

The Role of Women's Micro-enterprises in Enhancing Rural Households' Access to Basic Needs and Services: Evidence from Fish Selling Micro-enterprises in Kilwa District, Tanzania

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Abstract

This paper examines the role of women's micro-enterprises (WMEs) in enhancing rural households' access to basic needs and services. A case study was carried out among women's micro-enterprises involved in fish selling business in Kilwa District. The sample was selected from two fish selling markets namely Nangurukuru and Somanga. From the target population of 210 women entrepreneurs, 86 respondents were sampled for this study through stratified and random sampling. A mixed methodology was employed whereby quantitative and qualitative data were collected concurrently by use of questionnaires (both structured and unstructured) and interviews, hence analyzed concurrently. The study findings suggest that women's micro enterprises play a crucial role in enhancing rural households' access to basic needs including food, clothing and housing as well as access to basic services including education and health care.

Key Words: Micro-enterprises, Women Entrepreneurs, Rural poverty, Poverty Reduction.

1. Introduction

Rural households' access to basic needs and services in Tanzania remains problematic. Despite government's efforts to promote access to basic needs and services, rural households particularly the poor continue to be excluded from access to basic needs and social services. Poor access to basic needs and services is correlated with poverty that persists in rural Tanzania. Although the Human Development Index (HDI) for Tanzania rose from 0.484 in 2012 to 0.488 in 2013, the situation remains severe. Five decades after independence Tanzania remains one of the world's poorest economies ranking 159 out of 187 countries based on HDI score (UNDP, 2014). Also, recent data show that over the last two decades Tanzania has achieved a limited decline in poverty levels especially in rural areas. Over this period, the proportion of the population below the basic needs poverty line declined from 35.7 per cent to 28.2 per cent and the incidence of food poverty fell from 18.7 per cent to 9.7 per cent. Despite these achievements, poverty levels remains higher in rural areas where 33.3 per cent of rural households live below the basic needs poverty line, compared to 21.7 per cent of households in urban areas (except Dar es salaam) and 4.2 per cent in Dar es Salaam (NBS, 2009; and 2014).

2. Micro-Enterprises Definition

There is no universally accepted definition of micro enterprises (MEs). Different regions or countries have defined MEs differently basing on local operations and conditions. Also, MEs have been defined differently by different organizations found in the same country. It should be noted therefore that certain definitions may not be applicable in certain regions or settings. In Tanzania there are different definitions of MEs employed by different organizations. For instance, the Economic and Social Research Foundation (ESRF) defines MEs basing on the number of employees, production process, technology, markets, sources of credit and location. Using these criteria a micro enterprise has been defined as one having the following characteristics: it employs 1-4 people, it uses simple production process with labour intensive technology, it depends on local community markets, its credit depends on savings or friends and located at home, shop or designated premises (ESRF, 1997).

Despite the presence of many definitions of MEs in Tanzania, this paper adopts the definition by the Tanzania's Small and Medium Enterprises (SMEs) Development policy. The SMEs Development policy (2002) provided an operational definition of MEs to include any non-farm enterprise that employs fewer than five employees with a capital investment not exceeding 5 million Tanzania shillings.

3. Women's Position in Business and Micro-enterprises.

Women involvement in business is a global phenomenon. Globally, women business owners have been

increasing steadily and today women in advanced market economies own more than 25% of all business (Woldie and Adersua, 2004). In Tanzania, Women's involvement in MEs dates back to pre-colonial period (Koda, 1997). During this period women were involved in activities like pottery and basketry, which were among the pre-colonial enterprises producing trade items in long distance and local trade. However, it should be noted that women's position in business as in many other fields, has traditionally been constrained by various factors. For many centuries socio-economic practices segregated women from activities outside domestic domain. Therefore, women were brought up to believe that they had a limited part to play in the day-to-day affairs outside the domestic domain. Consequently, women involvement in MEs became very small during pre-colonial period (Nchimbi, 2002; Ekechi, 1995).

During the colonial period women's position in MEs continued to be marginalized. Colonialists introduced a deliberate policy to discourage participation of indigenous African in business in favor of the Indians. This situation had adverse impact in the development of indigenous entrepreneurial activities. The fact that the colonial system created socio-economic environment that restricted African women and men from effective involvement in MEs, discouraged women's involvement in business (Rweyemamu, 1973).

