

## CHAPTER 6

# SOCIO-CULTURAL AND ECONOMIC ISSUES

## 6.0 Socio-Cultural and Economic Issues

### 6.0.1 Summary

This section covers articles and research work on: poverty, family issues, nuptiality, employment, premarital sex, sex preference, occupation, child labour, food policy, nutrition, infrastructure, aging, disability, circumcision, drug abuse, commercial sex, safety and security, street children and land use system.

The studies have discussed several significant findings. The single greatest challenge facing Kenyans today is to reduce the widespread problems of absolute poverty. The expenditure on food accounts for the largest share (72 %) of consumption in rural areas while in urban areas non-food represents (55%) of total consumption. Poverty, rapid urbanization, population growth rate, family instability and declining role of extended family system has been singled out as responsible for the child abuse and neglect. Studies on marriage or nuptiality have found that age at first marriage remains an early and universal social institution. Married adolescent girls engage in sex earlier and have more frequent sex than their unmarried counterparts, undoubtedly compounding their risk of STI infections. Violence compounds girls' powerlessness in their marriages and makes it difficult for them to bargain for their rights.

Few studies or publications on street children, family issues, and safety and security have been carried out in Kenya. Future studies should focus on the above areas that are conspicuously lacking or little work has been done.

### 6.0.2 Methodology

Data was collected from primary and secondary sources (mainly desk reviews of sample Surveys

such as the KDHS and the Population and Housing Census, 1999 data). The popular research designs were surveys and case studies. In general, the researches employed a variety of tools in data collection. Mainly data was collected by use of pre-tested self-administered structured questionnaire with both open and close-ended questions, interview schedules for the key informants, observation checklists, case study method, and FGD. The qualitative and quantitative techniques in data collection were used. However, most of the research work has utilized more quantitative data than qualitative techniques.

The method of analysis have been greatly influenced by nature and type of study, Different methods of data analysis have also been used. Qualitative data was analysed by coding raw data into common themes to form patterns. In addition, cross tabulation, chi –square, Pearson product moment correlation, logistic regression, multiple regression, independent t-test, percentages have been used to obtain relationship between variables or significant levels of certain variables. Moreover, some studies have used event history to determine the odds of an event occurring. This mainly involved use of Cox proportional hazards model and survival tables to establish the effects of a given variable on hazard and on certain outcomes.

## 6.1 POVERTY

### 6.1.1 Summary

Globally, 1.3 billion people live on less than a dollar per day. Up to 800 million people go to bed hungry every day and 28,000 children die from poverty-related causes every day. In Kenya, the number of people living below the poverty line is estimated to have risen to 50%. Effects of

this situation was given in different works and reported by respondents.

### 6.1.2 Issues

- Slow economic growth.
- Role of schooling in promoting the achievement of social goals: Kenyans prosperity and development hinges on how well the nation educates its people. As we progress to the 21<sup>st</sup> century, Kenyans are looking out for the kind of education, which will not only promote economic growth, but also enhance national unity, moral uprightiness' and social cohesiveness. No social institution has a greater stake in this transformation than school. While the focus on learning institutions, it is pertinent to make schooling socially relevant.
- Poor people are unable to control access to and use of basic services such as health, education, water and needs such as food, and housing. However, their moving from poverty is reduced by poor infrastructure, declining government (service) institutions, lack of income-earning opportunities and, insecurity. The poor feel left out of the political, economic and social decision-making processes.
- Policy strategies are articulated in National Development Plans and Sessional Papers.
- Poverty is widespread among the rural communities and is associated with disease, old age and inaccessibility to health care.
- There is need for community interventions to help in cases of AIDS, widowhood, disabilities and old age as the main factors causing poverty in the rural communities.
- Poverty has been identified as one of the major barriers to human development. The single greatest challenge facing Kenyans today is to reduce the widespread problems of 'absolute poverty'. Over half of Kenya's population lives below the absolute poverty line.

### 6.1.3 Findings

These studies established that poverty exists where the basic material needs of the individual are not adequately met. It has many dimensions and manifests itself in various forms such as hunger or poor nutrition; illiteracy; inadequate health facilities and shelter.

From the reviewed works, education plays an important role in poverty eradication. The primary concern of education is human development. It can mobilize the people for constructive action.

Poverty status is highly correlated with the level of education, household size and type of occupational activity. It decreases as the level of education increases; it rises with household size, extreme poverty rapidly decline as education increases and as farm household shifts to non-agricultural activities. The size of land holding does not emerge as a major determinant of hard-core poverty.

Women experience higher levels of poverty than men and based on gender and marital status; they are more vulnerable to poverty than men. The writers conclude that this makes women one of the critical target groups in any effort directed at reducing poverty.

Many writers argue that efforts to eradicate poverty and pursue sustainable development will be in vain if environmental degradation and natural resource depletion continues unabated. Degradation of the ecosystems represents a formidable obstacle to meeting the MDGs. Poverty leads to poor environmental health and for environmental health to be improved, poverty has to be reduced among all population groups.

### 6.1.4 Recommendations

- Define poverty from a multi-dimensional perspective that includes human rights for all to be involved.
- Enhance socio-economic status of the poor.
- There is need for systematic quality-oriented study on school curriculum content and its impact on social transformation.

- Educate women in income generating activities so as to sustain their livelihood, improve sanitation conditions, and promote women's perceptions, family and the surrounding community.
- The key challenge facing the Kenyan economy is reversing the rising levels of poverty and income inequality. Gender mainstreaming at both macro and sectoral levels of policy formulation is essential for sustainable growth and poverty reduction. It is necessary to design policy interventions to increase the productivity of women. It is also clear that poor women are worse off than their male counterparts in virtually all dimensions of poverty. This is worsened by widespread regional disparities.

Aspirations of the poor people are bound by a low self-concept and feelings of dependency and vulnerability. This enslaves the will and it must be overcome. Attempts to eradicate poverty should not be piecemeal, but integrated and comprehensive effort, a simultaneous push both at macro and micro levels for any proposed strategy to work.

- Provide detailed socio-economic information on the many different faces of poverty in Kenya.
- Due to the structural nature of poverty, it is important for community-based groups to be involved in eradication.
- Ensure Equity considerations to form the basis for any pro-poor tax policy while trying to minimize the adverse effects of the trade off between equity and efficiency.
- Labour policy should focus on jobs creation measure that would go along way in increasing demand for workers; wage increases should be productivity-driven.
- There is need to impart EHE to social worker and the same passed to the rural and urban dwellers. Environmental health is multi-disciplinary; therefore a multi-disciplinary approach must be adopted to solve environment-related problems.

- Investing on primary education in rural areas in order to achieve the poverty reduction goals of the government for the next five years and beyond.

There is need to take cognizance of the fact that the poor are a national asset and critical agents of change. Therefore, their empowerment is crucial to the development of the country.

The following are suggested research areas:

- Strategies should be developed towards poverty reduction and review strategies of improving quality of life especially of the rural urban low-income residents. Establish ways of directing more benefits towards the poor through direct targeting. And develop pro-poor policy approaches as good avenues for addressing health disparities. Women are more vulnerable to poverty than men and therefore develop gender specific strategies.
- Effects of poverty on family size.
- Investigate the impact of the shrinking economies on capital goods e.g. highways, houses, etc and the impact of the changing national lifestyles and consumption patterns on energy and food.
- Research on dimensions of poverty and livelihoods taking an urban-rural comparative approach on consumption and expenditure supported by other regional studies on population, consumption and environments.

#### 6.1.5 Research Gaps

- Ways of improving access to essential services by low-income households.
- Holistic strategic approach to link poverty, water and sanitation.
- Determinants of poverty in Kenya.
- The plight of the poor in Kenya has not been given much consideration.

### 6.1.6 Research Agenda

- Factors that are strongly associated with poverty and that are amenable to modification by policy.
- Design and implement poverty-sensitive strategies.

## 6.2 FAMILY ROLES, RIGHTS, COMPOSITION AND STRUCTURES

### 6.2.1 Summary

In Kenya, the family has dynamic roles, rights, composition and structures. These structures are changing with inevitable consequences. Family instability and insecurity are rampant (NCPD, 2000).

### 6.2.2 Issues

- Family structures, functions and evolutions
- Changes in living arrangements
- Challenges of family care given the structures
- Process of adaptation
- Coping strategies for people without resources.
- Provision and receipt of support
- Multi- relations
- Female-headed households.

### 6.2.3 Findings

There is scanty literature on this crucial area. Some authors have dwelt on the adverse family structures, functions and evolutions, changes in living arrangements especially co-residence and independent living. The challenges of family care considering the structures and process of adaptation and coping strategies for people without family resources, mechanisms of provision and receipt of support, including emotional, physical, economic support are presented. The multi-generational relations and dynamics arising in families over time and increasing female-headed households are other emerging concerns in families.

Studies established that the relationship between parental behaviour towards adolescents manifests aggression and that adolescents who experience

tension and conflicts in their families are significantly more aggressive than those from harmonious homes.

### 6.2.4 Recommendations

- Garner institutional support for child headed households and develop strategies of supporting female-headed households to reduce poverty levels.
- Assess the impact of programmes put in place to protect and promote the rights and welfare of the street families, orphaned children and the elderly.
- Enhance stability and security of family.

