

**INFLUENCE OF INFORMAL FINANCE ON MOTHERS'
HEALTHCARE IN MTWARA, TANZANIA**

DANIEL NGUGI

C82/13369/09

**A THESIS SUBMITTED TO THE SCHOOL OF HUMANITIES AND
SOCIAL SCIENCES IN FULFILMENT FOR THE REQUIREMENTS FOR
THE AWARD OF THE DEGREE OF DOCTOR OF PHILOSOPHY IN
DEPARTMENT OF GENDER AND DEVELOPMENT STUDIES OF
KENYATTA UNIVERSITY**

JULY 2015

DECLARATION

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

Signature Date

Daniel Ngugi, C82/13369/09

We confirm that the work reported in this thesis was carried out by the student under our supervision.

Signature Date

Prof. Catherine Ndungo

Institute of African Studies

Kenyatta University

Signature Date

Dr. Casper Masiga

Department of Gender and Development Studies

Kenyatta University

DEDICATION

This work is dedicated to the Almighty God for giving me health, wisdom and capacity to complete this work. To my parents, Hannah and Peter Ngugi; my brothers and sisters.

ACKNOWLEDGEMENTS

First, I thank the Almighty God for enabling me to complete this work with His guidance.

Second, special thanks to my Supervisors, Prof. Catherine Ndungo and Dr. Casper Masiga for their endless and immense contributions to see my successful completion of this work. May God bless them in all their activities. I acknowledge the informal financial groups in Mtwara-Mikindani, medical personnel in health facilities in the Mtwara Municipality; Dr. Upendo Abeid of Likombe Health Centre and Nurse Joyce (Mama Ima) of Ufukoni dispensary for their support in preparation of the data collection, my cousin Martin for his continuous encouragement and to my siblings for their love and moral support, friends; Imelda for her encouragement, constructive comments, giving me targets, correcting my Swahili and sacrificing time to assist me from the beginning of proposal writing to finalization of the work; and Frida for her encouragement and moral support during the whole process of the study.

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GLOSSARY

<i>Bajaji</i>	A common three-wheeled mode of transport in Tanzania manufactured by Bajaj company in India.
<i>Chama</i>	Group of people who are conversant with each other, contributing cash or household items to one another.
<i>Jando</i>	Swahili rites of passage for boys in Tanzania.
<i>Kucheza</i>	Participating in an informal financial institutions.
<i>Kungwi</i>	Elderly female initiation instructor for girls.
<i>Mama Lishe</i>	A Swahili word meaning a woman in an informal restaurant (food parlour). This business is normally located near a busy area where people can buy food.
<i>Ngariba</i>	Male initiation instructor who is an elderly man for boys
<i>Somo</i>	Initiation instructor (both Ngariba and Kungwi).
<i>Unyago</i>	Swahili rites of passage for girls in Tanzania.
<i>Vault</i>	A metal box where cash is kept for some informal financial institutions, for example in VCOBAs.

OPERATIONAL DEFINITION OF TERMS

Cash in aid	Donations of goods and services given to supplement cash.
Formal Financial Institutions	Financial organizations that are fully supervised and regulated by Central bank for example banks
Informal Finance	Socioeconomic support, either monetary or non-monetary, from informal financial institutions to members.
Informal Financial Institutions	Small community based organizations that offer financial services to members and are not regulated by Central bank, for example ASCAs and VICOBA.s.
Leaders	These are the heads of informal financial institutions, for example chairpersons.
Mothers	Women during prenatal and postnatal periods (below 5 years after birth).
Maternal Period	Period during pregnancy, delivery and rearing up to 5 years.

ABBREVIATIONS AND ACRONYMS

AFDB	African Development Bank
ASCAs	Accumulated Savings Credit Associations
BACN	British Association of Critical Care Nurses
BOA	Bank of Africa
CBA	Commercial Bank of Africa
CHF	Community Health Fund
CRDB	Cooperative and Rural Development Bank
CRVP	Council for Research in Values and Philosophy
EFA	Education for All
FSDT	Financial Sector Deepening Trust
GDP	Gross Domestic Product
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit (German Federal Enterprise for International Cooperation)
ICF	Intermediate Care Facility
IFIs	Informal Financial Institutions
ILO	International Labour Organization
IMF	International Monetary Fund
MDAs	Ministries, Departments and Agencies
MDGs	Millennium Development Goals
MFI	Microfinance Institutions
MOF	Ministry of Finance

MOH	Ministry of Health
MSME	Micro, Small Medium Enterprises
NBC	National Bank of Commerce
NBS	National Bureau of Statistics
NGOs	Non-Governmental Organisations
NHIF	National Health Insurance Fund
NMB	National Microfinance Bank
OECD	Organization for Economic Co-operation and Development
SACCOs	Savings and Credit Cooperatives Associations
SMES	Small Medium Enterprises
SPSS	Statistical Package for Social Science
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Education Scientific and Cultural Organization
UNU	United Nations University
US	United States
US \$	United States Dollar
VICOBAs	Village Community Banks
WHO	World Health Organization

ABSTRACT

This research explored the influence of informal finance on mothers' healthcare in Mtwara-Mikindani in Tanzania. Informal financial institutions (IFIs) are meant to assist in solving financial problems of members after their full participation in regular contributions, meetings and repayment of the loaned amount. In Mtwara-Mikindani, women engage in informal groups that supplement their financial ability and boost their socioeconomic developments. However, they face financial constraints during the maternal period. This research therefore sought to determine the role of informal financial institutions in alleviating financial constraints. Objectives of this study were: to identify the financial problems that mothers undergo during the maternal period, identify factors responsible for these financial problems, investigate the role of informal financial institutions in alleviating the problems and suggesting appropriate schemes suitable for informal financial institutions that cater for mothers. The Women Empowerment Framework guided this study. The study took a descriptive design in Mtwara-Mikindani in Tanzania covering mothers in informal financial institutions using both qualitative and quantitative approaches. Findings from this study show that most women are involved in small and medium enterprises that are domestic related and are actively involved in informal financial institutions to boost their financial capacity. Household expenditure, medical and education expenses are found to be the most common financial constraints during the maternal period caused by low productivity, low businesses performance and emerging maternal costs. Informal financial institutions are supportive economically and socially to the mothers during this period. However, the contributions are not adequate to cover maternal health costs thereby creating financial constraints. The study recommends that mothers should be aware of the maternal period and should prepare for it financially and socially IFIs should create awareness of maternal the period through maternal trainings and financial trainings. This study is an important additional knowledge in this gender field concerning financial institutions and addressing their role in alleviating maternal financial challenges that would improve the socioeconomic development in a nation.

CHAPTER ONE

INTRODUCTION

This chapter contains the background of the study, statement of the problem, objectives, research questions, significance of the study, justification and scope and limitations on the influence of informal finance to mothers in Mtwara-Mikindani, Tanzania.

1.1 Background of the Study

Mothers experience various challenges during pregnancy and after birth until the first few years before the child enters school ranging from physical, mental, social, economic to psychological (Hanley & Long, 2006). To an extent, they contribute to maternal mortality, consequently leading to underdevelopment in the society. However, it is possible to suppress some of these through stabilizing the economic and psychosocial environment of a mother. Worthy to note is the fact that the economic welfare of a woman is important in reducing financial problems that contribute to most of these challenges. The economic welfare of a society depends on the economic status of an individual and families since financial development is key to economic welfare across sectors (R. Levine, 2005).

Women have significant roles in the society that contribute to socio-economic growth and development. In this regard, most of the developmental gains in a society are due to efforts of women (Boellstorff, 1995). Health, social and economic systems exist for the enhancement of society including lives of women. The characteristics of such systems differ from region to

region and country to country. For instance, women in developing countries experience higher rates of maternal related problems than those in developed nations due to existing differential systems. There are risks that are associated with ill health and emotional distress of a woman. The health of a pregnant woman determines the status of pregnancy and the outcome of the newborn baby. Poor health can lead to adverse outcome of both mother and child (Glazier, Elgar, Goel, & Holzapfel, 2004). Most of the mothers in developing countries are faced with various socioeconomic challenges that can stimulate emotional distress thereby enhancing pregnancy-related complications during pregnancy.

Millennium Development Goals (MDGs) aimed at reducing maternal mortality rates by three quarters between 1990 and 2015. In Africa, the rate at which the maternal mortality is declining is too slow to reach the MDG target. It is evident that reduction of maternal mortality will eventually reduce maternal morbidity (World Bank, 1993).

Despite the MDGs efforts, maternal mortality in high-income countries was 1900 in the year 2008 while in sub-Saharan Africa were 203,000 constituting 56.7% of the global total (World Bank, 1993). The death of a mother is profound; chances of death of a child of less than 5 years are as high as 50% in developing countries (Atrash, 2011). The development of a nation, therefore, is affected by the health status of women and children. A mother plays a great role in development in all aspects while the child born is the future human resource of the society. Their health status is, thus, fundamental for growth and development. Therefore, this requires more attention as the

African countries approach the targeted date of reduction of the maternal mortality as stipulated in the MDGs. Neglect of this may have negative effects in the development of the continent.

Maternal mortality is caused by various factors that are either direct or indirect. The former includes factors such as the medical care while the indirect factors such as low socioeconomic status are not emphasized and thus increasing the maternal deaths (Shija, Msovela, & Mboera, 2012). To improve financial capacity for people who are unable to join the formal financial sector, informal finance is an alternative form of finance. It is commonly found in developing countries where individuals get financial aid in the form of cash or cash in aid from their informal financial institutions that are informally structured. Usually, such groups are formed because of common interests or needs by immediate people starting from family members, relatives, friends, neighbours, or colleagues at work. Other private financial institutions also join in the community's socioeconomic development by providing financial access to the members at an interest at lower levels in the community (Aryeetey, Aryeetey, & Nissanke, 2005).

Financial resources are pooled together by the informal institutions and are used to assist members in case of urgent needs. Such groups are characterized by mutual assistance, trust, reliability and flexibility with strict rules enforceable due to the members' social familiarization (Adams, 1992). Therefore, these institutions become significant in the community development in sectors like health, education and economic. The health sector becomes more sensitive, particularly, with the health of a mother and child due to the

fact that they are associated with socioeconomic development according to World Bank (1993). In this case, the informal financial institutions are intertwined with the health sector to have a mutual development. Informal financial institutions are also integrated with health care in order to reduce development problems that emerge because of costs. Most of the members of informal financial institutions are women anchoring themselves in the informal finance sources in order to manage their diversified roles in the society. It, thus, becomes important for the institutions to create frameworks that enhance women's activities, especially during the maternal period to facilitate the maternal challenges (Tripp, 2001).

Globally, health-related challenges affect the growth and development of nations. In Asia, disease-related deaths have caused agriculture retardation in Thailand, thus reducing about 48% of the family income (Dunford, Leatherman, Sinclair, Metcalfe, Gray, & der Bruegge, 2007). When the human resource has inhibitions like diseases in development-related activities, the output will not be as expected right from the family level to the community and the nation at large.

In Cambodia, a survey done in 2007 showed that medical expenses were detrimental to the economic status of a family; they endangered the house budget (Levine, Polimeni & Arunachalam, 2007). Budget allocation in a family and country's budgets is usually less when the two health statuses are stable meaning there is less spending in a country or a family when there are less health challenges. When the health status is unstable, a lot of financial resources are deployed to medical care instead of being allocated to other

sectors. Therefore, this affects budgets at both the household level and at the country level. This brings a budget constraint that in turn limits development prospects. Financial support is therefore, fundamental in the household and community level in order to alleviate these constraints. This is an obstacle in development process that affects most countries in Asia, Latin America and Africa. These countries have, thus, to assess and sort their way out through incorporating the informal financial institutions to assist in this.

According to Dunford et al. (2007), Bolivia, a country in Central South America, is already concerned about this constraint while Cambodia, in Asia, has started health care services that are linked to microfinances. It is evident that countries are realizing the importance of microfinance in the development projects in sensitive sectors like health. In Philippines, one of the largest microfinance, Center for Agriculture and Rural Development (CARD), made negotiations for exclusive discounts of microfinance clients for healthcare for the members (Dunford et al., 2007).

In West African countries such as Benin and Burkina Faso, microfinance clients spend at least 30% of their annual income on diseases like malaria. This shows that African countries are not an exception to health care obstacles. Similar to Asian countries, the African countries are realizing the importance of informal financial institutions. Burkina Faso has introduced health-related loans for its microfinance clients (Dunford et al., 2007). This is to provide the ways and means for the members to access medical care at ease when in need. In East Africa, Kenya has realized the burden it has in the health care programmes. According to the International Monetary Fund (2011),

estimation of government expenditure in Kenya is higher than in Uganda, Rwanda and Tanzania. A study conducted in Kenya showed that about 30% of household expenditure is health related (Dunford et al., 2007). This country identifies health as a prerequisite of socioeconomic development and therefore it has put structures that will enhance this sector. Moreover, Kenya has incorporated the community to be involved in the health care development by providing an enabling environment for providing health care services and financing. The country is also committed to the reduction of maternal mortality through its 'National Population Policy for Sustainable Development' (National Council for Population and Development, 2000) launched in the 2000 (Kenya National Bureau of Statistics, 2010). Influence of informal finance on maternal healthcare in East Africa has not been addressed, therefore aggravating the challenges which often lead to maternal deaths.

Average maternal deaths are high in Tanzania compared to other African countries such as Kenya. The World Health Organization (WHO) (2011) statistics show that 790 maternal deaths occur in 100,000 births in Tanzania. The average of all African countries' maternal deaths is 620. In this country, women experience many social and economic difficulties while meeting their maternal obligations. Some of these problems include lack of appropriate transportation to health centres, poor rearing of children, poor working environment, loss of jobs and businesses and lack of appropriate medical attention that often leads to loss of lives.

Poor antenatal care leading to lack of protection against diseases, poor nutrition and bad weaning practices contribute to maternal mortality (The

Planning Commission, 1992). Maternal mortality caused by socioeconomic factors has been on the rise. This is because of the emphasis on the direct medical causes of maternal deaths such as obstetric hemorrhages, obstructed labour, pregnancy induced hypertension, eclampsia, sepsis and abortions (Shija et al., 2012).

Poverty has been linked to maternal death. This is because the mothers are unable to attend to their maternal duties appropriately when they are faced with poverty (Lawn, Cousens, Zupan, & Team, 2005) . The country's development is skewed towards the northern region leaving the southern parts underdeveloped. One of these regions is Mtwara whose central headquarters is Mtwara-Mikindani. The wealth quintile of this region is one of the lowest in Tanzanian (NBS & ICF Macro, 2011).

Despite other problems mothers undergo in Tanzania, Mtwara mothers seem to have more complex problems than other regions in the country. The physical attribute of women in this region cannot be ignored in health topic since the region has the shortest women in the country, a phenomena that is linked to maternal risks during the maternal period. According to Monden & Smits (2009), the height of a mother is an indicator of the health environment of a child. Mtwara has the highest record of women below 145cm in the country (NBS & ICF Macro, 2011).

In this area, usually more than men, women take charge of most of the societal responsibilities that are in line with economic development. This can be dated back to their history where the main tribe in Mtwara, Makonde, believe in matriarchal system where women lead and advise their men

(Skinner, 2005). In agriculture, in food crop production, women constitute to 75% as compared to 25% of contribution of men (Kessy, Mashindano, & Shepard, 2013). This overwhelms the mothers particularly while they are concurrently attending their maternal roles. Moreover, mothers require finances in order to alleviate maternal problems that constrain expenditure during this period due to obligatory costs. This will enhance their medical care during prenatal and postnatal periods. This study therefore, focused in Mtwara-Mikindani in order to establish the influence of informal finance on mothers' healthcare in the verge of achieving the MDGs in 2015 thus improving the health sector in the country.

1.2 Statement of the Problem

In their reproductive role, mothers face financial related challenges that affect their maternal development that in turn become detrimental to the country's socioeconomic development. For this reason, majority of them are actively involved in informal financial institutions to supplement their little income. This improves their financial ability particularly when they are in financial needs. During maternal period, women's economic activities reduce. They, therefore, become financially constrained due to maternal care needs and their role in the household and society thus endangering the maternal healthcare (NBS & ICF Macro, 2011). The mothers' health care continues to deteriorate, often leading to maternal deaths despite their active participation in informal financial institutions for financial support (Yamin, Boulanger, Falb, Shuma, & Leaning, 2013). Even though pregnancy is a result of both man and

woman, the maternal healthcare is skewed towards mothers. Mtwara women have more contribution in development than men. In food crop production for instance, women's role is 75% as compared to 25% of men (Kessy et al., 2013). Men are alienated from domestic and child matters by society's gender norms since the duties are seen as women's. This leads to allocation of most of the household responsibilities to the mothers, particularly the maternal period. Therefore, the purpose of this study was to investigate the influence of informal financial institutions in supporting mothers during the maternal period in Mtwara-Mikindani, Tanzania.

1.3 Objectives of the Research

The objectives of this study were to:

1. Find out the financial constraints that mothers undergo during their maternal period in Mtwara-Mikindani, Tanzania.
2. Identify the factors that contribute to financial constraints for mothers in Mtwara-Mikindani, Tanzania.
3. Investigate the role of informal financial institutions in alleviating financial constraints for mothers in Mtwara-Mikindani, Tanzania.
4. Suggest appropriate schemes suitable for informal financial systems that reduce financial challenges for mothers in Mtwara-Mikindani, Tanzania.

1.4 Research Questions

Despite the high participation of women in informal financial activities, the economic status of mothers continues to deteriorate. This study, therefore, sought and answered the following questions.

1. What are the financial constraints that mothers undergo during maternal period in Mtwara-Mikindani, Tanzania?
2. Which factors contribute to the financial constraints for mothers in Mtwara-Mikindani, Tanzania?
3. What role do informal financial institutions play in alleviating financial constraints for mothers in Mtwara-Mikindani, Tanzania?
4. Which model would be suitable for informal financial systems to reduce financial challenges for mothers?

1.5 Significance of the Study

In Tanzania, over 91% of the total population relies on informal finances (Finscope, 2006). Their financial transactions are mostly through informal financial institutions. These institutions are an important approach to challenges that mothers face financially since they are the majority as shown from figure 1.1 on the next page (Finscope, 2006). More women than men are in the informal sector. This shows that the socioeconomic activities in the society have been reliant on women (7%). It was important to consider addressing maternal problems through the approach of informal institutions to avoid decline of economic status of the household. There was a strong relationship between the financial ability and the quality health of an economy

(Haazen, 2012). Unhealthy families would eventually suppress economic growth due to medical costs and stagnation of income-generating activities of the said families. Therefore, there was an urgent need to address this matter in this research in order for the country to align itself with the MDGs' 2015 target on gender equality (3), reduce child mortality (4) and improve maternal health (5). This ensures the nations have definite and sustainable development and conform to World Health Organization (2005) in this statement. "The healthy future of society depends on the health of the children of today and the mothers, who are guardians of that future."

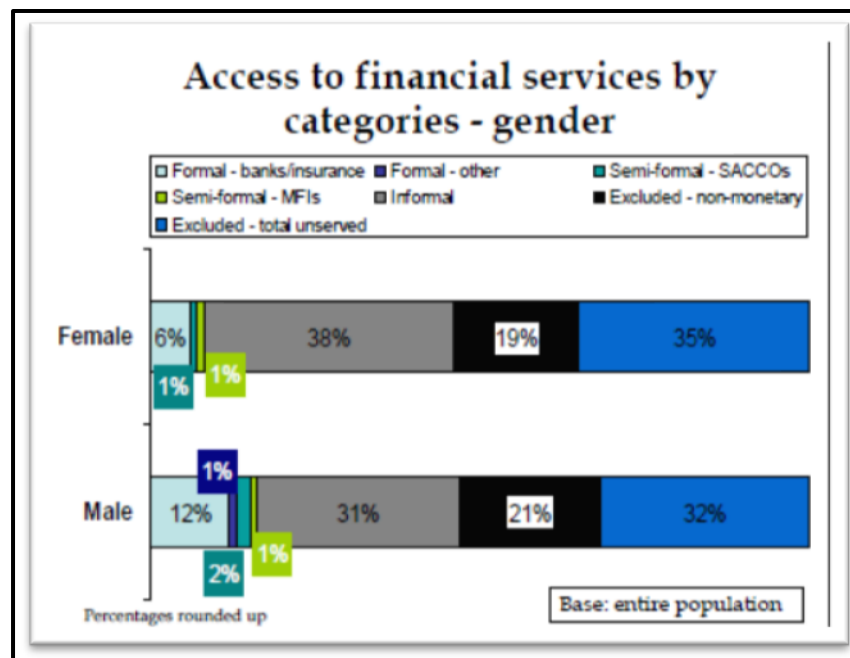


Figure 1. 1: Access to financial services by categories-gender

Source: Finscope Tanzania, 2006

The findings of this study can be utilized in formulating gender responsive models that alleviate the mothers' financial constraints during the maternal period. This study would benefit mothers who largely participate in

these institutions thereby solving their financial needs. This would bring to an end the suffering of mothers due to financial constraints they undergo during maternal period. The findings are useful in elevating the mainstream financial services to mothers, therefore empowering them, and offering support especially during the maternal period. The study may be of mutual benefit for the mothers and informal financial institutions themselves; the whole idea in this is that healthy members ensure sustainability of the institutions and mutual benefit continues.

The findings of this study are useful as guidelines for policy makers in understanding and formulating friendly and appropriate policies to solve problems facing mothers. This study provides specific, detailed knowledge to community development facilitators and stakeholders whose support is towards empowerment of Tanzanian mothers. This adds knowledge in this sector and contributes to gender needs consideration through inclusion in institutional policies and guidelines therefore, improving the general welfare of mothers in their maternal period.

1.6 Justification of the Study

What prompted the researcher to conduct this study is the continuous maternal deaths that suppresses socioeconomic development in Tanzania despite the establishment of MDGs that are due in 2015. One of the major barriers of maternal healthcare is lack of finance, a resource that the mothers are after in the informal financial institutions in order to improve it. Majority of women are involved in the informal financial institutions even though they

consistently suffer financially during maternal periods despite being the main provider of the family (Kessy et al., 2013). There are insufficient researches addressing maternal period that is critical in sustainability of quality health and socioeconomic development. There has also been unforeseen correlation between health finance and maternal health. This is due to lack of scholarly works in relating these two variables. The problem directly affects mothers in Tanzania who are fully committed in informal financial institutions that are supposedly providing finance to cater for these needs.

1.7 Scope and Limitations

This study covered maternal health and financial sector development in Mtwara-Mikindani Municipality; it covered 131 mothers who are members of informal financial institutions to access financial services in the Tanzanian population. Therefore the study excluded the maternal others who use formal financial institutions. This was done in Mtwara-Mikindani Municipality from October 2012 to March 2013 with an objective of finding out the role of informal finance to mothers particularly during pregnancy, delivery and few years of rearing before a child joins formal education.

