the relationship between the independent and dependent variables. These intervening variables represent the processes through which the independent variables affect the dependent variable. For this study, the intervening variables are government policy, political participation, social support systems, and the awareness and knowledge level.

Figure 2.1 Conceptual framework Independent Variable



Source: Researcher, (2024)

2.4. Research Gap

The literature review explores the influence of various factors on the sustainable development of rural women in Chesumei Sub-County. It begins by emphasizing the critical role of rural women in socio-economic development efforts globally, underscoring the importance of enhancing their capacity through empowerment initiatives. The review identifies several key themes, including capacity building, basic education, economic empowerment, and health incentives, each of which plays a significant role in promoting rural women's Socio-economic development. Capacity building emerges as a crucial factor in empowering rural women, enabling them to gain confidence, skills, and knowledge necessary for asserting their rights and making informed decisions. Through capacity building programs, rural women are equipped to participate actively in economic activities, entrepreneurship, and community development, thereby contributing to household income and overall economic growth. Moreover, capacity building initiatives challenge traditional gender norms and promote gender equality by providing women with access to information, technology, and networks. Also, basic education is highlighted as another essential component of rural women's empowerment and sustainable development. Education equips rural women with foundational literacy and numeracy skills, enhancing their ability to access information, communicate effectively, and navigate social, economic, and political environments. By promoting education among rural women, initiatives aim to empower them to challenge inequalities, advocate for their interests, and contribute to positive social change.

Economic empowerment emerges as a critical pathway for rural women's socio-economic development, enabling them to access financial resources, start businesses, and participate in economic activities. Initiatives such as access to financial services, entrepreneurship training, and market participation are identified as key drivers of economic empowerment, allowing rural

women to generate income, build assets, and improve their livelihoods. Additionally, access to markets and value chains presents opportunities for rural women to enhance their competitiveness and profitability. The literature illustrates how health incentives are considered a key component of rural women's health and sustainable development. A health incentive is defined as a set of interventions, such as healthcare access, healthy behavior promotion, and consideration of social determinants of health. Health initiatives can provide rural women with healthcare access, socioeconomic incentives, and local interventions to enable them to manage their health, obtain necessary services, and make health behavior and health outcome choices. The literature review highlights the interconnectedness of various factors influencing rural women's sustainable development in Chesumei Sub-County. Capacity building, basic education, economic empowerment, and health incentives all play integral roles in empowering rural women, enhancing their well-being, and promoting sustainable development in their communities.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This section details the research methodology employed in this study, covering the research design, study location, target population, sampling methods, sample size, data collection instruments, data analysis techniques, and ethical considerations. A significant benefit of adopting a mixed methods approach is its ability to integrate statistical data with qualitative insights. While quantitative data enhances generalizability by identifying trends and correlations, qualitative data provides depth and context, helping to explain the observed patterns (Plano Clark & Ivankova, 2016).

In this study on the empowerment of rural women, quantitative data was used to assess the extent of women's participation in sustainable development initiatives, whereas qualitative data offered a more nuanced understanding of their lived experiences and the societal barriers they encounter. Mixed methods can be implemented using either sequential or concurrent approaches. A sequential approach involves gathering and analyzing one type of data before proceeding to the next, allowing the initial findings to shape subsequent data collection. In contrast, a concurrent approach entails collecting both quantitative and qualitative data simultaneously, facilitating a more integrated and comprehensive analysis (Teddlie & Tashakkori, 2009). This study adopted a concurrent strategy, collecting both data types at the same time for a more holistic examination.

3.1 Research Design

The research design for this study utilized mixed methods. Mixed methods utilizes both quantitative and qualitative research approaches to gain a comprehensive understanding of research problems (Creswell & Creswell, 2018). Mixed methods can take advantage of the strengths in both methods and combine them to account for respective weaknesses in each approach, leading to stronger results overall.

3.2 Area of Study

This study was done in Chesumei Sub County, Nandi County Kenya. The Sub County borders Mosop Sub County, Tinderet Sub County and Emgwen Sub County. According to (KNBS, 2019) report the Sub County has a population of 164,133 of which 80,984 are men and 83,180 being men and covers 474.6 Km per square.

3.3 Target Population

The target population of this study was all the women residents of the sub county which according to (KNBS, 2019) are 83,180 in number.

3.4 Sampling Technique

Yamane's formula was utilized to calculate the appropriate sample size for the study (Yamane, 1967). After this, a blend of stratified and purposive sampling was implemented. Stratified sampling is common in survey studies and allows for adequate representation of subgroups within the sample population. Groves et al. (2019) describe this as dividing the population into strata and then obtaining participants either proportionately and/or equally from each stratified population. To identify key informants, purposive sampling was also used to select women leaders from each ward for their insight. In the study, the researcher deliberately sampled three women leaders from each ward (Trochim, 2006). Creswell (2018), indicates that for a homogeneous population between 3–8 interviews is enough, and since the study falls within Creswell's school of thought, the researcher purposively sampled three women leaders from each ward. Yamane's formula commonly used to determine a sample size for research is given by:

$$n = \frac{N}{1 + N(e)^2}$$

Where n = sample size N = target

population size e = level of precision

(sampling error)

Where; $n = \frac{N}{1 + N(e)^2}$

Given:

- Population size (n) = 83,180
- Margin of error (e) = 10% = 0.10

Therefore:

$$n = 83,180$$

$$1 + 83,180 \times (0.10)^2$$

$$n = 100$$

Therefore, the calculated sample size (n) is 100 meaning that a sample size of 100 individuals would be needed from a population of 83,180 to achieve a margin of error of 10% using Yamane's formula.

To determine the sample size for each stratum, factors such as the desired precision, confidence level, and population variability were considered. According to Groves et al. (2019), the sample size should be sufficiently large to ensure reliable estimates for each stratum. This can be achieved through proportional allocation, where the sample size for each stratum is proportional to its size in the population, or through equal allocation, where each stratum is sampled equally regardless of its size. Proportional allocation is more commonly used and is calculated in the following manner.

$$n_i = n \times \frac{N_i}{N}$$

where:

n_i = sample size for stratum (each ward) n

= total sample size (100)

N_i = population size of stratum (number of women in each ward)

N = total population size (sum of all women in all wards 83,180)

Table 3.2: Sample size

Name of wards	Number of women per ward	Sample size
Kiptuiya	14036	17

Ngechek/Ielmokwo	16835	20
Kosirai	13852	17
Chemundu/ kapngetunyi	17630	21
Kaptel/kamoiywo	20827	25
Total	83180	100

Source: Researcher (2024)

3.5 Construction of Research Instruments

Questionnaires and interview schedules to be used in this study was prepared by the researcher with the assistance of the supervisor.

3.5.1 Methods and Procedures of Data Collection

Both primary and secondary data sources were utilized in this study. Primary data were collected through questionnaires and interview schedules, and secondary data were collected from published articles, journals, and books.

3.5.2 Questionnaires

The study utilized both open-ended and close-ended questionnaires to gather quantitative and qualitative data from the women in the study area. Close-ended questions offered structured data that could be easily quantified and analyzed statistically, helping to identify trends and patterns (Creswell & Creswell, 2018). In contrast, open-ended questions allowed participants to share their thoughts and experiences in their own words, providing deeper, more detailed qualitative insights (Patton, 2015). The questionnaire served as the primary tool for collecting data from the women in the study area.

3.5.3 Interview Schedules

In this study, interview schedule was employed to enable thorough discussions with three leaders in each ward to collect primary data. By using interview schedule several participants will receive the same amounts/comprehensive data in a consistent way. Structured interviews allows to systematically probe with regard to more specific areas of interest, whilst making allow for valuable follow-up questions of participants (Bryman, 2016).