### 6.2.5 Research Gaps

- Ways of protecting the rights of widows and orphans.
- Few studies on the family hence lack of data, e.g. on street family.

### 6.2.6 Research Agenda

- Family structures are changing with inevitable consequences for older persons, which require research.
- Evolving family functions, structures.
- Family, household and community and demographic dynamics

## 6.2.1 NUPTIALITY

### 6.2.1.1 Summary

The universality of marriage in Kenya is a cultural value that has been with Kenyans. Early age at marriage, different types of unions, including the emerging come-we-stay, permanence and constitution of marriage, have been important issues facing nuptiality. Although not many writers have addressed the issue, it remains important considering that accepted family formation should be within the confines of a cognized union.

### 6.2.1.2 Issues

- Early age at marriage and childbearing.
- Impact of culture on marriage.
- Impact of polygamy on population growth.
- Remarriage.

### 6.2.1.3 Findings

From the reviewed literature, more than 95% of the female population is married at age 50. Female literacy level and place of residence has great impact on the mean age at marriage. Entry into first marriage is not determined by parental characteristics, but is a matter of individual independent decision. Some studies established that there are no generational differences in marriage timings across the cohorts and no differences across ethnic groups. Therefore, marriage remains a universal social institution. Remarriages due to either death or divorce experience conflicts due to feelings of uncertainty and insecurity projected to the step-parent or new partner.

Adolescent girls in sub-Saharan Africa suffer disproportionately from HIV infection and married adolescent girls are at increased risks

compared to their unmarried counterparts. Elevated HIV infection rates among married girls are counter to the popular belief that marriage is protective against HIV infection. Married adolescents girls engage in sex earlier and have more frequent sex than their unmarried counterparts, undoubtedly compounding their risk of HIV infection.

### 6.2.1.4 Recommendations

The most important aspects in choice of dating partners are character/personality and physical appearance but with regard to choice of potential marriage partner, health status is highly rated.

### 6.2.1.5 Research Gaps

Data comprehensive on nuptiality in general.

### 6.2.1.6 Research Agenda

- Determinants of nuptiality patterns in Kenya.
- Determinants of age at first marriage in Kenya.
- Determinants of socio-economic and cultural factors affecting first marriage timing.

## 6.2.2 SINGLE PARENTHOOD

### 6.2.2.1 Summary

The phenomenon of single parenthood is the increase within the country. This has resulted in socio-cultural, religious, economic and ethical issues. The section lacks adequate literature.

### 6.2.2.2 Issues

- Female headed households.
- Family support.
- Inequities.
- Self esteem.

### 6.2.2.3 Findings

Single parents face many problems individually as most of them lack family support. Their problems arise from inequities rooted in prejudicial, cultural and traditional mind-sets. Additionally, there are few programmes for single women and many of them live in deplorable conditions yet, they are expected to bring up their children. There are significant findings on how single parents can be empowered through training to equip them with skills that can help them meet their family's daily needs, maintain a sense of well-being and self-esteem. Specifically, many single mothers lack livelihood, skills and face rejection by society.

### 6.2.2.4 Recommendations

Garner socio-economic and institutional support for single parents.

### 6.2.2.5 Research Gaps

- Prevalence of single parenthood
- Choice as a reason for being single parent

### 6.2.2.6 Research Agenda

- Challenges of single parenthood.
- Single parenthood or unmarried childbearing

## 6.2.3 STREET CHILDREN AND FAMILIES

### 6.2.3.1 Summary

The problem of street children in Kenya dates back to 1950s, during the pre-independence Mau Mau era, in which many children were orphaned and abandoned. In Kenya today, over half a million children have lost contact with their families and homes as a result of being abandoned, neglected or displaced, raising the critical issue of street children in the country. The streets are now recording first, second and generations of persons who know no other home apart from the streets.

### 6.2.3.2 Issues

- Child abandonment, neglected or displaced.
- Increased number of street children and families.

### 6.2.3.3 Findings

Cases of children who have been battered, abandoned, abused and neglected by their families or displaced as a result of armed conflict in the region have increased at an astonishing rate over the past several years. Street children are often portrayed by the public and sometimes in publications as a separate, socially distinct category of persons.

The key findings also indicated that the street children phenomenon is a major human development problem that is experienced all over the world. A major cause of this phenomenon in Kenya is the lack of access to basic education or drop out due to poverty and harsh effects of SAPs. Poverty, rapid urbanization, population growth rate, family instability, and declining role

of extended family system are among other key factors responsible for prevalence of child abuse and neglect in the rising number of street children in Kenya. Most of the children at home are undernourished as a result of inadequate food intake, poor food distribution, lack of food purchasing power and poor food preparation. This general apathy at results in parents abandoning their children while a few other children leave their homes on their own accord to go and fend for themselves.

Many of the street children have only a maximum of three years' education, with hardly any of them attaining eight years of primary education.

Many of the street children are extremely resourceful in their adaptive strategies such that their lives and attitudes are seemingly mature beyond their chronological years. In the streets, majority of the children earn their livelihood by begging or stealing.

Many of the street children and family members are sick, and crime is part of them.

### 6.2.3.4 Recommendations

- There is need to establish street children effective interventions programmes in Kenya, especially at the family level, to enhance the family capacities to better cope with the socio-economic factors well known to contribute to the movement of children from homes to the street in the first place.
- All rehabilitation programmes should focus on both children and their families for effective control of the street children problem.
- There is need to embark on an integrated health and nutrition programmes, which will mobilize and train CHW on child development and correct feeding practices with an emphasis on the needs of street children.
- The government should combat poverty and empower the Kenyan communities especially the marginalized community.

### 6.2.3.5 Research Gaps

- Few studies have been undertaken to document the extent of the plight of the street children in Kenya.
- Strategies through which the problem can be solved.

### 6.2.3.6 Research Agenda

- Explore the problem of street children and their environment and the activities that they undertake.
- Investigate the relationship between poverty and street children phenomena.
- The public perception of street children.
- Assess the magnitude of the problem of street children in Kenya and establish factors behind the increased numbers.

## 6.3 EMPLOYMENT AND OCCUPATION

### 6.3.1 Summary

The number of people employed in Kenya in the formal and informal sectors is 7.8 million people, (Economic Survey, 2004). The rise has been due to increased accessibility of the informal sector to credit, enhanced consumer demand growth of the tourism industry.

### 6.3.2 Issues

- High unemployment levels especially among the youth and lack of social security systems.
- Job insecurity.
- Creation of job opportunities.
- Impact of socio-economic characteristics of workforce on productivity.
- Low wages.
- Seasonality of employment, for example, construction work.
- Working conditions and promotion of health and safety standards through surveillance and hygiene audits.

- Accelerated economic development for employment and wealth creation.

### 6.3.3 Findings

In Kenya, the labour force aged 15-64 makes 52% of the total population. With the high unemployment rate, estimated at 15% by the Labour Force Survey (1999), one can conclude that the working segment of the population is quite small. Unemployment is high among the young with 71% of them being under 34 years and 90% having little or no professional training. This means that the ability of this population to secure their own livelihood, and that of their future families is greatly undermined by scarcity of economic opportunities. Unless arrested, this situation will put great strain on public investment and the financial system in future.

The studies conclude that Kenya faces high unemployment rate among the young, which poses potential crisis in form of savings and earnings and tax revenue respectively. If the young do not secure employment in their most productive years, they will not accumulate savings, assets and skills needed to support them and their families. It is evident from the studies that women's employment influences fertility.

Informal traders have to contend with a daunting array of government regulations and officialdom. Traders have problems getting multiple entry visas and must negotiate each entry and departure.

Domestic workers are among the most vulnerable populations in Kenya given their poor working conditions and low wages, lack labour rights protection, proper contracts and are subject to violation of the legal procedures for dismissal. Some are subjected to sexual harassment.

### 6.3.4 Recommendations

- Policies be put in place to equip women with knowledge and skills and promote women's labour force participation especially in the informal sector since work in this sector has the greatest impact on the rate at which women give birth.

- Reduce administrative costs delays in travel for the informal traders.
- Encourage regional associations of traders within the Eastern African region to help empower and protect them.

### 6.3.5 Research Gaps

- Most national policies do not make reference to informal traders, a highly mobile group of people.
- Strategies of dealing with unemployment.
- Implications of career shifts and promotions on reproductive decisions.

### 6.3.6 Research Agenda

- Relationship between population change and unemployment.
- Relationship between women's labour force participation and fertility.

## 6.4 CHILD LABOUR

### 6.4.1 Summary

Child labour is highly prevalent in Kenya. This is despite the efforts made by the Kenyan government including participation and ratification of international conventions on child labour.

### 6.4.2 Issues

- High prevalence.
- Far-reaching consequences.
- Uncoordinated programmes.
- Concentration of programmes in urban areas

### 6.4.3 Findings

The literature in this area reports high prevalence but the paucity of comprehensive information on child labour is due to many factors, such as lack of clear concepts, definitions and classifications

of the factors, and variables relating to this phenomenon. The writers agree that there are far reaching consequences of child labour on the individual child and the country in general. There are many institutions involved in child labour intervention programmes operating with little coordination and mainly confined in Kenya's urban centres, and not the rural areas where majority of the vulnerable children live.

