Gender, Small Scale Industrial Development and Poverty Reduction in the Ajumako Enyan Essiam District (AEED) in the Central Region of Ghana

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Abstract

There is the recognition that the development of small scale industries (SSIs) has the potential to contribute significantly towards poverty reduction in a country. The concentration of SSIs in labour-intensive enterprises which is relatively a major feature of rural industries points to their important role of employing the ever growing labour force, especially women, in developing nations. Available evidence indicates that small-scale firms are a significant, if not a dominant, component of the industrial sectors of most African countries. The overwhelming majority of industrial establishments are small but they account for the bulk of industrial employment. This paper explores the role of small scale industries in the reduction of poverty among rural households in Central Ghana, specifically in Ajumako Enyan Essiam District (AEED). The study was carried out comparing the contributions of the SSI and non-SSI households to poverty reduction in the AEED. The simple random sampling method was employed to select fifty (50) SSI households who were organized into associations; and purposive sampling was used to select ten (10) household of the SSI households that were not organized into associations in order to get the required sample size of sixty (60) for SSI households. The multi-stage sampling technique was also employed, using the cluster, simple random and systematic techniques to get sixty (60) non-SSI households to compare with the SSI households. A detailed interview schedule was used to collect data from

respondents of the households. The focus group discussion guide was used to solicit information from selected chairpersons of the associations of the SSIs. The data was edited and coded and presented and analysed using the Statistical Product for Social Sciences (SPSS).

The data indicates that the SSI respondents have more females (68.3%) than males (31.7%) in the SSI sector in the district. The female dominance portrays the fact that developing the SSI sector is enhancing the livelihood capabilities of females, who can contribute significantly to poverty reduction. The study presents the comparative analysis of the contributions of the SSI and non-SSI households towards the reduction of household poverty in the AEED. The comparative analysis of the contributions was based on the ability of the SSI and non-SSI households to acquire property and to provide their members in the households with basic necessities, such as education, accommodation, healthcare, nutrition, potable water, clothing and the ability to save. Based on the analysis, conclusions were drawn as to the effects of SSI development on household poverty in the AEED.

A brief summary of the chi-square results at 5% level indicate that property acquisition (12.48), provision of education (8.342), provision of accommodation (8.571), provision of potable water (5.910) and the ability to save (18.64) were statistically significant as against the provision of healthcare (2.435), household nutrition (1.990) and clothing (4.242) which were not statistically significant. As a result, the conclusion was drawn that the development of SSIs has significant effect on the reduction of household poverty in the District. In addition, the female dominance in the SSI sector in the AEED indicates that developing such sectors could target women to a large extent in poverty reduction in the households.

Keywords: Gender, small-scale industry, poverty reduction, Ghana

Introduction

Industrialisation is essential for Africa's economic growth as it contributes to raising employment and productivity and enhances the income-generating assets of the poor. It is also critical to helping countries diversify their export base and lessen the risks from the variability of the process of primary commodities (African Development Bank, 2004). In the contemporary economy, the role of SSIs in the industrialisation process has gained much prominence in developing countries. Their prominence came into the limelight in the late 1970s and early 1980s due to the economic recession, which led to the decline of industrial growth and employment in many developing countries, especially in Africa. Governments of such countries adopted a new policy approach towards the SSIs because of their promise to adapt flexibly to the unprecedented foreign exchange constraints. They were seen as providing a viable alternative to the large-scale industries, which were dependent on foreign exchange (Frempong, 1997). In order to reduce poverty in the AEED, some efforts have been made in the area of industrialisation. For instance, some amount of processing is done on medium and small-scale basis. Small-scale processing is the most widely undertaken income generating activity in households dominated by women.

