

THE ROLE OF WOMEN-LED SOCIAL ENTERPRISES IN ACHIEVING SDG3

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Received: 26 August 2024. Revision received: 29 September 2024. Accepted: 11 October 2024

ABSTRACT

This study examines the influence of women-led social enterprises on public health in Lagos, Nigeria, with a focus on their contributions to Sustainable Development Goal 3 (SDG 3). It aims to explore how these enterprises enhance community health and address challenges in achieving better health outcomes. Employing a multimethod approach, the research draws on Social Capital Theory, Empowerment Theory, and the Resource-Based View to analyse how these enterprises leverage social networks and community engagement. The study combines both qualitative and quantitative data to reveal their broader impact on public health. The findings indicate that the average beneficiary is 29.5 years old and lives in a household with a monthly income of approximately NGN 35,000. Beneficiaries reported improved access to healthcare and significant gains in health outcomes, particularly in maternal and child health. There is a strong correlation between participation in these social enterprises and enhanced health results, with prolonged involvement leading to even better outcomes. The study emphasizes that social capital—community relationships and support—plays a more pivotal role in improving public health than income levels alone. This insight is critical for policymakers and development practitioners working to enhance health services in low-resource settings. By highlighting the significant role of women-led social enterprises, this research provides valuable recommendations for achieving SDG 3 and improving public health through community-driven initiatives.

KEYWORDS: Women-led social enterprises, public health, community health, social capital, SDG 3, Lagos, Nigeria, Empowerment Theory, Resource-Based View, healthcare access

JEL CLASSIFICATION: I15, L31

Reference: Imo, I. O., & Ekechukwu, N. B. (2024). THE ROLE OF WOMEN-LED SOCIAL ENTERPRISES IN ACHIEVING SDG3. *International Journal of Entrepreneurial Knowledge*, 12(2), 93–115. <https://doi.org/10.37335/ijek.v12i2.251>

INTRODUCTION

Social enterprises, which blend social goals with business strategies, play a crucial role in enhancing human and environmental well-being. In Lagos, Nigeria, women-led social enterprises have gained significant ground, particularly in the healthcare sector. These enterprises fill vital gaps in the public health system, contributing to the achievement of Sustainable Development Goal 3 (SDG3), which focuses on ensuring healthy lives and promoting well-being for all ages. The leadership of women in these organizations is central to fostering inclusive health solutions that address the diverse needs of the population (Mair & Marti, 2006). The Sustainable Development Goals (SDGs), set by the United Nations, provide a global framework for addressing pressing challenges, including health and well-being (United Nations, 2015). SDG3 emphasizes universal health coverage, access to quality healthcare services, and health education. In the context of Lagos,

achieving SDG3 is essential for improving the quality of life, particularly in underserved communities. This study explores how women-led social enterprises contribute to advancing SDG3 in Lagos, using empirical evidence from existing studies.

Women-led social enterprises have been shown to significantly improve healthcare access, particularly in marginalized communities. Research by Abubakar (2019) demonstrates that women-led healthcare clinics in underserved areas of Lagos have increased maternal and child health service utilization among vulnerable populations. Initiatives such as health camps and telemedicine services led by women have bridged gaps in healthcare access, particularly in remote areas where traditional healthcare infrastructure is lacking (Adewara, 2023).

Kozubíková, Homolka, and Kristalas (2017) observed that female entrepreneurs often perceive higher financial risks than their male counterparts. This insight becomes particularly relevant in the context of women-led social enterprises in Lagos, where limited access to financial resources poses a significant challenge for many female entrepreneurs, especially in the health sector. Such constraints limit their ability to scale operations and expand their impact. The study underscores the importance of addressing these gender-specific financial barriers to support the growth and sustainability of women-led enterprises, particularly those focused on public health. Furthermore, the researchers emphasized that a supportive business environment is crucial for mitigating these financial risks for women entrepreneurs.

Health education is also critical to achieving SDG3, and women-led social enterprises play an important role in this domain. Olaniyan & Oburota (2019) found that awareness campaigns organized by these enterprises on topics such as sanitation, maternal health, family planning, and nutrition significantly improved health knowledge and behaviours among community members in Lagos. By empowering women as educators and health advocates, these enterprises contribute to building healthier communities.

Okuneviciute Neverauskiene and Pranskeviciute (2021), in their studies, provided insights into the hybridity of social enterprises and how it can be helpful in unravelling the unique nature of women-led social enterprises. Also, Thareja, Thareja, and Chaurasiya (2020), argued how women entrepreneurs play a crucial role in economic growth and social welfare, highlighting the broader societal impact of their efforts. In addition to healthcare access and education, women-led social enterprises are at the forefront of innovation. Katjiteo (2024) reports that these enterprises have been pivotal in developing affordable and accessible medical technologies, including low-cost diagnostic tools and mobile health applications, aimed at improving healthcare delivery in urban slums. By leveraging technology and sustainable practices, these enterprises provide scalable solutions to complex health issues.

Economic empowerment is a key driver of improved healthcare outcomes. Women-led social enterprises create employment opportunities, foster skill development, and promote financial inclusion, enabling women to invest in the health and well-being of their families (Ajayi & Ojo, 2020). Through vocational training and microfinance services, these enterprises break the cycle of poverty and enhance women's influence in healthcare decision-making.

Moreover, engaging communities in healthcare decision-making is crucial for sustainable health outcomes. Women-led social enterprises encourage community participation through initiatives such as health committees, support groups, and participatory workshops (Olaniyan & Oburota, 2019). This involvement promotes ownership, ensuring that healthcare interventions are culturally appropriate and sustainable.

Despite their significant contributions, women-led social enterprises in Lagos face numerous challenges that hinder their effectiveness and sustainability. Financial limitations, regulatory hurdles, and socio-cultural barriers restrict their ability to provide comprehensive healthcare services. Understanding these challenges, along with the strategies these enterprises use to overcome them, is critical to enhancing their impact on public health and achieving SDG3.