### 6.4.4 Recommendations

The following could be considered:

- Address root cause of Children in Need of Special Protection (CNSP).
- Empower the families of CNSP.
- The nature of child labour in rural and urban areas in the era of economic depression.
- Observe and operationalise the rights of the child.
- Support NGOs and other development partners that are directly involved with CNSP and the elimination of child labour.
- National Steering Committee on Child Labour should be more active in the co-ordination of inter-sectoral programmes both at the national and local levels and that the key stakeholders should expand their intervention programmes to cover rural communities.
- The Child Labour Unit in the Ministry of Labour and Manpower should be strengthened to enable it to effectively monitor and evaluate child labour activities.
- Child labour issues should be mainstreamed in the poverty reduction Strategy Paper, the Government's annual budgets and in its development plans.

### 6.4.5 Research Gaps

Lack of comprehensive information on the nature, prevalence and structure of child labour in

Kenya has led to the floatation of conflicting estimates.

#### **6.4.6 Research Agenda**

- Establish nature, and structure of child labour in Kenya.
- Establish the magnitude and root causes of child labour in Kenya.
- Challenges of mainstreaming child labour issues.

### **6.5 FOOD SECURITY**

#### **6.5.1 Summary**

Food mechanism and food security are the most important aspects of sustainable human development. Indeed, one cannot maintain good health without quality food and security. Chronic malnutrition is unfortunately an outcome of complex multi-dimensional problems that has been consistently high in most parts of Kenya despite much effort being put to improve nutrition. Kenya remains a Low Food Deficit Country (LIFDC) with the UNDP Report (2001) ranking her number 123 out of the 162 of the poor countries assessed, down from 113 in 1997. According to the Kenya Freedom From Hunger Council (KFFHC, 2004), 50% of the entire population faces food insecurity.

#### **6.5.2 Issues**

- Perpetual food insecurity especially in the semi-arid and arid areas due to drought.
- Relief food.
- Strategies of increasing food production.

#### **6.5.3 Findings**

The studies cited the most important variable affecting food consumption patterns today as income while, food prices play a significant role in the overall well-being of societal members. Even relatively small changes in the prices of staples can affect the ability of low-income earners (both rural and urban) to meet their

nutritional needs. Food insecurity among the low-income group is compounded by poverty. Household food security in Kenya has been deteriorating steadily with one in every two households classified as absolutely food poor. The studies warn that food sufficiency at the national level does not guarantee food self-sufficiency at household level because ability of a household to obtain food depends on food prices, access to food markets and arable land and farming skills possessed.

Some studies found that many households in Kenya were food insecure because of: inadequate income; unreliable and inadequate rainfall; expensive farm inputs; lack of extension services from the government and other development agencies to the farmers; farms too small and infertile; and poor access to credit from cooperative societies being expensive due to high interest rates charged by these institutions.

Urban households purchased over 90% of foodstuffs consumed by the family, which means that a family's or individual nutritional status is in jeopardy, if the income to make the necessary food purchase is not available or is in short supply. Household size also affected food security. The low-income families face financial difficulties and find it hard to meet family food needs. Lack of money to buy food or buy farm inputs, and lack of proper storage facilities were the main causes of food insecurity. Some of the studies gave the coping methods used by the affected households as reduction of meals consumed per day which impacts negatively on family's or individual's nutritional and health status.

The findings also indicated that natural disasters constitute a major contributing factor to food insecurity and human ill health, particularly in areas prone to drought, floods or agricultural pest outbreaks. The most vulnerable groups during such calamities are the poor, mothers and children. Those at the verge of the risk of food insecurity also include: the poor, old, landless, unemployed.

Women play a crucial role in household food security because they are responsible for over 50% production of food grown. However, with

this important role of maintaining food production and acquisition, women are resource poor. Access to credit for the poor rural women is quite difficult.

#### **6.5.4 Recommendations**

- Agencies dealing with food security programmes be given government support.
- Institute effective strategies aimed at improving lifestyle of pastoral communities by introducing long-term development programmes that would make them food self-reliant.
- Policy makers should focus attention on poverty alleviation strategies to enhance food security. This is a fact that can be reversed if the currently significant chances of food production are exploited.
- Alternative to rain-fed agriculture be found and put into practice, otherwise Kenya will remain vulnerable to weather-related food deficiencies.
- Prudent technological choice in water management and agricultural production.
- To accelerate agricultural production in Kenya, leading to improved food security and poverty reduction, there is need to look for ways of eliminating obstacles, gender gaps, biases and stereotypes that mitigate against women in the agricultural sectors. Empowering women with knowledge and resources to increase crop yield is key to achievement of food sufficiency and stimulation of rapid economic growth in the country.
- Reforms are essential for the country to achieve the shift from subsistence to market-oriented production or commercial agriculture to help in eliminating hunger and poverty.

#### **6.5.5 Research Gaps**

- Measures to enhance food security in the era of poor economic performance and unpredictable climates in Kenya.

- Readiness of pastoral communities to change to crop farming.

#### **6.5.6 Research Agenda**

- Examine emergency food relief requirements, household food security among the pastoral and agro-pastoral communities.
- Set an action plan to eradicate food shortage, focusing on community empowerment, decentralized management, enabling policies, emergency prevention, improved information systems and strengthening of partnerships.
- Establish ways of transforming of the agricultural sector into one that provides food and nutritional security, increased incomes, and gainful employment for Kenyans.
- Effects of income expenditure patterns on household food security in low-income urban households.
- Assess the resources women use to enhance household food security.
- Determine the constraints women encounter in providing adequate food for their household.
- Strategies to enhance food security and improvement of environmental management.

### **6.6 NUTRITION: BREASTFEEDING AND SUPPLEMENTATION**

#### **6.6.1 Summary**

Labour conditions do not allow mothers enough time for childcare including breastfeeding, because they spend long hours away from home. Breastfeeding is irregularly practised and supplementary foods are introduced early, resulting in insufficient breast milk. Breastfeeding is an important reproductive process. Its maintenance is a major health measure. There is need for strengthened income generating activities scheme to promote purchasing power for food needed by the families.

CNSP are vulnerable to malnutrition and poor health because of the difficult circumstances in which they live. Appropriate health and childcare practices are critical in enhancing the nutrition and health status of children. In Kenya, not much is known about the health care given to CNSP under institutional care.

### 6.6.2 Issues

- Proper nutrition optional development of individuals.
- Mother's nutrition and breast-feeding.
- Nutrition and poverty.

### 6.6.3 Findings

Studies have shown that contaminants find their way into the breast milk lactating mothers. Effects of high concentrations of contaminants in breast milk reduces benefits of breastfeeding. Exclusive breastfeeding has unique biological and emotional influences on the health of the mother and child. Breastfeeding provides total food security for infants in the first six months of life. For baby's size at birth, maternal nutritional status is a predominant factor.

Malnutrition especially in children under five years of age was found to be strongly associated with morbidity patterns, female illiteracy, poor sanitation, unsafe water sources, household size and household food expenditure patterns. Many pregnant women in Kenya receive some antenatal care from health personnel, but less than half of the deliveries take place in a health facility. There are increased maternal and infant mortality rates among low-income women, and most affected are women living in urban slums. Accessibility in terms of escalating costs of obtaining adequate healthcare and poor infrastructure are some of the main factors that lead to poor prenatal health status of the expectant women.

The health and wellbeing of expectant women depend greatly on the nutritional intake and moral support received from the family and the community. Majority of the mothers had an advantage of breastfeeding, but had inadequate knowledge on disadvantages of bottle-feeding and were using both. School meals in boarding

schools are inadequate in quantities of nutrients provided in relation to RDA protein, calcium, iron and vitamin A.

### 6.6.4 Recommendations

- Nutritional education for meal planners in boarding institutions and the formation of a regulatory body to ensure adherence to the minimum dietary requirements of students.
- The government, charitable organizations and nutritionists have a task to undertake to improve the nutritional well-being of all individuals and society as a whole. The government should take measures to improve the infrastructure.
- Expectant women should be encouraged to attend pre-natal clinics earlier in their pregnancies. Health education should be given to mothers to appreciate breastfeeding and emphasize disadvantages of bottle-feeding. More emphasis to be laid on exclusive breastfeeding and delayed weaning.
- Mothers should have careful weaning of babies.
- Since exposure to pollutants is harmful to both mother and child, lactating mothers should be encouraged through prenatal and postnatal health education, to reduce their own exposure to chemical contaminants for their own health to decrease foetal exposure.
- Based on the benefits of breastfeeding, advocating, promotion, protection and support of exclusive and continued breastfeeding as the normal and desirable way to feed infants and young children should be encouraged.
- Appropriate care is important for maternal and newborn health, particularly in cases where childbirth complications arise.

### 6.6.5 Research gaps

Impact of poverty on nutritional intake of expectant women.