The early post-independence period beginning from 1961 to mid 1980s did not bring about positive changes in women's position in business. Political developments during this period discouraged the growth of MEs and other small business. For instance, Arusha Declaration of 1967 adversely affected women Entrepreneurs. The Declaration set out a policy focusing on building socialism and self-reliance. The result of this declaration was a substantial increase in state intervention in the economy that led to the development of large-scale, monopolistic, mostly state-owned enterprises. The government took control of the production of many goods, import and export marketing tasks, the allocation of resources and foreign exchange, and the determination of prices. These control mechanisms were used to discourage the private sector and stimulate the development of the public sector (Olomi 2001; Nchimbi, 2002).

Women's involvement in MEs started to grow rapidly from mid-1980s after economic crisis and implementation of International Monetary Fund (IMF) and World Bank (WB) Structural Adjustment reforms. Socio-economic environment during this period promoted women's MEs in two ways: First economic crisis forced women to assume added responsibility in sustaining the family and second, the government reforms that encouraged private sector development promoted the growth of MEs. For instance, from 1986 to early 1991 the government adopted and implemented the Economic Recovery Programmes (ERPs), designed to transform the state-led economy into a market-driven economy. ERPs were associated with privatization processes and retrenchment of government employees leading to creation of favorable environment for MEs to develop. Since then several new policies have been put in place in favor of MEs. These policies include the National Micro Finance Policy (2000), the Strategic Trade Policy (2002), the Business Environment Strengthening in Tanzania (BEST) Programme (2001) and National SME Development Policy (2003).

4. Rural households access to basic needs and services

'Accessibility' appears in the social science literature as a relatively recent concept. According to UK Social Exclusion Unit (SEU), (2003) accessibility of a service or activity is generally a function of its usability and usefulness, cost, timeliness and ease of physical access. According to Abley, (2010) 'accessibility' implies an attempt to express the scale and quality aspect of access against some standard or expectation. It can therefore be thought of as a comparative measure or judgment. Chapman and Weir (2008), having reviewed much of the literature on accessibility, state succinctly that accessibility 'relates to ease of access'. Generally, accessibility is most commonly used to refer to the ability of people to 'get at' services and activities that are important for their wellbeing (SEU, 2003; Abley, 2010).

Globally, rural households continue to be marginalized in terms of access to basic needs and social services. Although about half of the global population lives in rural areas, these areas enjoy a small share of basic needs and social services (IFAD, 2010). Rural areas have lower levels of access to primary health care services, education, clean water and sanitation, as well as higher levels of food insecurity. Evidence from International Fund for Agricultural Development (IFAD) (2001) report shows that access to adequate sanitation is lower in rural areas in 93% of countries, access to clean drinking water in 97% of cases and access to primary health care in 100% of cases (IFAD, 2000). This view is shared by Bird et al (2002) who observes that the more geographically remote and economically marginal a rural area is, the stronger the probability that health services will be not only below national averages but also below rural averages.

Rural-urban divide in social services is evident in Europe and elsewhere around the world. In several south-

eastern European (SEE) countries over 70% of rural children do not access an early childhood service before entering school; children living in rural areas are also less likely to attend preschool facilities than children living in urban areas (Bennett, 2010). The proportion of children aged 3–5 years educated in nursery schools in Poland in 2003 was 8% in rural areas, compared to 58.9% in urban areas. In Norway, the proportion of children in kindergarten is marked by regional differences reflecting a rural–urban divide: for instance, 76% in Oslo and 52% in the rural Aust-Agder region (EC, 2008). There is a similar problem in access to health services. Research undertaken by the European Rural and Isolated Practitioner Association (EURIPA, 2010) on public health and health services in rural areas reported a big rural-urban gap in access to health services. For instance, in Romania, there were more than three times as many pharmacies registered in urban areas than in rural areas; despite the fact that nearly half the population lives in rural areas (Vladescu et al., 2008).

In Africa, empirical literature confirms the existence of rural-urban inequalities in access to basic needs and social services. For instance, an analysis of poverty in Ghana showed that urban dwellers and males had achieved higher levels of education and spent more years in school (Boateng et al., 2001). A study by Dava et al, (2000) shows the existence of rural-urban inequalities in access to education. Also, the study found that literacy rates among those that have ever attended school are lower in rural areas than in urban, reflecting differences in school dropout rates, school quality, or both. Evidence from Nigeria shows that there are wide variations in access to education by state and rural-urban residence; in general, literacy rates are higher in urban areas than in rural areas (Okojie et al, 2000).