3.6 Validity and Reliability

Validity and reliability are crucial aspects of ensuring the quality and trustworthiness of research findings.

3.6.1 Validity

Validity refers to the extent to which a study measures what it is supposed to measure and is often evaluated in relation to reliability (Trochim, 2006). Reliability has to do with that the same measurement can be done consistently over time and is often additionally referred to as statistical stability. This study took additional measures to ensure validity by utilizing pre-validated measures and methodology, and verified that the measurement objectives aligned with the instruments used for assessment.

3.6.2 Reliability

Reliability was verified using the test-retest method, which determined the stability of the measures over time. In this process, identical questionnaires were given to the same group of participants at two time points, and patterns in their responses were examined. By administering the same measurement again, the study attempted to determine if the same results would emerge if data collection were repeated in similar conditions.

3.6.3 Pilot Test

A pilot test was conducted in all the five elective wards where five questionnaires was administered in each ward.

3.7 Data Analysis

The data analysis of this study entailed examining the collected data systematically to produce meaningful information and conclusions in relation to rural women's empowerment and socioeconomic in Chesumei Sub-County. A mixed methods approach was used where, the data collected was coded using SPSS (Creswell & Creswell, 2017). For quantitative data collected through questionnaires, descriptive statistics, including means, frequencies and percentages, was computed to summarize the characteristics of key variables regarding capacity building, education, economic empowerment, health incentives and socio-economic development outcomes (Bryman, 2016). Qualitative data collected through interviews was analyzed using thematic analysis to identify patterns, themes and narratives in relation to rural women's experiences, perceptions and attitudes towards empowerment interventions and its impact on socio-economic development (Bazeley, 2018). The data collected was analyzed, reported in tables, frequencies, charts, and percentages.

3.8 Ethical Considerations

Ethical considerations are paramount to ensure the protection of participants' rights, dignity and well-being (American Psychological Association, 2017). This study obtained informed consent from participants by providing clear and understandable information about the study's purpose, procedures, risks, and benefits and allowing participants to voluntarily decide whether to participate. Also, confidentiality was maintained to protect participants' privacy and prevent unauthorized disclosure of sensitive information. The study also ensured anonymity by assigning codes to participants instead of using their real names in data analysis and reporting.

CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSIONS

4.1 Introduction

This study sought to examine the influence of rural women empowerment on socio-economic development in Chesumei Sub-County. Specifically, it focused on rural women capacity building, basic education, rural women economic empowerment, and health incentives on the socio-economic development of rural women in Chesumei Sub-County, Kenya. This chapter presents the data analysis, presentation, and discussions of the results.

4.2 Response Rate

The study's target population consisted of all women residing in the sub-county. A sample of 100 participants was chosen, and data was successfully collected from 91 of them, yielding a response rate of 91.0%. This aligns with the perspective of Saleh and Bista (2017), who note that a response rate exceeding 75% is deemed appropriate for data analysis.

4.3 Pilot Study Results

The reliability of the questionnaire was assessed through a pilot study. The findings from the pilot study are as follows:

Table 4.1 Reliability Results

Objective	Number of items	Alpha value
Socio-economic development	6	0.781
Rural women capacity building	6	0.826
Basic education	6	0.808
Rural women economic empowerment	6	0.745
Health incentives	5	0.833

The reliability for socio-economic development of rural women was 0.781 using Cronbach's alpha; for rural women capacity building, it was 0.826; for basic education, it was 0.808; for rural women economic empowerment, it was 0.745; and for health incentives, it was 0.833. All variables yielded an alpha value greater than 0.70, indicating that all items were reliable and valid for data analysis.

4.4 Background Information

The study also aimed to gather general information about the respondents, including their age.

4.4.1 Distribution of Respondents by Age

The distribution of respondents by age is presented in Table 4.2.

Table 4.2 Distribution of Respondents by Age

Age Bracket	Frequency	Percentage (%)
18-30	30	30%
31-40	25	25%
41-50	20	20%
51-60	15	15%
61-70	8	8%
Above 70	2	2%

The study findings in Table 4.2 showed that the majority of respondents (30%) are in the 18-30 age bracket, indicating that a significant portion of the respondents are younger women. This suggests that younger women are more involved or accessible in the context of rural empowerment initiatives in Chesumei Sub-County. The 31-40 age group makes up 25% of respondents, followed by the 41-50 group at 20%. Together, these middle-aged groups account for 45% of the total respondents. This indicates a strong representation of women in their prime working years, which could have significant implications for socio-economic development initiatives. Only 8% of respondents fall within the 61-70 age group, and just 2% are above 70. This suggests that older women are either less likely to participate in or be targeted by capacitybuilding initiatives, or they may face barriers such as physical limitations or reduced engagement in economic activities.

The data reveals that empowerment initiatives may have higher participation or impact among younger and middle-aged women (18-50), who collectively make up 75% of the respondents. These age groups are likely more active in socio-economic activities and thus may be the primary beneficiaries of capacity-building programs. The low representation of respondents aged 61 and above (10%) suggests that rural development programs may need to better address the needs and challenges faced by older women, such as healthcare, physical mobility, or retirement-related economic vulnerabilities. Given the strong presence of younger women in the 18-40 range, future initiatives might focus on providing skills training, education, and health-related support tailored to this group. For the older population, special programs may be needed to ensure inclusive development efforts that consider their specific socio-economic needs.

4.4.2 Knowledge of Capacity Building Practices

The study sought to determine the distribution of respondents' knowledge of capacity building practices and the results were as presented in Table 4.3.

Table 4.3 Knowledge of Capacity Building Practices

Capacity Building Practices	Frequency	Percent
Yes	73	80
No	18	20
Total	91	100

The results in Table 4.3 indicate that 80% of respondents are aware of capacity-building initiatives in Chesumei Sub-County, with only 20% unaware of such programs. This high level of awareness suggests that capacity-building efforts in the area are relatively well-publicized and accessible to a majority of the population. It implies that local women may have been exposed to or engaged in empowerment programs aimed at improving their socio-economic conditions. The 20% who are unaware highlight a potential gap in outreach or inclusivity, suggesting that some women, particularly those in isolated or marginalized groups, may not be fully reached by these initiatives. To improve the overall impact, future efforts could focus on increasing awareness among the remaining minority, ensuring more widespread participation and benefits.

4.5 Descriptive Findings and Discussions

Descriptive statistics were used to summarize the key features of the data set. They are useful in providing simple summaries about the sample and the measures. As well as simple graphical analysis, they are the basis for nearly all quantitative data analysis (Kothari, 2014). This section provides the study results in tabular presentation and descriptive analysis for each of the samples.

The statistics presented are minimum, maximum, mean and standard deviation.

4.5.1 Rural women capacity building and socio-economic development

The study sought to establish the effect of rural women capacity building on the socio-economic development of rural women. The study findings are presented in Table 4.4.