### 6.6.6 Research Agenda

- Determinants of the duration of breastfeeding in Kenya and examine the socio-economic, demographic and socio-cultural variables affecting the duration of breast-feeding in Kenya.
- Encourage breastfeeding in Environmental Health Education (EHE).
- Influence of maternal employment on breastfeeding patterns in Kenya.
- Knowledge, attitudes and practices of mothers towards exclusive breastfeeding.
- Weaning Knowledge, Attitudes and Practices (KAP) and relationship between socio-economic variables. In addition, investigate the cultural beliefs and traditions influencing the weaning process.
- Determine what mothers give to their babies at weaning as substitutes.
- Factors contributing to weaning practices among mothers.
- Evaluate child survival and nutritional programmes.
- Determinants of childcare in Kenya with particular emphasis on the extent to which family and community characteristics affect child care.
- An assessment of nutritional status and childcare practices of children under five years of age in Kenya.
- Establish the relationship between the eating habits of adolescents and obesity.
- Determinants of children's malnutrition in Kenya and assess the nutritional status of the child using anthropometrics measurement. Assess the magnitude and factors influencing childhood malnutrition in Kenya.
- Determine mother's knowledge and practice on FP as factors that prevent protein energy malnutrition (PEM).

- Examine factors accounting for differential malnutrition among boys and girls.
- Establish the relationship between household food security and nutritional status of children.

## 6.7 HEALTHCARE SERVICES:

### 6.7.1 Modern Healthcare Services

#### 6.7.1.1 Summary

The health of a people is the nation's wealth. The nation cannot endeavour to progress without first attending to its health challenges. Over the years, the quality of service in government health institutions has been deteriorating, while people's expectations of health has risen. The National Health Survey released recently by MOH gave a very grim picture of health in the country. This is in support of the KDHS (2003) results. The MOH report highlighted worrying phenomenon where 56% of Kenyans cannot afford medication due to poverty. These are the same people falling ill due to poverty-related ailments. Alternative medicine comes in as one of the panacea to this unfortunate lot. Poverty continues to afflict many people where most chronic diseases have found a haven to blossom and wreak havoc on populations. In Kenya therefore, health programmes are not accessible to all. Many of these programmes fail the poor who are often pressed by their needs and are vulnerable to impoverishment.

#### 6.7.1.2 Issues

- Poor performance of population and health indicators.
- Need for community participation in planning of the healthcare system.
- Inadequate health services particularly in rural areas.
- Immunization coverage programmes and decreasing the number of children fully immunized.
- Accessibility to basic healthcare services and delivery.
- Rehabilitation of existing health facilities.
- Wastage of drugs and medical supplies.
- Improving the health of the poorest.

- Low uptake of health services.
- Medical ethics.
- Utilization of health information by healthcare providers.
- Home deliveries and increased number of TBA assisted deliveries.
- Premature deliveries.
- Lack of health education and awareness creation in the rural communities.
- Post-abortion care services.

### 6.7.1.3 Findings

The studies found out that differences among socio-economic groups are pronounced. Inequalities in healthcare and health status are persistent and pervasive. Poor women and their children face the greatest health risks and are less likely to use key health services than the well to do. The poor are disadvantaged in nearly all the factors that contribute to good health such as education, knowledge of health matters, nutrition and use of health services.

The uptake of complete vaccination also found to increase with the level of education. Children born to mothers with primary education were more likely to be fully immunized as compared to children born to mothers with no education. Children born to mothers with secondary education were 1.7 times more likely to be fully immunized compared to children born to mothers with no education. The main reasons for non-completion of immunization were given as illness of the child, and lack of information.

Receipt of tetanus injections in pregnancy has a statistically significant effect in reducing neonatal mortality while delivering in a health facility has a statistically significant positive effect on neonatal mortality. The probability of maternal deaths at hospitals depends on the women's characteristics and hospital effect. This is particularly risky for women with least favourable socio-demographic characteristics. Prenatal and delivery care is determined by a wide range of socio-economic and cultural factors relating to the woman or her household, demographic status and availability and accessibility of health services. Antenatal care has a negative association with the incidence of premature births. Short maternal stature is a

significant risk factor for caesarean section deliveries. The higher odds of caesarean section deliveries being observed among women from households of high socio-economic status.

Odds of premature births, small size of baby at birth and caesarean section deliveries were found to be significantly higher for first births than higher order births. In addition, authors found that women with premarital births are significantly less likely to seek prenatal care than those with marital births. Ethnicity plays an important role in conditioning the premarital birth effect or prenatal and delivery care. This shows that cultural attitudes shape the level of social support for unmarried mothers.

The use of modern health services is influenced by access to services and the kind of reception patients and their guardians get at health facilities.

Co-existence of different sources of healthcare in a community presents health seekers with options when in need of health attention. Many people give medicine a short time to show results after which they consult other alternative practices or avenues such as traditional practitioners. This depends on perception or extent of illness, seriousness and familiarity with the problem. Ignorance of available services could also be blamed for lack of use.

There is a significant association between choice of prenatal care provider and maternal and paternal education, household economic status and the number of children ever born. The type of place of delivery and assistance during delivery are significantly associated with maternal and paternal education, household economic status, employment, maternal age and the total number of children ever born. Other factors are number of antenatal visits, scale of antenatal care, timing of antenatal visits and type of place of residence.

The causes of poor health care were given as: poor environmental characteristics, inadequate monetary sources and cost, accessibility, availability and efficacy of prescribed treatment. Thus, pluralistic factors determine management of ill health as part of total and complex situation.

Health services should be integrated with other services as an essential factor in development. The role of health workers should also be established in interpreting local customs and beliefs in relation to cause of illness and seeking out factors in utilization of health services.

It was established that the situation pertaining to delays in referrals, poor essential obstetric care, weak management systems and inadequate health information systems are prevalent.

#### 6.7.1.4 Recommendations

- Accelerate health service delivery in the era of emerging and reemerging diseases.
- Government should take measures to improve infrastructure by ensuring that everybody has access to good healthcare. National goals must explicitly call for improving equity, to bring substantial benefits to the poor, the most vulnerable groups or most in need. There should be equal budgetary allocations for preventive and curative healthcare. Currently, the MOH spends only 10% of the budget on preventive healthcare to keep Kenyans healthy and productive.
- More investment should go into improving preventive healthcare through private-public partnerships with the involvement of the target communities. This should include education, surveillance systems and building managerial capacities. MOH should focus on policy issues, coordination, and regulation of medical personnel and infrastructure, while the hospitals, health centres and dispensaries should be managed by respective communities through a decentralized system.
- To prevent competition for services for the poor, employers should be compelled to provide a defined minimum benefit package to employees.
- Non-governmental healthcare providers should be allowed to tender for financing to provide preventive services.
- Intensify immunization campaign in high mortality regions where uptake of the vaccine is low and intensify of IEC on immunisable diseases in the community. More outreach services are needed in the rural areas. Both the government and non-governmental organizations should create awareness and undertake intensive immunization campaign.
- Family health programmes should be strengthened to provide basic healthcare service to all pregnant women. Pregnant women should receive the tetanus toxoid injections to significantly protect the newborn from the neonatal tetanus, a risk factor to new-borns.
- Health education campaigns to be carried out to mothers and the general community on the importance of early antenatal care.
- Provision of public awareness on the need of timely and appropriate antenatal and delivery care, better access to affordable maternal healthcare and improvement in the integration of maternal healthcare. Provision of affordable essential obstetric care particularly for the deprived groups would have a major contribution to the reduction of maternal deaths. Marked regional disparities in maternal healthcare should be taken in account when addressing these issues.
- Setting up special healthcare fund to target vulnerable groups access to healthcare services particularly for the poor.
- Improve maternal and child health programmes (MCH) especially for delivery and immunization.
- Providers of healthcare services should see them as complementary, sharing the primary goal of improved maternal and child health. The integration should include maternal nutrition programme, but collaboration is required between the formal health sector and the informal community based services.
- Health Service providers should be informed of appropriate maternal healthcare and basic symptoms of common obstetric complications to enable them effectively advise women to seek appropriate care.

- Communities with poor access to maternal health facilities should be served with outreach health services, such as mobile clinics and other affordable and accessible community-based services.
- Government should provide affordable essential obstetric care in health facilities, to ensure appropriate antenatal and delivery care.
- MOH should establish delivery services in rural areas and upgrade the existing health facilities to offer maternity services nearer to the communities.
- Training of staff and regular supportive supervision is essential in utilization of Health Management Information for planning, decision-making and monitoring and evaluation of primary healthcare programmes to improve the health services.
- Determine attitudes and practices of parents with children under five on immunization.
- Comparative study between the low and high mortality regions to establish level of immunization uptake.
- Qualitative research on the major population health indicators
- Challenges facing consolidation of public healthcare data.
- Establish ways of bridging rich/poor health gap to achieve health for all.
- Establish ways of promoting primary and essential healthcare in a decentralized health environment.
- Techniques of increasing the access of public health programmes to the poor.
- Relationship between pre-marital childbearing, unwanted fertility and maternity care.
- Causes of gradual decline in the number of medically assisted deliveries and ways of enhancing confidence in public facility service delivery. Factors that contribute to high incidence of home delivery.