According to the Ghana Poverty Reduction Strategy document, poverty is recognised as a multi-dimensional with complex interactive and causal relationships between the dimensions. In addition, poverty was defined to include low level of income, the absence of medical care, poor sanitation, the absence of good drinking water, illiteracy, the inability to participate effectively in decisions that affect an individual's life directly, and the lack of security and protection from crime (Republic of Ghana, 2003). Narayan et al (2002) also added that many factors converge to make poverty an interlocking multidimensional phenomenon. Poverty is routinely defined as the lack of what is necessary for material well-being, especially food, but also housing, land and other assets. People with limited core capabilities, such as education and health, are less able to easily live the lives they value. Their choices may be restricted or held back by social barriers such as gender and other exclusionary practices. Together, limited capabilities and restricted choices prevent them from coping with threats (UNDP,

2014). From a gender perspective, negative socio-cultural practices and attitudes about the status of women and their place in society are serious constraints and poverty propelling factors in the country. Thirty six (36) percent of the sub-Saharan African population in waged employment are women. Women represent half of the agricultural labour force in Africa. Despite their essential contribution, women in Africa have less access than men to productive resources, including land, livestock, labour, education, extension and financial services, and technology (UNECA-OECD, 2012).

If there is one single and encompassing factor that explains Africa's dismal performance in its struggle to overcome deprivation, diseases and above all reduce and eliminate poverty, it would be gender (Kevane, 2004). According to Al-hassan and Sagre (2006), women are usually the poorest in Ghana because they have fewer economic opportunities and are less advantaged compared to men. Women run their households and share a greater part of the responsibility of bringing up children, yet their access to economic, education and training and support services is limited. They have very little or no participation in decision making. The rigidity of socially prescribed roles for women and the tendencies to scale back social services, have increased the poverty level of women in Ghana and the Central Region in particular. Traditionally, women have been perceived as mainly reproducers and not producers. This perception has underrated the capabilities of women and their potential contributions to socio-economic development. These stereotyped conceptions have weakened the initiative and confidence of women to take advantage of policies to strengthen their economic roles and, consequently, break loose from the shackles of poverty.

Even though the UN's primary concern is to eliminate poverty totally from the face of the earth, it has also targeted women as a particularly vulnerable group. In practice, this has meant designing relevant responses in the form of establishment of national machineries for women, legal reforms, resources opening and capacity building for women. This is borne out of the fact that the development of any country depends on women and when women are capacitated, it goes a long way to hasten national development (Maseray, 2009). Research

demonstrates that women's income (whether from the formal or informal sector) largely goes towards caring for the family , for example providing food, education and health, whereas men tend to have more control over income, whether earned by them or their wives, for the satisfaction of their individual needs, including leisurely pursuits such as drinking (Hemmati and Gardiner, 2002).

Women's economic vulnerability is key factor contributing to their powerlessness; improving their economic status is therefore necessary for their empowerment because of its positive effects. Thus micro-enterprises owned by women, often supported by micro-credit, have become key strategies for the empowerment of women by improving their economic status. The Millennium Development Goals (MGDs) were contained in a declaration signed in September, 2000 at the UN millennium summit. The summit committed countries, among others, to promote gender equality and the empowerment of women as an effective way to combating poverty, hunger and disease. It was expected that gender equality and women's empowerment would help build capacities for participating in and stimulating development that is truly sustainable (Maseray, 2009).

Study area and population

The AEED is one of the districts in the Central Region located in Southern Ghana. The total land area is 541.3 square kilometers, forming about 5% of that of the Central Region, which measures 9,826 square kilometers. Ajumako is the district capital town and the seat of the local government administration. The district has 163 communities distributed in the nine zones of Abaasa, Ajumako, Baa, Besease, Essiam, Enyan-Maim, Enyan-Denkyira, Mando and Sunkwaa. The vegetation is semi-deciduous forest, containing a number of economic tree species such as Wawa, Ofram, Emire and Mahogany. Onyina is ubiquitous, while groves of bamboo are usually found in valleys where moisture stress is minimal. Vast areas are, however, declining to grassland as a result of the traditional methods of farming; the indiscriminate felling of trees; and the absence of systematic re-afforestation programmes (Obempong et al, 2004).