Table 4.4 Rural women capacity building and socio-economic development

<u>Statements</u>		<u>SA</u>	<u>A</u>	<u>U</u>	<u>D</u>	<u>SD</u>	<u>Mean</u>	<u>StdDev</u>
There are changes observed in rural women's confidence and leadership abilities as a result of capacity building programs.	%	27.7	43.1	15	9.2	5	3.85	0.147
	F	25	39	14	8	5		
Capacity building has been done for rural women.	%	30.8	40	9.8	14.4	5	3.82	0.174
	F	28	36	9	13	5		
Capacity has impacted lives of rural women.	%	25	59	15	1	0	3.97	0.342
	F	23	54	14	1	0		
Health status of rural women has improved through health incentives.	F	21	49	12	1	0	3.01	0.346
	%	47	27	15	7	4		
Health care services have benefited rural women	F	43	25	14	6	4	3.55	0.289
	%	38	41	10	7	4		
Participation of rural women in capacity building activities influences their engagement in community development projects	F	35	37	9	6	4	3.60	0.261
	%	34	44	12	6	4		

The study results presented in Table 4.4 showed that 70.8% of respondents reported improvements in rural women's confidence and leadership skills due to capacity building programs (Mean = 3.85, SD = 0.147), while 14.2% disagreed. Additionally, 70.8% affirmed that capacity building has been implemented for rural women (Mean = 3.82, SD = 0.174), in contrast to 19.4% who disagreed. Furthermore, 84.0% of respondents agreed that capacity building channels are accessible and user-friendly (Mean = 3.97, SD = 0.342), with only 1.0% disagreeing. The study also indicated that 74.0% of respondents agreed that rural women's health status has improved through health incentives (Mean = 3.01, SD = 0.346), while 11.0% disagreed. Finally, 79.0% of the respondents acknowledged that healthcare services have positively impacted rural women (Mean = 3.55, SD =

0.289), with only 11.0% disagreeing. This implies that healthcare initiatives are recognized as valuable in supporting rural women's wellbeing. The majority of respondents (78.0%) agreed that participation in capacity-building activities has encouraged rural women to engage in community development projects (Mean = 3.60, SD = 0.261), with 10.0% disagreeing. This suggests that empowering women through capacity-building has a ripple effect, enhancing their involvement in broader community development efforts.

The study findings indicated that most respondents believed capacity-building initiatives have positively influenced the lives of rural women. The results suggest that rural women are experiencing various benefits from these programs, such as enhanced leadership skills, economic empowerment, and improvements in health. The high levels of agreement across most statements suggest that these initiatives are contributing positively to socio-economic development in the area, with some room for improvement in outreach and health-related benefits. Capacity-building initiatives often aim to develop leadership skills among rural women, empowering them to take active roles in their communities. According to Buvinić and Morrison (2000), leadership training can help women to voice their needs and influence decision-making processes, thus promoting gender equity and social change. The study's findings align with this literature, suggesting that such programs are instrumental in fostering confidence and enabling women to participate more actively in community development.

The study highlights that rural women benefit economically from capacity-building efforts. Programs that provide training in entrepreneurship, financial literacy, and vocational skills have been shown to improve women's income-generating opportunities. As noted by Kabeer (2005), economic empowerment is not only about increased income but also involves gaining control over resources and decision-making, which can lead to improved household welfare and community

development. This study's respondents echo this sentiment, indicating that capacitybuilding has led to enhanced economic status among rural women. Health-related training and access to information are crucial components of capacity building. The results suggest that while women acknowledge improvements in health outcomes due to these programs, there is still room for further enhancement. Studies such as those by Wiggins and Proctor (2001) emphasize that health education plays a vital role in improving women's health, which, in turn, has significant socio-economic benefits. Women who are educated about health practices tend to make better health choices, resulting in healthier families and communities.

The high levels of agreement among respondents regarding the benefits of capacity-building initiatives underscore the positive contributions these programs make to socio-economic development. As supported by the United Nations (2014), empowering women through capacity building is essential for achieving sustainable development goals (SDGs), particularly those related to gender equality and poverty alleviation. The study's findings reinforce the notion that investments in women's capacity not only benefit the individuals involved but also create broader community impacts. Although the study reveals positive outcomes, it also highlights areas for improvement, particularly in outreach and the effectiveness of health-related components. Increasing the accessibility and reach of capacity-building programs can ensure that more rural women benefit from these initiatives. According to the World Bank (2012), enhancing outreach is crucial for maximizing the impact of capacity-building efforts, as it can lead to greater participation and more equitable access to resources.

4.5.2 Basic education and Socio-economic development

The study sought to determine the effect of basic education on socio-economic development of rural women. The study responses were as in Table 4.5.

Table 4.5 Basic education and Socio-economic development

Statements		SA	A	U	D	SD	Mean	Std Dev
Majority of the rural women are illiterate.	F	57	24	10	0	0	4.03	0.026
	%	63.1	26.2	10.7	0	0		
Majority of rural women are primary drop outs.	F	57	23	11	0	0	4.51	0.275
	%	63.1	25.2	11.7	0	0		
Improved health status and access to healthcare services empower rural women to engage in development initiatives.	F	56	27	9	0	0	4.48	0.145
	%	61	29.2	9.8	0	0		
Majority of rural women are high school drop outs.	F	36	42	10	3	0	4.17	0.273
	%	40	46.2	10.9	3.1	0		
Majority of rural women got married while still primary	F	46	32	9	5	0	4.15	0.210
	%	50	35	10	5	0		
Majority of Rural women have acquired college certificate	F	18	27	23	14	9	3.15	0.420
	%	20	30	25	15	10		

The study results in Table 4.5 on the effect of basic education on socio-economic development of rural women indicated that 89.3% of the respondents agreed that majority of the rural women are illiterate (Mean=4.03; SD=0.026). None of the respondents disagreed with the statement. The study findings also revealed that 89.3% agreed that majority of rural women are primary drop outs (Mean=4.51; SD=0.275) as compared to none who disagreed. The study results indicated that 90.2% agreed that improved health status and access to healthcare services empower rural women to engage in development initiatives (Mean=4.48; SD=0.145) while none of them disagreed. Lastly, the study findings showed that 86.2% of the respondents agreed that majority of rural women are high school drop outs (Mean=4.17; SD=0.273) as compared to 3.1% who disagreed. The findings indicated that 85% of respondents agreed that many rural women got married while

still in primary school (Mean = 4.15, SD = 0.210). This reflects cultural practices that prioritize early marriage, which can hinder educational attainment and socio-economic progress, perpetuating cycles of poverty. Only 50% of respondents agreed that the majority of rural women have acquired a college certificate (Mean = 3.05, SD = 0.420), while 25% disagreed. This indicates that despite some advancements, higher education remains limited among rural women, restricting their potential for higher-paying jobs and economic independence.

The study findings indicated that the majority of the respondents were of the view that majority of rural women are primary drop outs. The results indicate significant educational challenges faced by rural women, with high rates of illiteracy and dropout rates from both primary and secondary education. While there are some positive indicators regarding health access and its impact on empowerment, the overall picture suggests a pressing need for targeted educational initiatives. Addressing these educational gaps is crucial for enhancing the socio-economic development of rural women, breaking the cycle of poverty, and promoting broader community progress. The study highlighted that many rural women are primary dropouts, which aligns with existing literature that emphasizes the systemic barriers to education in rural areas. According to the United Nations Educational, Scientific and Cultural Organization (UNESCO, 2014), socioeconomic factors such as poverty, cultural norms, and inadequate infrastructure contribute to high dropout rates among girls in rural communities. The persistent issue of illiteracy among rural women is particularly concerning, as it limits their access to information and opportunities for economic empowerment.

The educational challenges faced by rural women have profound implications for their socioeconomic development. A lack of education restricts women's employment opportunities and earning potential, perpetuating a cycle of poverty. As noted by Kabeer (2012), education is a critical driver of economic empowerment, as it enhances women's ability to engage in

income-generating activities and make informed decisions about their health and well-being. This study's findings suggest that addressing educational gaps is essential for improving the socio-economic status of rural women. While the study acknowledged some positive indicators regarding health access and its impact on empowerment, it underscores that educational attainment is foundational to achieving these benefits. Research has shown that educated women are more likely to seek healthcare services, understand health information, and advocate for their families' health needs (World Health Organization, 2015). However, the high dropout rates imply that many rural women may lack the necessary education to leverage health services effectively.