#### 6.7.1.5 Research Gaps

- Study on neonatal mortality needs to be carried out, capturing many of the intrapartum and post-partum factors, including birth injuries, immaturity and injections of the newborn.
- Different patterns of utilisation of maternal health services and their effects on fertility intentions.
- Establish relationship between contraceptive use and utilization of maternal health services.
- Socio-cultural information in support of local health planning in Kenya.
- Management of illness in rural areas.
- Effects of utilization of maternal health care services on neonatal mortality.
- The determinants of poor maternal healthcare and adverse pregnancy outcomes.
- Establish relationship between use of maternal healthcare services and maternal mortality.
- Determine the relative effect of utilization of maternal healthcare services on neonatal mortality.
- Identify the direct and indirect pathways of determinants of poor birth outcomes and caesarean section deliveries.
- Provide a clear picture of motherhood in the country. Factors influencing use of safe motherhood services among women of childbearing ages.

#### 6.7.1.6 Research Agenda

- Examine the influence of maternal education on child's immunized status, and the uptake of the vaccination antigens in Kenya.
- Factors affecting utilization of immunization services in Kenya.
- The role of CHW in immunization of children.
- Determine the influence of social care on pregnancy outcome especially in rural Kenya.
- Determine the knowledge of prenatal care of childbearing women.
- Monitor and evaluate system of drugs procurement and distribution and primary healthcare programmes to improve the health services.

## 6.7.2 Alternative Medicine

### 6.7.2.1 Summary

Alternative medicine is today making great strides and gaining ground as people the world over continue to grapple with the ever-vexing challenges of diseases and all sectors strive to find long-lasting cure to some chronic maladies like cancer and HIV/AIDS that are viciously tormenting the human race. Kenyans have moved towards embracing it and defied the old stereotypes that dismissed it as archaic and obsolete.

### 6.7.2.2 Issues

- Reliance on traditional medical practitioners and local medicinal plants.
- Attitudes towards traditional medicine.
- Resurgence of traditional medicine.
- Wealth of knowledge in traditional medicine.

### 6.7.2.3 Findings

The research literally found a wealth of knowledge accumulated on traditional medicine that has also been put into use in environmental health because herbalists and forests are intertwined. It is in the forests that herbalists obtain herbs and shrubs of immense medicinal value. Medical pluralism is a widespread phenomenon in Kenya's healthcare sector where the doctor-patient ratio is quite low. Due to this, people seek other forms of healthcare. In the Kenyan context, a form of dualism has emerged with traditional and modern western medicine being the most dominant medicine systems. The mixing of traditional and modern concepts of illness has resulted in medical syncretism and the use of both healthcare systems. In addition, some illnesses are perceived to be best handled by traditional health practitioners, and others by modern practitioners. The co-existence of these two healthcare systems presents users with options.

It is observed that all sorts of diseases are treated in hospitals, health centre or clinics distributed all over the country.

### 6.7.2.4 Recommendations

- There is need to improve the use of traditional medicine and integrate it into the national healthcare grid.
- A legal framework for traditional health practitioners should be put in place.
- Promote cooperation between traditional and modern health practitioners.
- Train traditional health practitioners on: treatment, prescription and packaging of medicines.

### 6.7.2.5 Research Gaps

- Lack of written record or information database, which largely depend on verbal communication. Lack of a system to register herbal medicine practitioners and programmes for training herbalists.
- Integration of traditional and modern medicine
- Failure to dispel the notion that traditional medicine is unspecific and contributes little to healthcare needs.
- Lack of information on how the regulatory systems can be enforced to protect people from unsafe products/quacks.
- Lack of sustainable propagation of herbal cultivation practices and access to safe, quality, affordable and efficacious plant-based drugs.
- Lack of integrative traditional knowledge and appropriate modern agricultural technology by the Ministry of Agriculture.

### 6.7.2.6 Research Agenda

- How healers and farmers can identify sustainable propagation of herbal cultivation practices. The study should establish how the public could access safe, quality, affordable and efficacious plant-based drugs.

- Examine concepts of illness, cultural, socio-economic and demographic factors that influence the use of healthcare options.
- Examine the utilisation of African traditional and modern medicine in Kenya.
- The role of alternative medicine in Kenya.
- Use of herbal medication and treatment should be explored further
- Integration of the alternative medicine into the national health care system.

## **6.8 HOUSING AND SETTLEMENTS**

### **6.8.1 Summary**

Housing and settlements are basic issues, which reflect the socio-economic status of the people concerned. In Kenya house location, ownership, size, and quality are of great importance. Policies on housing and settlement locations have been contravened especially in the urban areas.

### **6.8.2 Issues**

- Rate of housing construction
- Housing conditions and household amenities in Kenya.
- Population pressure on housing due to high demand.
- Costly building materials.
- Challenges of settling IDPs.

### **6.8.3 Findings**

The structure of houses in the country has reportedly remained consistent in the last 10 years. Generally, there are poor housing conditions especially in urban slums where many of the urban poor live. Some Kenyans, for example the street families do not have houses to dwell in.

Household heads at the national level are mainly aged 25-29 years. The female-headed accounted for 36.7% of the households.

### **6.8.4 Recommendations**

- Capture more detailed information through a comprehensive housing survey as that was not possibly captured through the censuses and KDHS.
- Housing policy should be made more elaborate to improve home ownership in urban areas.
- The government should invigorate the housing sector by providing the necessary incentives such as reducing duty on building materials and infrastructure-roads, sewerage, water and electricity. This will reduce the of cost construction considerably so that low-income earners can afford decent housing.

### **6.8.5 Research Gaps**

- Serious data gaps exist in the housing sub-sector. There have not been many surveys and related statistical inquiries conducted.
- The available information on housing and shelter is not always in a format consistent with the needs of various partners in shelter development including international agencies such as the United Nations Human Settlements Program (UN-HABITAT).
- Up to 245,000 units are required annually, but the market can only supply 2,000. This demand is expected to remain high unless the factors that constrain housing development are addressed.

### **6.8.6 Research Agenda**

- Study should be undertaken to develop a housing quality model for Kenya.
- Determine the magnitude of shelter problems in slums and informal settlements in urban areas.
- There is need for a comprehensive housing survey to capture more detailed information.
- Develop ways of ensuring that households in rural areas and informal settlements have improved housing and sanitary conditions and other amenities.

## **6.9 ELDERLY PERSONS**

### **6.9.1 Summary**

Elderly persons constitute a sizeable proportion of the total population in the country. Provision of socio-economic, health and psychological support and care for the elderly is inadequate, while their potential is generally not appreciated or realized.

### **6.9.2 Issues**

- Size of the population of elderly persons.
- Health status and social support systems of the elderly persons in Kenya.

### **6.9.3 Findings**

Most of the elderly have no independent source of livelihood and there is increased old age poverty. They also report various health problems, mostly musculoskeletal, respiratory and sight problems.

Some of the reported problems include: inadequate money to live on, poor housing, loneliness and feeling unwanted and abandoned. The main support systems for the elderly were: the children, community, church, extended family and charitable organizations.

Elderly caretakers face major difficulties in caring for the orphans in terms of schooling, food and medical care. There is a major difference between the present hardships of the elderly and their traditional position.

This dramatic deterioration in the situation of the elderly should be seen in the context of the rampant HIV/AIDS epidemic, population growth, changing socio-cultural values and unfavourable macro-economic trends.

The findings established that years are being added to some lives and a major policy and research challenge is to add quality to these years because gaps exist on determinants of qualities of life at different life stages, cultural and other variations in the meaning of quality of life in old age, meaning of life to older people, disability

and quality of life. The difference in all these came out clearly.

### **6.9.4 Recommendations**

- There is need to take up geriatrics as issues of priority.
- The government and civil societies should help the aged to meet basic needs.
- Development of the healthcare, economic and social security systems for the elderly is required.
- Ensure that the years added to life are healthy, active and productive and that there is significant compression of disability in later years by creating a conducive environment for active and healthy aging persons to participate in development.

Other existing gaps are on variations in health life expectancy within and between regions, measurement of adult survival and tracking the stages of epidemiological transition, healthy ageing including individual behaviour and choice, self care, psychosocial determinants of healthy ageing, interactions among genetic-biological markers, the environment and health behaviour, strategies for health promotion, and mental health and ageing.

### **6.9.5 Research Gaps**

- Existing gaps are on national reciprocity of ageing and development, implications on the ageing.
- Gaps exist on available and sustainable health and social care systems.
- Strategies for advocating formulation of policies for the elderly persons on healthcare and social needs.

### **6.9.6 Research Agenda**

- The new role of the elderly as caretakers for orphans in Kenya due to effects of HIV/AIDS.