The study population actually is all households in the District, which were then stratified into two groups of households namely: the SSI and the non-SSI households. While some of the SSI household members were organised into associations, others did not belong to any association. Membership to any of the associations is open to all who practice the particular trade based on which the association is formed. The second group of households consisted of those who were not engaged in SSIs in the district but were engaged in agricultural activities as their primary occupation. The stratification of the population into these two groups of households was necessary because their contributions towards the provision of basic amenities in the households needed to be compared and analysed in order to determine the effects of the development of SSIs on poverty reduction in the AEED.

Research methods

The study used both primary and secondary sources of data. Primary data were collected from respondents through the field survey. The sources for secondary data included official information from both the NBSSI, and the AEED. Other sources included the internet, relevant theses, books, journals, articles and documents The simple random sampling method was employed to select fifty (50) SSI households who were organized into associations, employing the lottery method of selecting samples. This was made possible because of the easy access to the list of registered members from the associations. In order not to leave out SSI households who were not organized into associations, the purposive sampling technique was used to select ten (10) households, bringing the number to sixty (60) SSI households. A search was carried out purposely to locate SSI households that were into the business but not registered as members of any association in the District. This sampling technique was used because of the difficulty of having to locate SSI households that were not organized into associations. The second group of respondents was selected from the non-SSI households, using the multi-stage sampling technique that involved the use of the cluster, simple random and systematic sampling techniques to arrive at the sample size of sixty (60). Respondents were mainly from the households that were considered as the unit of study. The main respondents from the sampled households were the persons who were

directly engaged in SSIs for the SSI households. Those who engaged in agriculture as their major economic activity represented the non-SSI households. Other members of the households who were economically active were given the opportunity to show their contributions towards the upkeep of the household. This was necessary in order to determine the level of contribution of persons involved in the upkeep of the households.

A detailed interview schedule, and focus group discussion guide were used to collect data from specific groups and individuals. For the respondents of households, the interview schedule for households was employed. Lastly, the focus group discussion guide was also used for the group discussion, involving the chairpersons of the ten selected associations of the SSIs. The chairpersons were selected in order to get a convenient number of participants for the discussions. This was used to check on the authenticity of information gathered from respondents of SSIs. It also employed the comparative research design because the contributions of the SSI and non-SSI households had to be compared and analysed. This made it possible to draw conclusions as to who contributed more towards poverty reduction in the AEED, in order to ascertain whether the development of SSIs had any significant effect on the reduction of household poverty.

The data that was collected for the study was largely quantitative. However, some qualitative data was gathered from the focus group discussion. The quantitative data was presented in tables and graphs whereas the qualitative data explained, clarified and illustrated some findings of the study. The descriptive research design was considered appropriate because the nature of the research required the data to be organised, summarised, and simplified in tables in order to present a clear description of the contributions of the SSI and non-SSI members. It also employed the comparative research design because the contributions of the SSI and non-SSI members had to be compared and analysed. This made it possible to draw conclusions as to who contributed more towards poverty reduction in the AEED, in order to ascertain whether the development of the SSIs had any significant impact on the reduction of household poverty.

Results and discussion

Level of female involvement

The data in Table 1 indicate that the SSI respondents were made up of 68.3% females and 31.7% males. The data portrays that the SSI respondents have more females (68.3%) than males (31.7%), whereas the non-SSI respondents have more males (63.3%) than females (36.7%). This female dominance in the membership of SSIs comes about as a result of the type of small-scale industrial activities undertaken in the district. Out of the 10 industries that were selected only four of them namely: wood carving, distillation of local gin (akpeteshie), tailoring and carpentry were male-dominated. The rest of the activities, which were in the areas of edible oil extraction, soap making, bread baking, dressmaking, hairdressing and batik/tie and dye, were female-dominated.