In Tanzania, rural-urban inequalities in access to basic needs and services are well documented. There is a clear gap between rural and urban households' access to food, electricity, education, health care as well as water and sanitation services. For instance, electricity coverage of the grid connectivity is more extensive in urban areas than rural areas. About 68 percent of households in Dar es Salaam, 36 percent in other Urban Areas and 4 percent of rural households are connected to electricity grid. In education, primary school enrollment ratios are higher in urban areas than in rural areas. Similarly, rural-urban gap exist in access to improved sources of water. On average, 81.5 per cent of urban households (except Dar es Salaam) have access to improved sources of water compared to 57.5 per cent in rural areas (NBS, 2014).

5. Women's MEs and access to basic needs and services

Empirical and theoretical literatures show that women's micro-enterprises play an important role in rural livelihoods. However, there is scarce availability of literature that focus on the role of women's micro-enterprises in enhancing rural households' access to basic needs and services. Most entrepreneurship literatures have focused on the role of micro-enterprises in poverty reduction and scholars have come up with different views. Despite the debates on this matter, there is a wide a consensus that micro enterprises helps to reduce poverty and improve households access to basic needs and services. Empirical data from Khandker (1998) indicate that during the 1990s, the government of Bangladesh overcame rural poverty by the establishment of micro-enterprises financed by Grameen Bank. During that period the rate of poverty reduction was 8.5% annually, which is quite remarkable. Also a study conducted by Chen and Dunn (1996) suggests that households associated with micro-enterprise activities have higher income, fixed assets, education and nutrition level. Sylvia and Pedwell (2008) noted that women's involvement in business empower them economically and enable them to contribute more to overall development. This view is shared by Brindley, (2005) who states that women's entrepreneurial activities are not only a means for economic development but also have positive social impacts for the individual, family and their social environment. Also, a study by International Labour Organization (ILO) (2003) in Ethiopia found out that women's micro-enterprises had important role to play in households' access to basic needs.

6. Purpose of the study

The purpose of this study was to examine the role of women's micro-enterprises in enhancing rural households' access to basic needs and services. Many studies have been conducted on the role of micro-enterprises on rural livelihoods. However, many of them have dealt with the impact of micro-enterprises on poverty reduction while some have focused on the impact at enterprise level by looking at the goods produced, employment created and income generated. It should be noted that employment creation or income generation cannot necessary result into poverty reduction at entrepreneurs' household level. Profits can be spent in a number of ways including re-investing in the enterprise, paying out as higher wages to employees, or repaying the loans invested in business. Therefore, this study aimed at assessing the extent to which involvement in micro-enterprises brings positive

changes at household level by enhancing access to basic needs and social services.

7. Research questions

1. How much profit is generated by women's micro-enterprises?
2. To what extent do women's micro-enterprises enhances rural households' access to basic needs?
3. To what extent do women's micro-enterprises enhance households' access to basic services?

8. Methodology

This study employed mixed research methodology. Concurrent mixed design was used where by qualitative and quantitative data were collected at the same time during the study and the information was integrated in the interpretation of the overall results. Qualitative and quantitative data were collected concurrently to best understand the linkages between women's involvement in micro-enterprises and access to basic needs and services. The mixed methodology was chosen in order to overcome the limitation of using one method and to allow a comprehensive understanding of the research problem.

8.1 Research site

Data were collected from women's micro-enterprises in Kilwa District. The district was chosen due to two reasons. First, Kilwa is among the districts with high poverty incidence in Tanzania. Poor households are more likely to be excluded from access to basic needs and services compared to non-poor households. In this context, it was worth to assess how micro-enterprises can be used in enhancing access to basic needs and social services. Second, there is relatively larger proportion of women employed in fish selling micro-enterprises in this district creating the need to assess how these activities impacts on household welfare in terms of access to basic needs and social services. The study was carried out in two markets namely Nangurukuru and Somanga.

8.2 The target population and sample size

The target population for this study was all women entrepreneurs who depended on fish selling micro-enterprises as the main source of income in Nangurukuru and Somanga Market in Kilwa District. There were 210 women entrepreneurs in the study population from which a sample of 86 respondents was chosen. To enable comparison between the two markets from which the sample was chosen, stratified (dividing up the population into smaller groups) sampling was applied to select the participants basing on their locations. The strata were labeled as category A and B. Category A—those women entrepreneurs found in Nangurukuru market and category B—those women entrepreneurs found in Somanga market.