- Ways of formulating strategies for advocating policies for the elderly persons on healthcare and social needs.
- Understanding of inter-generational transfers – how the present macro-related public choices such as input made on MDGs and public debt management issues are likely to influence future generations.
- Inter-generational relationships, and complexities of wealth transfers, ageism in different communities, images of ageing, convergence between older and younger peoples' views of ageing.
- Safeguard society from poverty and hopelessness of the inevitable consequences of the ageing process by starting a Social Security Pension Scheme to guarantee and promote old age security.
- Assess the implications of age structure on resource demand and dependency burdens on services such as education, healthcare and income generation.
- Adequate baseline data be collected on health and socio-economic status of older people, qualitative and quantitative contribution of older people to society, researchers to support policy development and implementation, indicators to monitor and evaluate policies and programmes on ageing.
- Empirically assess the implications of dependency burdens by the elderly on services such as education, healthcare and income generation.
- Research on basic mechanisms of ageing and determinants of longevity and age-related diseases is fundamental to realizing full potential of healthy ageing.
- Research is therefore needed on the reciprocal relationship between societal change and population and individual ageing. It should document, monitor and project the effects of these forces on older people as a group in society who may have fewer resources to enable them adjust to change.
- Multi-dimensional and multi-faceted interdisciplinary researches on ageing should be encouraged and supported, including profile research into the interaction between variables and lifelong development and data tabulated by gender, age and socio-economic characteristics.
- Consolidation of information on the elderly from multiple sources and linkages of databases and reanalysis of existing collections is necessary. Such information should be widely accessible to researchers.
- Examine economic implications of ageing. Investigate the challenges and opportunities that ageing poses for employers nationally.
- Alternative ways of providing economic security, continuing education and retraining, and preparation for retirement at individual, family, community and society levels.
- Integration of formal and informal care systems to support older people whose level of functioning is compromised.
- Underlying mechanisms of ageing, and related diseases, interactions of social economic determinants and implications of life extension – longevity.
- Determinants of qualities of life at different life stages, cultural and other variations in the meaning of quality of life in old age, meaning of life to older people and disability.
- Monitor and evaluate national policies and programmes on ageing.
- Effects of socio-economic conditions, policies and institutional arrangements on ageing processes and outcomes for older people.

## **6.10 PERSONS WITH DISABILITY**

### **6.10.1 Summary**

The persons with disability deserve protection under the law. Persons with disability receive inadequate support. Persons with disability

constitute 10% of Kenya's population (ICPD +10). However, few researches have been undertaken on disability.

### 6.10.2 Issues

- Lack of facilities for the disabled in public and private utilities.
- Attitudes towards the disabled.
- Low status of the disabled.
- Unexploited potentialities.
- Expensive facilities for the disabled.

### 6.10.3 Findings

The information gathered showed that some messages such as “beware slippery floors” are common. Kenya lacks facilities for the disabled in public and private utilities. These include lack of rumps for people on wheelchairs and special washrooms. Facilities for the disabled are generally expensive. Unfortunately, many of the disabled come from poor families, who cannot afford the special care required for them. The studies reported that availability of the facilities depended on the type of disability. For example, there are even fewer facilities for the mentally challenged. The authors encourage policy to exploit the potentiality of the disabled.

### 6.10.4 Recommendations

- There should be realization of the rights of the persons with disability.
- Encourage their participation in all aspects of social, economic and cultural life ensuring equal opportunities for them to promote self-reliance.
- The government and other stakeholders should invest in special education. If they are equipped with adequate education, persons with disabilities can fend for themselves.

### 6.10.5 Research Gaps

- Programmes for persons with disability.
- Kenya has never carried out a census for the disabled people, hence lacks in crucial data to inform policy.

- Strategies of exploiting potentialities of the disabled.

### 6.10.6 Research Agenda

- Assess special programmes put in place by the government and other agencies for persons with disabilities.
- Development measures to integrate the persons with disabilities into the mainstream national development.

## 6.11 FEMALE CIRCUMCISION

### 6.11.1 Summary

Various communities throughout Africa, Asia and Europe circumcise their people for various socio-cultural, health or religious reasons. In Africa, female circumcision has continued to date. Experiential data shows that majority of Kenya's 42 ethnic tribes traditionally circumcised their women.

### 6.11.2 Issues

- Wrong reasons for the practice such as, to ensure virginity, enhance fertility, makes a woman more attractive for marriage, fecundity and to promote cleanliness.
- Social pressure and ostracism on those who abandon the practice.
- Numbers circumcised.
- Violation of fundamental women's rights, suppression of their sexuality, ensures their subjugation and interferes their RH functions.
- Difficulties in prosecuting cases related to female circumcision.
- Enforcement of FGM by the rituals surrounding it.
- Eradication initiatives and alternative rites of passage

### 6.11.3 Findings

Female circumcision (FC), or popularly known as Female Genital Mutilation (FGM), is a traditional practice that involves the partial or total removal of the female external genitalia. It has roots in the regulation of female sexuality and is seen as a way preventing promiscuity, preserve virginity, and promote cleanliness. It is also widely believed to improve fertility, thereby making a woman more attractive for marriage, enforced by the rituals surrounding it. FGM promotes social and tribal cohesion and is viewed by custodians of the cultures as an essential custom that must be protected from the onslaught of misguided modernizing influences. Those who abandon the practice are subject to extreme social pressure and ostracism.

In Kenya, FGM is practised by more than 75% of ethnic groups. The communities that still circumcise females today include: Kikuyu, Masai, Kalenjin, Samburu, Somali, Ameru, Kuria, Suba, and Abagusii. Circumcision among Kisii women aged 15-19 is nearly universal (97 %) and very common among Maasai (87%) and among the Kalenjin (62%). However, with the advent of Christianity and colonialism, some communities have gradually stopped FGM. Only 15 out of the 64 districts do not practise FGM. Further, although outlawed in Kenya, the practice is widespread and still rages on, as communities consider it a positive cultural practice intended to restrain women's sexual behaviour and has been studied widely.

Many studies argue that operations on young girls are still carried out in the expectation that the needed spirit of endurance will shape their character into adulthood. Although the primary objective is to initiate female children into womanhood, it is also performed to ensure virginity, enhance fertility, and to promote cleanliness. The studies warn that this practice violates women's rights, suppresses their sexuality, ensures their subjugation and interferes their RH functions. Some studies examined the existing health policies and programmes and their gender responsiveness. In assessing the health situation of the people, an analysis of female circumcision has also been undertaken.

From the studies, it is clear that communities find it hard to abandon the practice due to adults feeling fully bonded to the ancestral world and preparation for the highly esteemed institution of marriage. Older women are instrumental in the transference of important knowledge to girls. It is widely believed that the bloodshed binds the girls to their ethnic past, present and future, the departed ancestors, the living and unborn.

The Population Policy National Plan of Action (2000) brings together many years of consultations, and describes sensitive and responsive interventions and strategies useful for girls, women and families that are affected by FGM.

Researches have unfortunately established that FGM is being practised in modern health facilities although GOK prohibits public hospitals and clinics from practising it. In support, KDHS (2003) established that FC is on the rise in some areas. There is a resurgence of FGM in some districts that had previously recorded a decline or where it was believed to have died out. This is partly attributed to the emergence of African Traditional Religions that promote an adherence to African culture that values FC. This paints a grim picture for girls due to negative effects.

Most of the authors agree that peer pressure plays a significant role in the decision to undergo female circumcision, while culture and religion were among the most common reasons cited for the continuation of FGM. It is also evident that there are some families in the districts where FGM is practised that have completely abandoned the practice mainly due to religious beliefs and formal education. Religion is a key factor in eradication of the FGM practice in most of Kenya.

FGM eradication is gaining increased prominence in the international community in women's organizations and among African governments as a result of the ICPD, and the Fourth UN Convention Conference held in Vienna. From year 2004, the UN has designated February 8<sup>th</sup> as the International Day of Zero Tolerance to FGM.

Emboldened anti-circumcision campaigners in Kenya educate people on the dangers of the

practice. NGOs such as T-sar Ntomonok Initiative (TNI) and the World Vision have reported increased awareness levels especially among women and girls have been lauded by many authors. But, aggressive campaigns have also produced a formidable resistance in rebels who are prepared to protect the cultural norms. For example, the Masaai now cut the girls at a much younger age and have done away with elaborate ceremonies that traditionally went with the rite. The sensitization activities that precede and accompany the alternative rite of passage plays a role in the behavioural change process among participants. In particular, the FLE training provided to girls who adopt the alternative rite has an effect on their awareness and knowledge in RH issues, but was found to have less positive attitudes towards the practice of FP among unmarried partners and adolescents and also on condom use.

Most studies agree that FC contributes towards high school dropout among primary school pupils, but families whose daughters participate in the alternative rite of passage are more likely to have attended school, members of Catholic or Pentecostal Churches, less likely to be labourers or farm workers, more likely to be of higher socio-economic status and have females with more positive gender attitudes.

Some studies warn that there are cases of parents who allow their daughters to undergo alternative rite, only to circumcise them when they return home.

#### **6.11.4 Recommendations**

- The government should initiate policy formulation and legislation against FGM.
- Alternative rite of passage should be well integrated along with the traditional practices.
- Establish national and district FGM eradication programme coordination mechanisms.
- Establish multi-sectoral collaboration to ensure integration of FGM elimination interventions in all key development programmes. Set up multi-disciplinary

technical working groups at all levels for the various programmes development and planning components.

- There is need to involve men in decision-making to ensuring eradication of FGM since many are willing to root out the practice. The involvement of men in the eradication of FGM was found to be insufficient and more emphasis was needed in involving men actively in decision-making and education of their daughters and sisters at family levels in order to succeed.
- Rationale behind FC needs to be considered in light of its adverse effects on women.
- Further Education on the dangers posed by the practice is proposed.