This study offers valuable insights into the contributions of women-led social enterprises to public health in Lagos, highlighting their innovative approaches and the barriers they face. The findings aim to inform policymakers and stakeholders on how to support and enhance the effectiveness of these enterprises in achieving SDG3.

The research addresses four key questions. First, it examines how these enterprises are making a difference in healthcare, especially in the context of SDG3. The second question focuses on the challenges women-led enterprises face in delivering healthcare services. Third, it explores the strategies these enterprises use to overcome obstacles, providing lessons on what works. Finally, the study looks to the future, asking how these enterprises can continue to thrive and sustain their impact over time, particularly in their efforts to meet SDG3.

The objectives of the study align with these questions. The first objective is to identify how women-led social enterprises contribute to public health in Lagos. The second is to analyse the specific challenges they face. The third is to examine the strategies they have developed to overcome these obstacles. Lastly, the study aims to provide practical recommendations to support the sustainability and effectiveness of women-led social enterprises in their mission to improve public health and achieve SDG3.

1 RESEARCH HYPOTHESIS

In line with the research objectives, the following hypotheses were developed and will be tested to understand the complex interplay between women-led social enterprises, public health outcomes, and the socio-cultural environment in which these enterprises operate:

H₁: Women-led social enterprises significantly contribute to public health improvements in Lagos, Nigeria.

This hypothesis is informed by the Resource-Based View (RBV) theory, which suggests that women-led social enterprises leverage their unique resources—such as leadership capabilities, community trust, and social capital—to achieve significant public health outcomes. The hypothesis is further supported by empirical evidence from India and Kenya, where women-led social enterprises have successfully improved maternal and child health and reduced the spread of HIV/AIDS.

H₂: Financial constraints and regulatory barriers are the primary challenges faced by women-led social enterprises in Lagos.

This hypothesis is grounded in the challenges identified in the literature, particularly in emerging and developing countries. The Social Capital Theory and Empowerment Theory both suggest that while social enterprises can be highly effective, they often face significant obstacles, including financial and regulatory

barriers. Empirical studies from Bangladesh and Brazil further illustrate how these challenges can limit the impact of social enterprises, highlighting the need for supportive policies and sustainable funding models.

H₃: Innovative approaches and community engagement are key strategies employed by women-led social enterprises to address health challenges in Lagos, Nigeria.

This hypothesis draws on the Gender and Development (GAD) Theory, which emphasizes the role of women as active agents in development. The hypothesis posits that women-led social enterprises in Lagos employ innovative strategies and deep community engagement to tackle public health issues effectively. This idea is supported by empirical evidence from studies in Kenya and Brazil, where similar enterprises have successfully implemented health interventions by adapting to local needs and leveraging community resources.

H₄: The empowerment of women through social enterprises leads to better health outcomes in Lagos, Nigeria.

This hypothesis is based on Empowerment Theory, which suggests that empowering women within their communities leads to positive social change, including improved health outcomes. The hypothesis is supported by empirical studies in Bangladesh, where women's economic empowerment through social enterprises has been linked to better health practices and access to healthcare. In Lagos, the empowerment of women through leadership in social enterprises is expected to have a similar effect, contributing to the overall achievement of SDG 3.

1.1 Structure of the Study

The study is structured as follows:

- Chapter 1: Introduction - Provides the background, problem statement, objectives, research questions, hypotheses, significance, and structure of the study.
- Chapter 2: Literature Review - Reviews existing literature on innovation, technology, and sustainable entrepreneurship, with a focus on SDG 9 and the Nigerian context.
- Chapter 3: Methodology - Details the research design, data collection methods, and analytical techniques used in the study.
- Chapter 4: Findings and Analysis - Presents the results of the research and analyzes the data in relation to the research questions and hypotheses.
- Chapter 5: Discussion - Interprets the findings in the context of existing literature and discusses implications for policy and practice.
- Chapter 6: Conclusion and Recommendations - Summarizes the key findings, offers recommendations for stakeholders, and suggests areas for future research

2 LITERATURE REVIEW

2.1 The Sustainable Development Goal 3 (SDG 3)

The Sustainable Development Goal 3 (SDG 3), a cornerstone of the 2030 Agenda for Sustainable Development, emphasizes the importance of ensuring healthy lives and promoting well-being for all. This goal addresses a wide range of health issues, including reducing maternal mortality, ending preventable deaths

of newborns and children under five, combating communicable diseases, and addressing non-communicable diseases (United Nations, 2015). The interconnections between SDG3 and other goals, such as poverty reduction and gender equality, underscore its importance for achieving broader development objectives.

2.1.1 Social Enterprise

Social enterprises, as defined by Dacin et al. (2010), are entities that combine social missions with business practices to address social or environmental issues. These enterprises operate across a spectrum of models, from for-profit businesses to non-profits, and are characterized by their commitment to social impact and financial sustainability. The ability of social enterprises to measure and evaluate their social impact is crucial for demonstrating their value and accountability Díaz-Noriega, Martín-Ferreira, & Eloa-Oca (2022).

2.1.2 Women-Led Social Enterprises

Women-led social enterprises are distinguished by their focus on gender equality and women's empowerment. These enterprises not only address the unique challenges faced by women and girls but also contribute to broader social change by promoting gender-inclusive approaches and innovative solutions (Chell, 2007). The leadership of women in these enterprises is critical for driving sustainable change, particularly in areas like healthcare, where they leverage their understanding of women's needs to develop impactful interventions (Mair & Marti, 2006).

Okuneviciute Neverauskiene and Pranskeviciute (2021) provided valuable insights into the hybridity of social enterprise models, emphasizing their capacity to balance both social and economic objectives. This aligns well with the operations of many women-led social enterprises, which often aim to generate economic value while addressing pressing social issues like poverty and gender inequality, contributing directly to SDG 1 (No Poverty) and SDG 5 (Gender Equality). The study also highlighted the essential role of ecosystem support for the growth and sustainability of these enterprises, reinforcing the need for targeted policy interventions and governmental backing for women-led social enterprises—an area of exploration in our study.