Table 1: Sex of SSI and non-SSI respondents

Sex	SSI respondents		Non-SSI respondents		Total	
	№	%	№	%	№	%
Male	19	31.7	38	63.3	61	50.8
Female	41	68.3	22	36.7	59	49.2
Total	60	100.0	60	100.0	120	100.0

Source: field survey, 2012

Contributions of SSI and non-SSI members to household poverty reduction

This section presents the comparative analysis of the contributions of SSI and non-SSI members towards the reduction of household poverty in the AEED. The comparative analysis of the contributions was based on the ability of the SSI and the non-SSI members to acquire property and to provide their members in the households with basic necessities, such as education, accommodation, healthcare, nutrition, potable water and clothing. In addition, the ability to save was assessed. Based on the comparative analysis, conclusions are drawn as to the effects of SSI development on household poverty in the AEED.

Acquisition of property

Property acquired by the 120 SSI and non-SSI respondents were: domestic appliances; sets of furniture; clothing; buildings; kiosks; land; building materials; production machines; and cooking utensils. However, farm plantations, bicycles, and working tools were exclusively acquired by SSI members.

Table 2: Ability to acquire properties by SSI and non-SSI households

Ability to acquire properties	SSI households		Non-SSI households		Total	
	№	%	№	%	№	%
Yes	50	83.3	32	53.3	82	68.3
No	10	16.7	28	46.7	38	31.7
Total	60	100.0	60	100.0	120	100.0

P=0.000, $\chi 2$=12.48, df=1
Source: field survey, 2012

Table 2 shows that 68.3% of all the respondents have acquired property. Comparing the SSI to the non-SSI households in terms of their ability to acquire property, it is realised that 83.3% of SSI households have acquired property as against 53.3% of the non-SSI households. The chi-square was used to test the ability of the SSI and the non-SSI households to acquire property. Given the tabulated chi-square value of 3.841 at the 5% significance level and the calculated value of 12.48, the results show that there is a significant difference. This means that the SSI households have been more able to acquire property than their non-SSI counterparts.

Provision of educational needs of households

The comparison of data in Table 3 between the SSI and non-SSI households showed that 61.3% of respondents of SSI households provided for educational needs of the household from their own resources as against 50.0% of the non-SSI households. The tabulated chi-square value at 5% significance level is 7.815 and the calculated value is 8.342. Since the calculated value is greater than the tabulated one, there is significant difference. This indicates that the SSI households

themselves were more able to provide for educational needs than their non-SSI counterparts.

Table 3: Provision of educational needs of households

Provider	SSI households		Non-SSI households		Total	
	№	%	№	%	№	%
Self	46	61.3	39	50.0	85	55.6
Spouses	11	14.7	6	7.7	17	11.1
Relatives	12	16.0	28	35.9	40	26.1
Friends	68.0		5 6.4		11	7.2
Total	75*	100.0	78*	100.0	153	100.0

P=0.039, $\chi 2$=8.342, df=3

Note: * More than the number of respondents because of multiple responses

Source: Field Survey, 2012

There are different sources of funding for educational needs of the household. As indicated in Table 4, 66.0% of the SSI households provided education from funds solely from their industries (main economic activity), whilst only 20.0% of respondents from the non-SSI households provided education solely from their main economic activities. The calculated chi-square value of 19.53 was greater than the tabulated value of 5.991 at the 5% level. It can, therefore, be concluded that the SSI households were more capable of providing for educational needs solely from their main economic activities than their non-SSI counterparts.

Table 4: Sources of funding for educational needs of the households

Sources of funding	SSI households		Non-SSI households		Total	
	№	%	№	%	№	%
Solely from main economic activity	31	66.0	8	20.0	39	44.8
Partly from main economic activity	11	23.4	27	67.5	38	43.7
From a totally different source	5	10.6	5	12.5	10	11.5
Total	47	100.0	40	100.0	87	100.0

P=0.000, $\chi 2$=19.53, df=2

Source: Field Survey, 2012

Provision of accommodation for households

Accommodation for the household is indispensable. It is a necessity that promotes the well-being of members of the household. Table 5 indicates that 41.4% of the respondents were, on their own, able to provide for accommodation.