#### **6.11.5 Research Gaps**

- Lack of statistics of women who have gone through or die from FGM complications.
- Links between circumcision and HIV/AIDS.
- Multi-sectoral collaboration initiatives in the fight against FGM.
- Effects of cultural integration on perpetuation of FGM

#### **6.11.6 Research Agenda**

- Effect of a public ceremony as a sensitization activity for triggering contemplation of FGM as a harmful traditional practice among those in favour of its continuation.
- Influence of circumcision ceremony on education of primary school pupils in Kenya.
- Investigate the socio-cultural factors that perpetuate FC especially infibulation among Somali Muslims.
- Socio-cultural factors affecting the quest for legislative reform on FGM in Kenya.
- Factors associated with resurgence or perpetuation of FC among people who practise African traditional Religions in

- Kenya. Particularly, the role of Islam on female circumcision among Somali Muslims.
- Change in the practice of clitoridectomy in Kenya. The efficacy of the law as a mechanism for bringing about the desired change of eradicating female circumcision.
- Establish challenges facing the campaign against FC. Evaluate efforts to eliminate the practice of FGM: raising awareness and changing harmful norms in Kenya.
- Assess the impact of the alternative rite of passage in increasing positive RH behaviour, knowledge and attitudes among girls undertaking the alternative rite and impact in fostering positive gender attitudes among girls undertaking the alternative rite and their parents. An assessment of the alternative rites approach for encouraging abandonment of FGM in Kenya. Assess the contribution of the alternative rite of passage approach in increasing knowledge of harmful effects of FGM, awareness of women and children's rights, and fostering positive attitudes towards eradication of FGM in the intervention sites.
- Conduct a baseline survey to generate replicable successful anti-FC modules.

## 6.12 DRUGS AND SUBSTANCE ABUSE

### 6.12.1 Summary

Despite having signed the UN Conventions on drugs, Kenya has steadily gained notoriety as a transit point for hard drugs, which are readily available in Kenya. The most commonly used drugs are alcohol, tobacco, marijuana, opium, cocaine and hallucinogens (WHO, (2002).

According to the International Narcotics Board, the rapid social changes, economic factors, lack of knowledge on the dangers of drugs and easy availability are the main reasons for the increase. Adults and children in and out of school in Kenya abuse a variety of drugs and substances.

### 6.12.2 Issues

- Change in pattern of abuse to 'hard' drugs such as cocaine, morphine and heroin.
- Lack of special facilities to treat and rehabilitate victims and control measures is hampering efforts to combat the vice.
- Limited institutional and technical capacities to deal with narcotics has also impacted negatively on control strategies due to inadequate finances, trained manpower and poor knowledge of the problem.
- Lack of collaboration between NGOs dealing with hard drugs; they duplicate efforts and thinly spread resources.
- Failure by MOH set up drug rehabilitation centre countrywide is a major setback to anti-drug campaign.
- Upsurge of drug and substance abuse.
- Illicit channels used in distribution.
- Drugs and substance abuse and crime rate.

### 6.12.3 Findings

The writers of materials in this section show that the Kenya government has ratified two major United Nations Conventions on Narcotics drugs and psychotropic substances in its quest to protect its citizens from the ravages of drug abuse phenomenon. These include: Convention on Narcotic Drugs, (1961) and Convention Against Illicit Trafficking of Narcotic Drugs and Psychotropic Substances, (1988). It also formed the National Agency for the Campaign against Drug Abuse (NACADA) between 2001 and 2002, the commissioned the NACADA's first-ever-national baseline survey on the abuse of alcohol and drugs in Kenya. Targeting the country's youth aged between 10- 24 years, the survey revealed a lot of information on substance abuse.

Drug and substance abuse has been identified as one of the emerging problems facing Kenya. Recently, Kenya has experienced an upsurge of illegal production, trafficking and consumption of drugs. The use of drugs for purposes other than therapeutic is a worrying issue because it has reached alarming proportions.

This problem is of appreciable magnitude and likely to escalate unless arrested. The youth and young adults are the category most affected. Alcoholism, drug and substance abuse are traits that are steadily creeping into the lives of adolescents in Kenya today. The problem of drug abuse is bigger than expected, cuts across or has permeated all socio-economic strata of the society. This is made more complex by the fact that it is distributed through illicit distribution channels (NACADA, 2002).

Generally, it has been established that alcohol is the most abused drug and is socially acceptable. Other substances that follow in abuse are tobacco, bhang and miraa. Bhang is reportedly more prevalently abused. The patterns of drug use and abuse among Kenyan youths have recently changed from 'soft' to 'hard' and imported illegal drugs such as cocaine, morphine, mandrax and heroin. The most prevalent drug(s) taken by Kenyan youth were found to be bhang, home-brewed beer, glue or narcotics. Peer group influence is seen as a major contributor to drug abuse. Alcohol was found to be the main substance of abuse by adolescents. Only 18.5% of girls admitted having drunk alcohol while 4.3% of the girls admitted to have taken other intoxicants drugs.

There is an upward trend in the abuse of drugs in the country and narcotics such as heroin and cocaine are also increasingly being abused in Kenya. A survey undertaken by NACADA (2002) showed that the vice is spreading fast especially in urban areas and that the prices of heroin in Kenya are going down drastically, an indication that the drug was easily available.

Drug and substance abuse has had devastating social, economic, political and health, including brain dysfunctional, consequences. Drugs are major causes of poor health and high-risk sexual behaviour reportedly impacting on RH, and are partly responsible for the high adolescent sexuality that culminates in high rate of early teenage pregnancies hence school dropouts. Other health costs of substance abuse include increased morbidity and mortality associated with alcohol and smoking related diseases.

Drug and substance abuse also causes social problems and behaviours such as the high risk of suicides, alcohol-related accidents, delinquency, and social implications of loss of responsiveness, initiative and overall human resources apathy. Among the Kenyan youth, it has been the direct cause of absenteeism from duty and school, poor performance in national examinations, student riots, and growing rates of crime within many Kenyan communities.

Several government ministries and NGOs were found to be addressing the problem of alcohol and drug abuse, but technical capacities of the government to deal with drugs problems are low. There is a lack of collaboration amongst government departments that deal with the drug problem. They duplicate efforts and dilute resources. Most of the efforts are currently in law enforcement departments, which only deal with drug supply reduction activities.

Some other literary works outlined the need for a general understanding of commonly abused drugs, their effects and preventive measures to live a safer life. Drug abuse sensitization campaigns, are however, regarded as not successful due to poor targeting, lack of focus on causative factors, and poor implementation. Although the majority of youths are aware of the drug abuse as a serious problem, they are reluctant to take individual responsibility in its eradication.

#### **6.12.4 Recommendations**

- There is need for promotion of legislative and educational measures on issues of drug abuse in the country and sensitization campaigns emphasising on individual and parental responsibility, guidance and counselling programmes, incorporation of drug related topics in school curriculum.
- Vernacular languages should be used to fight drug abuse especially in the rural areas. Preventive education, treatment, counselling services, social welfare and continuous data collection should be beefed up.
- Considering the high cost of rehabilitating addicts, more emphasis should be put on

prevention through detection and arrest of drug traffickers.

- Dissemination of information on drug and substance abuse should be launched to check the behaviour of abusers.
- Counselling and rehabilitation Programmes and centres for people dependent on drugs be established in all health institutions. The treatment and rehabilitation centres should be non-stigmatizing. Establish non-stigmatizing rehabilitation centres and MOH should establish them throughout the country.
- Beef up the preventive education, counselling services, social welfare, continuous data collections, and policy on treatment.
- Practising school teachers should use drug dependence preventive education guidelines. Special seminars for teachers, parents and guardians are needed.
- Review of the national laws and regulations on production, distribution and use of drugs. Continued cooperation and support from national and international organizations in prevention, treatment and rehabilitation programmes should be sought to encourage increased international funding.
- GOK should formulate an advertising policy against alcohol and tobacco as part of measures to combat drug abuse.
- Need for Kenya to establish a Coast Guard for its waters through which some drugs are smuggled into the country.
- Every person has a right to a clean environment and protection from exposure to second-hand smoke. Families should create a climate for children that is free from second-hand smoke.
- There should be a clear institutional framework to deal with elimination of drugs and substance abuse. Guidelines and standards for the treatment and rehabilitation of substance-dependent persons should also be set. All stakeholders should join hands to

fight drug trafficking and the government should take stern measures on drug trafficking and abuse.

#### **6.12.5 Research Gaps**

- Ways of gathering data from addicts and dealers because drug trafficking in Kenya as elsewhere in the world is shrouded in secrecy and intimidation and blackmail are rife.
- Lack of a specialized unit to monitor the activities of police officers fighting drug abuse is a major impediment to the anti-drug campaign.
- Inadequate control measures that have led to increased drug abuse.

#### **6.12.6 Research Agenda**

- Carry out a household survey to assess the nature and magnitude of the drug and substance abuse problem.
- Develop intervention strategies that would help alleviate drug abuse among the youth.
- Impact of drug and substance abuse on school performance and the spread of AIDS.
- Differential impact of alcoholism and drug abuse on sexual behaviour and RH of adolescents.
- Formulate a drug control master plan under which policy and legislation on alcohol and drug will come out clearly.
- The impact of drug abuse sensitisation campaigns.

