

**Title:**

Working for Yourself: Microenterprise and Women's Health

**Rebekah J. Salt**

*Department of Family and Community Health Systems, The University of Texas Health Science Center at San Antonio, San Antonio, TX, USA*

Jongwon Lee, PhD

*College of Nursing, University of New Mexico, Albuquerque, NM, USA*

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**Session Title:**

Global Initiative to Modify the Nursing Workforce

**Slot:**

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**Scheduled Time:**

10:15 AM

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**Keywords:**

Microenterprise, Precarious Employment and Women's Health

**References:**

Benach, J., & Muntaner, C. (2007). Precarious employment and health: Developing a research agenda. *Journal of Epidemiology and Community Health*, 61, 276-277. Benavides F., Benach J., Diez-Roux A., & Roman C. (2000). How do types of employment relate to health indicators? Findings from the Second European Survey on Working Conditions. *J Epidemiol Community Health*, 54, 494-501. Kidd, P. S. & Parshall, M. B. (2000). Getting the focus and the group: enhancing analytical rigor in focus group research. *Qualitative Health Research*, 10(3), 293-308. Salt, R. J. (2010). Exploring women's participation in a U.S. microcredit program. *Journal of Nursing Scholarship*, 42(3), 270-277. Salt, R. J. (2011). Microcredit and the social determinants of health: A conceptual approach. *Public Health Nursing*, 28(3), 281-290. Stratford, D., Mizuno, Y., Williams, Courtenay-Quirk, C., & O'Leary, A. (2008). Addressing poverty as risk for disease: Recommendations from CDC's consultation on microenterprise as HIV prevention. *Public Health Reports*, 123, 9-20. Yunus, M. (2003). *Banker to the poor*. New York, NY: Public Affairs.

**Abstract Text:****Purpose:**

The purpose of this study was to explore precarious employment and women's health within the context of microenterprise. The specific aim was to identify the health concerns of low-income women who utilized resources from a non-profit microenterprise organization in New Mexico (NM).

**Methods:**

Data were generated in NM in 2010 using five focus groups with women who were affiliated with one of the regional organization sites around NM. Five transcripts were coded by the principle investigator and a second independent coder. Data were analyzed using content analysis. The degree of inter-rater agreement was determined by calculating the Cohen's Kappa (*K*), percentage agreement (*P*<sub>o</sub>), prevalence index (*PI*), bias index (*BI*), and prevalence-adjusted and bias-adjusted Kappa (*PABAK*).

**Results:**

Two broad themes emerged from these data: 1) *Working for Yourself* and 2) *Strategies*. While the women expressed concern about social isolation, depression, and the economy; flexibility, freedom, and feeling purposeful were motivators to pursue a microenterprise. The Kappa ( $K$ ) statistics on the five transcripts ranged from 0.02 to 0.2 which indicated poor inter-rater agreement. This might be because the ratings between the two raters were nearly all positive. In such cases, it is difficult to interpret Kappa alone and the adjusted Kappa (i.e., PABAK) needs to be used. Thus, we calculated additional agreement indices of the five transcripts and they revealed that there was a good inter-rater agreement: PABAK, 0.60- 0.74; Po, 0.78- 0.85; PI, 0.72-0.84; and BI, -0.01-0.1.

### **Conclusion:**

Starting a small business in today's fragile economy can be risky and to date, there is minimal research that explores the relationship between precarious employment and health within the context of microenterprise. Women are one of the strongest links to family health and represent the majority of microenterprise owners; therefore investing in interventions that address their concerns may decrease disparities and improve population health.