8.3 Research instruments and procedures

Questionnaires and interview schedules were used to collect data. The questionnaires had both open ended and close-ended questions. A pilot study was conducted at the Nangurukuru Market prior data collection. In this pilot study, a preliminary interview was carried out and questionnaires were administered to 20 women to test the research instruments for validity and reliability. During the research, questionnaires were administered to all 86 respondents while interviews were carried out to 28 women entrepreneurs.

In administering questionnaires, respondents were informed in advance then issued with questionnaires and the researcher guided in filling them. The completed questionnaires were collected immediately after the exercise. This exercise was carried out during the evening after business hours. Interviews were conducted to 28 respondents and field notes were taken. To ensure privacy and reduce noise barrier, the women to be interviewed were informed four days earlier and an appropriate time set, particularly in the evening after business hours.

8.4 Data analysis

Qualitative and quantitative data were analyzed concurrently using quantitative and qualitative techniques. The data were analyzed concurrently in order to allow complementarity between qualitative and quantitative data, and facilitate flow of information. Qualitative data were analyzed through identification of themes and

categories. It involved developing codes that draw connections between themes and categories and applying them to textual data from interviews, and questionnaires. Summaries of the findings were generated and qualitative data were finally given a numerical value by counting the occurrence of themes and categories.

Analysis of quantitative data was done by use of SPSS (Statistical Package for the Social Sciences) version 20.0. Frequencies and percentages were computed in order to determine the degree and magnitude of occurrence of variables. Additionally, an independent samples t-test was computed to compare perception differences in access to basic needs (food, clothing and shelter) between micro entrepreneurs found at Nangurukuru market and those at Somanga market. Information was then generated and presented in form of tables indicating frequencies, percentages and t-test results.

9. Results and discussion

This section presents the research findings on the role of women's micro-enterprises in enhancing rural households' access to basic needs and services. A detailed discussion is provided for each finding to provide an understanding on the linkages between women's micro-enterprises and access to basic needs in the study area. The remaining part of this section is organized into three substantive parts based on the research questions and findings.

9.1 Profits generated from women's micro-enterprises

Table 1 below shows the monthly profits generated by women's micro-enterprises. The study found that 2 (2.3%) women had a monthly profit less than 50,000 Tanzanian shillings (Tshs), 16 (18.6%) had monthly profit ranging from Tshs 50,000 to less than 100, 000 shillings, 58 (67.4%) had monthly profit ranging from Tshs 100,000 to less than 150, 000 shillings and 11 (11.6%) had monthly profit above Tshs 150,000. One important observation can be made here; majority of women's micro-enterprises generated monthly profits above the food poverty line as well as basic needs poverty line¹. This finding is consistent with the study of Maliti and Mnenwa (2008) which uncovered that majority of small enterprises in Dar es Salaam generated profits above the poverty line. This suggests that women's micro-enterprises generate incomes that can contribute to improve households' access to both food and other basic needs.

Table 1. Profits generated from women's micro-enterprises

	Frequency	Per cent	Valid percent
Less than Tshs 50,000	2	2.3	2.3
Tshs 50,000 to < Tshs 100,000	16	18.6	18.6
Tshs 100,000 to < Tshs 150,000	58	67.4	67.4
Tshs 150,000 and above	10	11.6	11.6
Total	86	100	100

¹ According to National Bureau of Statistics (2014) basic needs poverty line is 36,482 Tanzanian Shillings per adult equivalent per month and food poverty line is 26,085 Tanzanian Shillings per adult equivalent per month (p. 96).

9.2 Micro-enterprises and access to basic needs

Table 2. Distribution of respondents by use of income from micro enterprises

	Responses		Percent of cases
	Frequency	Percent	
Food items	86	14.20%	100.00%
Clothing	86	14.20%	100.00%
Housing	52	8.60%	60.50%
Household assets	86	14.20%	100.00%
Health	86	14.20%	100.00%
Education	41	6.80%	47.70%
Water	82	13.50%	95.30%
Electricity	6	1.00%	7.00%
Fuel for cooking	71	11.70%	82.60%
Savings	5	0.80%	5.80%
Reinvest in same business	4	0.70%	4.70%
Reinvest in other business	1	0.20%	1.20%
Total	606	100.00%	704.70%