In this research, several limitations faced the researcher. Limitations should be addressed since they give precautions during data interpretation and generalization of results. The solutions to the limitations have been shown and the ways they were addressed (Oso & Onen, 2009). The behaviour of mothers in Mtwara-Mikindani may not reflect the behaviour of mothers in other regions in Tanzania; therefore, a limitation in generalization of the findings.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents a review of related literature on the influence of informal finance to mothers' healthcare in Mtwara-Mikindani in Tanzania. This is to demonstrate the understanding of the informal finance in other researches and how it is related to this study. Related literature review was conducted in accordance to the objectives of this study and it focused on financial constraints during maternal period, the factors that lead to financial constraints, role of informal finance to mothers, importance of informal finance to women, microfinance policy, women and health. It also presents the analytical model and the conceptual framework for this study.

2.2 Informal Finance

Beck, Demirgüç-Kunt, and Levine (2004) point out that, finance is prime and fundamental for economic growth. Development requires financial resources in an economy as well as households. Resources may be scarce but pooling them together creates the aspect of economies of scale, thus enlarging the benefits. In relation to this, informal financial systems are effective in promoting development by pooled savings, exploiting economies of scale, allowing resources allocation, capital accumulation and overcoming barriers in investment (Beck et al., 2004). Therefore, socioeconomic groups with the aim of mutual financial help would trigger development for the members. Members of a certain community normally have same interests and this leads them to

create institutions that support their needs. Members of a society are naturally bound by social concern. They are usually people with same characteristics maybe because of friendships, neighbourhoods or doing the same economic activities (Thomas, 1992). The structures are designed by the circumstances and the need that makes them come together. The forms of groups created in the society are informal systems and are usually common in developing nations (Adams & Fitchett, 1992). Informal financial systems cannot be ignored as they have a great stake in a country's development (Schreiner, 2001).

Informal finance is an old phenomenon and has been a contributing factor of growth in the developed nations. According to Adams and Fitchett (1992), some of these countries achieved their advancements due to presence of informal finances in their history. *Kou* (a precursor of informal finance in Japan) played a great role for Japan's financial development before the 1900s. Japan, currently being one of the most developed countries, used this informal financial system during its foundation in development. *Nomura*, one of the leading security and investment firm in Japan evolved from an informal sector (Adams & Fitchett, 1992). In Germany, a village mayor, *Raiffeisen*, first developed a savings and credit cooperative in 1846, which was later formalized after trials in 1850. This later spread to other parts of Europe and North American countries. The idea became the basis of most of the modern banks models today (Toporowski & Michell, 2012). Hence, gradual growth is important for these institutions in developing countries since the ultimate long-term benefits are evident based on the developed countries in the world. These

informal financial institutions are the sources of informal finance (Li & Hsu, 2009).

In Tanzania, the institutions are important, and have continued to increase in number. Kashuliza (1993) identifies demand and vast coverage as some of the main factors that support informal financial systems. Most people require the informal finance particularly in the rural areas where majority of the population is in developing nations. Majority of people in developing countries use them for financial support due to their accessibility and convenience (Schreiner, 2001). The public access to informal finance from the informal financial institutions depends on various factors among them being the relationship among the members and the ability to get regular involvement in the form of contributions and repayment of loaned money. The finances from these institutions are usually directed to common expenditures such as businesses and agriculture. However, the informal finance has not been found to be focus on form of healthcare in Tanzania and warrants the investigation on its role in the maternal healthcare.

2.3 Financial Constraints in Tanzania

Financial access is an important element in daily activities in Tanzania starting from the basic needs in a household sector:

“The reasons people borrow money in Tanzania are diverse if unsurprising in a developing economy. The most common need is for household goods, education, and setting up a business, simply meeting day to day expenses or to improve a house.”
(Finscope, 2006, p. 80)

In Tanzania, people who transact without using money are classified as financially excluded. Lack of accessible finance has led to in-kind transactions which is seen to be used more in the rural areas than money. The in-kind transactions include help in-kind, means of transport and household items (Finscope, 2009). Majority of rural people belong to this category as shown in Figure 2.1 below. The figure shows the in-kind savings, in-kind loans and in-kind remittances percentages in the rural areas of Tanzania. Although money is used as a means of getting the services, rural areas in Tanzania continue to get service through the in-kind transactions. The absence of financial institutions forces the rural people to use the in-kind services rather than cash money. Over 80% of the rural areas use in-kind loans and in-kind savings compared to only below 20% in the urban centres (FinScope Survey, 2006). Therefore, presentation of in-kind use of services clearly shows the financial access coverage in the country.

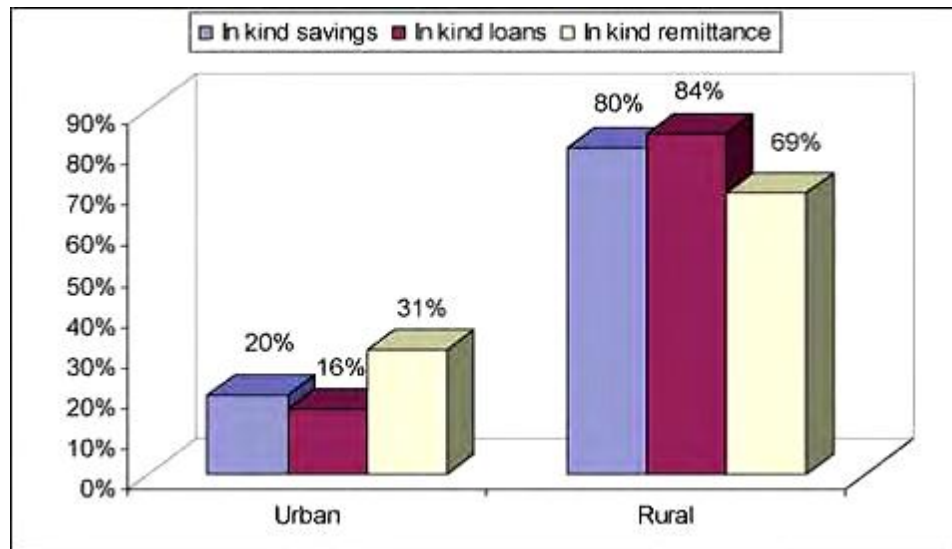


Figure 2. 1: Graph showing forms of savings in-kind (Total Population)

Source: Finscope Tanzania (2006)

Finscope (2009), indicates that in Tanzania, majority of the people use informal financial institutions while only a few people use formal banks. Only 9% use the formal financial institutions like banks. About 37% of the Tanzanian population use other financial methods other than formal ones (Finscope, 2006). There are reasons associated with financial inaccessibility in Tanzania; one of the problems is education. The level of education in Tanzania is linked to formality of financial access (Kashuliza, 1993). Since majority of the population are not literate, they lack the sphere of formal financial institutions that cover the elites. The more people are educated, the more they are likely to use formal banking rather than informal financial institutions. The literacy level in Mtwara is about 79.6 (UNESCO, 2012). The area has 1.6% of women professionals and 92% of the others are in subsistence farming.

Tanzania's use of money is mainly for household and education (Finscope, 2006; Fuglesang, 1997)

People require money for transactions, speculation and precautionary motives (Nelson, 2011). The access of finance is less in rural areas than in urban areas thereby enlarging the constraints. This is because the banks are concentrated in the urban areas. The main reason of requiring money is to acquire the basic necessities in the household like food and clothes; educating their children and expanding their businesses (Beatriz Armendariz de Aghion & Morduch, 2005). When people in the rural areas do not access financial services as expected, they face constraints and therefore their transactions are limited and they end up creating new ideas on how they can access finances for their daily transactions without interruption.

2.4 Factors leading to Financial Constraints

According to Levine (2005) financial capacity is important in curbing development obstacles in developing countries. Even though there are other problems that mothers experience during maternal period, most of them are financial related attributed to increased maternal mortality. One of the reasons is due to lack of their consideration in the maternal health strategies as the medical factors are addressed (Shija et al., 2012). Strategies promoting sustainable growth and development may be difficult to achieve without financial resources (R. Levine, 2005). However, the financial resources may be available but the uses are more therefore constraining the uses. Therefore, it is important to address the financial deepening or access in order to curb most of

the problems that require finance. Statistics show that developing countries' financial deepening is concentrated in informal spheres. People have different reasons for not joining the formal financial institutions like banks. Factors leading to financial access limitation for formal financial institutions include, economic factors, geographical factors, price barriers, knowledge, documentation disqualifications, banking services and trust. Geographical barriers include locations of financial institutions; this is mostly the distance barriers of reaching the formal institutions. Economic barriers carry the highest percentage, that is 75.5%. Majority of people lack jobs, therefore, they lack enough income that could be used for savings and repaying the loans applied for (Kashuliza, 1993).

The cost of transport to and from the financial institutions is mostly not recorded under the pricing of financial accessibility. Apart from conditions from the formal financial institutions deterring potential members with low income, they are also faced with transport problems. They, thus, find it difficult to travel to and from the formal institutions and therefore, attach this problem to the accessibility of the formal financial institutions like banks.

Illiteracy leads to lack of awareness of costs and benefits of using financial institutions. Financial literacy is also a barrier to the access of finances in Tanzania; some people may not understand about the credit access languages like loan, collateral among others. In formal financial institutions, documentation becomes a problem for those who cannot easily read and write. According to a survey by Finscope (2009), majority of people do not have an idea of opening a bank account. Formal financial institutions seem to be the

most difficult according to the survey. People argue that they are not entitled or qualified to be in formal institutions and that informal financial institutions' services are better than formal ones. There is also an element of mistrust of the formal financial institutions by few people. They do not believe that their money can be safe in the banks.

Since formal financial spheres do not cover majority of people, they have no alternative than to join the informal financial groups to access financial services. Majority of the members in the informal institutions are women, this is because of their socioeconomic interests and their ability to form social groups easily (Kessy et al., 2013). The social cohesion creates a better and strong economic institution whose rules are guided by the social relationship among members, an aspect presented by this study.

The constrained expenditure in healthcare leads poor health as shown on the model below (Figure 2.2). The cost of healthcare arises from the overall expenditure by the governments. When the governments in developing nations have insufficient funds to cater for the medical expenditures, then this trickles down to the low-income earners.

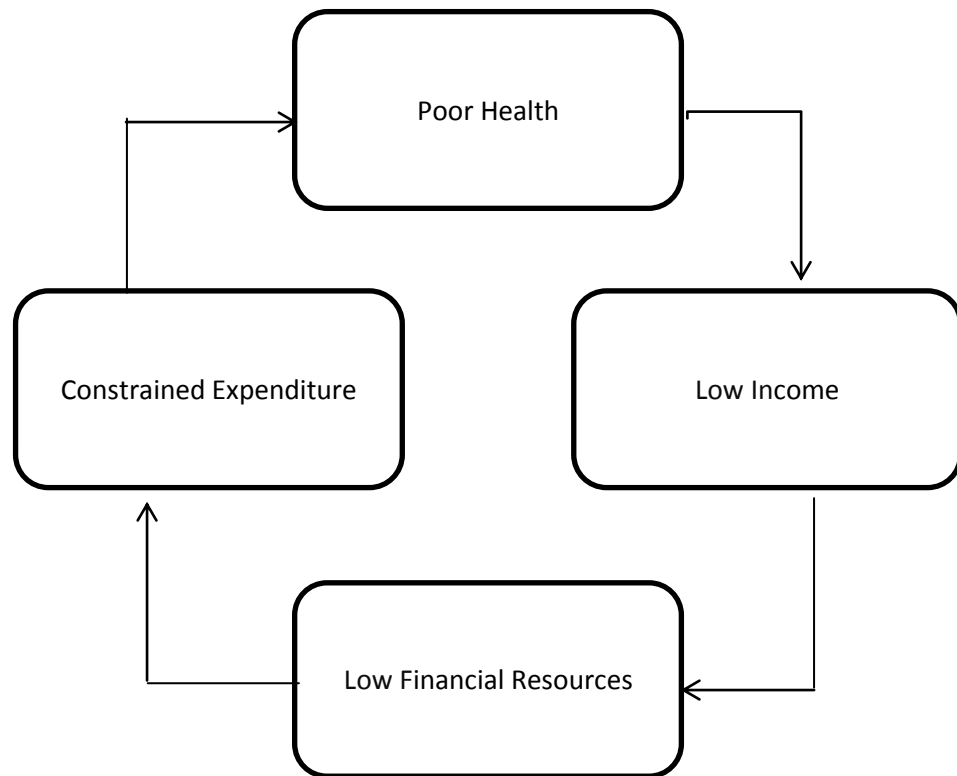


Figure 2. 2: A flow diagram on financial constraints and health care

Source: Author, 2012

Key

→ Causal effect

The concern of family growth and development can be identified in the costs mentioned through prioritization. Globally, health expenditures in developing countries are not pleasing. Total global health expenditure is about US\$ 1,700 billion, constituting 8% of the total global product. Developing countries only use US\$ 41 per capita while developed countries use US\$ 1,500 per capita (Figure 2.3 below) (World Bank, 1993).

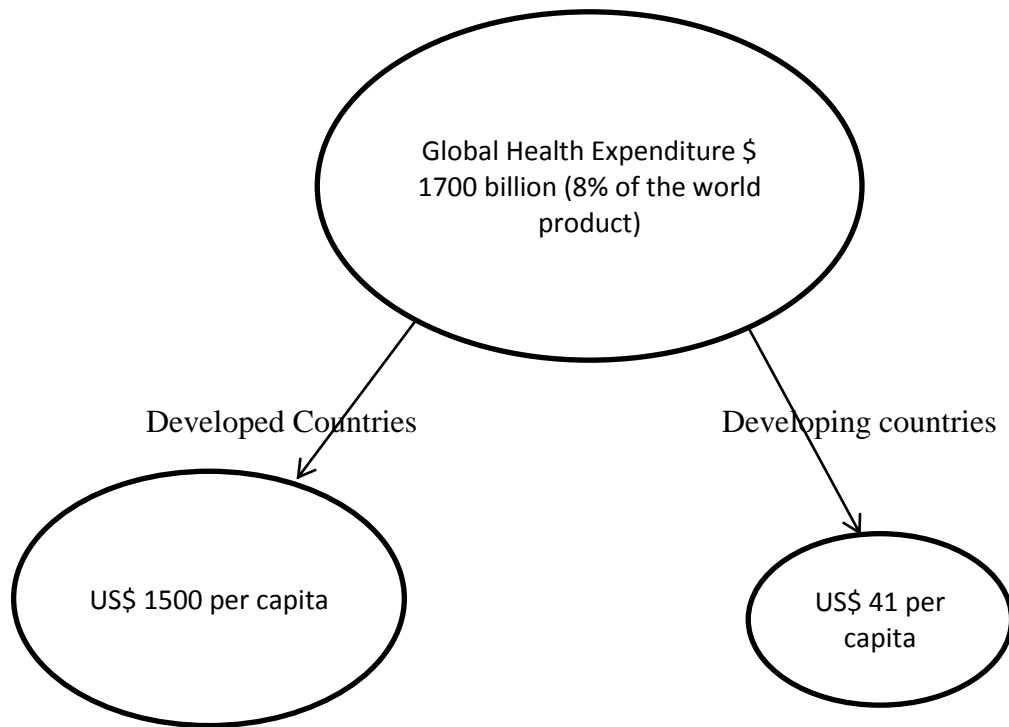


Figure 2. 3: Proportion of total global health expenditure

Source: Author, 2012

key:

—————> Distribution

Based on the above impression adopted from World Bank (1993), governments in the developing countries do not have sufficient funds to cater for health care appropriately. This leads to patients using their little income to suffice the health care costs, thus increasing these costs to vulnerable groups, among them, maternal care. Tanzania health expenditure is below the average of developing countries. According to Haazen (2012) real per capita was US\$ 12.31 in the year 2010/2011. This has driven the country into poor social

indicators, for instance it has made the number of deaths of children under five remain high. Maternal mortality is still significantly higher than the average of Africa and overall indicating that the health of the nation is not as expected (Haazen, 2012). There is a strong relationship between the health expenditure and the social indicators of a nation. The health expenditure is necessary for improving the health status of citizens. Referring to the United Kingdom whose health expenditure per capita is 2,724 US\$ compared to 12 US\$ in Tanzania (Haazen, 2012; Organisation for Economic Co-operation and Development, 2007), World Bank (1999) shows that the rate of infant mortality is 7-20 times more in Tanzania than the United Kingdom. For adults who are between 15 and 34 years old, there are 8-10 deaths in Tanzania while it is only one person in the United Kingdom whose health per capita expenditure is higher than that of Tanzania.

In Tanzania, income is usually less because most people are in the lower quintile of wealth, thus making their expenditure constrained concerning the available financial resources. Maternal healthcare user fees act as a deterrent to accessing health services, therefore creating financial constraints due to the limited financial capacity and the extra emerging costs during the maternal period (Haazen, 2012).

2.5 The Role of Informal Finance to Women

Informal finance has been in the limelight and advocated by some scholars for enhancing development. Currently in the developing nations, there is a tendency of relying on informal finance for poverty eradication.

Informal finance has been seen as backward way of stimulating economic development, but recently, it has been appreciated due to its contribution to development. In Taiwan, it has been seen to increase capital accumulation (Besley & Levenson, 1996) Armendariz de Aghion and Morduch (2005), has greatly discussed the role of informal finance in the book, *The Economics of Microfinance and the Structures that Hold their Operations Together*.

In other studies, Yusuf, Ijaiya, and Ijaiya (2009), show how informal finance can be used to stimulate growth and act as an agent to reduce poverty. A study was conducted in Nigeria on informal financial institutions and how they contribute to economic development. They were seen to aid in mobilizing savings through daily collections deposits that in turn are used in working capital to restock supplies for their businesses, consequently leading to more profits. Steel & Aryeetey (1994) who specializes in matters of finance and development also showed in a study in Ghana that informal finance contributes to household needs, therefore reducing poverty.

Kashuliza greatly researched informal finance in particularly in the aid of rural development. It is seen to contribute to accumulated savings that eventually help the members in their socioeconomic development (Kashuliza, 1993). The informal finance is found to be convenient and relevant in Tanzania according to Finscope (2009). This is because they cover the gaps that have been created by the formal financial institutions.

Informal financial institutions are criticized by Andersson & Wikstrand (2009) in Ahlén (2012) that they do not reach to the poorest people

based on a study done in Ethiopia; informal financial institutions are important in Tanzania since they provide savings instruments for investments (Ndulu, Mutalemwa, & World Bank, 2002). Kihongo (2005) indicates that they are important elements or tool of poverty reduction due to their accessibility to the poor. However, they are limited by the amount of funds due to lack of legal framework to collect large volume of money.

Majority of the members of informal finance are women as Mkwizu (1992) in Mwakajumilo and West (2011) shows and that they are usually disadvantaged in many ways regarding the access of the finances. This nullifies the existence of informal financial institutions and their purpose. Hallward-Driemeier (2003) concludes that women are disadvantaged in such informal finances due to their low creditworthiness. They are denied ownership of traditional resources like land, hence attain a low creditworthiness than the men. This results to financial constraints in food, health and education as indicated by Temu and Hill (1994). Kashuliza and Kydd (1996) shows that women with restraints in accessibility of credits for household use in Tanzania.

Importance of women in the developmental issues has made the informal financing concentrate in attracting more women. Ensuring that women have easy access to the finances makes the household able to sustain its development in various sectors. This is seen as a means of women empowerment, an idea that was started in 1976 by Mohammed Yunus, the founder of Grameen Bank in Bangladesh and a Nobel Prize winner for creating economic and social development from below. Through experiments, he discovered that informal financing for women results in their empowerment

and, therefore, improves their economic status (Yunus & Jolis, 2003). The success of informal finance is guided by social cohesion such as high rate of repayment and attending to other members' needs. This cohesion is usually found in women's socioeconomic activities. This social cohesion forms the institutional or informal rules that govern these groups. Members are bound together by social obligations through fear that one may be expelled by the society in various social activities if she does not abide by the informal rules and norms (Schreiner, 2001).

The society structures on gender issues are major causes of mothers taking care of their developmental matters with less support of their husbands. Women are responsible for household duties like taking care of children and they are aware of this gender inequality (Feinstein, Feinstein, & Sabrow, 2010). According to Mbekenga, Pembe, Christensson, Darj, & Olsson (2011) due to this gender inequality, men who try to take care of their children are seen as weak ones in the society. Women therefore take charge of household responsibilities and look for better means on how to accomplish them. This forms the basis of their social cohesion in the informal financial institutions.

Women are the major participants of informal finances with priorities for their children's care, household and business expansion respectively (Tripp, 2001). Overall, contribution of women in an economy through informal financial participation cannot be overlooked, as it is the key to development in developing countries. Women have been key to household development in our societies. However, they are not favoured by the societal structures. According to Friedman (1996), women achieve lower educational attainment than men.

They enter the labour markets for economic activities to supplement the required needs of the households. Their efficiency in the labour market is constrained due to interruptions by pregnancies and emergencies at home. Even though women are not favoured by development structures, they are fully committed to the few chances they get to uplift the household in provision of food, clothes and education to their children. Their role in nurturing family and their limited chances show that they get these restrictions due to their gendered identity. However, women have been recognized in current changes of development as seen from the current Yunus' experiments (Yunus & Jolis, 2003). These considerations are geared towards empowerment of women without taking into consideration of the gender roles or specific needs, in particular reproductive roles that have been proposed in this study.

If women were still committed to sustainable development despite the unfavourable environments that faced them, the recognition and realization of their efforts towards socioeconomic development would allow steady and sustainable development. Therefore, their health status becomes a key area to emphasize since the returns can be identified in the overall development.

The stability of health status of mothers is likely to be replicated to the family and society. When a mother has good health, the family is likely to have good health too, good quality of food, and educational matters of the children are well addressed. This is because women become the pillar of the household development and their absence is felt because the sustenance of family mostly depends on the contribution of the woman. Most of the families which do not have a woman are less likely to have stability than those with a woman

(Atrash, 2011). Therefore, the presence of a woman in a household is vital in the overall development of the major issues that relate to improving the healthcare.

In the informal financial institutions, there is a mutual relationship between the health of the mother and the sustainability of informal financial institutions. Addressing the health of women will enhance sustainability and performance of informal financial institutions since this will reduce loan defaults and organizational failure. The performance of informal financial institutions depends on the members' full participation in terms of contributions, meetings, decision-making and other related matters to it. When the performance is low, then the institution is likely to be unstable. Therefore, it is important to ensure the members are stable in their economic activities. Since majority are women, it means their stability needs to be sustained to allow the institutions grow and develop bearing in mind that they are usually in the informal sector which is normally performing low-valued domestic related services in the society (Ellis, Mark, Cutura, MacCulloch, & Seebens, 2007).

These studies confirm the importance of informal finance and their contribution to the economic development and ability to uplift the low income earners to have sustenance in household needs. They have been seen to contribute in various sectors in any economy hence becoming an important entity in development.