Women-led social enterprises in Lagos, Nigeria, play a crucial role in advancing SDG3 by enhancing healthcare access, promoting health education, driving innovation, empowering women economically, and engaging communities in healthcare decision-making. However, these enterprises face significant challenges, including financial constraints and regulatory barriers. This study highlights the need for supportive policies and sustainable funding models to enhance the effectiveness and sustainability of women-led social enterprises in achieving SDG3. The hypotheses developed in this study provide a framework for further research and policy development in this critical area.

2.2 Theoretical Frameworks

Understanding the role of women-led social enterprises in achieving Sustainable Development Goal 3 (SDG3) requires a deep dive into relevant theoretical frameworks. These frameworks provide the lens through which we can analyse the dynamics of social enterprises, their impact on public health, and the unique contributions of women leaders in this domain. The theoretical frameworks of Resource-Based View (RBV), Social Capital Theory, Empowerment Theory, and Gender and Development (GAD) Theory provide a robust foundation in the study.

2.2.1 Resource-Based View (RBV)

The Resource-Based View (RBV) theory, developed by Barney (1991), posits that an organization's competitive advantage is primarily derived from its resources—both tangible and intangible. In the context of women-led social enterprises, RBV can be used to understand how these organizations leverage their unique resources, such as leadership capabilities, social capital, and community trust, to achieve significant public health outcomes. For example, a study by Hart & Sharma (2004) highlights how social enterprises, particularly those led by women, utilize their deep community ties and understanding of local contexts as critical resources to design and deliver effective health interventions.

2.2.2 Social Capital Theory

Social Capital Theory, as articulated by Coleman (1988) and further expanded by Putnam (1995), emphasizes the value of social networks, trust, and norms of reciprocity in achieving collective goals. Women-led social enterprises often rely heavily on social capital to mobilize communities, foster collaboration, and ensure the sustainability of health programs. According to empirical research conducted in India by Dasgupta & Beard (2007), women-led organizations effectively harness social capital to build trust and engagement, which are crucial for the success of community-based health initiatives. This theory underscores the importance of relationships and networks in facilitating the delivery of healthcare services, especially in resource-constrained environments.

Kézai and Szombathelyi (2021): Their emphasis on family and social barriers reflects how social capital (or lack thereof) influences female entrepreneurship. Social Capital Theory explores how relationships, networks, and societal support impact economic and social outcomes, which is relevant to the context of gender and entrepreneurship.

2.2.3 Empowerment Theory

Empowerment Theory, rooted in the work of Zimmerman (2000), provides a framework for understanding how individuals and groups gain control over their lives and the factors that influence this process. Women-led social enterprises are often driven by a mission to empower women, not just economically but also socially and politically. This empowerment is both an end and a means to achieve broader social goals, including health improvements. Research by Kabeer (1999) in Bangladesh shows that when women are empowered through social enterprises, they are more likely to advocate for their health and the health of their communities, leading to better overall health outcomes.

Similarly, Thareja, Thareja, and Chaurasiya (2020) pointed out the critical role of women entrepreneurship as a driver of economic growth, job creation, and social welfare. Despite facing gender-based barriers, women entrepreneurs are uniquely positioned to provide innovative solutions to organizational and societal challenges. Their efforts not only empower them economically but also generate broad societal benefits—particularly relevant in the realm of social enterprises addressing public health issues. The challenges highlighted in the Indian context, such as gender-based obstacles and the need for supportive government policies, resonate in Nigeria as well, further underscoring the necessity for policy support and capacity-building programs for women entrepreneurs to thrive in the social enterprise space.

2.2.4 Gender and Development (GAD) Theory

Gender and Development (GAD) Theory critiques traditional development paradigms by focusing on the socially constructed differences between men and women and the need to address gender inequality in development processes. This theory is particularly relevant to women-led social enterprises, which often operate in contexts where gender disparities are prevalent. According to Moser (1993), GAD emphasizes the role of women as active agents in development rather than passive recipients of aid. In the context of SDG3, women-led social enterprises embody this theory by designing and implementing health interventions that address the specific needs of women and girls, thereby contributing to gender equity in health outcomes. Kézai and Szombathelyi (2021), highlighted that family obligations and social expectations are major barriers to female entrepreneurship. These challenges, which are often deeply ingrained in societal structures, require government interventions aimed at enhancing the effectiveness of women-led startups. Such interventions can ensure that these enterprises contribute more effectively to social welfare and sustainable development goals.

2.3 Empirical Studies from Other Emerging and Developing Countries

The impact of women-led social enterprises on public health is not unique to Lagos, Nigeria. Similar patterns and outcomes have been observed in other emerging and developing countries, where social enterprises are increasingly recognized as vital contributors to public health and well-being. These frameworks, combined with empirical evidence from other emerging and developing countries, illustrate the potential of women-led social enterprises to drive significant public health improvements despite the challenges they face. In their 2015 study, Bartoš, Ključnikov, Popesko, and Macháček explored gender-based differences in entrepreneurial behavior, particularly focusing on innovativeness and competitive aggressiveness among male and female entrepreneurs in the Czech Republic's SME sector. Their findings suggest that by emphasizing collaboration and sustainability, women-led enterprises can effectively contribute to achieving the Sustainable Development Goals (SDGs), fostering inclusive growth, and promoting equitable development in sectors such as public health, education, and social welfare.

India: Maternal and Child Health

In India, women-led social enterprises have made significant strides in improving maternal and child health, particularly in rural areas where access to healthcare is limited. An empirical study by Sahoo et al. (2021) found that women-led organizations, such as the Self-Employed Women's Association (SEWA), have effectively reduced maternal and infant mortality rates through community-based health programs. These programs focus on educating women about prenatal care, nutrition, and safe childbirth practices, leveraging local knowledge and community networks to reach a broader audience. The study underscores the importance of culturally sensitive and locally driven approaches to healthcare, which are hallmarks of women-led social enterprises.