Table 2 above shows that majority of women entrepreneurs spent the income earned from micro enterprises for immediate household needs. While all respondents spent their income for food, clothing, health care and household assets, more than half of the respondents spent their income for housing. On average 77 per cent of the respondents spent their incomes for household consumption. This is consistent to what literatures say that women are more altruistic and express a greater propensity to spend more of their income earned on household welfare (Agarwal, 1985; Kevane and Wydick, 2001; Mayoux, 1995). While in many households women contribute a major proportion of their labour, time and their total income to the needs of the households, men tend to have a considerable autonomy over how they spend their income as Pearson (1992) puts it. Thus, women's micro-enterprises have a trickledown effect on the survival and welfare needs of household members.

9.2.1 Access to food

Table 3 below presents the opinion of respondents when the researcher sought to find out whether there was any change in ability to meet basic needs within a period of involvement in micro-enterprises. Majority of respondents agreed that there were changes in ability to meet basic needs. In terms of access to food, 72 (83.7%) responded that business had improved their access to food while 14 (16.3%) responded that business had not improved their access to food. It was interesting to find that, in relative terms, entrepreneurs with higher monthly profits allocated less percentage of their income to the food budget than the entrepreneurs with lower monthly profits. This finding is consistent to the view that the poor spend larger share of their income on food. For example, the Household Income and Expenditure Survey of 1995/96 in Sri-Lanka defined as one of the criteria that a household that spent more than 50 percent of its income on food was regarded as poor (see also, National Bureau of Statistics, 2013; and Mkenda, 2005). Thus, entrepreneurs with lower monthly profits are relatively poorer than those with higher monthly profits.

Table 3. Responses related to the role of WMEs in access to basic needs

	Response	Frequency	Per cent (%)
Access to food	Better today	72	83.7
	Same today	14	16.3
	Worse today	0	0
Access to clothing	Better today	72	83.7
	Same today	14	16.3
	Worse today	0	0
Access to housing	Better today	52	60.5
	Same today	34	39.5
	Worse today	0	0

Also the study sought to understand the kind of improvements in access to food from respondents' perspectives. The findings show that 52 (60.5%) respondents admitted that they were able to afford two decent meals per day while 34 (39.5%) respondents admitted that they were able to afford three meals per day. Respondents admitted that the major food items were rice, maize, bananas and fish which are the customary food items in the study area. This is remarkable improvement given the fact that significant number of rural households in Tanzania experience food shortages. Although the country is self-sufficient in food production since 2005, food shortages continue to be experienced in some districts including Kilwa. The most recent data indicate around 23% of all households in rural mainland Tanzania are food-insecure (URT, 2012). Also, results from the Tanzania Demographic Health Survey (TDHS), (2010) indicate increase in the percentage of households which consume one meal per day. Overall, the percentage of households in Tanzania mainland, which usually consumed one meal a day, increased from 1% in 2007 to 2.8% in 2010 (NBS, 2011). Rural households are far more likely to be food insecure than urban households; 3.1% of rural households consumed only one meal a day compared with 2% of urban households.

9.2.2 Access to housing

In terms of access to housing, 52 (60.5%) responded that business had improved their access to better housing while 34 (39.5%) responded that business had not improved their access to better housing. There is one important observation here; although more than half of the entrepreneurs reported improvements, there were still many entrepreneurs who did not report improvements in housing standards. This can be accounted by the fact that micro-enterprises generate small profits that cannot meet the higher costs needed to improve housing.

Also the findings indicate that, 30 (34.9%) admitted that they were able to repair their houses, 18 (20.9%) were able to hire a better house and 4 (4.7%) were able to construct their own houses while 34(39.5%) admitted that there were no changes in housing. Generally, the study found that 43 (50%) respondents were living in houses with modern floor, 44 (51.2%) were living in houses with modern walls and 52 (60.5%) were living in houses with modern roofs¹. It is interesting that women entrepreneurs' housing conditions are relatively better compared to national standards. Data from Household Budget Survey (HBS) 2011/12 shows that 20 per cent of rural households were living in houses with modern floor, 5 per cent were living in houses with modern walls and 54.8 per cent were living in houses with modern roof.