2.6 National Microfinance Policy in Tanzania

In Tanzania, there are non-bank financial institutions, rural community banks, cooperatives banks and SACCOs. This expansion emerged after the Tanzanian financial sector liberalization in the year 1991. The control of financial institutions took a different direction where controls were minimal. These institutions offer credit and savings services in the country. Microfinance institutions (MFIs) were integrated with the mainstream financial systems that encouraged competition. They could offer savings and credit facilities. This was seen to bring quality and efficiency in services provision. Although the services of microfinance institutions are similar to the mainstream financial institutions, the former have a mandate of empowering the low-income earners through easier access of sustainable financial services and provision of convenient and affordable instruments for savings and credit (Randhawa & Gallardo, 2003).

The government measure to solve the problems of the low-income earners through finances is the expectation of all microfinance institutions to have the best practices, sound financial principles in service delivery, appropriate loan pricing, techniques, products, gender equity and governance (Randhawa & Gallardo, 2003). Despite such guidelines, most of them do not have sufficient funds to achieve the expected objectives. Though the semi-formal institutions are recognized and registered by the government, they are not supported leading them to turn to commercial activities in order to compete with other financial markets; thereby diverting from their mandate of taking care of the poor and vulnerable (Ministry of Finance, 2005). This leads to

persistent poverty among the low-income earners who are constrained in satisfying their financial needs.

2.7 Women and Health

Discrimination against women takes various forms, among them, being health and nutrition. Nussbaum (2001) intensively discusses issues on women's development and unfairness that exists in the societies globally. Women are discriminated in various sectors throughout the world. They are discriminated in health and nutrition in many developing countries. In addition, women experience a myriad of problems during their maternal period that may paralyse the society and eventually result to loss of lives leading to low growth and economic development.

Growth and development of a country varies with health status of the citizens. Therefore, economic development may not be realized as per the plan if the health status of citizens in a country is maintained. This is in line with the factual relationship that exists between the human health, health policy and economic development (World Bank, 1993). Improved health contributes to economic growth that eventually paves way for development. According to World Bank Report (1993), quality health reduces production losses. This is because many resources are used trying to cure the illnesses in case of low quality health thus lowering the production. These resources would have been used somewhere else for development. Health matters should be taken into more consideration for enhanced development. In Africa, the health challenges

start as early as the mother's postnatal and prenatal periods; during the pregnancy and rearing period and pose maternal health risks.

Apart from maternal health risks, mothers are also faced with likelihood of psychological problems if their health care is not addressed in time. There are various duties that a mother is responsible for in the household, community and reproductive. All of these have different unique challenges that may lead to desperation thus causing mental problems particularly during the maternal period. Hanley's (2006) study in Welsh on postnatal depression revealed that depressed mothers might indirectly affect their families, particularly their children's cognitive development. Atrash (2011) shows that the death of a mother is very detrimental to the family and society especially in developing countries.

In this continent, maternal mortality and morbidity is still high. In 2008, there were between 460-910 deaths (World Health Organization, 2011). In East Africa, neonatal is the highest cause of deaths where Tanzania and Rwanda are the most affected (Ligami, 2012). Reflection on the national budget shows that Tanzania has the lowest total health expenditure per capita in the region. ("Financing health in the EAC," 2012)

Cultural practices are a major cause of more deaths in Tanzania compared to other neighbouring countries. About 4% of women aged 25-49 had given birth by age 15 and 56% gave birth at the age of 20 years; this is according to NBS & ICF Macro (2011). This could be a reason of increased maternal mortality as young girls are at a higher risk due to the age in which

they give birth. This eventually stagnates the MDGs target number 4 of reducing child mortality in the country (International Monetary Fund, 2004).

Moreover, Tanzanian reproductive and sexuality education commonly referred to as *Jando* and *Unyago*, one for boys and the other for girls respectively is a cultural factor that encourage young motherhood. The children start this at an early age of 10 years old. Makonde, the main tribe in Mtwara are well known for these rites for both boys and girls (Mbonile & Kayombo, 2008). During this period the girls are segregated and kept in secret places where they are traditionally initiated and prepared for marriages (Fuglesang, 1997). This is done by initiation instructors called *somo*; *Ngaliba* for boys and *Kungwi* for girls, whose responsibility is geared towards teaching them in the training centres until the whole rites are over. Girls are therefore prepared for marriages that take place immediately after initiation in the verge of discouraging pre-marital sex. This increases and perpetuates the early child marriages as long as girls enter into their first menstrual period (Mbonile & Kayombo, 2008).

Early child marriages is linked to the level of education a woman has. Those who have attained secondary education are less likely to enter into the practice while those with primary school level often practice child marriage (UNICEF., 2005). This practice leads to dangers that deteriorate the socioeconomic development of the young mothers. The young mothers transfer their inability to rear their children and the cycle continues since those children will not be in a better socioeconomic development when they grow older. School drop-out is one of the problems that emerge with the early child

marriages (Britto, Engle, & Super, 2013). Most of the school drop-out is associated with the poverty at home. The parents are unable to provide for their children thus allowing them to search for money and food (Britto et al., 2013). Further problems emerge when the young girls get birth complications due to their ages. One of the main health problems in Tanzania is fistula which emanates from early marriages. This condition makes young girls lose their children, suffer constant pain and even become rejected by their husbands and community. Many communities hide the affected mothers since they believe it's a curse (Skolnik, 2008).

In Africa, the noted decline of maternal mortality is slow to reach the target. Therefore, this problem requires more attention as the countries approach the target period of maternal mortality. There is a strong interrelationship between health and development. When the health status of citizens in a country is not stable, there will be interruptions in the overall development; similarly, lack of stable development in a country will result to poor quality of health. Africa experiences constraints from both ends. There is mutual benefit between development and health. Development supports the health sector by improving its quality and in return good healthcare furthers development.

One of the most critical sections of health matters is the maternal health. Health quality for mothers and children below five years is vital due to sustainability of a country. Africa maternal deaths are still higher even after several measures set by the MDGs. Therefore, mothers die due to maternity complications and this has a negative consequence in development in a

country. The death of a mother during delivery affects the household and national development. According to World Bank (1993), development of a nation is therefore affected by the health status of a woman and the children. A mother plays a greater role in current development in all aspects while the born child is the future resource of the society and therefore their health status is fundamental for growth and development. This shows that the progress of development of a country is severely interrupted when a mother dies as well as the child who is the human capital for the future. A mother's health care is therefore very important to be considered when allocation of finance is being done so that proper structures are put in place that enhance efficient maternal health care. The health financing allocation prioritization is critical the maternal healthcare is seen to influence the overall health status of a nation.

Studies on maternal healthcare in Tanzania show finance as a major cause of barrier to access. Kowalewski, Mujinja, and Jahn (2002), conducted a study in Mtwara on maternal healthcare and concluded that even after abolition of medical care fees and introduction of user fees, there are still hindrances to maternal healthcare in Mtwara. This is because of extra costs that are in admission, drugs and other supplies whose costs are high.

Socioeconomic factors in maternal healthcare in Tanzania are not well addressed as a cause of maternal deaths, although Shija et al. (2012) shows these as the rising factors causing maternal deaths. Borghi et al. (2006) indicates that maternal healthcare in Tanzania is costly and the costs of both medical and transport should be considered in the planning. Maternal healthcare needs to be included in the benefit package and careful design is

needed to ensure uptake by the poorest people. A study conducted in Kigoma by Mbaruku and Bergström (1995) on reducing maternal mortality paid attention to professional responsibilities, utilization of resources, maintenance of equipment, on-the-job training among others in the intervention programme without looking at the socioeconomic barriers to the healthcare.

2.8 Health Financing in Tanzania

The Government continues to be the sole major financier of the health services in the country despite alternative services. The overall responsibility of the health financing is for the national government. There are budget allocations for regional levels done by the government even though the local government has the mandate to provide health services funded by revenue collections, for instance taxes within the locality.

There are voluntary agencies and faith-based organizations that are authorized to run their health facilities and services like hospitals, health centres, dispensaries and health training institutions. Through these services, the government gives subsidies to these organizations to encourage the practice.

The government introduced user fee whereby people who use the health facilities and services are urged to contribute a fee in order to complement the government in health financing. There is an exemption for user fees to the poor and vulnerable groups. These cannot afford public health services like

maternity, child health, health services for the elderly (over 60years), disabled people and people with communicable and chronic diseases.

Tanzanians get health cover in different ways in Tanzania. The formal sector is catered for by the National Health Insurance Fund (NHIF) established in 2001 or Private health Insurance companies while the informal sectors are in the out-of pocket and in CHF (Mtei et al., 2012). The Tanzania government is providing free maternal healthcare in the verge of improving it.

2.9 Community Health Fund

Community Health Fund (CHF) established in 1996, provides health insurances to communities in the district level through the district health facility. The community contributes financial resources to the health fund as premiums before accessing the health services when in need. One of the organisations called Deutsche Gesellschaft für Internationale Zusammenarbeit (German Federal Enterprise for International Cooperation) (GIZ) assists the government of Tanzania in implementation of Community Health Fund (CHF). This is the most common in Mtwara. The government devolved the health financing and allowed the community to be contributing to health costs (Ministry of Health, 1999). It was started in 2001 but it was introduced to Mtwara in 2003 (National Health Insurance Fund, 2009). This is the simplest and most affordable form of health financing but it has several challenges that make it irrelevant in Mtwara. The aim of CHF was to bring affordable health services closer to the people, particularly those who work in the informal

sector, improve health and medical care and reduce the health care costs for the poor (National Health Insurance Fund, 2009).

The members in CHF contribute premiums as families that cover mother, father and four children under the age of 18. The amount of premium is TZS 10,000 (US \$ 6.25) and this covers the family for one fiscal year. CHF covers all diseases both outpatient and inpatient for 14 days in a district hospital only.

Some of the major challenges of CHF in Mtwara include lack of district hospitals in the municipality. The health programme was primarily meant for the low-income earners and which will only be exercised in the district hospitals. Mtwara has one health centre, several dispensaries and one referral hospital. These are not allowed to run the CHF although the dispensaries are currently being used. The referral hospital, Ligula had been approached in order to provide health for the CHF card holders but the hospital demands TZS 5 million per quarter of fiscal year. The contribution amount of the few members available does not reach to such an amount hence the hospital does not offer the services.

A waiver is granted to those patients who do not automatically qualify for statutory exemptions and pregnant women and children below five years are beneficiaries of this. However, in Mtwara-Mikindani, there is only one health centre and few dispensaries that have accepted to offer health services for the members of CHF; this becomes an additional cost due to the transport to and from the health facilities that use the CHF card programme. Patients would prefer to access their nearest health facility rather than incur the cost of

transportation to the recommended facilities for CHF in Mtwara-Mikindani. This leads to low number of members and community members do not register in this programme (Mtei & Mulligan, 2007)

Low funds are also a challenge for the CHF Mtwara-Mikindani. The programme runs with contributions from members. The government offers a 50% on the total amount contributed by the fund. This implies that if the fund is low due to low contribution, then the government offer will be little. The number of the members determines the total funds and ability to offer the health services efficiently. The level of awareness on health insurance is not a common thing for the majority. Poverty is also a cause of the low funds. Some members for instance would find it difficult to join the scheme but they may not afford to provide passport photos for registration and CHF card processing. GIZ in reaction to this problem has offered to provide passport photo services for free (GIZ, 2013). It also encourages groups, NGOs and informal organizations to join the scheme.

Apart from community health funds, there is also the health insurance scheme in which people who are employed in the formal sector use both public and private insurances to cover their medical expenses. The private sector is equally involved in the provision of health services in the country for profits but is guided by the Ministry of health (MOH) for purposes of quality controls (Ministry of Health, 2003).

2.10 Summary of the Literature Review

According to the literature reviewed, informal financial institutions are found to be a good tool for economic development and uplifting the poor through boosting their businesses and agriculture. They are accessible and convenient and have been found to significantly contribute to development in many nations through mobilization of savings that provide household needs. The informal finance has scarce scholarly research documentation in Tanzania although there is evidence from available studies that majority of the members in these institutions are women and they use them for accessing finances for the family needs without maternal health considerations.

The informal finance aids other sectors such as businesses and agriculture without consideration of the healthcare. None of the informal finance has been associated with aiding in maternal healthcare. Therefore, the relationship between the informal finance and the maternal healthcare has not been addressed under the formal finance. Tanzania herself identifies informal finances use for other sectors for instance household expenditure and education without addressing the healthcare, thus alienating the maternal care from the informal finance; furthermore, the studies only consider the medical factors as the only cause of maternal deaths, ignoring the socioeconomic and cultural causes. These were the identified gaps that the study sought to fill.

Eventually, continual harmonizing of financial resources, developing maternal and medical policies and enhancing systems that will facilitate the medical care of mothers and children will eventually improve the standard of living and conform to the World Health Organization. This allows the nations

to have definite and sustainable development and conform to World Health Organization (2005) in this statement, “The healthy future of society depends on the health of the children of today and the mothers, who are guardians of that future.”

2.11 Analytical Framework

The study was guided by the Women Empowerment Framework introduced in 1995 by Sara Longwe. Sara Hlupekile Longwe, a Gender Consultant from Lusaka, Zambia believes that poverty is due to oppression, exploitation and not productivity. This study was based on women empowerment tools level one and two. In level one, there are various levels of empowerment.

First, there is equal control which covers control and decision making on factors of production or resources. It ensures that there is balance between men and women in control of the resources.

Second, there is participation, which is concerned with equality in decision-making processes, policymaking, planning and administration. This ensures women get equal chances of making decisions that affect the community.

Third, there is conscientisation, which refers to consideration and awareness of gender roles in gender development. It enhances women’s realization that lack of welfare and status relative to male counterparts is because of discriminatory rules and procedures that impede women’s access to resources and trying to address this collectively. Sexual division of labour

should consider both the sides of men and women without one-sided dominance. Then there is access, which refers to women having equal access to factors of production. Among the resources to be accessed is the credit without any form of discrimination. Lastly, there is the level of welfare, the lowest level of Longwe's level of equality, specifying equal access to material, that is, medical care, income and food (March, Smyth, & Mukhopadhyay, 1999).

In this study, the above levels have been linked to informal financial institutions and mothers. Decision-making processes, policymaking, planning and administration are important for mothers in order to incorporate their own needs. The framework covered mothers' maternal period and their roles in relation to their involvement in informal financial institutions. In alignment with this study, mothers require equal access of material welfare in particular informal finance. The framework identifies empowerment which focuses on the ability of mothers to access financial resources, exercise self-awareness with respect to their rights and duties, and control their resources. Informal finance falls under material welfare, which is the lowest level of Women Empowerment Framework according to Longwe. The levels move from welfare progressively towards the control level that covers the most empowerment. These levels of women empowerment are not complete on their own to create women empowerment if there is no recognition of women issues in any project in the society. Women themselves must become aware of the situation they are in (March et al., 1999). The informal institutions, objectives must be concerned with women's social or economic development. Therefore, recognition is at negative, neutral or positive level. Negative level recognition

would therefore mean an institution does not recognize women issues; neutral recognition does recognize women issues but does not make women worse off than before (March et al., 1999). The level of women welfare, access, recognition, participation and control have been analysed in any of the informal financial institutions in Mtwara and whether the equality is negative, neutral or positive; thus showing the structure, the role and impact of the institutions to the mothers as seen in (Table 2.1 below).

Table 2. 1

Women´s Empowerment Framework Level 1 & 2

Equality level	Negative	Neutral	Positive
Recognition level			
Control			
Participation			
Conscientisation			
Access			
Welfare			

Source: March et al., 1999

According to Longwe, poverty can only be alleviated through women empowerment, since it is a result of oppression, exploitation, and welfare, which includes finance, which is reflected in this study. Lack of the lowest level of equality (material welfare) would mean no progression towards the highest level, control. Consequently, poverty cannot be eliminated. In this case, inadequacy of finance would imply accessing it, being aware and participation in decision-making nullifies the control of informal financial institutions thus

jeopardizing the status of maternal health care. Therefore, this study addressed this issue in mothers needs during maternal period. This framework contains gender practical needs and recognizes empowerment as essential for development and progresses the practical gender needs to the strategic gender needs and therefore will be appropriate in this study (March et al., 1999).

2.12 Conceptual Framework

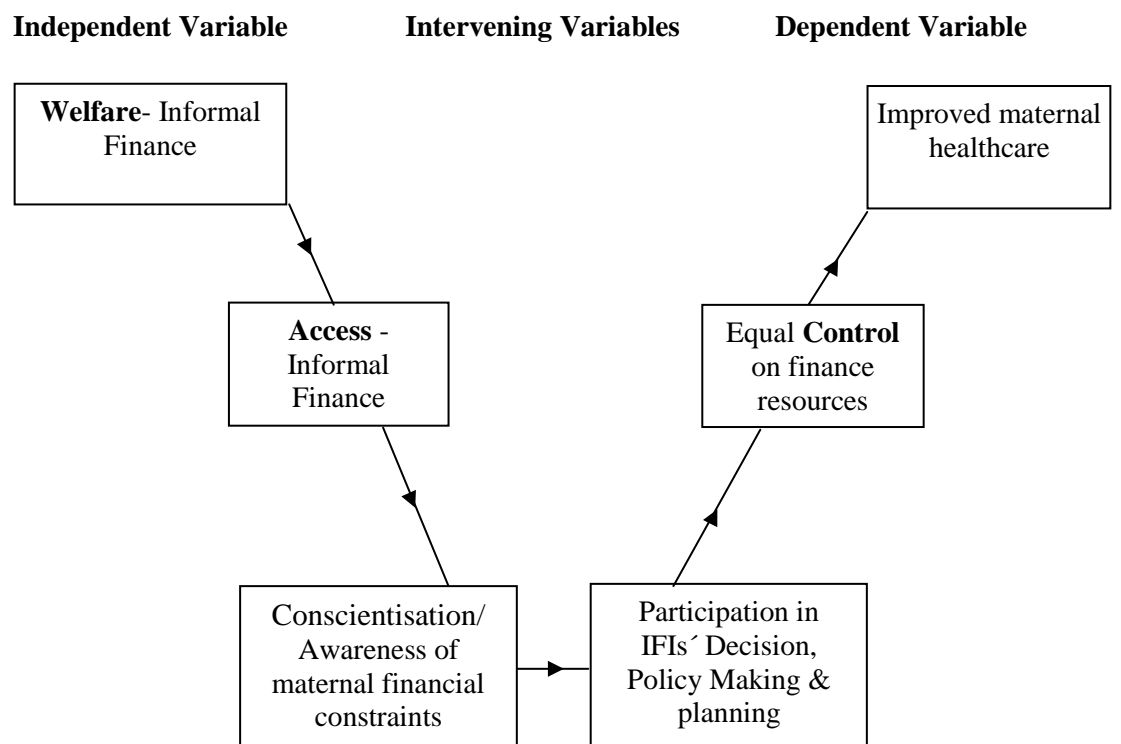


Figure 2. 4: A conceptual framework on influence of informal finance on mothers based on women empowerment framework

Source: Author; 2015

Welfare is the lowest level, and in this study informal finance and healthcare, their access and gender roles recognition progressively leads to control of informal financial institutions and eventually gives opportunities to mothers that enhance maternal healthcare. The independent variable (informal finance) directly affects the healthcare of mothers (dependent variable). The improvement of the health status and living standards of the mothers depends on the intervening variables, preferably all of them, in order to maximize the women empowerment. The intervening variables include access of informal finance; awareness or recognition of the maternal roles of mothers in the informal structures, policies and participation in decision making and planning of the financial institutions; and equal control of the institutions. These combinations will reap equality to all sectors of informal financial institutions. This, in turn, lead to improved healthcare of mothers without interruptions of their maternal role.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter gives information on the methodology employed in the study. It consists of the research design, site of the study, target population, sampling techniques and sample size, data collection methods, and research instruments and data analysis. The aim of the study was to find out the role of informal finance to mothers in Mtwara-Mikindani Municipality, located in the south east of Tanzania, along the Indian Ocean.

3.2 Research Design

This research adopted a descriptive survey design in Mtwara-Mikindani in Tanzania. Investigation was done on mothers who use informal financial institutions in the area. This method allows collection of enough information on the informal finance and maternal healthcare in the area.

3.3 Study Site

The research was carried out in Mtwara-Mikindani, a district in Mtwara region. Mtwara is situated in the south east of Tanzania in East Africa. The region borders Mozambique to the south and the Indian Ocean to the east (see map in Appendix 4.0).

Mtwara-Mikindani, a municipality, lies between longitude 38° and 40° East of Greenwich and latitude 1005° and 1125° south of the equator. The area covers about 163Km^2 of which 64 km^2 is urban and 98.75 km^2 is semi-urban.

The region is divided into two agro-ecological zones: the coastal and western zones. The main activity in the coastal region is fishing and salt farming. The western zone is good in agricultural products like cassava, cashew nuts and millet. Recently the area has had a lot development in natural resources particularly after discovery of oil and gas and influx of population in this area as a result of the extractive industries (Mtwara Mikindani Municipal Council, 2012).

Mtwara region has six districts, namely: Mikindani, Newala, Nanyumbu, Masasi, Tandahimba and Mtwara rural. The headquarters of the region are in Mikindani district, which is also commonly known as Mtwara-Mikindani Municipality. It has 15 administrative wards and 85 residential sections (see Appendix 7.0).

There are seven main formal banks in Mtwara-Mikindani. These are National Microfinance Bank (NMB), National Bank of Commerce (NBC), Cooperative and Rural Development Bank (CRDB), Exim Bank, Postal Bank , Commercial Bank of Africa (CBA), Bank of Africa (BOA) and the National Bank of Commerce (NBC). Some semi-formal financial institutions include: *Tunakopesha*, *Faidika*, PLATINUM, and a variety of informal financial institutions like VICOBAAs and Ascas also exist in this region.

Tanzania has a pyramidal health service structure where dispensaries and health centres offer the most basic maternal health services (basic obstetric services). If a medical case is beyond these levels, then it is referred to district or regional hospitals. Mtwara has one referral hospital, Ligula that offers comprehensive maternal services. There are five hospitals in Mtwara region,

19 health centres and 170 dispensaries (Saronga et al., 2014). There are four government dispensaries, namely: Mikindani, Ufukoni, Mtawanya and Naliendele; and one health centre, Likombe.

According to the International Monetary Fund (2011), Tanzania, with a demographic population of about 45 million people, is a developing African country in East Africa. The current status of Economic development of Tanzania can be traced back in history to the colonial period. The capitalism ended up in Nairobi, Kenya and Tanzania only got the spill overs effect which was not significantly stronger to expand the economy by then. There was an effort to improve Tanzania and Uganda in the context of East African Community, which was not effective. Tanzania got control over the country through nationalization in 1967 and foreign capital was taken over, bought out or invited to continue in partnership with the state (Hydén, 1980). Mtwara is an underdeveloped region in Tanzania (Mtwara Mikindani Municipal Council, 2012). The region has for many years been economically underdeveloped and has poor infrastructure compared to other parts of the country.