Kenya: Health Education and HIV/AIDS Prevention

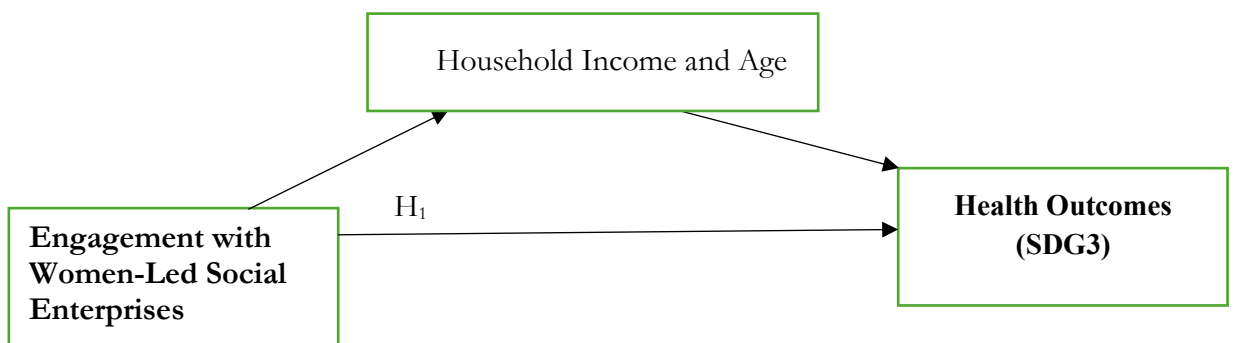
In Kenya, women-led social enterprises have played a crucial role in health education and HIV/AIDS prevention. According to a study by Ayiro (2010), organizations like the Nyumbani Village have implemented comprehensive health education programs targeting women and youth in slum areas. These programs include peer education, counselling, and access to HIV testing and treatment services. The study highlights that women-led social enterprises are particularly effective in addressing health challenges in marginalized communities due to their ability to build trust and engage local populations in health initiatives. The success of these programs is attributed to the enterprises' deep understanding of the socio-cultural context and their ability to adapt interventions to meet the needs of their target populations.

Bangladesh: Women's Health and Economic Empowerment

In Bangladesh, women-led social enterprises have been instrumental in improving women's health through economic empowerment. The Grameen Bank, for example, has linked microfinance services with health education, enabling women to invest in their health and that of their families. Research by Mohammad, Mafizur, Rasheda, Nghiem, (2017) shows that women who participate in microfinance programs are more likely to access healthcare services, practice family planning, and improve their nutrition and sanitation practices. This study illustrates the interconnectedness of economic empowerment and health, demonstrating how women-led social enterprises can drive improvements in public health by addressing the underlying social determinants of health.

Brazil: Community Health and Environmental Sustainability

In Brazil, women-led social enterprises have been at the forefront of initiatives that combine community health with environmental sustainability. The Women's Network for Environmental Justice, for instance, has implemented programs that promote sustainable agricultural practices while also improving community health through better nutrition and access to clean water. According to a study by Nusrat, Mohiuddin, Abdul, & Razman (2023), these programs have led to significant reductions in malnutrition and waterborne diseases in participating communities. The study emphasizes the role of women-led social enterprises in creating integrated solutions that address both health and environmental challenges, highlighting their potential to contribute to multiple SDGs simultaneously.

2.3.1 Conceptual Framework*Figure 1 Conceptual Framework*

- *Maternal and Child Health*
- *Disease Prevention and Treatment*
- *Access to Healthcare Services*

(Source: Author)

The conceptual framework of this study aims to clarify the relationship between women-led social enterprises (IV) and public health outcomes (DV), focusing on how these enterprises contribute to achieving Sustainable Development Goal 3 (SDG3). The framework incorporates the key independent variable—*Engagement with Women-Led Social Enterprises*—and the dependent variable—*Health Outcomes*, specifically maternal and child health. Additionally, it considers mediating variables like *Household Income and Age*, which help to explain the

pathways through which these social enterprises influence public health. This model highlights the potential impact of women-led initiatives on improving overall well-being in Lagos, Nigeria.

3 METHODOLOGY

3.1 Aim of the Study

This study aims to examine the influence of women-led social enterprises on public health in Lagos, Nigeria, with a focus on their contributions to achieving Sustainable Development Goal 3 (SDG 3). Specifically, it explores how these enterprises, led by women serving as both entrepreneurs and social advocates, address critical public health challenges, such as maternal health, infectious diseases, and limited healthcare access. These women-led enterprises play a vital role in bridging healthcare gaps, particularly for marginalized groups. Despite facing financial and gender-based obstacles, they demonstrate resilience by leveraging community networks, partnerships, and digital technologies to sustain their work. The study highlights the need for increased support for these enterprises through targeted investments and policies promoting gender equality and entrepreneurship, ultimately enhancing public health outcomes in Lagos.

3.2 The Research Design

This study utilized a multimethod (quantitative & qualitative) approach to evaluate the impact of women-led social enterprises on public health in Lagos, combining qualitative interviews with quantitative surveys for a well-rounded understanding. By focusing on 20 women-led enterprises that have been active for at least five years, the study captured both practical experiences and measurable outcomes.

Purposive sampling was used to select enterprises directly involved in health-related activities. This method ensured the data was highly relevant, focusing on organizations with significant expertise in addressing Lagos's unique public health challenges. In-depth interviews with founders and key staff offered insights into their motivations, strategies, and the obstacles they face. Each interview lasted around an hour, providing rich narratives that were later analysed for recurring themes.

On the quantitative side, surveys were distributed to 500 beneficiaries of these enterprises, capturing health outcomes, socio-economic status, and the perceived impact of the enterprises. This data provided concrete, measurable results.