The study findings reveal a pressing need for targeted educational initiatives aimed at rural women. Programs that focus on adult education, vocational training, and community engagement can play a crucial role in addressing the educational disparities faced by this population. The World Bank (2018) emphasizes that investing in women's education not only improves individual outcomes but also contributes to broader community and economic development. Tailored interventions that consider local contexts and cultural factors are essential for increasing educational access and retention rates among rural women.

Enhancing basic education for rural women is a vital step towards breaking the cycle of poverty and promoting broader community progress. Educated women are more likely to invest in their children's education, leading to generational improvements in socio-economic conditions (Plan International, 2017). Therefore, prioritizing educational initiatives for rural women is not only a matter of individual empowerment but also a strategy for sustainable development in these communities.

4.5.3 Rural women economic empowerment and Socio-economic development

The study sought to examine the effect of rural women economic empowerment on socioeconomic development of rural women. The study results are shown in Table 4.6.

Table 4.6 Rural women economic empowerment and Socio-economic development

Statements		SA	A	U	D	SD	Mean	StdDev
There have been changes observed in rural women's income levels and economic opportunities as a result of participating in economic empowerment initiatives.	F	26	39	14	8	5	4.00	0.071
	%	28.1	42.4	15.9	8.6	5		
Economic empowerment has impacted rural women's ability to invest in education and healthcare.	F	7	55	14	11	4	3.55	0.919
	%	7.9	60.4	15.2	12.2	4.3		
There have been challenges faced by rural women in accessing markets, credit facilities and business support services to sustain their economic activities.	F	55	6	13	12	5	3.55	0.476
	%	60.4	6.9	14.2	13.2	5.3		
Economic empowerment contribute to improving rural women's decision-making power and control over resource.	F	10	46	18	15	2	3.16	0.0.342
	%	10.8	50.4	20.1	16.5	2.2		
There are social and cultural factors that influence the effectiveness of economic empowerment initiatives for rural women in promoting sustainable development outcomes.	F	41	32	9	5	5	3.75	0.485
	%	45	35	10	5	5		

The study results in Table 4.6 on the effect of rural women economic empowerment on socioeconomic development of rural women revealed that 70.5% of the respondents agreed that there have been changes observed in rural women's income levels and economic opportunities as a result of participating in economic empowerment initiatives (Mean=4.00; SD=0.071) while 13.6% were in disagreement. The study also revealed that 68.3% agreed that economic empowerment has impacted rural women's ability to invest in education and healthcare

(Mean=3.55; SD=0.919) while 16.5% were in disagreement. The study also revealed that 67.3% agreed that there have been challenges faced by rural women in accessing markets, credit facilities and business support services to sustain their economic activities (Mean=3.55; SD=0.476) while 18.5% disagreed. Furthermore, the study showed that 61.2% of the respondents agreed that Economic empowerment contribute to improving rural women's decision-making power and control over resource (Mean=3.12; SD=0.0.342) while 18.7% disagreed. The statement regarding social and cultural factors influencing the effectiveness of economic empowerment initiatives showed that 80% of respondents agreed on this issue (Mean = 3.75, SD = 0.485). This suggests a strong awareness that cultural norms and societal expectations can significantly impact the success of empowerment initiatives, underscoring the importance of addressing these factors to ensure sustainable outcomes.

The results illustrate a generally positive view of the impact of economic empowerment initiatives on rural women, particularly concerning income levels and investment in education and healthcare. However, persistent challenges related to market access and cultural factors indicate that for these initiatives to be more effective, they must address underlying structural and societal barriers. Enhancing the decision-making power of women remains a critical area for improvement, requiring targeted efforts to ensure that empowerment translates into real control and influence in both personal and community contexts. The study findings suggest that economic empowerment initiatives are positively influencing the income levels of rural women. According to the Food and Agriculture Organization (FAO, 2011), empowering women economically leads to higher household income and better investments in education and healthcare. When women have control over their financial resources, they are more likely to allocate funds towards their children's education and health services, resulting in improved family well-being (Kabeer, 2012). This

correlation is evident in the study, as respondents reported a positive shift in their economic conditions.

Despite the positive outcomes, the study identified challenges related to market access for rural women. Barriers such as limited access to credit, inadequate infrastructure, and lack of information on market opportunities hinder women from fully capitalizing on economic empowerment initiatives. As noted by Golla et al. (2011), access to markets is essential for women to leverage their economic gains effectively. To enhance the impact of empowerment programs, it is crucial to create pathways that facilitate women's access to markets, enabling them to sell their products and services successfully. The study also points to cultural factors that influence the effectiveness of economic empowerment initiatives. Gender norms and societal expectations can limit women's roles and restrict their participation in economic activities. Research shows that societal attitudes toward women's economic contributions can affect their access to resources and decision-making power (World Bank, 2019). Therefore, empowerment initiatives must address these underlying societal barriers to promote a more inclusive environment for women.

A critical area for improvement identified in the study is the enhancement of women's decisionmaking power. Empowerment should not only focus on economic resources but also on ensuring that women have a voice in household and community decisions. Kabeer (2005) emphasizes that true empowerment encompasses not only the ability to earn but also the capacity to influence decisions affecting one's life. Programs that promote leadership training and encourage women's participation in community governance can help bridge this gap. To translate economic empowerment into real control and influence, targeted efforts are necessary. This includes designing programs that consider the unique socio-cultural contexts of rural women and actively engaging them in the development and implementation of these initiatives. The UN

Women (2015) emphasizes the importance of participatory approaches in empowerment programs, which can enhance women’s agency and ensure that their needs and aspirations are adequately addressed.

4.5.4 Health incentives and Socio-economic development

The study finally sought to determine the effect of health incentives and socio-economic development of rural women. The study results are tabulated in Table 4.7.

Table 4.7 Health incentives and socio-economic development

Statements		SA	A	U	D	SD	Mean	Std Dev
Access to healthcare services and health incentives contribute to improving the health and well-being of rural women.	F	27	38	12	10	4	3.78	0.112
	%	29.6	41.9	12.7	11.5	4.2		
There are barriers faced by rural women in accessing healthcare services, preventive measures, and health information in our area.	F	30	37	7	13	5	3.83	0.417
	%	32.7	40.4	7.3	14.2	5.4		
Improved health status and access to healthcare services empower rural women to engage in development initiatives.	F	21	54	13	3	0	3.95	0.243
	%	23.5	59.2	13.8	3.5	0		
Investing in women’s health contribute to achieving broader sustainable development goals	F	36	46	5	4	1	4.10	0.325
	%	40	50	5	4	1		
There are implications of inadequate healthcare infrastructure and services for rural women’s health outcomes	F	32	41	9	5	5	4.00	0.275
	%	35	45	10	5	5		

The study results in Table 4.7 revealed that 71.5% of respondents agreed that access to healthcare services and health incentives contribute to improving the health and well-being of rural women (Mean = 3.78, SD = 0.112). This indicates a strong perception of the benefits associated with healthcare access, suggesting that initiatives aimed at improving health services are viewed

positively and are likely having a meaningful impact on women's lives. Findings showed that 73.1% of respondents acknowledged the barriers faced by rural women in accessing healthcare services, preventive measures, and health information (Mean = 3.83, SD = 0.417). This highlights the recognition of systemic challenges that can impede health access, signaling a need for targeted interventions to eliminate these barriers. Approximately 82.7% of respondents agreed that improved health status and access to healthcare services empower rural women to engage in development initiatives (Mean = 3.95, SD = 0.243). This underscores the notion that health is not just a personal issue but a catalyst for broader community development, reinforcing the importance of health as a foundational component of socio-economic empowerment.