Society set up in Mtwara-Mikindani is influenced by the gender inequality, gender roles, and sociocultural cultural factors. Women are seen as the only parents to cater for domestic-related duties including childcare (Mbekenga et al., 2011). In history, Makonde people who are the majority in Mtwara believed in women controlling the community (Briggs, 2006). Men would carry a carved shape of a woman to get protection. Currently, fathers do not take care of their children as this is seen to be the work of a mother. This translates to domestic duties being given to the mothers in Mtwara-Mikindani.

Furthermore, women in this area are usually in the informal sector with only 1.6% in professions; and associated with sociocultural factors such as *Jando* and *Unyago* that aggravates young motherhood owing in mind that about 95% of the women have social securities. (Fuglesang, 1997). The height of a mother is a physical attribute that affects the maternal health risks. The low heighted mothers with less than 145cm have high risks in maternal health. This study was done in developing countries in which Tanzania was a participant. Statistics in Tanzania shows that Mtwara women are the shortest compared with other regions in the country (Monden & Smits, 2009).

3.4 Target Population

Mtwara-Mikindani, the headquarters of the Mtwara region, with 108,299 people, is the most densely populated region in South Tanzania (NBS & MOF, 2013). It is an urban centre in Mtwara region. The target population was mothers who were using informal financial institutions for their financial access. Target population was mothers with children below five years or in the maternal period.

3.5 Sampling Techniques and Sample Size

The study used convenience and purposive sampling in order to have respondents from the target population who gave data that helped achieve the research objectives. The study was interested only in mothers who use informal financial institutions. It was easier to get them in the local health dispensaries and their working stations. Leaders of 13 informal financial institutions were

picked in this research. It was easy to identify the leaders during the regular financial institutions' meetings where they participated in this study while performing their roles as leaders.

Women who attended clinics at Ufukoni, Mikindani and Likombe dispensaries were targeted since these were strategic locations to get the mothers who were attending health facilities for themselves or their children hence appropriate to discuss the health matters concerning them and their families. It was also important to interview mothers who were in their daily economic activities, particularly at common markets called Ferry, Bima and Stendi where most of them were readily available.

The researcher ensured that women in the health centres and dispensaries, socioeconomic meetings and in the market places were covered in this study. It was estimated that the area has about 130 informal financial institutions and each has about 10 mothers. A 10% of the total, 1,300 that is 130 mothers, was the target population. Therefore, a total of 130 mothers from informal financial institutions were targeted in this study. An additional 13 key informants from each institution were also used in the study.

The views of Leaders of informal financial institutions, doctors and Nurses were also sought in regards to the mothers' financial constraints and the role of the institutions in maternal healthcare. The Key informants included 13 leaders of informal financial institutions, 2 doctors and 2 Nurses. The total number of respondents was 148 structured as follows:-

Table 3. 1**Number of Respondents**

Target Population	Mothers	131
Key Informants	Leaders of Informal Financial Institutions	13
	Doctors	2
	Nurses	2
Total Respondents		148

Source: Author 2015

The study was able to achieve the set objectives through the sampled mothers. The role of informal finance in Mtwara-Mikindani emerged through the sample that enabled the researcher to collect the data that was then analysed to give the set objectives.

3.6 Data Collection Procedures

Data collection was conducted from November 2012 to March 2013. This study used both the archival (documentation) and field methods for data collection. This was done in order to have complete information on mothers and informal financial institutions. For primary data collection, two research assistants were involved after undergoing a research training that was held for three days in order to orient the research assistants with the objectives of the study, the target group and procedure involved in the research.

Archival method was information derived from secondary sources mostly in filed documents. Data was collected from secondary sources and

review of other related literature as available in university libraries, online books and libraries. This was to obtain the relevant information about this study from written materials like books, journals, magazines, reports and newspapers.

Data was also sought from websites and data bases of relevant ministries and institutions, micro-finances, women groups and NGOs that are concerned with financial deepening matters in Tanzanian. International organisations like WHO, World Bank, IMF, United Nations (UN) subsidiaries like United Nations Education Scientific and Cultural Organization (UNESCO), and United Nations Development Programmes (UNDP), and African Development Bank (AFDB) were also valuable sources of data. The purpose of using these organisations was to get the current and updated information relevant to the study. Permission to access any documents and information documents for this study was sort from the relevant authority.

3.7 Research Instruments

Research instruments were defined in order to obtain the expected data in the field. The study used questionnaires, observation guide and interview schedule to collect data. The researcher validated the data during the collection stage in the field. The main objective was to capture the views, ideas, perceptions and opinions of the mothers about informal finance and the value they have added to themselves, especially during maternal period in accordance with the study objectives.

3.7.1 Questionnaires

The researcher issued questionnaires to solicit information from the leaders of the informal financial institutions. The questionnaires had a set of questions derived from research questions. The questions covered all the four objectives in a chronological order. The questionnaires were first set in English then translated into Swahili in order to capture all the relevant information/data from the field. This was to allow the leaders read and understand the questions appropriately without any language barrier. In Tanzania, most people prefer to use Swahili language while most people are not conversant with English language (Rubagumya, 1990). Freedom was given to those who wished to answer in either of the two languages. This largely eliminated barriers that could have erupted through use of English. Questionnaires were appropriate for the leaders since they could respond to the required information during their free time and therefore convenient for them (Oso & Onen, 2009). The questionnaire that was used is as given in Appendix 1.0.

3.7.2 Interview Schedule

The researcher employed structured interview guide whose questions were in line with the study objectives. Interview guide schedules were written in English and later translated into Swahili. This is to help research assistants to efficiently administer the interview guides according to the objectives. The interview guide consisted of written questions that guided the interaction between the interviewer and the respondents. In-depth interviews are a set of detailed questions posed by the researcher to the interviewee. Perelman and

Curran (2006) point out that when the study uses structured interviews it is easy to get quantifiable in-depth information time is saved. The questions for this study were prepared based on the research questions in line with research objectives.

The researcher interviewed the mothers in their daily activities. Some of them were in their businesses; others were in dispensaries and health centres while others were interviewed during the meetings of informal financial institutions. Closed and open-ended questions were used to capture the depth of the responses. This helped in meeting the objectives of the study on informal finance and mothers (see Appendix 2.0). It was appropriate and valid to use the interviews because during the process, the interviewer would control the interviewee based on the responses. This made the respondents stick to the question and provide the appropriate responses. The interview guide provided opportunities for the researcher to collect information that may not be documented (Onen & Oso, 2005). The mothers' expressions, as they made their responses, were captured through the interviews. This enabled the researcher to link the questions and the responses.

An audio recorder was used during the interviews. This allowed the researcher to refer to some of the issues that would have passed without being captured. This was deemed important because it allowed the respondents to freely express themselves as they saw the interviewer was listening keenly; than when concentration was to be diverted to note taking. It also enabled the interviewer to constantly refer to the audio data while analysing the data. Later the audio data was transcribed and typed to Ms-Word for storage and

references. Efficient administration of interviews was adopted from Mugenda and Mugenda (1999).

3.7.3 Observation Guide

The researcher used the observation guide to record the happenings in health centres, dispensaries, market places and informal financial institutions. In health facilities, the number of men and women in the hospitals were observed alongside means of transport, health status of children and mothers; in the socioeconomic locations, what was observed included size of their business, and verbal and physical behaviour of mothers in the informal financial institutions. The observation guide was prepared in line with the research questions (see Appendix 3.0).

The researcher solely used an observation guide that was used to collect data in specific areas where women were busy with their economic activities and health issues.

In this study, the researcher observed the behaviour of the mothers in their daily activities in the small businesses, and while attending clinics in the dispensaries and the health centres in different days. The researcher used unstructured and non-participant method to obtain the data. This was done in places where mothers were available during their daily activities, in places of work and in the dispensaries. The researcher visited the dispensaries and health centres during the open hours in order to make observation of the mothers in health facilities. Informal financial institutions and market paces were visited for the observation. This method allowed insight into the mothers' context in

the institutions, health facilities and workstations. It made the researcher verify what the interviews were giving. This method allowed the researcher to see what was actual and what the respondents said they actually did (Onen & Oso, 2005).

3.8 Validity and Reliability

The instruments were tested before the data was collected. This was to ensure that the same method if used will give the same results in different occasions; and similar observations might be made by different researchers in different occasions. The questions in the instruments, questionnaires and interview guide were probed to ensure reliability. This was done through inter-rater reliability to determine whether the interpretation of the questions were the same. The researcher was aware of threats that might reduce reliability through observation, error and biasness. This was avoided by ensuring the identification of the respondents, and good quality of data collection and interpretation to yield valid results.

Validity was exercised in the data collection in the field in order to determine if the overall objective of the study would be achieved through the instruments. This was to ensure the questions in the instruments used to collect data were consistent with the objectives (Kothari, 2009).

3.9 Data Analysis and Presentation

Data was analysed using descriptive methods. Raw data was recorded in written form and electronic formats. Qualitative data was typed in Microsoft

Excel and Microsoft Word, which was exported to NVIVO, a qualitative software, which proved the main themes from the content and this was used in preparation of codes. The researcher used thematic analysis for qualitative data. Qualitative data was coded to capture specific themes that could not be quantified. This was done with support of NVIVO software. The codes were later sorted, stored in a computer and in paper files. The analytical quantitative statistical software (SPSS) was used to analyse the quantitative data and the findings were presented in statistical techniques using tables, bar graphs, diagrams and reports (Onen & Oso, 2005).

3.10 Ethical Considerations

An introduction letter was obtained from Kenyatta University and was used to acquire a research permit from the Government of Tanzania.

Ethical considerations in this research included reproductive health issues, financial disclosures and use of an audio recording. Interviewees were informed of the purpose of research, benefits and consent was sought for before the interviews. The health facilities were approached before the actual date of data collection. This was to create a rapport with the facilities and acquire consent of the administration due to handling of pregnant mothers especially since some of the respondents were young mothers below 18 years (Appendix 6.0). The researcher maintained privacy, and confidentiality of information and data (Oso & Onen, 2009). Anonymity was practised to the overall data management.

The researcher obtained a research permit from the authorities from Regional headquarter and District offices of Mtwara-Mikindani. This was presented to relevant authorities in the places where the research was conducted in the municipal (see Appendix 5.0).

Permission was sought before any information was derived from any person particularly those who were interviewed. The purpose of research was explained to all the participants before any data was collected.

CHAPTER FOUR

RESEARCH FINDINGS

4.1 Introduction

This chapter consists of presentations and discussions of analysed data on the role of informal finance to mothers in Mtwara-Mikindani; with the following subtopics: demographic characteristics, financial constraints, factors of financial constraints, role of informal financial institutions and measures of financial constraints. Data collected was analysed and results are presented as follows:

4.2 Demographic Characteristics of the Respondents

4.2.1 Age

The age of the respondents was considered as one of the sub-variables for study. The findings of age as a variable were as in Table 4.1 below:

Table 4. 2

Age of Mothers

Age	Frequency	Percentage
15-20	5	3.8
21-25	17	13.0
26-30	22	16.8
31-35	25	19.1
36-40	27	20.6
41-45	14	10.7
46-50	11	8.4
Over 50	10	7.6
Total	131	100.0

As is evident from the Table 4.1 above, majority of the mothers were aged between 36-40 years. This constitutes about 20% of the total number of mothers who participated in this study. The findings further show that 19% of women were aged between 31-35 years old while about 17% were from 26-30 years. From the findings, it can be deduced that majority of women who are involved in informal financial institutions in Mtwara-Mikindani Municipality are between 21 and 40 years old. This implies that this age group is economically active in the informal sector in the municipality. This is the productive age of women in Tanzania (NBS & ICF Macro, 2011).

4.2.2 Marital Status

In order to understand the level of engagement with the informal financial institutions, there was need to determine the marital status of the mothers in Mtwara-Mikindani Municipality. The findings are presented in Table 4.2 below:

Table 4. 3***Marital Status of Mothers***

Marital Status	Frequency	Percentage
Single	31	23.7
Married	87	66.4
Divorced	10	7.6
Separated	1	0.8
Widow	2	1.5
Total	131	100.0

The findings reveal that 66% of mothers were married, 23% were single, 8% were divorced, those separated were 5% while those widowed were about 1%. Marital status of the mothers was considered an important variable to this study because the status of the mothers determines and influences their level of involvement of in the informal financial institutions. It is expected that mothers who are married may be getting financial supports form their spouses but this is not the case. The Makonde people originally from Mozambique relied more on women in their society set-up. In their beliefs, mothers are supposed to give them protection (Briggs & Connolly, 2014). The women try to acquire male roles based on historical beliefs and hence their involvement in informal financial institutions act as freedom from men (Castaneda, 2013).

Further it can be seen that there are young mothers who bear children as early as 15 years of age and hence not ready for marriage by the time they give birth. According to NBS & ICF Macro (2011), 23% of women aged 15-19

years have already begun child bearing in Tanzania. The young mothers are less likely to be married and have to take care of their children and consequently engage themselves in unskilled and manual works. This eventually becomes a challenge to the upbringing of their children due to their poor economic status. Such a mother is not able to provide efficiently for the basic needs such as food, education and healthcare for her family. This situation prompts such mothers to join informal financial institutions with an aim of easing their financial needs (Maleko, Liheta, Aikaruwa, Lukas, & Sumari, 2013).

4.2.3 Education Level

Education is one of the most important variables in examining whether, and/or the extent to which mothers in Mtwara-Mikindani municipality engage in informal finance. The findings from this variable are presented in Table 4.3 below:

Table 4. 4***Education Levels of the Respondents***

Level of Education	Frequency	Percentage
Informal Education	16	12.2
Incomplete Primary School	10	7.6
Primary School	75	57.3
Incomplete Secondary O-level	3	2.3
Secondary O-level	19	14.5
Secondary A-level	1	0.8
Tertiary/college	5	3.8
University	2	1.5
Total	131	100

Findings in the figure above show that (57%) of the respondents have only gone up to primary school level, 8% did not complete this level, 12% of the respondents had informal education while 15% of these women have completed secondary school O-level. Most of the mothers involved in these institutions have at least some level of education that enables them understand the need and role of the informal financial institutions in their lives. Women's status, for instance education level, is a predictor of maternal mortality as Shen & Williamson (1999) describes.

4.2.4 Occupation

Occupation of the respondents was considered an important demographic feature in analysing whether mothers' occupation influences and

necessitates their involvement in informal finance. Findings from this variable are presented in Table 4.4 below:

Table 4. 5

Occupation of the Respondents

Occupation	Frequency	Percentage
SME Businesses	52	40.6
Food Parlour	20	15.6
Farmer	11	8.6
Casual labourer	7	5.5
Housewife	9	7.0
Secretary	6	4.7
Teacher	5	3.9
Tailor	4	3.1
Others	14	10.9
Total	128	100.0
Missing System	3	
Total	131	

Findings from the above show that mothers in Mtwara-Mikindani are in various occupations. In Mtwara-Mikindani, 41% of women are in SME businesses, 16% are in food parlours, 9 % are farmers, 7% are housewives while teachers, secretaries and tailors are below 5%. The latter group of mothers were identified in the health centres and during their informal financial institutions' meetings. Women who are engaged in agriculture account for only 9%, which is contrary to the other parts of the country. This is because the area is along the Indian Ocean and the common business deals with fish industry. The highest population in Tanzania relies on the agricultural sector. It accounts for 82% of the labour force (Ellis et al., 2007). In the rural areas, it has

employed about 98% of economically active people. However, this is attributed to the fact that the region is geographically close to the Indian Ocean hence it does not perform well in subsistence agriculture. The major crop in this area is cashew nuts. In comparison with other regions, the whole of Mtwara region does not perform well in agriculture. According to NBS (2011), only 735 households engage themselves in crop growing compared to Kagera region with 370,296.

As shown in Figure 4.4, majority of the women (40.6%) engage in small-medium enterprises (SMEs) that deal with daily basic needs in the municipality. The fish business has a strong hold and it has several activities since it involves other related services such as fishing, transport and restaurants. Fish product contributes to other small medium enterprises in this area. Availability of all types of fish is an economic benefit due to the proximity of the Indian Ocean that is about a kilometre from the urban centre.

Food parlour operators in small restaurants commonly known as *Mama lishe* are the second common occupation with about 16%. In Mtwara Mikindani Municipality, *Mama lishe* are located in all busy areas like markets, construction sites, hospitals, colleges and schools as well as ports. The most common ones in Mtwara-Mikindani are located at the ferry fish market on the shores of the Indian Ocean, the bus station and near the main markets. It is evident that the small medium economic activities are leading in this area; these services are domestic related and therefore seen as women's occupation. Although the economic activities for women are changing in Tanzania (Bryceson, 1980), they are changing at a relatively low pace and the move is

towards less or low profiting activities as Tripp (1989) indicates. It is important to note that most of the mothers who own SME businesses in Mtwara-Mikindani are active participants in the informal financial institutions.

4.3 Informal Financial Institutions

There are many informal financial institutions operating in Mtwara-Mikindani municipality besides the formal institutions. The municipality has seven formal financial institutions, which serve few of people and the informal financial institutions serve the rest.

During the study, the researcher sought to find out the naming of informal financial institutions operating at Mtwara-Mikindani. Findings from the study show that majority of the informal financial institutions have specific names as shown in the list below:

Swahili	English
Amani	Peaceful group
Amkeni	Wake up members
Boresha Maisha	Improve Life-living standards
Chipuko	Shoot up, growing
Elfu Kumi	Ten Thousand, contribution is Tzs 10,000
Iga Ufe	become creative
Imarika	Improvement of living standards
Jikomboe	Liberate yourself from poverty
Jipange	Plan yourself on development matters
Kikuzi	Developer for socioeconomic
Kujikimu Kimaisha	Provide basic needs
Maendeleo	Development for members
Mashosti wa ukweli	True Friends in group

Maskini Jeuri	Concealing poverty
Mchakariko	Hardworking people
Mshikamano	Solidarity among members
Mtakatifu yu Yustina	St. Yustine, Christian based
Shirikisho	Federation of various people
Tumaini	Hope, giving hope
Tupendane	We Love Each Other
Tusaidiane	Help Each Other
Ukombozi	Liberation form poverty
Umoja	Unity, showing unity
Umoja Group	Unity Group of members
Umoja Pwani	Unity of coast people
Umoja wa Wanawake	Women's Unity
Upendo	Love within members
Upendo Wetu	Our Love as members

It is imperative to note that majority of names of these informal financial institutions have philosophical meaning, symbolize their objectives, and show their vision of their existence. The nouns symbolize what the institution is based on. For example, “Maendeleo” symbolizes development, “Amkeni”, awakening the women in the municipality, “Mshikamano”, showing solidarity among the members in their development activities and “Boresha Maisha”, improve your living standards.

4.4 Financial Constraints during Maternal Period

One of the key objectives of this study was to identify the financial constraints that mothers undergo during their maternal period in Mtwara-Mikindani, Tanzania. Financial constraint is the status in which the disposable

income is limited to several sectors or areas that are all important and that the opportunity cost becomes higher. Thus, the study posed a question to the respondents seeking to establish the financial constraints that the mothers face. The findings were as shown in Figure 4.1 below:

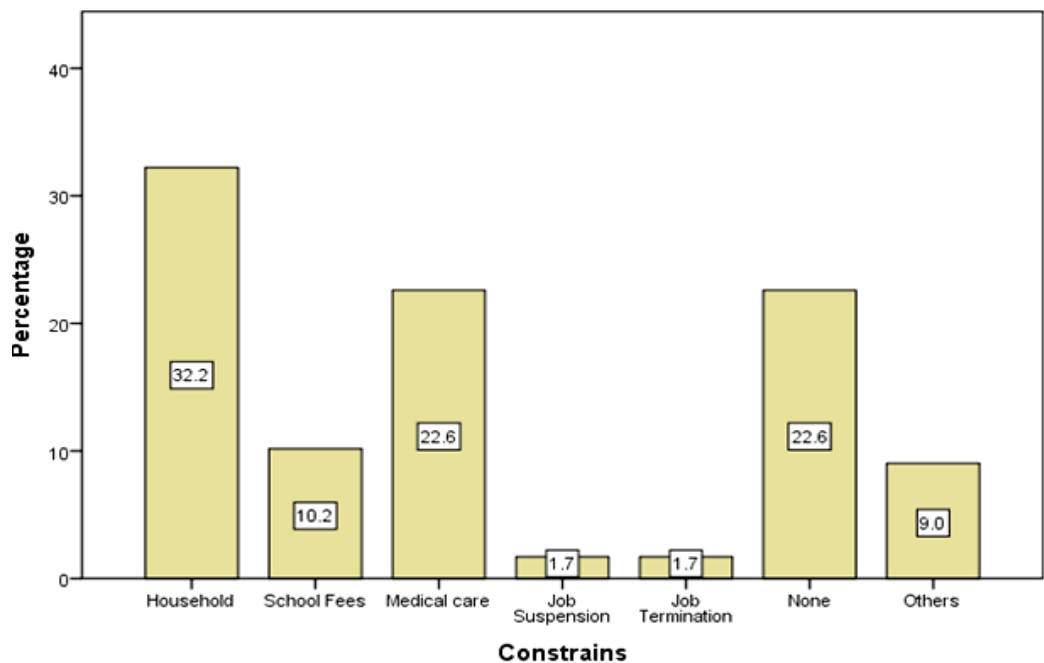


Figure 4. 1: Financial constraints for mothers during maternal period

Findings from the study indicate that the following form the corpus of the constraints that mothers face: household expenditure (32.2%), medical care (22.6%), and school fees (10.2%) among others. This shows that disposable income for consumption is not enough for the financial needs, and this is evidenced from the field in the study. In this study, the sectors affected include food, education and medical care. The financial expenditure is more than the available finances, therefore rendering a financial constraint to the family.

The available finances in the family are further constrained by the involuntary maternal expenditures during the maternal period. The level of productivity and production that is assumed to provide income is constrained due to unavailability and the inability of the mothers to engage in economic activities during maternal period. It is important to point out that these constraints are not felt equally due to difference in status. The constraints are described in detail as follows:

4.4.1 Household Financial Constraint

Based on the findings of this study in Figure 4.1, 32.2% of financial constraints that mothers undergo during maternal period are household-related expenditure. This means they do not have enough money to spend on household requirements. Their common financial problems are associated with household goods and services that are basic to human survival. The most common items are food related such as maize flour, milk, vegetables and cooking oil. Laundry products such as washing and bathing soap and medical care expenses also increase during the maternal period. This conforms to Temu and Hill (1994) on constraints for informal financial institutions' members, particularly basic needs. This kind of commitment to these basic requirements shows that there is a relationship between the income of a woman and the development of welfare and education in a family. The income of a woman is valued most in the growth and development of the family; it is used in provision of fundamental household requirements that are meant to improve the living standards of the family. According to Ellis et al., (2007), female

employment has implications on family welfare and education because women are responsible for purchasing food and household goods. This implies that women would need to be economically empowered in order to allow better standards in households.