Table 5: Provision of accommodation for households

Provider	SSI households		Non-SSI households		Total	
	№	%	№	%	№	%
Self	36	48.0	24	34.4	60	41.4
Spouses	12	16.0	6	8.6	18	12.4
Parents	14	18.7	14	20.0	28	19.3
Relatives	13	17.3	26	37.0	39	26.9
Total	75*	100.0	70*	100.0	145	100.0

P=0.036, $\chi 2$=8.571, df=3

Note: * More than the number of respondents because of multiple responses.

Source: Field Survey, 2012

It can be observed that 48.0% of SSI households as against 34.4% of non-SSI households were able to provide accommodation, on their own, for their households. The calculated chi-square value of 8.571 was greater than the tabulated value of 7.815 at the 5% level. The conclusion can, therefore, be drawn that the SSI members had a greater ability to provide accommodation for household members than their non-SSI counterparts. As indicated, 61.2% of SSI and non-SSI households provided funding for the provision of household accommodation solely from their main economic activities (Table 6). These data further show that 71.8% of the entrepreneurs of the SSIs provided household accommodation solely from funding from their Industries (main economic activity), whilst 46.4% of the respondents from the non-SSI households provided accommodation solely from their main economic activity.

Table 6: Sources of funding for the provision of household accommodation

Sources of funding	SSI households		Non-SSI households		Total	
	№	%	№	%	№	%
Solely from main economic activity	28	71.8	13	46.4	41	61.2
Partly from main economic activity	6	15.4	9	32.2	15	22.4
From a totally different source	5	12.8	6	21.4	11	16.4
Total	39	100.0	28	100.0	67	100.0

P = 0.025, $\chi 2 = 7.392$, df = 2
Source: Field Survey, 2012

The chi-square test revealed that the calculated chi-square value of 7.392 was greater than the tabulated value of 5.991 at 5% level. This, therefore, means that the SSI households had a greater ability to provide funding for the provision of accommodation solely from their main economic activity than the non-SSI households.

Provision of healthcare needs in the households

In the Ghanaian traditional society, the provision of healthcare is a shared responsibility among family members, close relatives and friends. The data, showing the provision of household healthcare needs in Table 7, reveal that 54.1% of SSI households provided the households' healthcare needs from their own resources as against 42.6% for the non-SSI households. To find out if the SSI households were more able to provide for household healthcare needs, the data were subjected to a chi-square test. The calculated chi-square value of 2.435 is less than the tabulated value of 7.815. This, therefore, means that there was no significant difference in the provision of healthcare needs in the household between the SSI and non-SSI households.

Table 7: Provision of healthcare needs in the households

Provider	SSIs		Non-SSIs		Total	
	№	%	№	%	№	%
Self	40	54.1	40	42.6	80	47.6
Spouses	13	17.6	18	19.1	31	18.5
Relatives	21	28.3	36	38.3	57	33.9
Total	74*	100.0	94*	100.0	168	100.0

P = 0.487, $\chi 2 = 2.435$, df = 3
Note: * More than the number of respondents because of multiple responses.
Source: Field Survey, 2012

Provision of nutrition in the households

Table 8 shows that a total of 47.3% of the respondents provided household nutrition by themselves as against 25.3% and 27.4% by spouses and relatives respectively.

Table 8: Provision of nutrition for the households

Provider	SSI households		Non-SSI households		Total	
	№	%	№	%	№	%
Self	55	47.0	57	47.1	112	47.3
Spouses	32	28.0	28	23.1	60	25.3
Relatives	29	25.0	36	29.8	65	27.4
Total	116*	100.0	121*	100.0	237	100.0

P = 0.375, $\chi 2 = 1.990$, df = 3

Note: * More than the number of respondents because of multiple responses.

Source: Field Survey, 2012

The table further indicates that 47.0% of SSI households were able to provide household nutrition as against 47.1% of the non-SSI households. The calculated chi-square value of 1.990 was less than the tabulated value of 7.815 at the 5% level. Thus, the results suggest that there is no significant difference between SSI and non-SSI households in the provision of household nutrition.