The study results indicated that 90% of respondents agreed that investing in women's health contributes to achieving broader sustainable development goals (Mean = 4.10, SD = 0.325). This strong consensus highlights the critical role of women's health in driving sustainable development, indicating that health investments are essential for fulfilling various social and economic objectives. About 80% of respondents recognized that inadequate healthcare infrastructure and services have significant implications for rural women's health outcomes (Mean = 4.00, SD = 0.275). This suggests a widespread understanding that infrastructural deficiencies hinder health outcomes, thereby affecting women's overall socio-economic development.

The findings reflect a robust understanding among respondents of the critical link between health incentives and socio-economic development for rural women. While there is a strong belief in the positive impact of healthcare access and health incentives, the acknowledgment of barriers to accessing these services highlights areas for improvement. Additionally, the recognition of health as a driver of broader sustainable development goals points to the need for strategic investments

in women's health. Addressing the identified barriers and improving healthcare infrastructure will be vital for maximizing the socio-economic potential of rural women.

The findings underscore a robust understanding among respondents of the crucial link between health incentives and socio-economic development. Access to healthcare services is essential for enhancing the well-being of rural women, which in turn affects their ability to engage in economic activities. Research by Bloom et al. (2001) emphasizes that improved health outcomes correlate with increased productivity, as healthier individuals are more capable of participating in the workforce and contributing to economic growth. In rural settings, this relationship becomes even more pronounced as women often play pivotal roles in both household management and community development.

Respondents expressed a strong belief in the positive impact of healthcare access and health incentives on their lives. Health incentives, such as subsidies for maternal and child healthcare, can significantly improve health outcomes, which is supported by studies indicating that investments in women's health lead to broader societal benefits (World Health Organization, 2019). Improved health enables women to take better care of their families, leading to improved educational outcomes for children and enhanced economic stability within households (Buvinic et al., 2013).

Despite the recognized benefits, the study also highlights persistent barriers faced by rural women in accessing healthcare services. These barriers may include geographical challenges, lack of transportation, inadequate healthcare infrastructure, and socio-cultural factors that discourage women from seeking medical help (O'Donnell et al., 2008). The acknowledgment of these barriers indicates a critical area for improvement, as access to healthcare is fundamental to realizing the

potential of health incentives. Addressing these obstacles is essential for enhancing the effectiveness of health programs targeted at rural women.

The respondents' recognition of health as a driver of broader Sustainable Development Goals (SDGs) aligns with global health initiatives emphasizing the importance of health in achieving overall development (United Nations, 2015). Health incentives can contribute to achieving goals related to poverty reduction, gender equality, and education. For instance, SDG 3 aims to ensure healthy lives and promote well-being for all, which is directly linked to the socio-economic empowerment of women (WHO, 2019). Therefore, strategic investments in women's health are vital for fostering broader sustainable development. To maximize the socio-economic potential of rural women, the findings indicate a pressing need for strategic investments in healthcare infrastructure. This includes enhancing the availability and accessibility of healthcare facilities, improving transportation networks, and ensuring the availability of essential health services (Marmot et al., 2008). By addressing these infrastructural deficiencies, health incentives can be more effectively delivered, leading to improved health outcomes and socio-economic benefits for rural women.

4.6 Inferential Statistics

Pearson correlation analysis was applied to examine the relationship between the study variables. This method was used to assess the degree of association between the variables and to determine the strength of their linear relationship. The results of the analysis are presented in Table 4.8.

Table 4.8 Relationship between Study Variables

Rural women capacity building	Basic education	Rural women economic empowerment	Health incentives
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Rural women capacity building	Pearson Correlation	1			
	Sig. (2-tailed)				
Basic education	Pearson Correlation	.580**	1		
	Sig. (2-tailed)	0.000			
Rural women economic empowerment	Pearson Correlation	0.407	0.104	1	
	Sig. (2-tailed)	0.642	0.306		
Health incentives	Pearson Correlation	.697	.853	.533	1
	Sig. (2-tailed)	0.200	0.190	0.302	
Socio-economic development	Pearson Correlation	.622**	.631**	.411**	.597**
	Sig. (2-tailed)	0.000	0.000	0.000	0.000
	N	91	91	91	91

** . Correlation is significant at the 0.01 level (2-tailed).

The study findings in Table 4.8 indicated that there was a statistical significant positive correlation between rural women capacity building on socio-economic development ($r=0.622$, $p<0.01$). This implies that a unit change in rural women capacity building leads to 62.2% change in socio-economic development. When rural women capacity building are positive, socioeconomic development is also positive. The relationship between basic education and socioeconomic development was analyzed and the study findings indicated that there was a statistical significant positive effect of basic education on socio-economic development of rural women ($r=0.631$; $p<0.01$). This showed that a unit change in basic education leads to 63.1% change in socio-economic development of rural women. When basic education are positive, socioeconomic development is also positive. The study findings indicated that there was a statistical significant positive effect of rural women economic empowerment on socio-economic development of rural women ($r=0.411$; $p<0.01$). This implies that a unit change in rural women economic empowerment

leads to a 41.1% change in socio-economic development of rural women. When rural women economic empowerment are positive, socio-economic development is also positive. The study findings indicated that there was a statistical significant positive effect of health incentives on socio-economic development of rural women ($r=0.597$; $p<0.01$). This implies that a unit change in health incentives leads to 59.7% change in socio-economic development of rural women. When health incentives are positive, socio-economic development is also positive.

4.7 Multiple Regression Model Analysis

The study performed multiple regression model analyses to estimate the relationships between the study variables. The study results were tabulated in Table 4.9.

Table 4.9 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	F	Sig.
1	.802 ^a	0.643	0.613	0.0194	102.668	0.000 ^b

The correlation coefficient (R) of 0.802 in Table 4.9 indicates a strong positive relationship between the predictor variables and the outcome variable. The adjusted R Square value of 0.643 reveals that about 64.3% of the variation in the dependent variable (socio-economic development of rural women) is explained by the independent variables in the model. This suggests that rural women empowerment plays a significant role in the variation of socio-economic development, with 64.3% of the variance accounted for by the model. The remaining 35.7% of the variance is due to factors not included in the study. Overall, the multiple regression model demonstrates a

good fit in explaining the connection between rural women empowerment and socio-economic development.

Analysis of variance was used to determine if the multiple regression model was fit for the data.

The results are shown in Table 4.10.

Table 4.10 ANOVA Model

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Residual	102.882	4	19.015	102.668	0.000 ^b
	Regression	9.232	87	0.16893		
	Total	112.114	91			

The F-test from the linear regression in Table 4.10 tests the null hypothesis that the model does not explain any variance in socio-economic development ($F = 102.668$, $p = 0.000b$). The result is highly significant, suggesting that the model accounts for a substantial portion of the variance in socio-economic development. This indicates that the multiple regression model is appropriate for the data and that factors such as capacity building, basic education, rural women's economic empowerment, and health incentives influence the socio-economic development of rural women.

Additionally, the model summary demonstrated a significant prediction of socio-economic development for rural women ($p \leq 0.01$), confirming the statistical significance of the regression model. This shows that the regression model effectively predicts socio-economic development, meaning it provides a good fit for the data.

A t-test was conducted to assess the statistical significance of each regression coefficient, with the results presented in Table 4.11. This test determined the beta values, which indicate the strength of the impact of each independent variable on the dependent variable.