4.4.2 Medical Care Financial Constraint

The health status of Tanzania is faced with several challenges that render its provision quality poor. One of these is the socioeconomic status of an economy which determines its health status (Chernichovsky & Hanson, 2009). Higher growth and development pave ways in which the life expectancy in a country improves. Countries that have high real GDP experience higher life expectancy as compared to their counterparts with low GDP (Parkin, 2005). Therefore, there is a real correlation between GDP and life expectancy. Developing countries have less GDP compared to developed nations. Most African countries are in the developing stage and their GDP is not well developed to enhance the life expectancy. This can only be realized through quality health provisions that would require a significant share of GDP to health sector. The average real GDP is very low thereby rendering the health sector stagnant. According to Kaseje (2006) the average health expenditure in South Sub Saharan Africa rarely exceeds 5%. Due to lack of appropriate medical facilities and requirements that are supposed to improve the quality health delivery in Africa, there have been many innovations of affordable facilities that aid in health matters.

One of the recently seen innovations is motorbike ambulance. Motorbike ambulances are commonly used in Tanzania and other countries like Sierra Leon and Guinea (The Kambia Appeal, 2014). It is common in the southern part of Tanzania, particularly in Mtwara-Mikindani. This is because there is no good transport network between the villages and the town centre where basic services like medical care are accessed. It is the most efficient mode of transport based on its affordability. Sierra Leon is using the motorcycle ambulances; there is no enough public transportation and people have to walk five to twelve miles to access the public transport. Usually, it is used to transport pregnant women. Ambulances are the most appropriate to handle medical emergencies but it is costly. The motorbike can be used extensively in rural areas even where the roads are not appropriate for normal vehicles. Therefore, it is one factor that improves the access to health services, as poor transport is a hindrance to health care services in Tanzania. The motorbike ambulance requires a relatively low investment to purchase and modify according to the needs of the health services (see Figure 4.2). The engine requires less fuel compared with other vehicles and this makes it have low running costs (The Kambia Appeal, 2014).



Figure 4. 2: A three-wheeled motorbike ambulance in Mikindani dispensary

Source Author, 2012

Medical care is an important service in a family and in a nation too. In the Women Empowerment Framework, it is under material welfare, therefore significant to mothers' development (March et al., 1999). It is important to understand that there is an exploding cost in health care all over the world and that if it is not well addressed at the family level, then it may result in negative impacts to the society and affect overall development. Poverty is a major factor to poor health care and therefore socioeconomic activities need to have sustenance to safeguard the health sector (Yamin et al., 2013). Low-income earners would concentrate on basic needs like food more than health care. The little income they have is likely to be channelled to food purchases than any other requirements. These financial constraints result from limited finances that

is faced with but various important requirements in the family. “.. If “the poor” are all those living on less than \$1 (in real purchasing power) per day, they can typically neither afford much health care nor borrow to pay for it...”.(World Bank, 1993, p. 55).

Among the constraints, medical care constitutes 23%. During maternal period, maternal care is unpredictable and the aspect of “emergence” consistently emerged from the respondents. It is worth noting that mothers do not prepare for medical care emergence, because they did not prioritize the finances from informal financial institutions to assist them in medical care.

The medical care in the maternal period starts from the pregnancy stage to delivery and during child rearing. Pregnancy requires prudent financial caution due to unforeseen circumstances and a mother is required to regularly attend maternity clinics for check-ups. It is important for a mother to attend maternity clinics regularly for check-up to avoid unforeseen situations that may occur and require the medical experts to attend. The delivery stage becomes very important and must be left purely to medical experts, hence the need of having it done in a medical facility. A skilled medical attendant can reduce incidence and severity of obstetric and newborn complications (NBS & ICF Macro, 2011). The country has to conform with MDGs that stipulate reduction of maternal deaths by three quarters by 2015 (World Bank, 1993). The likelihood of Tanzania achieving this goal is less due to slow development that has been in place since 1990s (World Bank, 2009).

During delivery, much finances are used in preparation and caution for unforeseen circumstances. The mothers in Mtwara-Mikindani also emphasize

this during the interviews. This is money demand aspect which is important for precautionary purposes and in this case for unforeseen medical emergencies (Handa, 2008). There is only one health centre, several dispensaries and one referral hospital. When a delivery appears to be problematic, it is urgently referred to the referral hospital called Ligula. The hospital requires mothers to provide medical kits for delivery. Some of the items in the kit include cleaning facilities; syringe kit, surgical kit and basins that are used for urine. These are among some of the most mentioned requirements before one attends a delivery facility. Medicines have to be bought outside the medical facilities too. Borghi et al. (2006) and Mbaruku and Bergström (1995) studies confirm that there are costs that are associated with transport even though these are not attended to.

The majority of mothers have challenges in accessing health care facilities in Tanzania. According to NBS & ICF Macro (2011), financial insufficiency is one of the major problems in accessing health care. About 24% of women identified lack of money as a major constraint to access of health care. Distance is also a challenge that constituted 19% in the survey of Tanzania women (NBS & ICF Macro, 2011). Therefore, one is required to be financially stable in order to enhance the delivery process.

4.4.3 Education Financial Constraint

Education is linked to health and poverty, thus they are interrelated and dependent on each other. People who have education are less likely to be affected by diseases (Cutler & Lleras-Muney, 2007). Educational opportunities are compromised by health shock associated with high medical expenses

causing families to sell productive assets and reducing consumption, therefore endangering their economic wellbeing (Gottret & Schieber, 2006). Lack of education will further suppress the health of a family that wipes out the disposable income consequently narrowing the chances of education access (UNESCO, 2012). There has been emphasis on education for all and enrolments have gone up even though the literacy levels have not improved due to quality of education accessed. According to UNESCO (2012), literacy skills may not be as a result of completion of primary school.

In Mtwara-Mikindani, education financial constraint is one of the major challenges facing families during maternal period. Mothers are not well educated since the majority have only gone to primary school level while others have no formal education as seen previously. According to Ellis et al. (2007), the average years of schooling in Tanzania are 2.33 for females. This shows the number of years spent in school is less than 4 or 5 years as recommended by UNESCO (2012).

Due to low levels of education in Tanzania and particularly for women, mothers have thereby emphasized on educating their children to allow development in their families. In realization of this, they are facing financial constraints during maternal period due to more maternal financial requirements.

As evidenced in financial constraints previously, the priorities of mothers according to financial constraints are evident. They make prioritization on household, medical care and education respectively. Mothers have problems in educating their children during maternal period. The income they get may

not be enough to cater for all their needs efficiently without financial constraints. This puts education of the children in these families at risk of not continuing or continuing with challenges. Development issues in the household are therefore seen to be handled by women, particularly catering for the main basic needs. The presence of a woman is therefore considered very vital in the growth and development of the smallest unit of development, the family, according to a World Bank report (1993). It is important to have an adult in the family since their absence contributes to more poverty in the household.

Financial constraints prevent development of education, medical care and basic needs of a family. The Latin America recession of 1983 caused additional estimated deaths of about 12,000 or 2% of all infants in that year (World Bank, 1993). Women contribute more in Mtwara-Mikindani Municipality by enhancing basic needs; medical care and education are enhanced in the family through the assistance of informal financial institutions; and therefore it is necessary to investigate the role of informal financial institutions to mothers in this area, which would therefore show their impact to them. Education is associated with several issues pertaining to development of an economy and therefore it should not be hampered by financial constraints. This is because its benefits extend to children, mothers, families, society and at national level. The long-term benefits are evident and support economic development, for instance mothers who have undergone formal education tend to provide better quality of life to their children and to themselves. In reference to Meera (1990), there is high correlation of female literacy and life expectancy at birth.

In conclusion, maternal period is seen to have either extra costs that are related to it directly or indirectly. These costs are usually not expected according to the mothers in Mtwara-Mikindani. Therefore, they end up constraining the little income of the low-income earning mothers. These constraints include the household expenditure for basic needs such as food and clothes, medical care for the family particularly the mother and the expected or baby and finally ensuring the other child/children attend schooling appropriately.

4.5 Factors that Contribute to Financial Constraints

The second objective of this study was to identify the factors that contribute to financial constraints for mothers in Mtwara-Mikindani, Tanzania. The factors were considered important variables in this study since it has a direct bearing on the wellbeing of the mothers. The findings for this variable are presented as shown in Figure 4.3 below:

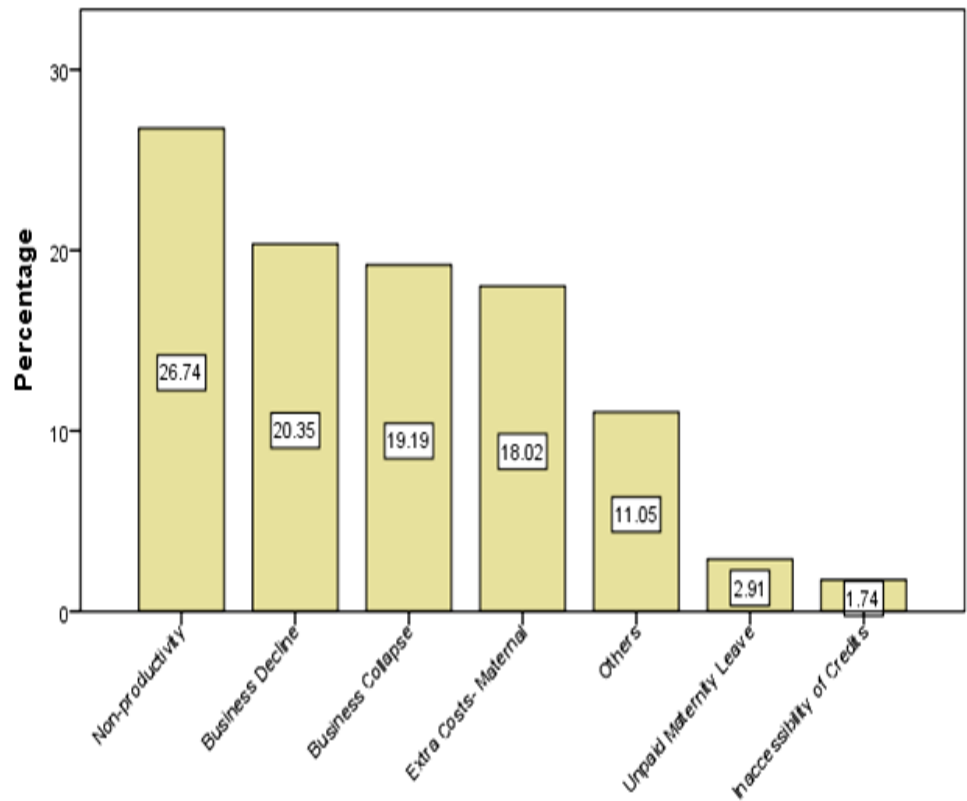


Figure 4. 3: Factors contributing to financial constraints during maternal period

Findings from the above figure indicate that the factors that contribute to financial constraints are: Non-productivity (26.74%), Business decline (20.35%), Business collapse (19.19%) and extra costs-maternal (18.02%). These are further discussed below:

4.5.1 Productivity of Mothers

Mothers' efficiency in their socioeconomic activities reduces during maternal period and this is referred to as Non-productivity in this study. This refers to inability to attend to economic activities, for example businesses, casual and waged labour and to attend the socioeconomic meetings. According to the statistics from Mtwara-Mikindani Municipality on the factors that

contribute to household financial constraints, slowing down or decline of economic activities is a major cause of the financial constraints to mothers. Results as shown in Figure 4.3 indicate that 27% of the possible cause of financial constraints during maternal period was non-productivity of mothers followed by business decline with 20%.

4.5.2 Business Performance

Businesses are meant to create profit which is sustained to enable them grow and expand. In achieving this, some of the pillars for sustaining a business include finance and markets. Availability of finance is as a result of market and these requires to be handled prudently (Galea, 2004). This requires a well-focused entrepreneur who would ensure this is put into practice. In Mtwara-Mikindani, women are involved in small medium enterprises that earn them livelihood. These businesses require sustainability so that women can acquire growth and improve their living standards through them. These businesses rely entirely on the mothers' ability to run them, and therefore the availability and level of input by mother's determines their performances. According to this study, there is a strong relationship between the non-productivity and business decline. The reason that leads to business decline is non-productivity of mothers during maternal period. This study reveals that mothers are not able to attend their economic activities and meet their colleagues at financial group meetings. They therefore do not have chances of negotiation with their financial groups for credits to boost their businesses

since they are usually in clinics for check-ups, or cannot do strenuous work before and after delivery.

Based on this study, mothers lack the human capital to continue with the businesses and finances are directed towards health care, thus draining the financial stability of the businesses. According to the mothers explanations, one would leave her food parlour to attend to her health care before and after delivery. During this period, the mother cannot run her business that entirely relies on her and her finances are usually spent in medical care and related expenses. From the findings, this takes 19% in proportion to other causes. Household requirements may be limited when the business sustainability is not achieved. From the observations in this study, men are not seen to be mentioned in the support of continuance of their wives' businesses. This is because they are domestic related and hence can only be done by women. The women do not have full realization of the implication of support of the family without collaboration with their husbands. Roger's (1983, p. 37) in Feinstein et al. (2010) explains women agree to these tasks due to the ideals inculcated in them by social norms (Feinstein et al., 2010).

It is important to understand the business set up in Tanzania. Men are perceived to be business oriented while women are supposed to concentrate on agriculture. This leads to cultural practices that alienate women from business opportunities. Gender roles interfere with business opportunities thus disadvantaging women's business development. Men are reluctant to allow their women significant business time to complete domestic duties and attend their businesses (Stevenson & St-Onge, 2005). According to Feinstein et al.

(2010), men act as supervisors but want to control the finances of the household.

Small Medium Enterprises development policy of 2000 recognizes the role of women in the entrepreneurship section Ellis et al. (2007) as cited in International Labour Organization (2013), hence they end up engaging themselves in domestic and precarious small scale businesses in the informal sector, Micro Small Medium Enterprises (MSME):

[...] Cultural factors still strongly influence the ability of Tanzanian women to realize their potential in business. Cultural norms govern prevailing attitudes and beliefs. Not only do they include the subordination of women to men, but they also have a pervasive impact on social and economic life and on how laws and regulations operate in practice [...] (Ellis et al., 2007).

Mothers' businesses are in the verge of declining or collapsing if they are attended inefficiently or lack someone to attend to them. Businesses would definitely decline or collapse when the women enter into the maternity stage. This is because the businesses are small in scale, domestic related and relying on women only. The businesses may therefore not be stable to support the mother when she is non-productive leading to business decline or collapse. This denies the mothers opportunity to access the welfare materials as stipulated by Longwe in Women Empowerment Framework (Leach, 2003).

4.5.3 Maternal Costs

Money demand is due to precautionary, transaction and speculative motives. Money is important for use in solving one's financially related problems. Therefore people would wish to have money for their transactional, speculative and precautionary motives (Nelson, 2011). Mothers wish to have money that would support them during maternal period for any transactions and for precautionary purposes.

Maternal cost is an important factor to be considered in the financial allocation of mothers. When a mother enters the pregnancy stage, her daily activities that contribute to income slow down towards delivery.

A mother, without the support of her spouse is required to make regular visits to the hospital for check-ups and she is supposed to be on a healthy and nutritious diet. She also requires transport services to attend to her daily activities; and after delivery, a newborn baby has several requirements that attract financial support, from clothing, nappies, nutritious food and laundry that constitute to extra maternal costs, that was 18% in Mtwara-Mikindani. Men's non-participation in accompanying their wives and children to health facilities was conspicuously observed, therefore suppressing the mothers profoundly and overburdening them with most of the household responsibilities.

Women's health is said to affect their productivity. This is according to Meera (1990, p. 1). Maternity related costs increase against the available income. Mothers are unable to attend to their businesses or any other economic activities appropriately. They require a lot of rest and medical attention.

Productivity (27%) was a factor that results in medical financial constraints in Mtwara. When a mother who owns a business enters a maternal period, she is unable to attend the business efficiently.

In reference to Kessler & Stang (2006), untreated and under-treated health problems may aggravate the costs to individuals which is then transferred to families, employers and communities. The findings of this study are that when the income of a woman in her maternal period declines, assuming there is no other source of income, her financial constraints rises. She is unable to sort the needs in the house, pay for her child's education and it reduces her medical financial ability. A mother becomes challenged in making financial allocation on the little income that she has. Poverty is a challenge in developing countries, constraining the available financial resources to other basic needs and neglecting medical care. Lack of finances will enhance ill health in the households. The adverse effect of ill health will eventually restrain the available financial resources including taking up debts for medical care costs. The low-income earners rely mostly on manual labour for their income and when they become sick, they may not have the finances to take care of their health. This may even lead to death if the situation deteriorates.

In Tanzania, the death of an adult causes more harm in the household as it sinks the family into poverty (World Bank, 1993). It is also evident that the economic growth will prevail as long as human capital is considered in the national growth strategies. Referring to Kessler & Stang (2006), investment in health through human capital leads to economic growth in developing

countries. Therefore, it is important to prepare for medical care for mothers in order to avoid situations that can aggravate medical care problems.

Mothers who entirely rely on their businesses cannot attend to their economic activities especially when their pregnancy status reaches a situation where they cannot do manual work. This is because their health is affected by pregnancy and delivery status, thus lowering their productivity too in their economic activities. Meera (1990) indicates that women's productivity is affected by their health status. Consequently, their income deteriorates and this may be a means towards financial constraints since maternally related issues require enough finance for known costs and also precaution. Medical care in such a case is necessary to avoid any medical complications that may render the family face financial challenges. A leader from Vigaeni ward explained:

[...] baada ya kujifungua, mama hawezi kuja sokoni, lazima akae nyumbani kwa hivyo huduma yake hapa sokoni inapungua [...], kwa mfano, kama ana genge la chakula itabidi afunge kwa sababu ya ujauzito [...]. (IO 29, Nov. 2012)

(After delivery a mother cannot come to the food market, she will have to stay at home, therefore the service she provides at the market reduces [...], for instance, if she owns food parlour she will close it due to maternity leave) (our translation).

There are involuntary costs that emerged during maternal period; some of these costs are unpredictable and cannot be estimated. A mother might be expecting a normal delivery but complications may arise, making her overstay at the hospital bed, thus increasing maternal costs within the medical facility.

During this period, a mother changes her diet preferences day by day and this requires financial support. She requires standby finances because of fever or any other complications that may arise for both the baby and herself. Women require medical kit, nutritious food, nappies and transport as per the findings of this study on financial constraints. Health care becomes costly due to lack of enough medical facilities, hence inefficiency and thus high mortality rates (von Both, Jahn, & Fleßa, 2008). The costing for normal delivery is more expensive in the dispensary than in the referral hospital in Mtwara-Mikindani. It costs about US \$ 12.30 in a dispensary while in the referral hospital the cost is US \$ 6.30. Unfortunately, the region has only one referral hospital and the others are dispensaries that are not well equipped with medical facilities (von Both et al., 2008).

Mothers have a lessened economic status during maternal period due to increased health demands. This creates a poverty cycle that is health related. Their economic status deteriorates during this period because of low income that eventually lowers their living standards (Chernichovsky & Hanson, 2009). According to Swartz (2009), poor health is a contributing factor to low income. The little income from domestic related and small businesses by mothers in Mtwara-Mikindani leads to low financial resources. This causes insufficient health care and thus the rise of families with poor health caused by constrained expenditure.

Women have been known to use their financial resources for the growth and development of the family. A mother's business success or profit is channelled into education of her children among other household expenditures

(Yunus & Jolis, 2003). Children of such a mother are likely not to benefit from formal education due to inadequate financial resources to cater for the basic requirements for a child to attend school and study effectively, a situation a mother tries to avoid.

In this study, about 36% of Tanzanian mothers face several challenges in accessing maternal medical care in one way or another such as distance and transportation barrier to and from health facilities (NBS & ICF Macro, 2011). These challenges cause the giving of little or no attention to necessities like education for it is not a priority at such circumstances. In accordance to this reason, the mothers require informal financial institutions so that they are able to educate their children. A mother from Ufukoni elaborates:

“ nahitaji kikundi hiki ndio niweze kusomesha watoto wangu na kuendeleza maisha yangu.”
(IO: 29. Nov. 2014)

(I require this group so that I can educate my children and also to develop/improve my own life). (our translation)

The aforementioned mothers' challenges are intensified due to lack of collaboration of the husbands to take care of the household duties appropriately without dominance of one parent. Based on the observation of this study, the factors that expound on the financial constraints are mainly caused by the background of the gender norms where one gender, the female, is overburdened with household responsibilities.

In conclusion, during maternal period, mothers' socioeconomic activities decline concurrently with their income and emerging costs of maternal healthcare. Their business performance declines and others are on the

verge of collapsing due to lack of human resource capacity to run them while the mothers are attending to maternal duties. Mothers are unable to even attend the socioeconomic meetings. The medical needs are usually on the rise as delivery period approaches and therefore, this has been seen to exacerbate the financial constraints. The fact that mother's role is seen to cover the entire household sector in basic needs, medical care, rearing children and ensuring they attend schooling is due to the sociocultural and gender inequality in the area. Men are absent in the areas of household development based on cultural beliefs that women are in charge of children and domestic duties, although they control the resources of the family. Hence there is advocacy of the Women Empowerment Framework in equal control of resources aimed at empowering women.

4.6 Role of Informal Financial Institutions during Maternal Period

The third objective of this study was to analyse the role of informal financial institutions in alleviating financial constraints for mothers in Mtwara-Mikindani, Tanzania. This was considered an important variable seeking to unravel the efforts mothers make to uplift their standards. The role of informal financial institutions to mothers is as shown below (Figure 4.4).

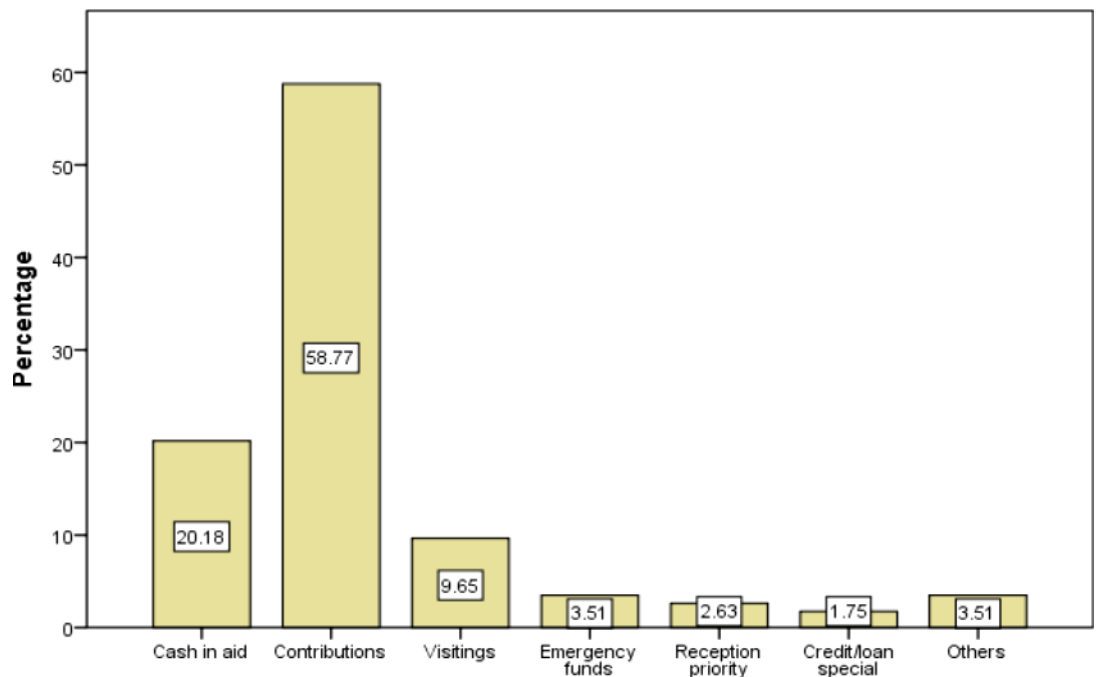


Figure 4. 4: Role of informal financial institutions to mothers during maternal period

The findings from the figure above show that informal financial institutions play various roles such as contributions (59%), cash in aid (20%), visitations (10%), emergency funds (4%) and reception (3%).