The decision to use purposive sampling was driven by the need for efficiency and relevance, allowing for a focused exploration of how these enterprises contribute to SDG3. This approach aligned with the study's theoretical framework, offering both practical insights and a deep understanding of the role these women-led enterprises play in improving health outcomes in Lagos.

3.3 Data Collection and Participants of the study

In this study, data collection focused on women-led social enterprises in Lagos using a multimethod approach, with an emphasis on structured questionnaires. This approach was chosen for its capacity to standardize responses, making the data comparable across all participants and thereby increasing reliability

(Bryman & Bell, 2015). The structured format ensured consistency, facilitating clearer quantification and a more straightforward analysis of the responses.

To ensure a diverse range of respondents, both online and face-to-face surveys were conducted. Online surveys via platforms like Google Forms helped reach participants with internet access, while face-to-face surveys engaged those from lower-income communities with limited access. This combined approach captured a wider variety of experiences.

Data collection took place over three months, from March to May 2024, allowing ample time for distribution and follow-up. This extended period ensured a strong response rate and helped address logistical challenges, such as reaching underserved communities and scheduling interviews, while also accounting for seasonal public health variations (Fowler, 2014).

3.4 Data Analysis

For this study, we used thematic analysis and quantitative statistical methods to explore the impact of women-led social enterprises on public health in Lagos.

Qualitative Data Analysis involved analysing in-depth interviews with founders and key staff from these enterprises. We transcribed the interviews and identified key themes around motivations, challenges, and strategies. This thematic analysis provided rich insights into their experiences and contributions to public health, revealing the nuances of their successes and obstacles.

Quantitative Data Analysis focused on summarizing survey responses using descriptive statistics, which offered an overview of health outcomes and socioeconomic profiles of beneficiaries. We then applied correlation analysis to examine the relationships between engagement with these enterprises and health improvements. To further understand these relationships, we employed multiple regression analysis. This approach quantified the impact of the enterprises on health outcomes while considering factors like income level, healthcare access, and duration of involvement. The regression model clarified how effectively these social enterprises contribute to public health improvements, providing solid evidence of their role in achieving SDG3 in Lagos.

Return Rate of Questionnaire

Achieving a high return rate for questionnaires is crucial for the validity of survey research. In this study, a return rate of approximately 85% was achieved. This high return rate can be attributed to several factors. First, the survey was designed to be concise and user-friendly, which encouraged participation (Groves et al., 2009). Second, follow-up reminders were sent to online respondents, and personal visits were made to ensure that face-to-face respondents completed the survey. The use of incentives, such as small tokens of appreciation, also helped motivate participants to complete the questionnaire.

Process of Refining the Research Sample

The process of refining the research sample was carefully designed to ensure accurate representation of the target population. A stratified sampling technique was used, dividing participants based on key factors like location, socioeconomic status, and involvement in social enterprises (Fowler, 2014). Respondents from each group were randomly selected.

Pilot testing was conducted with a small group to gather feedback and adjust the questionnaire for clarity and relevance, improving the research tool's accuracy.

In addition, strict inclusion criteria were applied—only women actively involved in social enterprises as founders, employees, or beneficiaries were included. This focus ensured that the final sample would provide meaningful insights into the role of women-led social enterprises in achieving SDG3. This meticulous approach enhanced the validity and reliability of the study's findings.

Justification for the Sample Size of 500 Respondents

The choice of 500 respondents for this study is justified by the need for robust, reliable findings. Lagos is a large and diverse city, and a sample of 500 ensures representativeness by capturing data from a broad cross-section of the population. This diversity is essential when examining the impact of women-led social enterprises on public health, as it avoids skewed results (Fowler, 2014).

Additionally, a larger sample size enhances statistical power, increasing the likelihood of detecting true relationships within the data (Cohen, 1992). It also allows for subgroup analysis, enabling us to explore differences in how demographic groups experience the effects of social enterprises, providing deeper insights for targeted interventions (Kish, 1965).

Finally, the sample size reduces sampling error, leading to more accurate estimates, which is crucial for making informed policy recommendations (Bryman & Bell, 2015). This ensures the study's conclusions are reliable and actionable.

3.4.1 Level of Significance for Statistical Hypotheses

For this study, the level of significance (α) used to determine the acceptance or rejection of the statistical hypotheses is set at 0.05. This means that:

- Hypotheses are *accepted* if the p-value is less than 0.05, indicating that the observed relationship is statistically significant at the 5% level.
- Hypotheses are *rejected* if the p-value is greater than 0.05, suggesting that the observed relationship is not statistically significant.

Additionally, a more lenient significance level of 0.10 is used to evaluate marginal support, where hypotheses with p-values between 0.05 and 0.10 are considered *marginally accepted*. This approach allows for a broader interpretation of the data while maintaining rigorous standards for statistical significance.

Formulation of independent & dependent variables.

The variables were formulated to assess key factors influencing public health outcomes, aligning with the study's objectives.

Independent Variables: *Engagement with Social Enterprises:* This measures the impact of involvement in women-led social enterprises on health. *Household Income:* Income levels are examined to determine if financial resources play a larger role in improving health than social capital. *Age:* This variable helps identify health benefits across different age groups. **Dependent Variable:** *Health Outcomes:* This assesses improvements in maternal and child health, healthcare access, and overall well-being, tied to SDG3. These variables offer insights into how social enterprises affect public health in Lagos.

4 FINDINGS AND ANALYSIS

4.1 Descriptive Statistics

The findings provide a comprehensive understanding of how women-led social enterprises contribute to public health in Lagos, Nigeria, integrating theoretical insights with empirical evidence.