Table 9: Sources of support for the provision of nutrition in the households

Source of support	SSI households		Non-SSI households		Total	
	№	%	№	%	№	%
Solely from main economic activity	23	41.8	26	45.6	49	3.8
Partly from main economic activity	23	41.8	25	43.9	48	2.9
From a totally different source	9	16.4	6	10.5	15	3.3
Total	55	100.0	57	100.0	112	00.0

P = 0.024, $\chi 2 = 7.442$, df = 2

Source: Field Survey, 2012

Table 9 reveals that 45.6% of non-SSI households solely provided household nutrition from their main economic activity as against 41.8%

of the SSI members. Similarly, more non-SSI households (43.9%) had support coming partly from their main economic activities than the SSI households (41.8%). When the data were subjected to the chi-square test, the calculated chi-square value (7.442) was greater than the critical value (5.991). Thus, there was a greater support from the SSI households for the provision of nutrition than from the non-SSI households.

Provision of drinking water in the households

Sources of drinking water, as discovered during the survey, were: boreholes, pipe borne water in residences, public tap, private wells, public wells, rivers, dams and rain water. Some contributions were made in cash and in kind towards the provision of some of these water sources by the SSI and non-SSI members.

Table 10: Contributions towards the provision of water in the households

Contributions	SSI households		Non-SSI households		Total	
	№	%	№	%	№	%
Yes	23	38.3	11	18.3	34	28.3
No	37	61.7	49	81.7	86	71.7
Total	60	100.0	60	100.0	120	100.0

P=0.015, $\chi 2$=5.910, df=1
Source: Field Survey, 2012

Table 10 reveals that 38.3% of SSI households contributed towards the provision of water in the household as against 18.3% of the non-SSI households. The calculated chi-square value of 5.910 at 5% significance level is greater than the tabulated value of 3.841. Therefore, there was a significant difference in the contributions towards the provision of water in the household. The conclusion can, therefore, be drawn that the SSI households contributed more towards the provision of water in the household than the non-SSI households.

Table 11: Sources of funding for the provision of drinking water in the households

Sources of funding	SSI households		Non-SSI households		Total	
	№	%	№	%	№	%
Solely from main economic activity	27	51.9	26	44.8	53	48.2
Partly from main economic activity	17	32.7	25	43.1	42	38.2
From a totally different source	8	15.4	7	12.1	15	13.6
Total	52	100.0	58	100.0	110	100.0

P=0.526, $\chi 2$=1.586, df=2
Source: Field Survey, 2012

Table 11 shows that 51.9% of SSI households provided drinking water solely from their main economic activity as against 44.8% of the non-SSI members. The calculated chi-square value (1.586) was less than the critical value (5.991) at the 5% significance level. Thus, there is no significant difference in the sources of funding for the provision of drinking water between the SSI and the non-SSI households.

Provision of clothing for household members

The study reveals that 46.2% of SSI households provided clothing by themselves as compared with 41.7% of the non-SSI households (Table 12). Given the tabulated chi-square value of 5.991 at 5% level and the calculated value of 4.242, the results indicate that there is no significant difference. This, therefore, indicates that the SSI households were less able to provide clothing for the households than their non-SSI counterparts.

Table 12: Provision of clothing for household members

Provider	SSI households		non-SSI households		Total	
	№	%	№	%	№	%
Self	55	46.2	50	41.7	105	43.9
Spouses	31	26.1	24	20.0	55	23.0
Relatives	28	23.5	40	33.3	68	28.5
Friends	5	4.2	6	5.0	11	4.6
Total	114*	100.0	115*	100.0	229	100.0

P=0.236 $\chi 2$=4.242 df=3
* More than the number of respondents because of multiple responses.
Source: Field Survey, 2012

The different sources of funding for the provision of clothing for household members were next investigated. The results of the study indicated that 43.6% of SSI households had their source of funding for the provision of clothing solely from their main economic activity as against 40.0% of the non-SSI households (Table 13). When the data were subjected to the chi-square test, the calculated chi-square value (5.109) was smaller than the critical value (5.991) at 5% level. It can, thus, be concluded that there is no significant difference in the sources of funding for clothing between the SSI and the non-SSI households.