Informal financial institutions assist members who are in maternal period by contributions that would be used to take care of the mothers' medical care and at the same time ensure their children are attending formal education without problems. A mother gets assistance in forms of materials like clothing and food for the children. Access of easy credit is availed to a mother in maternal period in which it ensures the children of such a mother continues with education without interference of the maternal period whether the mother is doing business or not.

4.6.1 Contribution for a Mother

It is important to understand that the level of income determines the status of health in a household. The low-income earners have little income that cannot provide quality health care while the rich and middle-income households have sufficient income to cater for their healthcare costs. Financial ability reflects the health status of a nation (World Bank, 1993). The low-income earners look for alternatives in informal financial institutions to append their insufficient income to handle such sensitive services in the household. In these institutions, they can access finances that will be granted to them as members and they will repay back when they ease their needs.

Figure 4.4 indicates that contributions (59%) are the most common role of informal financial institutions. Members of various financial groups convene when one of them is in maternal period. They discuss on how they will help the mother. They usually have specific policies on how to approach such cases. They are aware on how they will be involved in assisting the mother financially or in cash in aid. They contribute a certain amount of money that is given to the mother to reduce her financial burden during maternal period.

Mbithi & Rasmusson (1977) shows that cash contributions are common due to the capital intensive nature that most projects take. Some may not require labour contributions in-kind rather than cash to facilitate purchasing material or services for completion. In Tanzania, Mwalimu Julius Nyerere, the then President had introduced a new socialism design which the public followed. He ensured people were together in doing communal jobs and ensured people lived in a harmonized way, caring for each other as if they

belonged to the same family (Walley, 2010). The same can be seen in today's lives of communities facing various issues including economic matters as in the informal financial institutions in Mtwara-Mikindani. According to Figure 4.4, money contribution constitutes 59% of the responses on the approaches of the maternal policy that is meant to cater for the mother during maternal period. Contribution means giving out money to the mother during maternal period by the informal financial institutions. It is one of the effective financial means from the institutions for solving most of the problems during the maternal period. The option of the institution choosing assistance in monetary form is an indication of the importance of finance to household growth. The reason why contribution is the immediate way of assisting a mother is the fact that money will be used in solving most of her immediate challenges. Education for the children will be provided, household requirements like food, clothing, medical care costs and finances she gets from the informal financial institutions in the form of contributions compensate the decline of her income.

Financial development has been associated with reducing or narrowing of the poverty gap. Financial ability enables growth through solving obstacles that hamper it (Beck et al., 2004). In an explanation about helping the poor, Hazlitt (2007) emphasizes on giving them cash than in-kind. This is because the low-income earners understand their own needs more than anybody else and know how to apportion their own expenditures accordingly. A mother during maternal period understands her financial abilities more than the informal financial institutions, therefore the cash given to her through contributions will help her be efficient in the allocation of her own expenditure.

4.6.2 Visitings and Cash-in-aid

African socialism has been an important entity in economic development (Saul, 2001). Usually these activities are conducted collectively in society as opposed to individually. Some of the achievements of socialism is social security and reliable hospitability (Friedland, Socialism, & Rosberg, 1964). In Tanzania, contributions are social and economic oriented. Women contribute cash to assist each other's needs but also there is also concern of services or material that may be provided in other forms.

Visitation, constituting 10%, seems an important issue with informal financial institutions. This is done by visiting the mother in hospital and her home. It offered a psychosocial healing. Visiting a patient especially in hospital stimulates the physiological body and healing is facilitated. When a patient is visited by people who are close to his or her like family members or friends, he/she tends to recover faster than one who is not visited (British Association of Critical Care Nurses, 2012). Mtwara mothers through their informal financial institutions have visitation as part of offering psychosocial support and encouraging the patient. When a mother has delivered and is visited by her colleagues in the groups, she will feel loved by others and be able to recover fast. This also reduces loneliness, as she cannot be able to meet the others particularly through regular financial meetings. A leader, elaborates:

Wakati mwingi, mama yupo nyumbani na hajihushishi na shughuli yoyote ya kuichumi kwa hivyo hana hela. [...] shughuli nyingi zake husimama [...] mama anakosa furaha kwa sababu mara nyingi yupo peke yake nyumbani na hakutani na akina mama wenzake.

Tunapokutana tunabadilishana mawazo, wakati ule mama mzazi huwa nyumbani. [...] ni muhimu kumtembelea mara kwa mara ili kumjulua hali, kujua shida zake ndio tumsaidie mpaka atakapopata nafuu badala ya kumwacha mwenyewe. (IO: 5. Dec 2012)

(Most of the time, the mother is at home and does not do any economic activities and therefore she does not have any money.[...] Most of her activities stop [...] the mother lacks happiness because she is always alone at home and does not meet her colleagues. When we meet and exchange ideas, the mother at this time is lonely at home. [...] it is important to make regular visits to the mother in order to know what problems she is undergoing so that we can help her until she recovers instead of leaving her alone.). (Our translation).

This means that the mother after delivery is psychologically better when visited by friends or family members. The mother in question may be experiencing difficult emotional problems while in a medical facility, therefore, presence of friends and family members facilitates her recovery process (Onu, 2012). Therefore, the informal financial institutions play a great role in recovery of a mother who has delivered, in terms of visitation in the hospital or her home.

Mothers in Mtwara-Mikindani have an interlinked web of socialization in various activities as learnt in this study. Several qualitative sources showed the aspect of socialization emerged in informal financial institutions, health, and economic activities. The leaders were seen to emphasize social cohesion, for example, assisting each other in times of happiness and problems. A leader emphasizes:

“Lengo letu lilikuwa kuwaleta akina mama pamoja, kubadilishana mawazo na kupata mbinu za ujasiliamali [...] wanawake wanapenda kushirikiana hasa kwa taasisi za kijamii na kiuchumi [...]”(IO: 5, Dec. 2012)

(Our aim was to bring women together, exchange ideas and get entrepreneurship skills [...] women like cooperating especially in social and income-generating organizations) (our translation).

Members from various informal financial institutions show good cooperation. They assist each other in domestic activities particularly women. In this study, they discussed that there are some women issues that need to be shared among themselves without involving men. One of the female leaders explains:

“Ukipata usaidizi kwa wenzako, unapata mda waku”relax” hata kimawazo [...]”(IO: 7, Dec. 2012)

(When you get support or assistance from colleagues (members) you get time to relax even psychologically) (our translation).

Another one explains:

“Lengo letu ni kusaidiana na kujitosholeza [...] tunasaidiana kama wanachama wa kikundi. Mama akiwa amejifungua tunamsaidia hasa wakati hawezi kujikimu kama kupata chakula.” (IO: 5, Dec. 2012)

(Our objective is to assist each other for self-sustenance [...] we assist each other as members of the group. If a mother has delivered we help her, particularly when she is unable to meet her needs, especially food.) (our translation).

Members also give out some help in form of cash in aid (20%) to the mother when in need particularly during and slightly after delivery to supplement cash. At this moment, the mother may not have enough money to buy necessities like food, clothes and washing items. In this case the members provide for her family with items and services that would have cost her money to acquire. This conforms with Kirst-Ashman's (2009) view where cash in aid is vital in promoting quality of life and enhances people's ability to live within their environment.

4.6.3 Specialized Credit & Loan Access

More than 100 million people globally are forced into poverty by illness and are struggling to pay health care. This is according to World Health Report 2005 as cited in Ofori-Adjei (2007). For over 30 years, microfinances have been offering important developmental services to the low-income earners. These include access to loans and additional non-financial services like training on health matters. This is due to their ability to reach out to the lowest income earners (Ofori-Adjei, 2007). Informal financial institutions are beginning to offer health financing as an alternative to the available health financing sources. Leatherman & Geissler (2012) show increased use of microfinances in offering various services that the low-income earners need. Affordability of health care remains a barrier to its access and there is need to expand the health financing option (Leatherman et al., 2012). In the efforts of fighting poverty, effective outreach becomes a major problem. This can be addressed through informal institutions since they have an ability to reach the

lowest income earners. Moreover, they have regular meetings which can be used in rolling out the health education programmes (Ohri, 2004).

Findings from this study show that mothers in Mtwara enjoy the financial access through access to credit, emergency funds and customised loans but majorly through contributions organized by their financial groups. Several informal financial institutions support mothers in maternal period. This means that in ASCAs, mothers who are in maternal period are given priorities in the order of receiving money from their financial groups.

Emergency funds, comprising 4% have also been introduced when a member has an immediate need to cater (see Figure 4.4). These needs include maternity obligations. The finances assist in solving most of the emerging maternal constraints. According to The World Bank (1993), governments in developing countries have not invested enough in health and this reduces educability and productivity; therefore, women in the Mtwara-Mikindani turn to the informal financial institutions to try and supplement efficiency of both productive and reproductive roles. Sub-Saharan countries were affected by economic disturbances in the 1980s.

Quaye (2010) indicates that these economies over-depend on single cash crop or primary products that led to exports that could not improve balance of payment. In reaction to this IMF introduced stabilization in that recommended cost sharing in health services for the first time in Africa. This constrained the state expenditure and deteriorated the health services. This in turn suppressed the low-income earners if they have to contribute towards their

health services. 75% of health financing in Africa is out-of-pocket and hence a burden to the low-income earners (Quaye, 2010).

In comparison to OECD countries, in 2005, these countries used an average of 9% of GDP. A country like USA devoted 15.3% of the health spending (Organisation for Economic Co-operation and Development, 2007); Tanzania health expenditure is about 2.1% of GDP similar to most countries in Africa like Ethiopia and Zimbabwe (Honjo, Verhoeven, & Gupta, 1997). Due to lack of health financial support for the low-income earners, there is regrouping of people, to form informal financial institutions that assist in the provision of credits and loans for efficient medical care.

Further findings in the study show that members of informal financial institutions have a great sense of mutual development in Mtwara-Mikindani. They assist each other towards developmental issues such as health, economic activities, household and education. They develop each other economically through the credits and the creation of income-generating projects that improves their income. They buy household items for each other; assist each other in financing medical care and financially uplifting each other in education, hence improving the living standards of their families.

It is clear that banks are not willing to lend money to poor people and their accessibility by the poor becomes cumbersome; in this case the women turn to mutual assistance to support each other in various issues that face them (Narayan, Pritchett, & Kapoor, 2009).

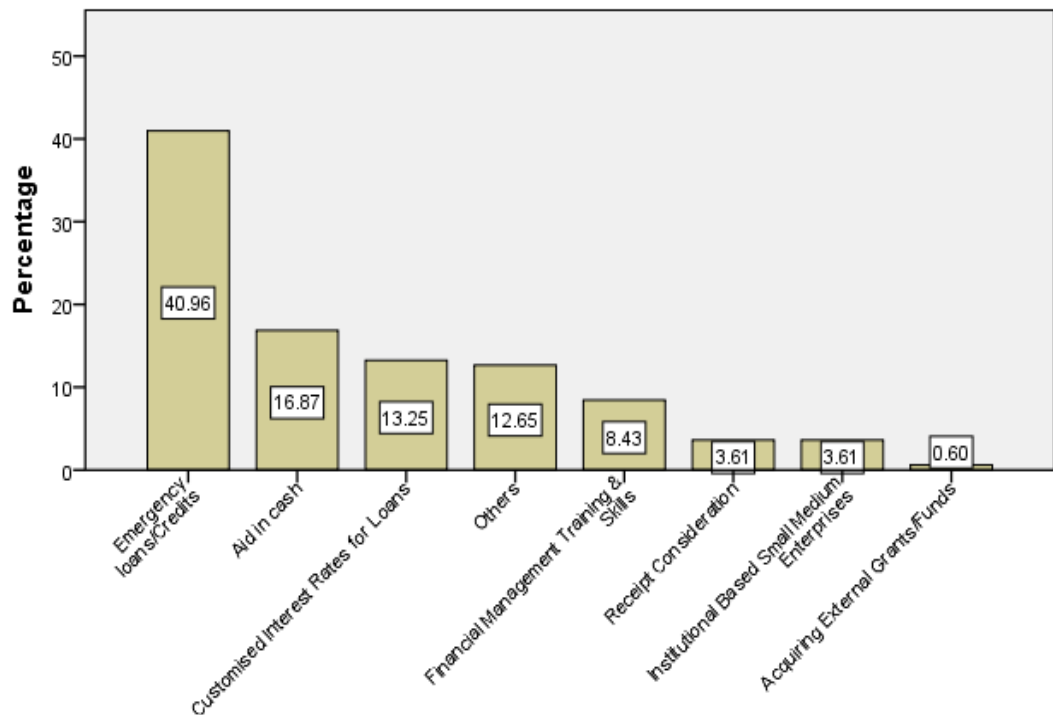


Figure 4. 5: Financial institutions' support to mothers

The findings show that most of the mothers obtain financial support in the form of emergencies, loans or credits (40.96%). When a member has an emergency need, she requires financial support, which can easily be accessed from the informal financial institutions. The savings accumulated through members' contributions are used when an emergency occurs; making the affected member access finances as per her needs.

Pooling the financial resources together for the use of one member who has problems becomes like insurance (Friedman, 1973). Members would be motivated to participate in such financial institutions since their problems would be handled through institutions that give better solutions than if she would have done it alone. This kind of model is important to members since

the emergency needs may not occur simultaneously, therefore benefiting the affected members.

This shows the social structure of the informal financial institutions through ways in which members assist in the household activities of a mother. A mother feels comfortable when people who are well known to her domestic duties. Social closeness therefore becomes important to these informal financial institutions.

In Mtwara-Mikindani, some of the institutions have consideration in interest rate that suits the mother's financial constraints. The interest may be changed from the normal rates to a rate that the mother can afford depending on her financial consideration. Mothers have difficulties in repayment of loans due to high interest rate but when the rates go down, it becomes easy for her to repay.

Mothers may be avoiding taking loans to boost their businesses, household, or personal development due to interest rates charges. When the rates are lower, mothers can be influenced to take a loan that will support their needs during the maternal period. This is referred to as customised interest rates support. This policy makes women members reduce their financial constraints by increasing their finances through waiving or reduction of interest rates. Members are accorded access to financial management and skills training by informal financial institutions. Some of the mothers are not competent in financial management especially when they take loans and misdirect the funds to unintended projects.

Some institutions assist their members through training on financial management so that they are able to run their businesses without problems. It has been described previously as the importance of education to development. More than half of these mothers in the municipality have only acquired primary school level education; others have not completed while others have no formal education. The average number of schooling for women in Tanzania is 2.33 years (UNESCO, 2012). Informal financial institutions find it important to give such training due to poor financial literacy present in Mtwara-Mikindani.

Some of the informal institutions, for example ASCAs, give preferential treatment to mothers in receiving the funds when in need. The group members agree unanimously to allow the concerned mother in need to access their accumulated funds without the set guidelines such as already formulated pattern. This is a sign of social responsibility that mothers have to one another. They have discovered the importance of supporting each other as this is a major objective of their financial institutions. Social cohesion enhances social assets which women access in their businesses and financial institutions among other assets (Adams & Fitchett, 1992).

4.7 Measures for Financial Constraints

Financial support seems to be the most necessary solution to achieve schemes suitable for informal financial systems that would cater for the mother. According to the respondents, financial support is fundamental to overall reduction of maternal problems. Supporting a mother in her household duties like cooking, washing and running her small business would ensure that

emerging maternal issues are contained. When a mother experiences maternal problems and is unable to attend her daily duties, the members assist her by giving all the material support that she requires. This is cash-in-aid element and therefore, cash-in-aid is equally important as financial support. Financial support and cash-in-aid constitutes 15% each of the suggestions (Figure 4.6).

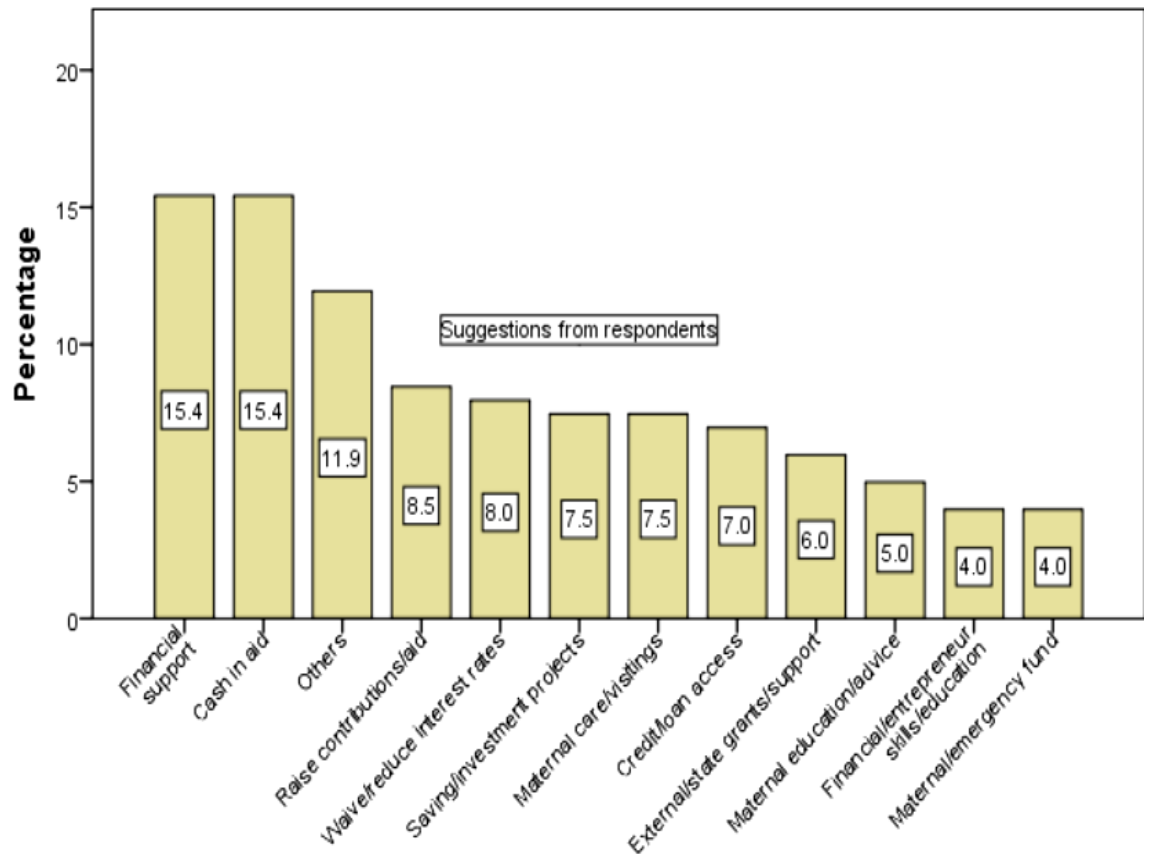


Figure 4. 6: Suitable Measures for Reduction of Maternal Financial Problems

For a mother who has just delivered, the interest rates for her loan repayment may be reduced or the repayment period may be extended. This is because such a mother is economically inactive due to low productivity as seen before and therefore may experience financial constraints. Waving or reducing interest rates comprised about 8% of the mothers' suggestions.

Financial education and entrepreneur skills are very important to these mothers in the informal sector. They may not have full education to understand how to run a profitable business, hence informal financial institutions should

emphasize this type of training as they may benefit when their members are effectively running businesses. Knowledge of running a business is fundamental for mothers who own their businesses. Since they do not have the knowledge, technical education or skills, the informal financial groups assist them in programmes that train them on efficient ways on how to run their small businesses.

It is crucial for mothers to venture into profitable investment projects that would provide income to the members. Members are supposed to be directed towards saving so that accumulated funds may enable them to venture into profitable businesses. They need advice in order to have savings projects, as this will in turn provide them with investments. One of the mothers from Ufukoni, gives her suggestion:

Napendekeza tupate fedha za kufanya miradi kupitia kwa wafadhili na sio michango yetu. (IO: 29, Nov. 2012)

("I suggest we get credit that will be used to do projects through group facilitators but not from our contributions.")

This will boost the regular contributions since it is not sufficient to cater for maternal requirements. The amount of contributions per member depends on their ability to do it. Most of these institutions have little amount of funds due to insufficient contributions. It is suggested that members' contributions should be raised so that it may significantly assist them meet their needs after engagement of external and state grants, which provides extra income to the mothers through income-generating projects. This suggestion represents 9% of

the possible measures that will enhance the household constraints' solution. A leader explains:

“Wanachama huchanga elfu moja kuchangia mama aliyelazwa hospitalini”. (IO: 29, Nov. 2012)

(“Members contribute Tzs 1000 each to assist a member of the group who is admitted in a hospital.”) (our translation).

Based on statistics on this study, the majority of the informal financial institutions have members ranging between 21-30; and the raised funds are between Tzs 21,000-30,000 (US\$ 14-20). During delivery, a mother must buy maternity items and deal with several emerging contingencies and the assistance of low funds may not supplement her financial needs.

The medical facilities and equipment are not sufficient to allow the users to get free services. They are also constrained in terms of human resources and equipment particularly after economic liberalization in the 1980s (Haazen, 2012). Dispensaries and health centres have become creative to convert the normal motorbike to a three-wheeled vehicle to transport to the referral hospital in the district. Such innovation occurs due to inadequacy of financial resources in the government's national expenditure. It may be found to be necessary but unsuitable and uncomfortable for a mother who is in pain and due to deliver. Prudent measures require to be observed and mothers' special considerations put in place in such innovations.

It would be vital to give special consideration a mother who has delivered, in loan repayments; for instance, the interest rates may be reduced or the repayment period may be extended. This is due to the fact that such a

mother is economically inactive due to low productivity as seen before and therefore may experience financial constraints.