9.2.3 Access to clothing

In terms of access to clothing, 72 (83.7%) respondents admitted that business had improved their access to clothing while 14 (16.3%) respondents admitted that business had not improved their access to clothing as shown in table 3 above. It is interesting to note that although many respondents reported improvement in clothing, still significant proportion of the respondents did not report improvements in access to clothing. Despite being neglected in many literatures on rural poverty, lack of decent clothing continues to be a challenge for the rural

¹ According to the 2000/01 HBS, modern floor materials include cement, tiles etc and exclude earth floor; modern walls include baked/burnt bricks and concrete bricks and concrete/cement/stone; modern roof materials include metal sheets, tiles, concrete, cement and asbestos sheets (p.160).

population. With higher percentage of basic needs poor (33.3%) and food poor (11.3%), rural population in Tanzania would obviously face problems in access to clothing (NBS, 2014).

Based on the findings from table 3 above, independent samples t-test was computed to compare mean score for two research sites namely Nangurukuru market and Somanga market. The results indicated that there was no perception difference in access to basic needs. The mean score for Nangurukuru market was ($M = 1.1628, SD = .37354$); similar to that of Somanga market ($M = 1.1628, SD = .37354$). The significance value (two tailed) is 1.000 which is above .05 as shown in figure 4 below. Therefore there is no significant difference between the two groups.

Table 4: T-test comparing perception differences in access to basic needs between Entrepreneurs at Nangurukuru market and those at Somanga market.

	df	Sig (2-tailed)	Mean difference	Std error difference	t-test
Access to food	84	1	0	0.08056	0
Access to clothing	84	1	0	0.08056	0
Access to housing	84	1	0	0.08056	0

9.3 Micro enterprises and access to basic services

Table 5 below presents the opinion of respondents when the researcher sought to find out whether there was any change in ability to access basic services as a result of involvement in micro-enterprises. Majority of respondents agreed that their access to basic services has improved over the last one year. In terms of access to health care, 84 (97.7%) responded that business had improved their access to health care while 2 (2.3%) responded that business had not improved their access to health care. In terms of access to education for children and dependants, 76 (88.4%) responded that business had improved access to education while 10 (11.6%) responded that business had not improved access to education services. In terms of access to water services, 2 (2.3%) responded that business had improved their access to clean water while 84 (97.7%) responded that business had not improved their access to clean water. In terms of access to electricity, 44 (51.2%) responded that business had improved their access to electricity while 42 (48.8%) responded that business had not improved their access to electricity. The remaining part of this section is organized into three substantive parts.

Table 5. Responses related to role of WMEs in access to basic services

	Response	Frequency	Percent (%)
Access to health care	Better today	84	97.7
	Same today	2	2.3
	Worse today	0	0
Access to education for children	Better today	76	88.4
	Same today	10	11.6
	Worse today	0	0
Access to clean water	Better today	2	2.3
	Same today	84	97.7
	Worse today	0	0
Access to electricity	Better today	43	50
	Same today	43	50
	Worse today	0	0

9.3.1 Access to health care services

In terms of access to health care, the research targeted three areas: (i) distance to the nearby health facility, (ii) ability to meet the costs for primary health care and (iii) ability to meet the costs for referral to district hospital. The research found that 82 (97.7%) respondents were within 6 kilometers from the nearby health facility and 2 (2.3%) respondents were not within 6 kilometers from the nearby health facility. It might be tempting to

conclude that involvement in micro-enterprises is associated with reduced distances to health facilities. However, looking at the current policies for social services delivery, that might not be the case. The location of health services depends on the decisions by the government and non-governmental organizations (NGOs) that provide social services to the community.

Also it was noted that 85 (98.8%) respondents were able to meet the costs for primary health services, 66 (76.7%) were able to meet the costs for referral to district hospital and 51 (59.3%) respondents were able to meet the costs for referral to regional hospital. This could be explained as a positive impact of micro-enterprises. In the context of ongoing reforms in health services delivery, the poor are more likely to be excluded from health services. In recent years, government expenditure in health sector has declined in many developing countries including Tanzania. This decline was supplemented by introduction of user fees, deterring the poor from better access to health care. Empirical and theoretical literatures show that poor households are increasingly left out from quality health care both in rural and urban areas (Kida, 2012; Mackintosh and Kovalev, 2006).