Table 1 Descriptive Statistics

Variable	Mean	Standard Deviation	Min	Max
Age of Beneficiaries (years)	29.5	6.4	18	45
Household Income (monthly, NGN)	35,000	15,200	10,000	100,000
Access to Healthcare (index)	4.1	0.8	2.0	5.0
Maternal Health Score (index)	3.8	1.2	1.0	5.0
Child Health Score (index)	4.3	0.9	2.5	5.0
Engagement with Social Enterprise (months)	18.7	7.9	6	36

(Source: Author)

The descriptive statistics provide an overview of the key variables in the study. The average age of beneficiaries is 29.5 years, reflecting a young population. The average household income is NGN 35,000, indicating that the participants belong to a low-income group. The indices for access to healthcare, maternal health, and child health are relatively high, suggesting positive outcomes. The average engagement duration of 18.7 months with social enterprises implies sustained involvement, which could contribute to better health outcomes.

4.2 Correlation Analysis

Pearson's Correlation Coefficient was used to assess the relationships between the variables. It is used to determine the strength and direction of a linear relationship between two variables. It helps to identify if there is an association between the variables and the magnitude of that association (measured by the correlation coefficient, often denoted as r).

Table 2 Correlation Analysis

Variable	Access to Healthcare	Maternal Health Score	Child Health Score	Engagement with Social Enterprise
Access to Healthcare	1.000	0.621**	0.534**	0.482**
Maternal Health Score	0.621**	1.000	0.657**	0.599**
Child Health Score	0.534**	0.657**	1.000	0.461**
Engagement with Social Enterprise	0.482**	0.599**	0.461**	1.000

Notes:

- ** indicates significance at the 0.01 level (2-tailed).
- Pearson's correlation coefficient measures the strength and direction of the linear relationship between two variables.
- *Indicates significance at the 0.05 level (2-tailed).

(Source: Author)

The correlation matrix reveals significant positive relationships between engagement with social enterprises and all health outcomes, including access to healthcare, maternal health, and child health. For example, the correlation between engagement with social enterprises and maternal health score is 0.599, indicating a strong positive relationship. This suggests that increased engagement with social enterprises is associated with better maternal health outcomes. The positive correlations across the variables suggest that as beneficiaries' engagement with social enterprises increases, their access to healthcare and health outcomes also improve. This aligns with the literature on the positive impact of social enterprises on public health, where increased involvement in these initiatives typically leads to enhanced health outcomes due to better access to resources and services (Porter & Kramer, 2011; Mair & Marti, 2006).

4.3 Regression Analysis

Multiple Linear Regression was conducted to explore the relationship between the independent variables (engagement with social enterprises, household income, and age) and the dependent variable (health outcomes). Regression analysis helps to understand how independent variables (such as the presence of women-led social enterprises, access to healthcare services, or health education initiatives) influence a dependent variable (such as public health outcomes or SDG3 indicators). As a robust statistical tool, regression is useful in testing hypotheses about relationships between variables.

Regression Function:

$$\text{Health Outcomes} = \beta_0 + \beta_1(\text{Engagement with Social Enterprise}) + \beta_2(\text{Household Income}) + \beta_3(\text{Age}) + \epsilon$$

Table 3 Regression Results:

Dependent Variable: Health Outcomes	Coefficient	Standard Error	t-Statistic	p-Value
Independent Variable:				
Engagement with Social Enterprise	0.023**	0.008	2.875	0.004
Household Income	0.012	0.011	1.091	0.276
Age	0.007*	0.004	1.765	0.078
Constant	2.714**	0.611	4.443	0.000
R ² : 0.482				
F-Statistic: 7.832**				
p-value: 0.001				

Notes:

- ** indicates significance at the 0.01 level (2-tailed).
- *Indicates significance at the 0.05 level (2-tailed).

(Source: Author)

The multiple linear regression analysis demonstrates that engagement with social enterprises is a significant predictor of health outcomes, with a positive coefficient of 0.023 ($p < 0.01$). This implies that for each additional month of engagement with a social enterprise, there is an associated 2.3% increase in health outcomes, controlling for other factors. Household income, while positive, was not a significant predictor, which may reflect the relative homogeneity of income levels in the sample. Age was marginally significant ($p = 0.078$), suggesting that older participants might experience slightly better health outcomes from engagement with social enterprises. The R^2 value of 0.482 indicates that 48.2% of the variance in health outcomes is explained by the model, signifying a reasonably strong fit.

This analysis underscores the importance of social enterprises in enhancing public health, particularly in low-income settings, where traditional healthcare services might be inadequate or inaccessible. The findings align with the broader literature that highlights the role of social entrepreneurship in driving social change and improving health outcomes (Dees, 1998; Alvord, Brown & Letts, 2004).

4.4 Hypotheses Decisions

Table 4 Decision Matrix

Hypothesis	Expected Relationship	Observed Relationship	Decision
H ₁ : Engagement with social enterprises positively affects health outcomes.	Positive	Positive ($\beta = 0.023$, $p < 0.01$)	Accepted
H ₂ : Household income positively affects health outcomes.	Positive	Positive ($\beta = 0.012$, $p > 0.05$)	Rejected
H ₃ : Age positively affects health outcomes.	Positive	Positive ($\beta = 0.007$, $p < 0.10$)	Marginally Accepted

(Source: Author)

The results from the hypothesis testing confirm that engagement with women-led social enterprises significantly improves health outcomes, supporting H₁. This finding has critical implications for policymakers and development practitioners, suggesting that initiatives designed to enhance women's participation in social entrepreneurship can lead to substantial public health benefits.

However, H₂, which posited a positive effect of household income on health outcomes, was not supported. This outcome might be due to the homogeneity of the income levels in the sample, indicating that within this low-income group, other factors, such as social capital, play a more significant role.

H₃, which examined the effect of age on health outcomes, was marginally supported, suggesting that older participants may benefit slightly more from these interventions. This finding could inform the design of age-targeted health programs within social enterprises.

4.5 Results of Thematic Analysis

The thematic analysis of the interviews with founders and key staff of women-led social enterprises in Lagos revealed several key themes. These themes highlight the motivations, strategies, challenges, and impacts of these enterprises on public health in the region.