In this region, mothers believe that visiting the concerned mother to give her comfort both in hospital and at home will facilitate her healing and it shows concern for each other. This gives her psychological support, helps her in household duties and gives her time to share her health issues. Maternal care suggestion comprised 8%. Visitation is important and has been practised in other developed nations since it facilitates the healing process of the mother, makes the child have social support, and develop appropriately.

In advanced countries, the mothers have experts who visit them for medical care advice before delivery and three years after delivery. They provide social support, health and parental education, cognitive stimulation and emotional support. Family and friends are involved in these programmes. The aim of this is to prevent preterm birth, low weight and child maltreatment risks (Olds & Kitzman, 1993).

Special credit and loan access to the mothers is significant in order to ease their financial constraints. This took a proportion of 7%. Mothers and leaders of informal financial institutions should include external parties in their strategic plans. This constitutes 6% followed by maternal education with 5%. Educating mothers on issues that are maternally related like preparation of delivery through savings emerged from the respondents. This will ease the pressure on finances during delivery. Mothers require knowledge on how to take care of their health as well as the baby through intake of nutritious food and attending prenatal and postnatal clinics. Historically, this was a need that

was also seen by Methodists in Ontario as they addressed women's educational opportunities for women. A Miss Masson by then urged people to understand that education for women was meant to assist women to become co-partners at home and in the community at large. This would lead women to financial and mental independence (Selles, 1996).

Financial institutions have the advantage of educating members since they have regular meetings every month (most meet weekly in Mtwara-Mikindani). This is a way and opportunity of imparting knowledge through these institutions. As previously discussed, the majority of these mothers have not gone through the formal education (Ellis et al., 2007). Training on entrepreneurial skills and creation of maternity fund account took 4% each. The meetings can be well utilized to cover trainings that would stimulate profitable businesses.

The spillover effect will trickle down to the institutions themselves and the household income. The majority of the members in these informal financial institutions are women and therefore maternal issues will be eminent. In relation to this, institutions should create a fund that will be used to handle maternal problems for the members.

The informal financial institutions, state, NGOs and other stakeholders should assist the mothers who have challenges in educating their children, through financial and material support. They could also introduce projects that involve the mothers and this may earn them sufficient income to cater for education of their children.

Maternal education and advice (5%), will ensure the medical care is considered and reduced after mothers acquire relevant knowledge and skills. The more the other constraints are reduced the more the educational financial constraints will also be reduced. This is because all the constraints are depending on the same household income that is insufficient.

Educating children is a major role that is seen to be steered by women with their financial resources from informal financial institutions (B. Armendariz de Aghion & Morduch, 2010). Informal financial institutions are intended to offer financial support to mothers during the maternal period in order to ease the education burden. The issue of education that minimizes adult illiteracy are important for a nation and should start early since the impact will be seen in future. Children should be enrolled in educational institutions when they attain the school-going age.

Joining social services like savings and credit groups enhances women's education on agriculture and development matters. Farmer's field schools in Kenya, Uganda and Tanzania are likely to benefit more people who are already members of the socioeconomic groups (UNESCO, 2012). Through this approach, the parents are able to benefit from relevant skills and production that may improve their income. It is in these groups that they can access credit that will be used to ease educational-related financial constraints. In Mtwara-Mikindani, credit access constituted 7% of the measures.

Savings and investment projects constitute 7.5% of the possible measures to reduce educational financial constraint to ensure there is constant and sustainable income to the mothers who will therefore ease their constraints

, including the education costs. The amount of funds saved can later be used in income-generating projects that will benefit the women even in creating employment for themselves. This will expand their income and their children will have the necessary requirement to attend the formal education. The informal financial institutions' structures can introduce projects that will improve mothers' income towards the education of their children.

4.8 Conclusion

Support of mothers by informal financial institutions in their businesses and household duties is an ideal method. Their stability is translated into the successes of the institutions. According to Richardson et al. (2004), women in Tanzania experience challenges that are gender-related. They may not be fully committed to their businesses since they have to meet social and material needs of their families that include taking care of children, the spouse, in-laws and other members of the family. This is the time they are supposed to be running their business thus it becomes a challenge. The informal financial institutions provides both social and economic support through non-monetary and monetary contributions to solve household, medical and educational constraints. Mothers in need during maternal period are accorded preferential treatment in awarding credits or loans and emergency funds are accessible to them. Therefore informal financial institutions become important to the development of communities in Tanzania.

4.9 Challenges in Mothers' Participation in Informal Financial

Institutions

This section assesses the mothers' involvement and challenges encountered by leaders in informal financial institutions in Mtwara-Mikindani. The basis of membership relies on these participation in decision-making, policy-making and planning according to the Women Empowerment Framework as described in the conceptual framework (March et al., 1999) in chapter two.

Leaders of informal financial institutions encounter various challenges when expediting their duties. Some of these challenges are maternal related. A pregnant woman may fail to arrive at the meetings at the agreed time due to various hindrances. Some may come very late when the meetings are almost over. When they come late, they may find that important decisions have been made without involving them or without considering their views. This may be attributed to two issues.

First, the making of important decisions alienates the pregnant woman. Informal financial decisions will always be made without involving the mother. This is because the meeting attendants are the ones who have the mandate to make decisions on any issue that has been discussed. This denies the absent mother a chance to participate in important issues that affect the institution.

Secondly, these mothers may have better solutions for any pressing issues that require everyone's views and ideas but being absent makes them not to participate in the in the discussions. Perhaps the absent mothers would have

provided better advice if they would have been present in the meeting. A leader from Shangani explained:

"Huwa tunatumia maoni ya wachache waliohudhuria na pengine kama mama mzazi angefika mapema, angechangia maoni mazuri au ushauri kwa kikundi."
(IO: 29. Nov. 2014)

(We tend to rely on the views of a few who have attended, and perhaps if the mother would have come earlier, she could have provided better opinion or advice to the group) (our translation).

One of the criteria that qualifies the importance of a meeting to an individual is to have something to contribute e.g. in decision making and voting (Badiru, 1996). Small groups of people making decisions makes the absent people feel that their views and wishes are not considered, this has been emphasized by Pascoe (2008); and this is likely to bring misunderstandings among the members.

The reason why a mother comes late or is absent in the meetings is due to her pregnancy status; her preparation period and means of transport changes as opposed to if she was not expectant. Some mothers do not attend the meetings due to sickness that may erupt unexpectedly. Pregnant women become sick and those with newborn babies are prone to ailments and thus becomes unwell. When a member and her baby are unwell, it becomes a challenge for the leaders because of two main issues.

First, the illnesses in the family of a member may lead to lack of their monetary contributions. Such a family may be using their income for medical

care before any other expenditure. This implies that their contributions and participation in the financial groups may not be a top priority. At this time, the leader is supposed to show unity and cooperation to the mothers concerned, even though they are not participating neither contributing to the group, therefore it becomes a major challenge for the leaders to handle mothers just because they become economically inactive and non-participants in the group matters. Leadership hereby becomes vital in managing these mothers. Rowley & Warnerb (n.d) indicates that the performance of microfinances operations will highly depend on the skills and abilities of the leaders. Leaders will assume the rules and regulations of the institutions are not necessary at their period rather taking care of the mother as a priority.

Secondly, the purpose of mothers joining informal financial institutions is to supplement the deficiencies that exist in their income. When such mothers are faced with financial constraints due to medical care related costs, they turn to their financial groups for support. The leaders and other members are expected to offer support to the mothers during this period. This becomes a responsibility of the institution since they are required to give contributions and offer support to the mothers. Findings from this study showed that some mothers may stay up to three months without participation. This means the all decisions will be made in their absence and decision-making and contributions may be negatively altered. Maternity period affect the contact hours and days that mothers participate in the financial groups.

Mothers' businesses are not consistent and this directly affects their income. They do not participate in hard or manual work therefore they are deemed economically inactive. A leader from Vigaeni explained:

“Kama mama ana genge la chakula, lazima afunge kutokana na uzauzito. Kwa hivyo kikundi kinakosa mapato kutokana na kutojishughulisha kwake.”
(IO: 29, Nov. 2012)

("if a mother owns a food parlour, she will close her shop due to maternal leave, thus the group lacks income due to her inactive contributions.")
(our own translation).

Maternity complications emanates from the health status of a mother and child. The health status of these two has a direct impact on the funds and growth of the institution. Sometimes, it becomes difficult to identify the genuine maternal problems that mothers report to the leaders. Maternity issues require prudent measures particularly due to occurrence of abrupt illnesses for the mother or the baby.

Low economic productivity also leads low financial capacity for the mother for her maternal needs. Financial limitations emerge due to low productivity and the credit worthiness that may be deemed to a mother who is less economically active due to maternal related issues. The access of credits depends on the creditworthiness and the ability to give repayments consistently, a condition, which is not likely to happen to a mother who only relies on income from her business and has entered a maternal period.

A mother's social behaviour may change during the pregnancy period. During the meetings, they become quarrelsome with colleagues. Other members may not understand the circumstance therefore escalating their psychological

problems. They require psychosocial support since they are undergoing several psychological and physiological processes that alter their social behaviours. Psychosocial problems may be elevated if the leaders do not understand the mothers. There is also a risk of maternal complications when mothers are subjected to psychosocial and life stressing situations. Emotional disequilibrium has been associated with pregnancy complications (Norbeck & Tilden, 1983).

Some of the institutions may require groups for collective guarantee of loans. This means that the other group members' shares become the collateral for anyone who wishes to get a loan. Most of the lowest income earners may not be chosen by other members to join the groups. This is because their wealth quantile may not be appealing to other members and may not be enough to cover the loans in case they default. There is perceived risks involved when members are pooled together with such low-income earners and consequently, they become alienated or no one is willing to guarantee their loans (Schreiner, 2001).

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS & RECOMMENDATIONS

5.1 Introduction

This chapter summarises the major findings of the study, makes observations, draws conclusions relating to the study objectives, makes recommendations and suggests areas of further research. The purpose of this study was to identify financial constraints experienced by mothers, factors that contribute to these constraints and the role of informal financial institutions in alleviating the financial constraints. This study was done through the descriptive design method in Mtwara-Mikindani Southern East of Tanzania, targeting mothers in maternal period and using informal financial institutions for their financial needs. The study was based on Women Empowerment Framework.

5.2 Summary of the Key Findings

This section contains the key findings of the study based on the objectives. The objectives of this study were to:

1. Find out the financial constraints that mothers undergo during their maternal period in Mtwara-Mikindani, Tanzania.
2. Identify the factors that contribute to financial constraints for mothers in Mtwara-Mikindani, Tanzania.
3. Investigate the role of informal financial institutions in alleviating financial constraints for mothers in Mtwara-Mikindani, Tanzania.

4. Suggest appropriate schemes suitable for informal financial systems that reduce financial challenges for mothers in Mtwara Mikindani, Tanzania.

Based on the four objectives, the study found out that;-

1. During the maternal period, socioeconomic activities of the mothers reduce while the maternal costs rise. Therefore, mothers are faced with three main financial constraints namely;- Household expenditure for basic needs such as food and clothing, Medical care for the family and Educational financial constraints that is, ensuring the children attend schooling efficiently.
2. Factors that contribute to financial constraints for mothers during maternal period include their low productivity due to inability to attend their socioeconomic activities, businesses or casual labour. Inability or poor performance of the mothers' business since they lack enough time and participation in running it bearing in mind it is the only source of income. Sociocultural gender alienates spouses in supporting of mothers' domestic related socioeconomic activities, thus lack human capital to run these businesses hence their performance decline or collapse; and extra specific maternal costs emerge during maternal period due to the extra medical care in attending clinics, transportation, nutrition, clothing and laundry.
3. The role of informal financial institutions during maternal period is both social and economic. There are monetary contributions for the mother in need to enhance her ability to overcome the financial

constraints and access healthcare with ease. Cash in aid to supplement cash where a mother is given goods and services that would otherwise have used money. This is done when they visit a mother in hospital or at home and also offers a psychosocial support for the mother and improve cognitive skills of the baby's growth and development. Mothers have preferential treatment in awarding credits and emergency funds are easily accessible to them during the maternal period.

4. Financial support is required by mothers in the form of emergency funds, credit accessibility, interest rates and repayment period consideration while external grants from the state or donors should support savings and investment projects that would raise the income for the mothers. Visitation to offer social, emotional and cognitive support is important and offering programmes that train mothers on financial and maternal education.

5.3 Conclusion

Maternal healthcare is an important element in the development of a nation. This is because it covers all other healthcare through the wellbeing of a mother and child. Maternal period is the foundation of human resources for the economic development of a nation and should be treated with prudence. This period is hampered with financial constraints for the mothers that hinder maternal healthcare as described below.

1. Mothers' socioeconomic activities reduce while the maternal costs rise because they are not prepared for it. The maternal related costs and running of the businesses and socioeconomic activities are usually not planned for. This leads to specific financial constraints in household expenditure, medical care and educational costs.

2. The factors that contribute to financial constraints are less productivity, poor business performance and emergence of extra maternal costs. This is aggravated by solely responsibility of mothers in the household because their spouses are absent in duties due to sociocultural and gender role barriers. The source of these constraints is based on historical reliance of women on domestic matters in the area and gender roles where these duties are seen as women's hence, maternal healthcare and household responsibilities are solely left for the mothers in line with the sociocultural and gender norms of the society. When the society through gender inequality and norms alienate men in the participation of household responsibilities, these constraints will persist due to overburdening of mothers with the domestic duties.

3. Informal financial institutions provide finance and social support that are important element in the empowerment of

women in handling financial constraints that hinder their access to healthcare. In a society that skews household responsibilities to mothers, they themselves turn to informal financial institutions which support their financial needs. These institutions are found to offer not only economic but also support social roles. They tend to be client based concerned with institutional diverse needs of the mothers. They should be integrated in the strategies of women empowerment.

4. Although the informal financial institutions wish to assist mothers with the relevant needs, they are faced with financial barriers since their funds are lower than the needs of members. This is because they only rely on mere contributions from the members. They only access significantly less amount of money considering the previously requirement and for unforeseen situations during maternal period.

Informal financial institutions require support from combined efforts from the stakeholders such as government, NGOs, Donors and their own initiatives. They should support the mothers during maternal period through offering emergency funds access, and consideration of repayment periods and reducing or waiving of interest rates. The state, NGOs and donors should support the mothers through the informal financial institutions by providing savings and investment

projects that would boost the mothers income ultimately enlarging their income base and regular contributions to the institutions. Again, since visiting a mother in need during the maternal period is seen to improve their social, emotional and cognitive support, then the members and informal financial institutions' leaders should organise such visitations to the needy mothers. Finally, programmes educating mothers on financial management to sharpen their business skills such as savings for emergencies and maternal education to cope with the maternal period would be important to sustain their economic activities that assist in healthcare financing.

The maternal healthcare informal financing may not be addressed appropriately when the responsibilities are skewed towards mothers a situation that aggravates the financial constraints; and to achieve improved maternal healthcare through informal finance, the study stipulates these recommendations.

5.4 Recommendations

Based on the significance of this study, mothers' maternal healthcare and socioeconomic welfare is necessary for family, society and the nation at large. A move geared towards conformation to MDGs and in line with the Women Empowerment Framework is necessary. Therefore, it is against this background that the researcher recommends that:-

I. To the Mothers

The mothers should be aware of effect of maternal healthcare to their socioeconomic activities and household duties and make plans for them. This is to ensure their socioeconomic activities that provide them with income are not affected by the maternal period leading to financial constraints in household expenditure, medical care and educational costs.

The members should support mothers through organised social visits to the concerned mothers to give them comfort in both hospital and home. They should give her psychological support, help her in household duties and have time to share with her on her health issues. This is seen to have considerable positive health impact to the mother and child development.

II. To the Informal Financial Institutions

The informal financial institutions should create awareness to their members on importance on preparing for maternal period socially, health wise and financially. This is to improve their preparedness on this period so that they are not caught unawares leading to financial constraints. They should create programmes that offer financial education and skills of doing business to the mothers in order to improve their income and make strategic plans for the sustenance of the businesses.

These institutions should use the informal financial institutions structure effectively as a platform for future growth of themselves and growth of the members too. This is because strong social bonds that characterizes their union bind them.

Financial support from the institutions ensure the mothers do not have problems with their maternal obligations and waiving or reducing interest rates for loans that may have been taken, will greatly supplement some financial constraints emerging from non productivity, business declining and extra maternal costs.

A ceiling limits the amount of money that can be raised in an institution. In Mtwara-Mikindani, this is done through the amount of money each members contributes and the number of members each institution should hold, usually 25 members. This makes the total value of contributions in money form become relevantly low. The amount of money that is required especially during the delivery period may not be sufficient through contributions that are made from the informal financial institutions due to low basket of funds. This therefore calls for upgrading the informal financial institutions that will enhance the informal finance and make it accessible in the sufficient amount that will help the mothers. Informal financial institutions and other stakeholders should raise the ceiling to a substantial amount by expanding the number of members to minimum 50. This is to increase the pooling of financial resources in every group in *Vicobas*. This

increased number should be coupled with better training programmes for these institutions for efficient management.

Furthermore, the savings and investment projects by the state, NGOs and donors should consequently lead to increased income hence raising the contributions for the pooled finances. This ensures that the informal financial support rises from the current significant low amount.

III. To the NGOs and Donors

The structures of these institutions are more important than the amount they contribute in the long term. This is because any stakeholders should introduce projects or ideas to the already socially strengthened institutions. In this view, the government, donors or NGOs should offer support in terms of introducing profitable projects where these mothers will be working and earning their income and own the projects. They should make business opportunities like in fishing and cassava farming that will be run by the members themselves. For instance, the region is favourable for fishing and cassava growing (Mtwara Mikindani Municipal Council, 2012). Due to the inflow of extractive industries in Mtwara-Mikindani, mothers should be supported to take up opportunities in the oil and gas sector in provision of goods and services to the international industries. The government stipulates that these industries to offer opportunities to the local under local content initiative. These give the mothers opportunities for jobs and

sustainability of their informal financial institutions through other income rather than contributions only.

There should be an introduction of maternity health programmes for instance home visiting by experts who are trained to handle maternal issues in pre- and post- natal periods. Mothers get health education for herself and the baby, social support where family and friends are involved. This is to ensure healthier mothers and well-developed children in the country. This should be done every month particularly during the regular meetings as they attend their financial training by inviting a medical trainee. Financial institutions can take this chance of educating members as they have regular meetings every month (most meet weekly in Mtwara-Mikindani). They should train the mothers on financial and business skills, for instance saving for emergencies thereby reducing lack of funds during the maternal period.

Mothers have been seen to have many social positive characteristics that converge when they are in groups. They can be used as strength to introduce other strategies that will enhance socioeconomic development. Donors, the government, or NGOs should recognize this aspect and use it when creating lending groups. When women choose the members of their groups, they are sure of the trust and the risks involved with the people they choose. This is because they can impose social sanctions for those who default repayments or defy their guidelines and rules. Therefore, the government, NGOs and donors should recognize the social cohesion that women have and use that for

uplifting their informal groups so that they are beneficial to the mothers in an attempt to promote household development. The social harmony is an asset for women have to be utilized for the benefit of themselves and the society at large.

IV. To the Community

The community of Mtwara-Mikindani through various stakeholders should sensitize the public on the importance of cooperation of both men and women in the issues of maternal healthcare. The pregnancy, delivery and rearing of the child is the responsibility of both men and women. Men should take part to support and take appropriate responsibilities of their spouse while in maternal period.

Visiting the clinics should be done by both parents as this creates a good environment of the whole family through information given to both parents by the health officers during pregnancy period, delivery and also rearing of the child(ren). When mothers are unable to attend to their socioeconomic activities, the men who have capacity to assist doing this on her behalf should do it without being hindered by gender norms.

The public should know that the family responsibilities should be shared appropriately without overburdening one gender. This will eradicate the financial constraints that are facing the mothers during the maternal period.

V. To the Local Government

It is important to streamline the gender equality discrimination especially in terms of economic benefits. Mothers tend to be discriminated in various issues in the society all over the world (Nussbaum, 2001). Such discriminations affect the economic ability of a mother and therefore affect the development of the household. The voices of mothers have been incorporated in the national policy and budgetary processes in order to empower them (Stavropoulou & Jones, 2013).

The local government of Mtwara should put in place routines in ensuring women are treated appropriately in all socioeconomic arenas. The allocation of business enterprises should have priority for mothers for uplifting their micro, small and medium businesses. There should be legislations to support opportunities of mothers doing businesses. This will give them economic empowerment enabling them to access financial support for the maternal healthcare during the maternal period.

The already existing health medical schemes structures whether from the government or stakeholders for instance CHF and GIZ initiatives should be formally strengthened to cater for the low-income earners. Campaigns and awareness should be given priority in order to give the knowledge and importance of medical health insurance. The government can only offer subsidies to medical care to add to the

already pooled together community financial resources. The community should be enlightened about the benefits of such funds and utilize it commonly. GIZ, CHF and informal financial institutions should have a common agreement where the funds are channelled to GIZ and CHF and thus making medical care accessible in the health centres, dispensaries and hospitals. GIZ, CHF should have update members' data therefore facilitating their medical expenses. When the government and donors facilitate the awareness of the existing medical schemes in the area, then this will ease the pressures in informal financial institutions in covering for medical care for the mothers.

5.5 Areas of Further Research

The whole strength of informal financial groups is the state of social cohesion that mothers portray. It will be important for future researchers to look into the various ways and the means by which the mothers choose their group members as this may segregate the lowest income-earners due to their low creditworthiness. Eventually, the informal financial recommendations will only benefit the common mothers and not the lowest-income earners since they will be segregated during their natural selection.

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4. a) How many members are there in your institutions?

- 1. Men
- 2. Women
- 3. Total.....

b) What are their ages (Years)?.....

- 1. Below 15 [] 2. 15-25 [] 3. 26-35 []
- 4. 36-45 [] 5. 46-55 [] 6. Above 55 []

c) What gender does your institution prefer as members?

- 1. Men.....
- 2. Women.....
- 3. Both.....

d) Give reasons for the answer in 4c above

- i).....
- ii).....
- iii).....
- iv).....

5. a) What challenges do you encounter from member mothers who are on maternity?

- i).....
- ii).....
- iii).....
- iv).....

b) In your opinion, what are the financial constrains facing mothers during maternal period?

- i).....
- ii).....
- iii).....

- c) What do you think are the causes of these financial constrains?
 - i)
 - ii).....
 - iii).....
 - iv).....

6. a) Are there considerations in your institutional policies for mothers during maternal period?

1. Yes [] 2. No [] (If No, go to **6e**)

- b) If yes, what are the provisions in the policies?
 - i)
 - ii).....
 - iii).....
 - iv).....

c) Do you think the policies are adequate?

1. Yes [] 2. No []

d) If the policies are inadequate, give suggestions on how to improve them.

- i)
- ii).....
- iii).....
- iv).....

e) If **No**, how does the institution handle maternal problems?

- i)
- ii).....
- iii).....
- iv).....

7. Suggest measures that can be put in place to come up with a policy model, which will address the financial problems for mothers during maternity?

i)

ii).....

iii).....

iv).....