Table 4.11 Regression Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients		
	B	Std Error	Beta	t	Sig.
(Constant)	0.323	0.024		1.648	0.105
Rural women capacity building	0.182	0.026	0.319	6.604	0.000
Basic education	0.272	0.024	0.534	6.745	0.000
Rural women economic empowerment	0.229	0.034	0.476	8.866	0.000
Health incentives	0.216	0.046	0.253	6.354	0.000

The regression equation generated for the study as shown in Table 4.11 was as follows.

$$Y_i = \alpha + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \epsilon$$

Y (Socio-economic development) = 0.323 (Constant) + 0.182 (Rural women capacity building) + 0.272 (Basic education) + 0.229 (Rural women economic empowerment) + 0.216 (health incentives) + 0.024 (Std Error).

The regression analysis indicated that rural women's capacity building has a significant impact on their socio-economic development ($\beta = 0.182$, $p \leq 0.01$). Similarly, a significant relationship was found between basic education and the socio-economic development of rural women ($\beta = 0.272$, $p \leq 0.01$). The analysis also revealed a significant link between rural women's economic

empowerment and their socio-economic development ($\beta = 0.229, p \leq 0.01$), as well as between health incentives and the socio-economic development of rural women ($\beta = 0.216, p \leq 0.01$).

The regression function was used to explain the results of the regression model analysis.

$$Y = 0.323 + 0.182X_1 + 0.272X_2 + 0.229X_3 + 0.216X_4$$

The coefficient for rural women's capacity building is 0.182, indicating that for every one-unit increase in rural women's capacity building, there is a corresponding 0.182 change in their socioeconomic development, assuming all other factors remain unchanged. The coefficient for basic education is 0.272, meaning that a one-unit change in basic education results in a 0.272 change in the socio-economic development of rural women, with other variables held constant. The coefficient for rural women's economic empowerment is 0.229, suggesting that a one-unit change in economic empowerment leads to a 0.229 change in socio-economic development, while other factors stay constant. Lastly, the coefficient for health incentives is 0.216, meaning that a one-unit increase in health incentives leads to a 0.216 change in socio-economic development, assuming all other variables are constant.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The aim of this study was to evaluate the impact of rural women's empowerment on their socioeconomic development in Kenya. This chapter provides a summary of the findings, draws conclusions, offers recommendations, and suggests areas for future research.

5.2 Summary of Findings

This section summarizes the findings of the study as per the specific objectives.

5.2.1 Rural women capacity building and socio-economic development

The study findings showed that 70.8% of respondents agreed that capacity-building programs have enhanced rural women's confidence and leadership skills (Mean = 3.85; SD = 0.147), while 14.2% expressed disagreement. Similarly, 70.8% acknowledged that capacity-building initiatives have been implemented for rural women (Mean = 3.82; SD = 0.174), compared to 19.4% who disagreed.

Furthermore, 84.0% of participants agreed that the channels used for capacity building are both accessible and user-friendly (Mean = 3.97; SD = 0.342), with only 1.0% disagreeing. The findings also revealed that 74.0% of respondents agreed that rural women's health status has improved due to health-related incentives (Mean = 3.01; SD = 0.346), while 11.0% disagreed. Additionally, 79.0% affirmed that healthcare services have positively impacted rural women (Mean = 3.55; SD = 0.289), with 11.0% disagreeing. This implies that healthcare initiatives are recognized as valuable in supporting rural women's well-being. The majority of respondents

(78.0%) agreed that participation in capacity-building activities has encouraged rural women to engage in community development projects (Mean = 3.60, SD = 0.261), with 10.0% disagreeing.

This suggests that empowering women through capacity-building has a ripple effect, enhancing their involvement in broader community development efforts. The study results revealed that the majority of the respondents were of the view that capacity has impacted lives of rural women.

5.2.2 Basic education and Socio-economic development

The study examining the influence of basic education on the socio-economic development of rural women revealed that 89.3% of respondents acknowledged high levels of illiteracy among rural women (Mean = 4.03; SD = 0.026), with no participants expressing disagreement. Similarly, 89.3% agreed that most rural women are primary school dropouts (Mean = 4.51; SD = 0.275), and no opposing views were recorded.

Additionally, 90.2% of respondents affirmed that better health status and access to healthcare services empower rural women to participate in development activities (Mean = 4.48; SD = 0.145), with no dissenting responses. The study also found that 86.2% agreed that a significant number of rural women are high school dropouts (Mean = 4.17; SD = 0.273), while 3.1% disagreed. Furthermore, 85% of respondents agreed that many rural women marry while still in primary school (Mean = 4.15; SD = 0.210), a reflection of cultural norms that prioritize early marriage and limit educational achievement, thereby perpetuating poverty. Finally, only 50% of participants agreed that a majority of rural women have obtained a college certificate (Mean = 3.05; SD = 0.420), while 25% disagreed. This indicates that despite some advancements, higher education remains limited among rural women, restricting their potential for higher-paying jobs and economic independence. The study findings indicated that the majority of the respondents were of the view that majority of rural women are primary drop outs. The results indicate significant educational challenges faced by rural women, with high rates of illiteracy and dropout rates from both primary and secondary education.

5.2.3 Rural women economic empowerment and Socio-economic development

The findings of the study on the impact of economic empowerment initiatives on the socioeconomic development of rural women revealed that 70.5% of participants observed improvements in income levels and economic opportunities among rural women due to their involvement in such programs (Mean = 4.00; SD = 0.071), while 13.6% disagreed. Additionally, 68.3% of respondents affirmed that economic empowerment had positively influenced rural women's ability to invest in education and healthcare (Mean = 3.55; SD = 0.919), whereas 16.5% expressed dissent.

The study also indicated that 67.3% agreed that rural women face challenges in accessing markets, credit, and business support services necessary for sustaining their economic ventures (Mean = 3.55; SD = 0.476), with 18.5% disagreeing. Moreover, 61.2% of participants acknowledged that economic empowerment enhances rural women's decision-making abilities and control over resources (Mean = 3.12; SD = 0.342), while 18.7% disagreed. Lastly, 80% of respondents concurred that social and cultural factors significantly influence the effectiveness of economic empowerment initiatives (Mean = 3.75; SD = 0.485). This suggests a strong awareness that cultural norms and societal expectations can significantly impact the success of empowerment initiatives, underscoring the importance of addressing these factors to ensure sustainable outcomes. The results illustrate a generally positive view of the impact of economic empowerment initiatives on rural women, particularly concerning income levels and investment in education and healthcare.

5.2.4 Health incentives and Socio-economic development

The study revealed that 71.5% of respondents agreed that access to healthcare services and health incentives contribute to improving the health and well-being of rural women (Mean = 3.78, SD = 0.112). This indicates a strong perception of the benefits associated with healthcare access,

suggesting that initiatives aimed at improving health services are viewed positively and are likely having a meaningful impact on women's lives. Findings showed that 73.1% of respondents acknowledged the barriers faced by rural women in accessing healthcare services, preventive measures, and health information (Mean = 3.83, SD = 0.417). This highlights the recognition of systemic challenges that can impede health access, signaling a need for targeted interventions to eliminate these barriers. Approximately 82.7% of respondents agreed that improved health status and access to healthcare services empower rural women to engage in development initiatives (Mean = 3.95, SD = 0.243). This underscores the notion that health is not just a personal issue but a catalyst for broader community development, reinforcing the importance of health as a foundational component of socio-economic empowerment. The study results indicated that 90% of respondents agreed that investing in women's health contributes to achieving broader sustainable development goals (Mean = 4.10, SD = 0.325). This strong consensus highlights the critical role of women's health in driving sustainable development, indicating that health investments are essential for fulfilling various social and economic objectives. About 80% of respondents recognized that inadequate healthcare infrastructure and services have significant implications for rural women's health outcomes (Mean = 4.00, SD = 0.275). This suggests a widespread understanding that infrastructural deficiencies hinder health outcomes, thereby affecting women's overall socio-economic development.