Table 13: Sources of funding for clothing for household members

Sources of funding	SSI households		Non-SSI households		Total	
	№	%	№	%	№	%
Solely from main economic activity	24	43.6	20	40.0	4	41.9
Partly from main economic activity	24	43.6	25	50.0	9	46.7
From a totally different source	7	12.8	5	10.0	2	11.4
Total	55	100.0	50	100.0	5	100.0

P = 0.078, $\chi 2 = 5.109$, df = 2
Source: Field Survey, 2012

Ability of the household to save

The results of the survey revealed that some households saved with rural banks, the credit union and susu groups. Others kept their money at home, while some others were neither able to save nor keep money at home because of insufficient income. Table 14 reveals that 86.7% of SSI households were able to save as against 50.0% of the non-SSI households. With the tabulated chi-square value of 3.841 at 5% level and the calculated value of 18.64, there is a significant difference since the calculated value is larger than the tabulated one. This means that the SSI households had a greater ability to save than the non-SSI households.

Table 14: Ability of the household to save

Ability to save	SSI households		Non-SSI households		Total	
	№	%	№	%	№	%
Yes	52	86.7	30	50.0	82	68.3
No	8	13.3	30	50.0	38	31.7
Total	60	100.0	60	100.0	120	100.0

P = 0.000, $\chi 2 = 18.64$, df = 1
Source: Field Survey, 2012

Effects of small-scale industrial development on household poverty

According to Todaro and Smith (2004), all people have certain basic needs without which life would be impossible. These life-sustaining basic human needs include: food, shelter, health, and protection. Other basic necessities, which also enhance the quality of life are: the acquisition of property, education, potable water, and clothing. Therefore, the ability to provide for these basic necessities goes a long way to reduce household poverty. This study, therefore, carried out a comparative analysis between SSI and non-SSI households' ability to provide for these basic necessities. It is based on this analysis that the effects of SSI development on household poverty have been ascertained.

Table 15: Effects of SSI development on household poverty in the AEED

Effects	Results of chi-square test
Property acquisition	12.48*
Provision of educational needs	8.342*
Source of support for educational needs	19.53*
Provision of accommodation	8.571*
Source of support for provision of accommodation	7.392*
Provision of healthcare	2.435
Provision of household nutrition	1.990
Source of support for the provision of household nutrition	7.442*
Provision of potable water	5.910*
Source of support for the provision of potable water	1.586
Provision of clothing	4.242
Source of support for the provision of clothing	5.109
Ability to save	18.64*

* The chi-square results at 5% level are statistically significant.
Source: Field Survey, 2012

Findings in Table 15 give a brief summary of the effects of SSI development on household poverty. As indicated in the table, positive effects have been realised in property acquisition, provision of education, accommodation, potable water, and ability to save. However, areas where much effect was not realised were in the provision of nutrition, healthcare and clothing. Guided by these results,

the conclusion that can be drawn is that SSI development has had some positive effects on the reduction of household poverty in the AEED.

Conclusion and recommendations

The findings show that the development of SSIs has had positive effects on household poverty reduction in the AEED, as most of the basic requirements of the households were ably provided by households that were engaged in the business of SSIs than households that were not into SSIs. In conclusion, the fact that there was a female dominance in the development of the SSIs in the AEED is an indication that developing such a sector could target women to a large extent in the efforts to encourage poverty reduction in these households.

Women are seen to be dominant players in the SSIs in the districts that have positively affected the household poverty reduction. It is therefore recommended that more financial support be made accessible to women in the district to enable them expand their businesses in the industry. There should also be some form of awareness creation and orientation targeting women as to the existence and accessibility of institutions in and outside the district that can be of support to the growth and development of the SSIs in the district. In order to ensure the smooth development of SSIs and to reduce female poverty in the AEED, there is the need for further research and recommendations into the development of credit schemes for SSIs in the District.

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