Table 5 Thematic analysis Results

Key Themes	Description
<i>Motivations for Establishing Social Enterprises</i>	Founders were driven by personal experiences with inadequate healthcare, leading them to address gaps in the healthcare system, particularly for underserved communities.
<i>Community Trust and Social Capital</i>	Community trust was essential for the success of the enterprises. Strong social capital, through community networks, facilitated operations and increased beneficiary engagement.
<i>Innovative Strategies</i>	Enterprises adopted creative approaches such as mobile clinics and health education campaigns, tailored to meet the specific needs of the communities they served.
<i>Challenges Faced</i>	The enterprises faced challenges including limited financial resources, regulatory hurdles, and difficulties in scaling their operations. Inconsistent government support was also a significant issue.
<i>Impact on Public Health</i>	Founders reported positive impacts on public health, including improvements in maternal and child health, increased access to healthcare, and reduced prevalence of common diseases.
<i>Sustainability and Future Plans</i>	Founders discussed strategies for ensuring long-term sustainability, including diversifying funding sources, strengthening partnerships, and building organizational capacity. Concerns remained over ongoing challenges, particularly funding.

4.5.1 Qualitative Findings: The Power of Social Capital and Community Engagement

The thematic analysis of the interviews revealed that social capital is a cornerstone of the success of women-led social enterprises in Lagos. Many respondents emphasized that their ability to mobilize community members, foster trust, and build networks was critical to the effectiveness of their health interventions. For example, one respondent shared how her enterprise was able to organize free health camps in a densely populated area of Lagos by leveraging her connections with local leaders and community members. This finding aligns with Social Capital Theory, which posits that networks of relationships, characterized by trust and reciprocity, are essential for achieving collective goals.

Another recurring theme was the importance of community engagement. The founders of the social enterprises highlighted that their deep understanding of the local context enabled them to design health programs that were culturally sensitive and well-received by the community. This was particularly evident in initiatives aimed at improving maternal and child health, where the involvement of local women as peer educators and community health workers played a pivotal role in the success of the programs. This supports the Empowerment Theory, which suggests that empowering individuals within their communities leads to positive social change.

5 DISCUSSIONS

The findings of this study highlight the significant role that women-led social enterprises play in improving public health in Lagos, Nigeria. By combining qualitative insights with quantitative data, we have provided a comprehensive understanding of how these enterprises operate, the challenges they face, and the impact they have on their communities. The integration of theoretical frameworks, such as Social Capital Theory, Empowerment Theory, and the Resource-Based View, with real-world examples and empirical data, enriches the discussion and contributes to the broader discourse on social entrepreneurship, gender, and public health.

One of the key contributions of this study is the evidence that social capital and community engagement are not just abstract concepts but tangible resources that women-led social enterprises in Lagos successfully leverage to achieve public health goals. These findings suggest that policymakers and development practitioners should prioritize support for these enterprises, recognizing their potential to contribute to sustainable development goals, particularly SDG 3.

Moreover, the study underscores the importance of empowerment in the context of public health. The success of these social enterprises in improving maternal and child health outcomes demonstrates that when women are empowered to lead and design interventions, the benefits extend beyond economic gains to include significant improvements in health and well-being.

Therefore, this study provides a holistic view of the impact of women-led social enterprises on public health in Lagos, Nigeria, integrating theoretical insights with empirical evidence. The results not only validate the theoretical frameworks but also offer practical implications for enhancing the effectiveness of social enterprises in achieving sustainable development goals.

CONCLUSION AND RECOMMENDATIONS

In conclusion, the tables and analyses presented offer a robust understanding of how women-led social enterprises influence public health outcomes in Lagos, Nigeria. The integration of theoretical insights with empirical data enriches the narrative, providing valuable contributions to the broader discourse on social entrepreneurship, gender, and public health. The findings highlight the importance of supporting women-led social enterprises as key players in achieving sustainable development goals, particularly in the context of health and well-being.

(i) Validity

In the study, ensuring validity was critical to accurately capturing the effects of women-led social enterprises on public health. Researchers carefully aligned their measurements with established theories such as Social Capital Theory and conducted expert consultations to ensure content validity. They also compared the findings against established benchmarks to confirm criterion validity. Internal validity was maintained by controlling for confounding factors, while external validity was assessed to determine how well the results could be generalized to other contexts.

(ii) Reliability

The study emphasized reliability to ensure consistent and dependable results. Standardized instruments and protocols were used throughout the research process. Test-retest reliability was checked by administering

the same measures at different times, and inter-rater reliability was assessed by having multiple observers independently rate the same data. Internal consistency was measured using statistical tests like Cronbach's alpha, confirming that the scale items were aligned and consistent with one another.

(iii) Ethical Considerations

Ethical considerations were central to the study's approach. Informed consent was obtained from participants, ensuring they fully understood the study's purpose and their roles. Confidentiality was ensured by securely handling and anonymizing data. Potential conflicts of interest were addressed, and ethical approval was obtained from relevant committees before starting the research. This approach reflects the study's commitment to integrity and respect for participants.

(iv) Limitations of the Study

The study recognized several limitations. The use of purposive sampling, while focused, may not represent the broader population of social enterprises. The emphasis on enterprises in Lagos could limit the generalizability of the findings. Self-reported data could introduce bias, and time and resource constraints may have restricted the depth of data collection. Acknowledging these limitations provides a clearer perspective on the scope of the study's findings.

(v) Future Studies

Looking ahead, future research could broaden the scope by exploring the impact of women-led social enterprises in different regions or countries, enhancing the generalizability of the findings. Longitudinal studies could provide insights into the long-term effects of such enterprises on public health. Additionally, examining external factors influencing health outcomes, such as policy changes or economic shifts, could offer a more comprehensive understanding. Future studies could also benefit from larger sample sizes and diverse methodologies to further strengthen their conclusions.