5.3 Conclusions of the Study

The study indicates that 70.5% of respondents acknowledged improvements in rural women's income levels and economic opportunities as a direct result of participating in economic empowerment initiatives. This demonstrates a strong positive perception of economic empowerment as a driver of financial independence. However, 68.3% of respondents also noted that rural women face challenges in accessing markets and credit facilities. These barriers suggest

that while economic empowerment initiatives yield positive outcomes, structural impediments still require attention to maximize their effectiveness.

The findings reveal that 71.5% of respondents agreed that access to healthcare services and health incentives significantly contribute to improving the health and well-being of rural women. This indicates a clear recognition of the importance of health access in enhancing socioeconomic status. Additionally, 82.7% of respondents stated that improved health empowers women to engage in development initiatives. This correlation emphasizes that investments in women's health are not only vital for individual well-being but also critical for broader socioeconomic development.

A significant 70.8% of respondents agreed that capacity-building initiatives have positively impacted rural women's confidence and leadership abilities. Furthermore, 84.0% reported that capacity-building channels are easily accessible. This data reflects the effectiveness of these programs in fostering leadership and empowering women, which in turn enhances their engagement in community development projects (78.0% agreement).

The study highlights critical educational challenges faced by rural women, with 89.3% of respondents agreeing that most rural women are illiterate. Additionally, 90.2% of respondents affirmed that improved health and access to healthcare services empower rural women to engage in development initiatives. The high dropout rates from primary and secondary education - evident from findings indicating that 89.3% and 86.2% of respondents agree that many women are primary and high school dropouts respectively - illustrate the urgent need for targeted educational interventions to break the cycle of poverty and enhance socio-economic development.

5.4 Recommendations for the Study

The study recommends the following actions based on the specific objectives:

Stakeholders should design and implement comprehensive economic empowerment programs that not only focus on skill development but also address market access and cultural barriers.

Governments and NGOs should invest in enhancing healthcare infrastructure in rural areas to facilitate better access to healthcare services and health incentives for women.

There is a need to scale up capacity-building initiatives that focus on leadership development, financial literacy, and entrepreneurship for rural women.

Educational institutions and policymakers should develop targeted interventions to reduce dropout rates among rural women, ensuring they have access to quality education and support systems.

5.5 Suggestions for Further Research

The study recommends further research on the following areas:

Conducting longitudinal studies to track the long-term impacts of empowerment initiatives on the socio-economic development of rural women over time.

Exploring the influence of specific cultural practices and beliefs on the effectiveness of empowerment programs for rural women.

Investigating the effects of empowerment initiatives in different regions of Kenya or other countries to identify best practices and lessons learned.

Examining how intersecting factors such as age, marital status, and education level affect the outcomes of empowerment initiatives among rural women.



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APPENDICES

APPENDIX I: CONSENT LETTER

I am writing to invite you to participate in a research study titled "Examining the Influence of Rural Women Empowerment on Sustainable Development in Chesumei Sub County," which aims to explore the influence of rural women's empowerment on sustainable development in Chesumei Sub-County. Your participation in this study is crucial for gaining insights into the experiences and perspectives of rural women in the community.

Participation in this study involves completing a survey and participating in interviews. Your participation requires approximately thirty minutes of your time. Your responses will be kept confidential, and your identity was anonymized in the final report and any publications resulting from this research. Participation in this study is entirely voluntary, and you have the right to withdraw at any time without any consequences.

By agreeing to participate in this study, you are providing consent for your responses to be used for research purposes. Thank you for considering this invitation and I look forward to your valuable contribution to this research.

Sincerely,

Biwott Eliud

APPENDIX II: QUESTIONNAIRE

Dear Participant,

Thank you for agreeing to participate in this research study. The purpose of this questionnaire is to gather information about the influence of rural women's empowerment on sustainable development in Chesumei Sub-County. Your responses will provide valuable insights into the experiences, perspectives and challenges faced by rural women in the community.

Please note that your participation in this study is entirely voluntary, and all responses was kept confidential. Your identity was anonymized in the final report and any publications resulting from this research

Demographic Section

1. What is your age bracket

- a) 18-30 () b) 31- 40 () c) 41-50 () c) 51- 60 () d) 61- 70 () e) above 70

Specific information Section

1. Do you know of any capacity building initiatives in Chesumei Sub County?

Yes () No () If yes highlight some which you know

.....

Provide your opinion on the statement that Capacity building initiatives for rural women in Chesumei Sub-County have had an impact in their knowledge and skills related to sustainable agricultural practices. 1-Strongly disagree 2- Disagree 3- Neither Disagree nor Agree 4- Agree 5- Strongly Agree

		1	2	3	4	5
1.	There are changes observed in rural women's confidence and leadership abilities as a result of capacity building programs					
2.	Capacity building has been done for rural women					
3.	Capacity has impacted lives of rural women					
4.	Health status of rural women has improved through health incentives					
5.	Health care services have benefited rural women					
6.	Participation of rural women in capacity building activities influences their engagement in community development projects					

Provide your opinion on the statement that level of education of rural women leads to their empowerment. 1-Strongly disagree 2- Disagree 3- Neither Disagree nor Agree 4- Agree 5- Strongly Agree

		1	2	3	4	5
1	Majority of the rural women are illiterate					
2	Majority of Rural women are primary drop outs					
3	Improved health status and access to healthcare services empower rural women to engage in development initiatives					
4	Majority of rural women are high school drop outs					
5	Majority of rural women got married while still primary					
6	Majority of Rural women have acquired college certificate					

Please provide your opinion on rural women's income levels and economic opportunities as a result of participating in economic empowerment initiatives. 1-Strongly disagree 2- Disagree 3- Neither Disagree nor Agree 4- Agree 5- Strongly Agree

		1	2	3	4	5
1	There have been changes observed in rural women's income levels and economic opportunities as a result of participating in economic empowerment initiatives					
2	Economic empowerment has impacted rural women's ability to invest in education and healthcare.					
3	There have been challenges faced by rural women in accessing markets, credit facilities and business support services to sustain their economic activities					
4	Economic empowerment contribute to improving rural women's decision-making power and control over resource					
5	There are social and cultural factors that influence the effectiveness of economic empowerment initiatives for rural women in promoting sustainable development outcomes.					

Please provide your opinion that access to healthcare services and health incentives leads to improving the health and well-being of rural women. 1-Strongly disagree 2- Disagree 3- Neither Disagree nor Agree 4- Agree 5- Strongly Agree

		1	2	3	4	5
1	Access to healthcare services and health incentives, such as maternal and child health programs or vaccination campaigns, contribute to improving the health and well-being of rural women.					
2	There are barriers faced by rural women in accessing healthcare services, preventive measures, and health information in your area					
3	Improved health status and access to healthcare services empower rural women to engage in development initiatives					
4	Investing in women's health contribute to achieving broader sustainable development goals.					
5	There are implications of inadequate healthcare infrastructure and services for rural women's health outcomes					

APPENDIX IV: ISERC LETTER



REF: MKU/ISERC/4045
TO: BIWOTT ELIUD

Date: 30 July 2024

REG: MDS/2021/773785

Dear Sir/Madam,

RE: INFLUENCE OF RURAL WOMEN EMPOWERMENT ON SOCIO - ECONOMIC DEVELOPMENT IN CHESUMEI SUB COUNTY, NANDI COUNTY -KENYA

This is to inform you that Mount Kenya University has reviewed and approved your above research proposal. Your application approval number is 2953. The approval period is 30/07/2024 - 29/07/2025.