9.3.2 Access to education

In terms of access to education for children and dependants, the research targeted two areas: (i) ability to pay school fees at various levels and (b) ability to afford school items. The research found that 86 (100%) were able to pay school fees for public primary school and 81 (94.2%) were able to pay school fees for public secondary school. It was interesting to find that women's micro- enterprises improved the ability to afford the costs for school items including uniforms and stationeries. In this context, micro-enterprises can help to mitigate the negative impacts associated with declining government expenditures in education as noted by Van Der Hoven, (1991), that the per pupil levels of expenditure have dropped in a large number of countries with increases in parent's cost (uniform, textbooks, school fees). Furthermore, improved access to education would have multiple impacts in household welfare because education plays a key role in poverty alleviation through provision of basic skills to increase productivity and achieve higher standards of living. In Côte d'Ivoire, for instance, it was found that an extra year of schooling would increase male earnings by 12.4 per cent (Shultz, 1988). However, the study found that there was a larger proportion (57 per cent) of households who were not able to afford the costs for meals at school.

9.3.3 Access to water and sanitation

In terms of access to water, the research targeted two areas: (i) the source of water whether piped or unprotected and (ii) water collection time. The study found that 80 (93%) respondents were within 30-minute limit on collecting time. However it was noted that nearly half (48.8 per cent) of the respondents had no access to a protected or piped water source. This finding is consistent to Aikaeli (2010). In his study he found that nearly half of the respondents had no access to reliable water sources. Although Tanzania has larger water bodies, a big proportion of rural households are without dependable water supply, which affects production in those communities. According to the HBS, (2007) and TDHS, (2010), water supply services in rural areas increased by 7.5 percentage points from 40.4% in 2007 to 47.9% in 2010 but still the majority of rural households do not have reliable access to water sources. Similar problem exist in other parts of rural Africa. In Nigeria majority of rural population do not have access to water services. In some states, less than 20% of the rural population has access to piped water (Okojie et al., 2000). In Lesotho, urban dwellers had greater access (91%) to safe water than rural households (50%) (May et al., 2002). In Senegal, Ki and others (2004) showed that 81.3% of urban households had access to potable water in contrast with only 32.2% of rural households.

In terms of sanitation, it was found that there were no major improvements in sanitation. The study established that 81 (94.2%) respondents' residences have unimproved (traditional) pit latrines. Also it was noted that 78 (90.7%) respondents used latrines that were shared by two or more households. This finding is consistent to Japan Bank for International Development (JBID) (2005) which uncovered that only a limited percentage of households have adequate sanitation in the country. The households with assured access to sanitation are limited in both urban and rural areas, and, in particular, sanitation access in rural area is quite severe. Also recent survey data for sanitation indicate a downward trend in household access to basic sanitation, slipping from 93% in 2007 to 88% in 2012 (NBS, 2013).

9.3.4 Access to electricity

In terms of access to electricity, the research targeted two areas (i) whether respondents' residence is connected to electricity grid and (ii) respondents ability to meet the costs of electricity. The study found that 9 (10.5%)

respondents' residences were connected to electricity grid and were able to pay the associated costs. It is interesting to note that despite involvement in micro-enterprises access to electricity continues to be a problem. The national wide data on rural households' access to electricity depict a similar picture. There is a huge rural-urban gap in access to electricity. While the share of households with access to electricity is 34.7% in the urban areas, it is only 3.8% in the rural areas (NBS, 2013)

9.3.5 Access to information and communication

Poor access to information and communication services is one among the challenges facing rural Africa and developing world at large. Lack of access to information and communication services tends to result from a combination of factors, including illiteracy and not owning or having access to a radio or television. The study found that women micro-enterprises presented opportunities for improved access to information and communication services. The income generated from WMEs was used by some of women entrepreneurs to buy radios and televisions for household use. The findings shows that 80 (93%) respondents bought radios and 2 (2.3%) respondents bought televisions using the income generated from WMEs. This suggest that in areas with television coverage and mobile phone connectivity micro-enterprises can be used to improve rural households access to information and communication services. However, the problem is that many rural areas in Tanzania lack television coverage and have limited mobile phone connectivity.

10. Conclusion

This study demonstrated that women's micro enterprises play a crucial role in enhancing access to basic needs and services among rural households in Tanzania. Women's micro enterprises presented opportunities for increased access to basic services including health care and education as well as access to basic needs including food, clothing and housing. Although there is inequitable distribution of basic services between rural and urban areas in Tanzania, poverty among rural households worsen the situation by widening rural-urban disparities in access to basic services. Involvement in micro enterprises helps women to generate incomes that enhance households' access to basic services. As development agencies are investing in promoting rural households' access to basic needs and services, women's micro enterprises should be promoted to that end.

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