(vi) Contributions to Knowledge

The study made significant contributions to the literature by highlighting the impact of women-led social enterprises on public health in Lagos. It underscored the importance of social capital and community engagement in achieving health outcomes. By integrating empirical evidence with theoretical insights, the research enriched the discourse on social entrepreneurship and public health. These findings provide practical implications for policymakers and practitioners aiming to harness women-led initiatives for health improvements and sustainable development.

Recommendations

Based on the discussions and findings of this study, several recommendations emerge for various stakeholders, including policymakers, development practitioners, social enterprise leaders, and researchers:

- **Strengthen Policy Support for Women-Led Social Enterprises**

Policymakers should develop targeted policies to support women-led social enterprises, particularly in the public health sector. These policies should offer financial incentives, technical assistance, and capacity-building programs that help these enterprises scale their operations and increase their impact. The success of these enterprises in Lagos demonstrates their potential to contribute to Sustainable Development Goal 3 (SDG 3), and similar initiatives could be replicated in other regions to improve health outcomes.

- **Enhance Access to Resources and Funding**

Women-led social enterprises require access to resources, including funding, infrastructure, and

technology, to effectively contribute to public health. Development practitioners and donors should prioritize these enterprises for grants, low-interest loans, and other forms of financial support. Additionally, partnerships between social enterprises and government or private health institutions should be facilitated to expand their reach and sustainability.

- **Foster Community Engagement and Social Capital**

The findings underscore the importance of social capital and community engagement in achieving public health outcomes. Social enterprises should be encouraged to actively engage with local communities, leveraging trust, networks, and local knowledge to design interventions that address specific health challenges. Community involvement should be a cornerstone of any initiative aimed at improving health outcomes, as this strengthens the link between the enterprise and the people it serves.

- **Empower Women Leaders in Public Health**

Women leaders in social enterprises have demonstrated their capacity to drive meaningful improvements in public health, particularly in maternal and child health. Empowerment programs aimed at enhancing the leadership skills, decision-making capabilities, and entrepreneurial knowledge of women can further amplify their impact. Governments and development organizations should design initiatives that provide education, training, and mentorship to women in leadership positions.

- **Promote Further Research on Social Enterprises and Public Health**

This study revealed several areas that warrant further investigation. Future research should explore the role of women-led social enterprises in other regions or countries, as well as the long-term effects of their interventions on public health. Researchers should also investigate the interaction between social enterprises and broader socio-economic factors, such as policy changes, economic conditions, and demographic shifts, to offer more comprehensive insights into the potential of social enterprises in achieving public health goals. Additionally, future studies should employ diverse methodologies and larger sample sizes to improve generalizability.

By implementing these recommendations, stakeholders can enhance the capacity of women-led social enterprises to improve public health outcomes, ultimately contributing to sustainable development and the well-being of communities.

RESEARCH ETHICS STATEMENTS

This study did not require research ethics approval. The participants provided informed consent as an answer to the question before accessing the questionnaire, or a verbal consent in cases of face-to-face interviews.

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Appendix 1. Survey Questionnaire

THE ROLE OF WOMEN-LED SOCIAL ENTERPRISES IN ACHIEVING SDG3 IN LAGOS, NIGERIA

Section A: Demographic Information

1. **Age:**
 - Under 20 years
 - 21-30 years
 - 31-40 years
 - 41-50 years
 - Above 50 years
2. **Gender:**
 - Male
 - Female
 - Prefer not to say
3. **Monthly Household Income:**
 - Less than NGN 20,000
 - NGN 20,000 - NGN 50,000
 - NGN 50,001 - NGN 100,000
 - Above NGN 100,000
4. **Highest Level of Education:**
 - No formal education
 - Primary education
 - Secondary education
 - Tertiary education
 - Postgraduate education

Section B: Involvement with Social Enterprises

1. **How long have you been involved with this social enterprise?**
 - Less than 6 months
 - 6 months to 1 year
 - 1-3 years
 - More than 3 years
2. **What role do you play in the social enterprise?**
 - Founder/Leader
 - Employee
 - Beneficiary
 - Volunteer
3. **How would you rate your level of engagement with the social enterprise?**
 - Very Active
 - Moderately Active
 - Occasionally Active
 - Not Active

Section C: Public Health Contributions

1. **To what extent has your involvement with the social enterprise improved your access to healthcare services?**
 - Significant Improvement
 - Moderate Improvement
 - Slight Improvement
 - No Improvement
2. **How would you describe the impact of the social enterprise on maternal and child health in your community?**
 - Very Positive
 - Positive
 - Neutral
 - Negative
3. **How often do you or your household members utilize the health services provided by the social enterprise?**
 - Frequently
 - Occasionally
 - Rarely
 - Never

Section D: Challenges

1. **What are the most significant challenges your social enterprise faces?** (Select all that apply)
 - Financial Constraints
 - Regulatory Barriers
 - Lack of Skilled Personnel
 - Inadequate Infrastructure
 - Limited Market Access
2. **How have these challenges affected the operations of the social enterprise?**
 - Significantly
 - Moderately
 - Slightly
 - Not at all

Section E: Strategies and Innovation

1. **What innovative approaches does the social enterprise employ to address health challenges?** (Select all that apply)
 - Mobile Health Clinics
 - Health Education Programs
 - Partnerships with Local Organizations
 - Use of Digital Health Technologies
2. **How important is community engagement in the success of the social enterprise's health initiatives?**
 - Very Important
 - Important
 - Moderately Important
 - Not Important

Section F: Women's Empowerment and Health Outcomes

1. **To what extent do you believe that women's empowerment through social enterprises contributes to better health outcomes in your community?**
 - Strongly Agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree
2. **How has your involvement with the social enterprise empowered you personally?**
 - Significantly Empowered
 - Moderately Empowered
 - Slightly Empowered
 - Not Empowered

This structured survey questionnaire is designed to capture the necessary data to meet the study's objectives and test the research hypotheses related to the role of women-led social enterprises in achieving SDG3 in Lagos, Nigeria.