This approval is subject to compliance with the following requirements:

- i. Only approved documents including informed consents, study instruments, MTA will be used
- ii. All changes including amendments, deviations and violations are submitted for review and approval by Mount Kenya University
- iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to Mount Kenya University within 72 hours of notification
- iv. Any changes, anticipated or otherwise that may increase the risks or affect the safety or welfare of study participants and others or affect the integrity of the research must be reported to Mount Kenya University within 72 hours
- v. Clearance for export of biological specimens must be obtained from relevant institutions
- vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal
- vii. Submission of an executive summary report within 90 days upon completion of the study to Mount Kenya University

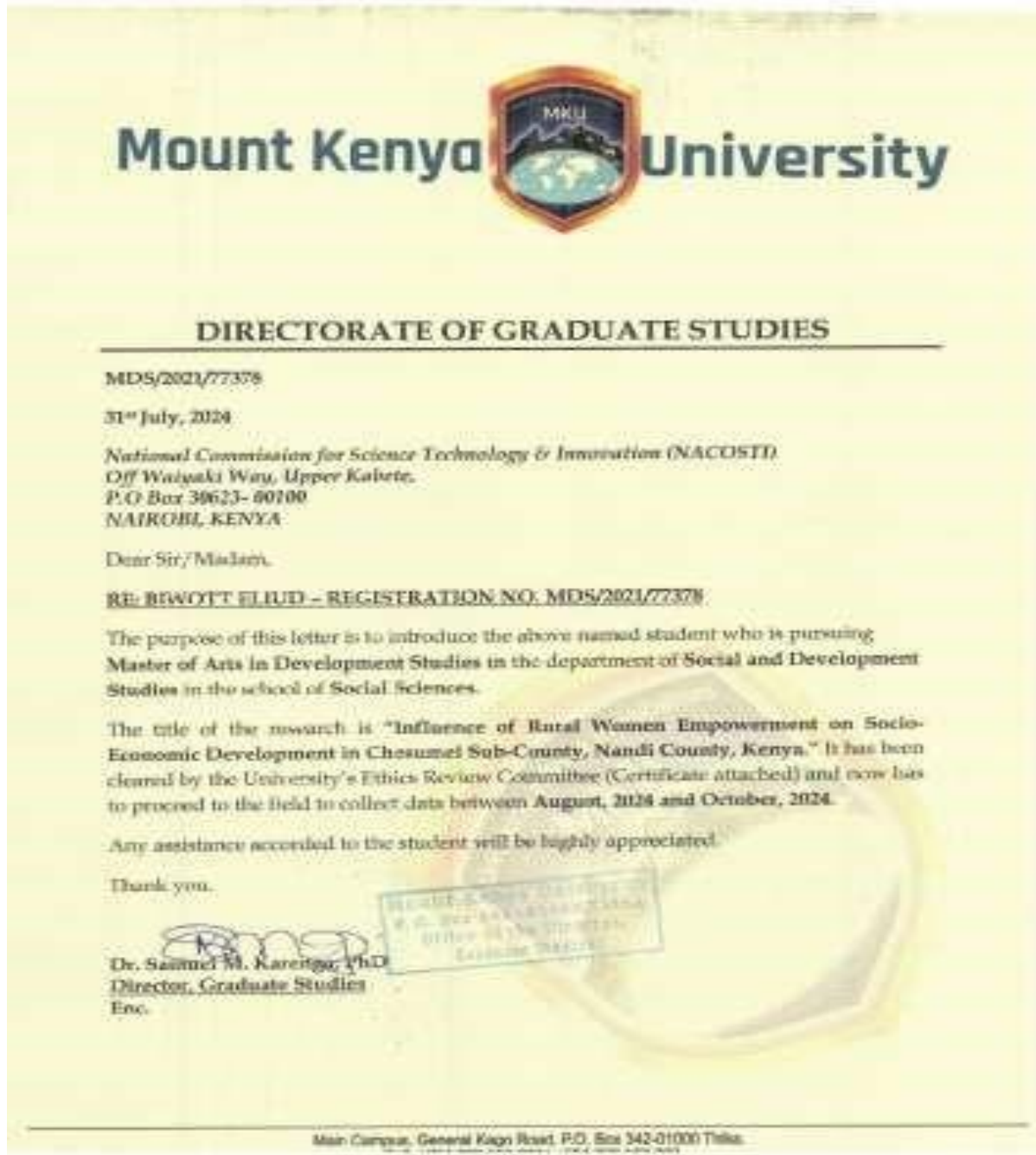
Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) <https://research-portal.nacosti.go.ke> and also obtain other clearances needed.

Yours sincerely,

Dr. Alfred Owino, PhD
Chairman, Mount Kenya University ISERC



APPENDIX V: LETTER FROM UNIVERSITY



APPENDIX VI: NACOSTI PERMIT

 <p>REPUBLIC OF KENYA</p>	
<p>Ref No: 718828</p>	<p>Date of Issue: 12 August 2024</p>
<p>RESEARCH LICENSE</p>	
	
<p>This is to Certify that Mr., Elind NA Binoti of Moiest Kenya University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Nairobi on the topic: INFLUENCE OF RURAL WOMEN EMPOWERMENT ON SOCIO- ECONOMIC DEVELOPMENT IN (CHESUMBI SUB COUNTY, NANDI COUNTY -KENYA for the period ending: 12/August/2025.</p>	
<p>Licensed No: NAUCDSITIP/24038778</p>	
<p>718828</p>	
<p>Applicant Identification Number</p>	<p>Director General NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION</p>
<p>Verifying QR Code</p>	
	
<p>NOTE: This is a computer generated License. To verify the authenticity of the document, Scan the QR Code using QR scanner application.</p>	
<p>See overleaf for conditions</p>	

APPENDIX VII: PLAGIARISM REPORT



The screenshot shows a Turnitin plagiarism report for a document. At the top left is the Turnitin logo and the text "Page 2 of 120 - Integrity Overview". At the top right is the submission ID "Submission ID: 1321180000". The main heading is "17% Overall Similarity" with a subtext: "The combined total of all matches, including overlapping matches, for your document." Below this is an "Exclusions" section showing "1 Excluded Source".

The "Match Groups" section lists four categories:

- Match Group 1: 44% Cited and Quoted 15%** (Matches with verified sources, citations and quotation marks)
- Match Group 2: 41% Missing Quotations 2%** (Matches that are not very similar to source material)
- Match Group 3: 1% Missing Citation 0%** (Matches that have quotation marks, but no correct citation)
- Match Group 4: 0% Cited and Quoted 0%** (Matches with correct citation, but no quotation marks)

The "Top Sources" section lists:

- 13% Internet sources
- 10% Publications
- 6% Submitted work (Student Papers)

The "Integrity Flags" section shows "8 Integrity Flags for Review" and "No suspicious text manipulation found." A blue callout box contains the following text:

Our system's algorithms look deeply at a document for any suspicious areas that would not be caught from a normal submission. If you notice something strange, let flag it for you to review.

A flag is not necessarily an indicator of a problem. However, we recommend you check your submitted work for further review.

APPENDIX III: MAP OF THE STUDY AREA

Mount Kenya



Source: Google Maps, (2024)

Mount Kenya