Thank you very much for your time and all the information you have provided.

Kiambatanisho 1.0: Dodoso Kwa Viongozi wa Asasi za Kifedha

Kwa Ndugu Mpendwa,

Jina langu ni Daniel Ngugi, Mwanafunzi wa shahda ya Uzamifu Chuo kikuu cha Kenyatta. ninafanya utafiti unaoitwa, ‘Athari za hazina zisizo rasmi kwa huduma za afya za akina mama Mitwara-Mikindani, Tanzania’.

Nina furaha kukujulisha kuwa umeteuliwa kushiriki katika utafiti huu. Unaombwa kushiriki kwa kutoa taarifa zinazohitajika. Taarifa zozote utakazotoa zitatunzwa kwa makini. Asante kwa msaada wako.

Taarifa za Kimsingi

- | | | | |
|----|---|---------------------|-----|
| 1. | Jinsia | 1. Mwanaume | [] |
| | | 2. Mwanamke | [] |
| 2. | Hali ya ndoa | 1. Hujaolewa/Hujaoa | [] |
| | | 2. Umeolewa/Umeoa | [] |
| | | 3. Umeachika | [] |
| | | 4. Umetengana | [] |
| | | 5. Mjane | [] |
| 3. | a) Asasi ilianzishwa lini?(Mwaka)..... | | |
| | b) Ni sababu zipi zilizopelekea kuanzishwa kwa asasi hii? | | |
| | i)..... | | |
| | ii)..... | | |
| | iii)..... | | |
| | c) Asasi hii imeundwa na watu gani? | | |

4. a) Asasi hii ina wanachama wangapi?
1. Wanaume
 2. Wanawake
 3. Wote
- b) Umri wao ni upi?(Miaka)
1. Chini ya 15 [] 2. 15-25 [] 3. 26-35 []
 4. 36-45 [] 5. 46-55 [] 6. Zaidi ya 55 []
- c) Asasi hii inapendelea wanachama wa jinsia gani?
1. Wanaume
 2. Wanawake
 3. Wote
- d) Toa sababu kwa kipengele (4c).
- i).....
 - ii).....
 - iii).....
 - iv).....
5. a) Ni changamoto zipi unazokutana nazo kutoka kwa wanachama wanawake wakati wa ujauzito na baada ya kujifungua?
- i).....
 - ii).....
 - iii).....
 - iv).....
- b) Kwa mawazo yako, unafikiri ni matatizo gani ya kifedha yanayowakabili akina mama wakati wa ujauzito na baada ya kujifungua?
- i).....
 - ii).....
 - iii).....

c) Je, unafikiri matatizo ya kifedha kwa akina mama wakati wa ujauzito na baada ya kujifungua yanasababishwa na nini?

- i)
- ii).....
- iii)
- iv).....

6. a) Je, kuna sera(utaratibu) wowote wa kuwasaidia kifedha akina mama wakati wa uzazi katika asasi hii?

- 1. Ndio [] 2. Hapana []

(Kama jibu lako ni hapana, nenda swali la 6e)

b) Kama jibu ni ndio, ni (sera) utaratibu upi?

- i)
- ii).....
- iii)
- iv).....

c) Je, unafikiri taratibu (sera) hizo zinajitosheleza?

- 1. Ndio [] 2. Hapana []

d) Kama utaratibu (sera) hazijitoshelezi, toa maoni kuhusu namna ya kuboresha.

- i)
- ii).....
- iii)
- iv).....

e) Kama hakuna, je, asasi inatatuaje matatizo ya akina mama wakati wa uzazi?

- i)
- ii).....

iii)

iv).....

7. Pendekeza njia ambazo zinaweza kupelekea kupata muundo wa sera utakaotatua matatizo ya kifedha kwa akina mama wakati wa uzazi

i).....

ii).....

iii).....

iv).....

Asante sana kwa muda wako na taarifa zote ulizotoa.

Appendix 2.0: Interview Guide for Mothers

Dear Respondent,

My name is Daniel Ngugi, a PhD candidate from Kenyatta University in Kenya. I am conducting an academic Research on “Influence of Informal Finance on Mothers’ Health care in Mtwara, Tanzania”.

You have been selected as a respondent to assist in providing information, and you are kindly requested to respond to the interviewer. The information you will provide treated with full confidentiality and will only be used for academic purposes.

Background information

1. Age (Years)

- | | | |
|--------------|---------------------|--------------|
| 1. 15-20 [] | 2. 21-25 [] | 3. 26-30 [] |
| 4. 31-35 [] | 5. 36-40 [] | 6. 41-45 [] |
| 7. 46-50 [] | 8. 50 and above [] | |

2. Marital status (Tick one as appropriate)

- | | | |
|------------------|----------------|-----------------|
| 1. Single [] | 2. Married [] | 3. Divorced [] |
| 4. Separated [] | 5. Widowed [] | |

3. Education level

- | | |
|----------------------------------|---------------------------------|
| 1. Primary complete [] | 2. Non-formal education [] |
| 3. Secondary complete (O) [] | 4. Primary incomplete [] |
| 5. Secondary complete (A) [] | 6. Secondary incomplete (O) [] |
| 7. Tertiary/College/Training [] | 8. Secondary incomplete (A) [] |
| 9. University education [] | |

4. Main Occupation

5. a) How many children do you have?

- | | | | |
|---------|-----|-------------|-----|
| 1. 0-3 | [] | 2. 4-7 | [] |
| 3. 8-11 | [] | 4. Above 12 | [] |

b) What are their ages ? (Years)

- | | | | |
|----------|---------|-------------|---------|
| 1. 0-5 | [.....] | 2. 6-12 | [.....] |
| 3. 13-18 | [.....] | 4. Above 18 | [.....] |

6. a) Do you use any group for financial support?

- | | | | |
|--------|-----|-------|-----|
| 1. Yes | [] | 2. No | [] |
|--------|-----|-------|-----|

b) If yes, which one? (Name).....

c) For what financial support?

- | | | | |
|----------------|-----|--------------|-----|
| 1. Household | [] | 2. Business | [] |
| 3. School fees | [] | 4. Medical | [] |
| 5. Others | [] | Specify..... | |

d) For how long have you been using this financial institution for the support (Years)?

- | | | | |
|----------------|-----|-------------------|-----|
| 1. 0-2years | [] | 2. 3-5 years | [] |
| 3. 6-8 years | [] | 4. 9-11 years | [] |
| 5. 12-14 years | [] | 6. Above 15 years | [] |

e) What was the basis of your grouping?

f) What is the objective of your institution?

- | | |
|------------------|-------------------|
| 1. Self-help | [] |
| 2. Raise capital | [] |
| 3. Others | [] Specify |

7. a) What is your source of contribution?
- | | | | |
|----------------|-----|---------------|-----|
| 1. Salary | [] | 2. Business | [] |
| 3. Agriculture | [] | 4. Family | [] |
| 5. Others | [] | specify | |
- b) How frequent do you give your contributions?
- | | | | |
|----------------|-----|--------------|-----|
| 1. Daily | [] | 2. Weekly | [] |
| 3. Fortnightly | [] | 4. Monthly | [] |
| 5. Others | [] | Specify..... | |
8. a) How does maternity affect your contributions?
- | | | | |
|---------------|-----|----------------|-----|
| 1. Defaults | [] | 2. Penalties | [] |
| 3. Suspension | [] | 4. Termination | [] |
| 5. None | [] | 6. Others | [] |
| Specify | | | |
- b) How does maternity affect your repayments of loans?
- | | | | |
|-------------------|-----|-----------------|-----|
| 1. Failure to pay | [] | 2. Delay to pay | [] |
| 3. Other debts | [] | 4. None | [] |
| 5. Others | [] | Specify..... | |
9. a) In which area do you face high financial limitations during maternity?
- | | | | |
|--------------------|-----|-------------------|-----|
| 1. Household | [] | 2. School fees | [] |
| 3. Medical costs | [] | 4. Job Suspension | [] |
| 5. Job Termination | [] | 6. None | [] |
| 7. Others | [] | specify..... | |
- b) What do you think is the cause of the above mentioned financial limitations?
- | | | | |
|-------------------------------|-----|-------------------------|-----|
| 1. Business collapse | [] | 2. Business decline | [] |
| 3. Unpaid leave | [] | 4. Extra maternal costs | [] |
| 5. Inaccessibility of credits | [] | 6. Others | [] |
| specify..... | | | |
| Elaboration:..... | | | |

c) What happens when you default in your contributions?

- 1. Penalty []
- 2. Suspension []
- 3. None []
- 4. Termination []
- 5. Others [] specify.....

Elaboration:.....

d) What happens in case you default in your loan repayment?

- 1. Penalty []
- 2. Termination []
- 3. Auction []
- 4. None []
- 5. Others [] specify.....

10. a) In your institution, are there any financial considerations for you as a mother during maternity?

- 1. Yes []
- 2. No []

b) If Yes, which ones?

- i).....
- ii).....
- iii).....

c) If No, why not?

- i).....
- ii).....

11. How does your financial institution support mothers in reducing their financial constrains?

- 1. Emergency loans/credits []
- 2. Seminars/workshops/ Trainings []
- 3. Institutional based small enterprises []
- 4. External grants/funds []
- 5. Personalized interest rates []
- 6. Others [] specify.....

12. In your own opinion, suggest how you use the money you obtain from the informal financial institutions.

- i).....
- ii).....
- iii).....
- iv).....

13. Suggest methods that your institution can use to help mothers during maternity period?

- i).....
- ii).....
- iii).....
- iV).....

Thank you very much for your time and all the information you have

Kiambatanisho 2.0: Usaili Kwa Akina Mama Wazazi

Kwa Ndugu Mpendwa,

Jina langu ni Daniel Ngugi, Mwanafunzi wa shahada ya Uzamifu Chuo kikuu cha Kenyatta. ninafanya utafiti unaoitwa, ‘Athari za hazina zisizo rasmi kwa huduma za afya za akina mama Mtwara-Mikindani, Tanzania’.

Nina furaha kukujulisha kuwa umeteuliwa kushiriki katika utafiti huu. Utafiti wenyewe unawalenga kina mama wazazi ambao ni wanachama wa vikundi vya kifedha katika maeneo ya Mtwara Mikindani. Unaombwa kushiriki kwa kutoa taarifa zinazohitajika. Taarifa zozote utakazotoa zitatumzwa kwa makini. Asante kwa msaada wako.

Taarifa za Kimsingi

1. Umri (Miaka)

- | | |
|--------------|--------------------|
| 1. 15-20 [] | 2. 21-25 [] |
| 3. 26-30 [] | 4. 31-35 [] |
| 5. 36-40 [] | 6. 41-45 [] |
| 7. 46-50 [] | 8. Zaidi ya 50 [] |

2. Hali ya ndoa

- | | | |
|-------------------|-----------------|------------------|
| 1. Hujaolewa [] | 2. Umeolewa [] | 3. Umeachika [] |
| 4. Umetengana [] | 5. Mjane [] | |

3. Kiwango cha Elimu:

- | | |
|--------------------------------|---------------------------------|
| 1. Msingi umemaliza [] | 2. Elimu isiyo rasmi [] |
| 3. Sekondari umemaliza (O) [] | 4. Msingi hukumaliza [] |
| 5. Sekondari umemaliza (A) [] | 6. Secondary hukumaliza (O) [] |
| 7. Chuo [] | 8. Sekondari hukumaliza (A) [] |
| 9. Chuo kikuu [] | |

4. Kazi kuu
5. a) Una watoto wangapi?
- | | |
|-------------|--------------------|
| 1. 0-3 [] | 2. 4-7 [] |
| 3. 8-11 [] | 4. Zaidi ya 12 [] |
- b) Wana umri gani?
- | | |
|--------------|--------------------|
| 1. 0-5 [] | 2. 6-12 [] |
| 3. 13-18 [] | 4. Zaidi ya 18 [] |
6. a) Je unatumia Kundi/Makundi kwa ajili ya kujipatia msaada wa kifedha?
- | | |
|--------------|---------------|
| 1. Ndiyo [] | 2. Hapana [] |
|--------------|---------------|
- b) Kama ndiyo, ni ipi/zipi (taja)
- c) Msaada wa fedha kwa ajili ya nini?
- | | |
|-----------------------------|-----------------|
| 1. Matumizi ya nyumbani [] | 2. Biashara [] |
| 3. Ada ya shule [] | 4. Matibabu [] |
| 5. Mengineyo [] | Taja |
- d) Ni kwa muda gani umekuwa ukitumia kikundi cha fedha kwa ajili ya msaada (Miaka)?
- | | | |
|-------------|--------------|--------------------|
| 1. 0-2 [] | 2. 3-5 [] | 3. 6-8 [] |
| 4. 9-11 [] | 5. 12-14 [] | 6. Zaidi ya 15 [] |
- e) Kikundi chenu kimeundwa na watu gani?
- f) Malengo ya kikundi chenu ni yapi?.....
- | | |
|-------------------|---------------------|
| 1. Kusaidiana [] | 2. Kupata mtaji [] |
| 2. Mengineyo [] | Taja |

7. a) Chanzo cha uchangiaji wako ni nini?
- | | | | |
|--------------|-----|-------------|-----|
| 1. Mshahara | [] | 2. Biashara | [] |
| 3. Kilimo | [] | 4. Familia | [] |
| 5. Mengineyo | [] | Taja | |
- b) Mchango wako unatoa mara ngapi?
- | | | | |
|--------------------|-----|---------------|-----|
| 1. Kila siku | [] | 2. Kila wiki | [] |
| 3. Kila wiki mbili | [] | 4. Kila Mwezi | [] |
| 5. Mengineyo | [] | Taja | |
8. a) Ni kwa jinsi gani uzazi unaathiri mchango wako?
- | | | | |
|-----------------|-----|---------------|-----|
| 1. Kushindwa | [] | 2. Adhabu | [] |
| 3. Kusimamishwa | [] | 4. Kusitishwa | [] |
| 5. Hakuna | [] | 6. Mengineyo | [] |
| | | Taja | |
- b) Ni kwa jinsi gani uzazi unaathiri marejesho ya mikopo yako?
- | | | | |
|-------------------|-----|------------------|-----|
| 1. Kushindwa | [] | 2. Ucheleweshaji | [] |
| 3. Madeni mengine | [] | 4. Hakuna | [] |
| 5. Mengineyo | [] | Taja | |
9. a) Ni mahitaji gani yanayokosekana hasa wakati wa uzazi?
- | | | | |
|-------------------------|-----|----------------------|-----|
| 1. Matumizi ya nyumbani | [] | 2. Ada ya shule | [] |
| 3. Matibabu | [] | 4. Kusimamishwa kazi | [] |
| 5. Kuachishwa kazi | [] | 6. Hakuna | [] |
| 7. Mengineyo | [] | Taja..... | |
- b) Unafikiri ni sababu zipi zilizopelekea kutokea kwa matatizo ya kifedha kwa akina mama wakati wa uzazi?
- | | |
|------------------------------|-----|
| 1. Kukatika kwa biashara | [] |
| 2. Kupungua kwa biashara | [] |
| 3. Kutolipwa likizo ya uzazi | [] |

4. Gharama za ziada za uzazi []
5. Kutopatikana kwa mkopo []
6. Mengineyo [] Taja

Maelezo:.....

c) Unaposhindwa kuwasilisha michango yako kinatokea nini?

1. Adhabu [] 2. Kusimamishwa []
3. Hakuna [] 4. Kuachishwa []
5. Mengineyo [] Taja

Maelezo:.....

d) Nini kinatokea unaposhindwa kurejesha mikopo?

1. Adhabu [] 2. Kuachishwa []
3. Mnada [] 4. Hakuna []
5. Mengineyo [] Taja

10. a) Katika kikundi chako, kuna utaratibu wa kufikiriwa kifedha unapokuwa kwenye uzazi?

1. Ndiyo [] 2. Hapana []

b) Kama ndiyo, utaratibu ni upi?

- i)
- ii)
- iii).....

c) Kama hapana, ni kwa nini?

- i)
- ii)

11. Kikundi chako kinawasaidiaje akina mama kupunguza matatizo yao yao ya kifedha?

1. Mikopo ya dharura []
2. Mafunzo ya kifedha []
3. Asasi za ujasiriamali []
4. Misaada ya wahisani []
5. Punguzo la riba []
6. Mengineyo [] Taja.....

12. Kwa maoni yako, unafikiri ni vitu gani vingefanywa na kikundi chako ili kuwasaidia akina mama wakati wa uzazi?

- i)
- ii)
- iii)
- iv).....

Asante sana kwa muda wako na taarifa zote ulizotoa.

Appendix 3.0: Observation Guide

The observation method is unstructured non participant, where all the relevant information will be recorded in a particular time without participation. This will be done in informal financial institutions, dispensaries and health centers/clinics and markets. Guided by the following;

1. Observation of mothers as they arrive for clinics, while being served.

- Means of transport to and from hospital

- Their children status, the health of a child

- Clothing of the mothers and the children

- Men accompanying women

- Human traffic, turnover of the mothers coming and leaving the hospital

2. Observe mothers as they continue with their economic activities.

- Type of business, services, structures

- Size of the business

- Average cost of services, number of employees

- Human traffic of the customers

3. Observe the leaders of informal financial institutions as they serve the members.

- Attitude of leaders towards mothers, mothers each other.

- Supportive offered

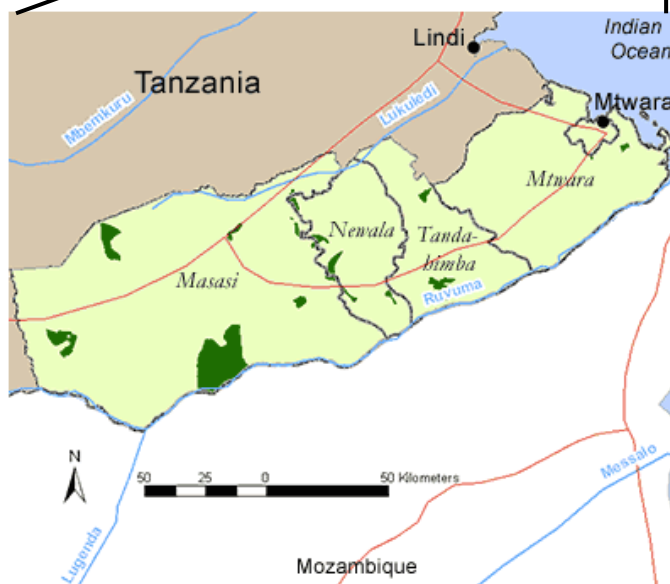
- Verbal behavior

- Physical behavior-gestures

- Human traffic- turnover and management of the institutions

- Operations of the institutions

Appendix 4.0: Map of Tanzania showing the Regions



Source: MAGELLAN, 1997

Appendix 5.0: Research Permit

**UNITED REPUBLIC OF TANZANIA
PRIME MINISTER'S OFFICE
REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT**

MTWARA: REGION
Telegraphic Address: MTWARA
TELEPHONE: 023-2333008
Fax NO: 023-2333194
Ref. No. BA.274/370/01/221



District Commissioner's Office
P.O. BOX 501
MTWARA

Date.24/10.2012

Ward Executive Officers,
**Chuno, Shangani, Rahaleo,
Chikongola, Reli, Vigaeni, Ufukoni,
Magengeni, Mitengo, Mtonya,
Jangwani, Kisungule.**

RE: PERMISSION TO CONDUCT RESEARCH

Please reference is made to the above heading.

The District Commissioner's Office has granted permission to **DANIEL NGUGI**, who is academic staff of STELLA MARIS MTWARA UNIVERSITY COLLEGE to conduct a research on "**SIGNIFICANCE OF INFORMAL FINANCE TO MATERNAL MOTHERS**".

Please assist him accordingly.

Eufrosina E. Chikojo

**For: DISTRICT ADMINISTRATIVE SECRETARY
MTWARA**

- c.c. Municipal Director,
MTWARA-MIKINDANI
- " Deputy Director (Academic),
STELLA MARIS MTWARA UNIVERSITY COLLEGE.
- " Daniel Ngugi
STELLA MARIS MTWARA UNIVERSITY COLLEGE

Appendix 6.0: Consent Form

Child Mothers and Pregnant Women

Influence of Informal Finance on Mother's Healthcare in Mtwara, Tanzania

Daniel Ngugi

Kenyatta University

Department of Gender and Development Studies

P.O. Box 43844-00100 Nairobi

My name is Daniel Ngugi, a PhD student from Kenyatta University in Kenya. I am conducting an academic Research on "Influence of Informal Finance on Mothers' Health care in Mtwara, Tanzania. You have been selected as a respondent to provide information, the participation is voluntary and the information you provide will be treated with full confidentiality and will only be used for academic purposes.

I confirm that I understand the information for the above study, I understand that my participation is voluntary and that I agree to take part in the above study.

Name of Participant

Date

Signature

Name of Researcher

Date

Signature

Kiambatanisho 6.0: Fomu ya Idhini**Mtoto Mama na Wanawake Wajawazito****Ushawishi Wa Hazina Zisizo Rasmi kwa Huduma Za Afya Za Akina****Mama Mtwara-Mikindani, Tanzania**

Daniel Ngugi

Chuo Kikuu cha Kenyatta

Idara ya Mafunzo ya Jinsia na Maendeleo

P.O. Box 43844-00100 Nairobi

Jina langu ni Daniel Ngugi, Mwanafunzi wa shahanda ya Uzamifu kutoka Chuo Kikuu cha Kenyatta nchini Kenya. Ninafanya utafiti wa kitaaluma juu ya " Ushawishi wa Hazina Zisizo Rasmi kwa Huduma za Afya za Akina Mama Mtwara-Mikindani, Tanzania".

Umeteuliwa kuwa mmoja wa washiriki kwa kupeana taarifa, ushiriki huu ni wa hiari na taarifa utakazotoa zitatunzwa kwa makini na kutumika kwa madhumuni ya kielimu pekee.

Mimi nathibitisha kwamba nimeelewa habari na madhumuni ya utafiti huu, na naeelewa kwamba ushiriki wangu ni kwa hiari na kwamba nakubaliana kushiriki katika utafiti huu.

Jina la Mshiriki

Tarehe

Sahihi

Jina la Mtafiti

Tarehe

Sahihi

Appendix 7.0: Administrative Area of Mtwara-Mikindani Municipality

Division	Ward	No. of Village	No. of Sub Village	No. of streets
MTWARA	Shangani	-	-	12
	Chuno	-	-	7
	Railway	-	-	6
	Majengo	-	-	3
	Chikongola	-	-	10
	Vigaeni	-	-	9
	Ufukoni	1	4	9
	Likombe	2	7	6
	Rahaleo	-	-	5
	Naliendele	2	13	-
TOTAL - MTWARA	10	5	24	67
MIKINDANI	Mitengo	-	-	3
	Magengeni	-	-	4
	Kisungule	-	-	3
	Mtonya	-	-	4
	Jangwani	1	3	4
TOTAL - MIKINDANI	5	1	3	18
TOTAL COUNCIL	15	6	27	85