### **6.13 COMMERCIAL SEX WORKERS**

#### **6.13.1 Summary**

Buying and selling sex is a risk factor for the sexual partners involved. In Kenya, Commercial Sex Work (CSW) has been on the increase recently. This is attributed to various factors that include changes in political, socio-economic and

increased population mobility due to urbanization.

### 6.13.2 Issues

- Increased number of CSWs.
- Cultural practices that influence behavioural change.
- Social support for commercial sex workers in bringing up their children.
- STI and HIV/AIDS infection among CSWs.
- Alternative source of income.

### 6.13.3 Findings

It has been estimated that 50-80% of Kenya's commercial sex workers are HIV positive. CSWs and their clients have adequate knowledge of the types of STI and their symptoms.

Majority of the CSWs were found to be below 35 years and are either single or divorced. Many of them have primary education.

It was also established that CSWs made no provisions for future support of their children. Support for commercial sex workers from extended families in bringing up their children is minimal.

The CSWs are the primary caregivers for their children. Alcohol consumption and low education undermined their efforts to provide better care to their children or secure resources.

The reasons given by most authors for CSWs engaging in sex trade were financial difficulties, suffering from family-related problems, influence by friends and loneliness. Financial difficulties were found to be the most important factor.

### 6.13.4 Recommendations

- Educate CSWs on the dangers of their trade.
- Control of CSW should be multi-dimensional and should include poverty alleviation through income generation projects.

### 6.13.5 Research Gaps

- Number of CSWs with multiple sex partners in the country.
- There are few publications on commercial sex in Kenya. In fact, while a considerable body of knowledge in Kenya has focused on CSWs as a high-risk group for the fatal HIV/AIDS pandemic, no data is available on how they care and plan for future support of their children.
- The research encountered anecdotal evidence of sexual relationships between same sex (homosexuality). Too little is known about the character of these relationships and what possible role they play especially in the transmission of HIV/AIDS and other STIs.

### 6.13.6 Research Agenda

- Exhaustive study on the emerging factors that drive females to CSW and clients to seek sexual services from them in Kenya.
- How CSWs plan for future support for their children
- Assess the impact of outlawing of child prostitution in CEDAW and the Children's Act (2001) on commercial sex work in Kenya.
- Impact of HIV/AIDS on CSW.

## 6.14 SAFETY AND SECURITY

### 6.14.1 Summary

Security and safety is protecting people from threatening situations or people. It is increasingly important to manage security. About 200,000 people are killed in criminal activities in the world annually. Small arms and light weapons kill many people, others are maimed and tortured or forced to flee their homes. The problem of illicit arms trafficking is complex and difficult and has international dimensions.

These multi-national dimensions of the problem multiply the logistical challenges of any disarmament strategies. In Kenya, the level of armed violence has been on the rise in recent years and chances of being killed during such incidences are much higher. Indeed, no one seems to be safe and crime impacts on individuals in different ways. International terrorism, that has also created immense insecurity in the world, has currently become a serious emerging issue in Kenya. Like other LDCs with poor protection mechanisms, Kenya is even more threatened. This section has also addressed safety in general.

#### **6.14.2 Issues**

- Multi-dimensional nature of crime.
- Insecurity posed by small arms and light weapons proliferation.
- Increased car-jacking.
- Increased murders especially through shooting.
- Community policing.
- Road traffic accidents and their epidemiology as leading causes of mortality and morbidity among the economically active.
- Abductions.
- International terrorism.

#### **6.14.3 Findings**

The studies covered in this section showed that in Kenya, the most common crimes committed are robbery, carjacking, murder, banditry and cattle rustling (SRIC, 2002). Cattle rustling has also remained a major challenge in the pastoral areas. Pistols and rifles are the most commonly used weapons. The crime account given in the reviewed works include: the number and types of weapon used, and recovered firearms in different crimes-robbery, carjacking, murder and family-related crimes.

The problem of small arms proliferation is of major concern. It threatens the security, governing process and economic power of the country. Today, this problem occupies a centre stage in international and national debates. Some of the reasons for the high proliferation of small arms have been weak and porous international borders.

Use of guns has led to the rise in the level of insecurity. Kenya's rangelands are the areas most affected by possession of illegal firearms used in urban crimes. This underpins a matrix of factors, making disarmament a fundamental quandary for the state.

Violent crime, including carjacking, has led to heavy loss of human lives, reduces incentive to work hard, affects productivity and poverty is intensified. It becomes the most serious deterrent to new local or foreign investment and consumers live in fear of violent attacks. It makes professionals migrate to other countries resulting in brain drain.

The studies showed that due to high costs of anti-crime systems, cost of most services goes up. The mood of fear, hatred, and paranoia prevails in the country and personal freedoms are lost. The arms fuel conflicts that go against basic tenets of human rights. The uncontrolled proliferation of private security, inadequate regulatory framework and uncontrolled entry of many security firms could compromise security if coordination is not assured.

International terrorism is complex and likely to continue threatening international peace. Private security services used by enterprises are providing a quasi-policing role in response to increased threats. The action of the international community will be the key determinant of whether in future we will live in peace or in a world of continued rising conflicts.

The researchers have emphasized the need for community policing. The proponents of community policing argue that crime is a complex social problem that cannot be solved by any single agency.

Some researchers covered the road transport sector. It was found that Kenya has witnessed a tremendous growth in the transport industry but a deterioration in the state of road safety. Factors mainly contributing to road accidents are poor roads, careless driving, vehicle and road defects, driver's fatigue, stress, overloading, over-speeding and driving under influence of alcohol. Most of these factors are man-made. The age

group of 20-24 years and 40-45 and the economically able groups were the most affected by traffic accidents.

#### 6.14.4 Recommendations

- The studies recommended a fast integration of community security initiatives and community policing as a response to increasing insecurity in Kenya. The police have a great task of breaking the wall of hostility that exists between them and the community and should strengthen intelligence-led policing. This would help in identification of criminals and work out how to remove them from the society.
- Road accidents should be reduced by correcting socio-economic factors and behaviour of drivers and improving the poor state of the roads. Heavy charges should be imposed on those found guilty of contravening traffic offences.
- The government should step up efforts to curb the high levels of crime by recognising the traditional structures of governance, revert to the traditional conflict-resolution mechanisms in lieu of the obvious need to restore security and link them with government structures to enhance law and order in Kenya. Solutions to the problem of small arms and light weapons proliferation and illicit arms trafficking need to be found through international cooperation and assistance, effective partnerships within governments, regions and the civil society. The government and civil society should develop early warning systems to ward off possible attacks by bandits and check against arms proliferation. Registration of arms for justifiable cases could be monitored to ensure that all guns are licensed. Government should come up with tight border control mechanisms to ensure that gun dealers do not bring in weapons from neighbouring countries.
- There is inflated budget on security. Demand for electronic security systems has gone up. This calls for innovative and

practical ways of dealing with the problem including neighbourhood committees.

- Government and other stakeholders should also capitalize on times of relative calm to bring warring communities together through barazas, joint cultural events such as sports, peace meetings and exchange visits. Elders can play a leading role in during such events.
- Concerted efforts by world leaders will be required to deal with terrorism. There is need to ensure that people have clear outline of what to do in emergency situations.
- Education should be enhanced, particularly among the pastoralists. This would minimize over-reliance on livestock and reduce cattle rustling. Related to this, the government should increase civic awareness on the importance of arms free society. The media should play a vital role in this.

#### 6.14.5 Research Gaps

In this section, writers are silent on:

- Relationship between insecurity and acceleration of poverty.
- Abductions especially of children, which is still rampant.
- Causes of tribal clashes.
- Cognisance of traditional conflict resolution mechanisms.

#### 6.14.6 Research Agenda

- Study of accidents victims' and drivers' knowledge and practices on road traffic accidents in Kenya.
- Establish the root causes of "*gun culture*" in Kenya and analyse the channels of arm trafficking, including gun markets, trends, supply and demand of small arms. Assess the impact of the illegal gun trade in Kenya.
- Establish causes and measures against international terrorism.
- Examine increased car-jacking and murders especially through shooting.
- Establish causes and ways of curbing human trafficking.
- Strategies for creating effective community-based conflict resolution initiatives and

establish ways of integrating government security and community policing.

- Research on urban safety and security including car jacking.
- Police should also establish a research bureau to carry out professional and scientific research on the causes of crime, culprits, and how crime could be prevented.
- Role of community policing in crime reduction.

## **6.15 LAND USE SYSTEMS**

### **6.15.1 Summary**

The sensitivity with which Kenyans hold land explains the historical value attached. Land bought or inherited from parents is one of the most treasured possessions by Kenyans. Landless is a sign of poverty, while ownership of land is a wealthy, symbol regardless of the use put into it. Writers have however, not given this area much attention.

### **6.15.2 Issues**

- Changes in traditional land use.
- Land accessibility and use for policy and planning.
- Population pressure on land, population dynamics and land use.
- Population encroachment on marginal and water catchment areas.
- Population and land tenure systems.
- Inequitable distribution of land.

### **6.15.3 Findings**

Kenya is variably endowed with arable land. Sizeable parts of the country are either semi-arid or arid. The quality of land varies depending on the area concerned. The land question has remained sensitive to Kenyans. It is inequitably distributed.

### **6.15.4 Recommendations**

There is need to develop policies and strategies to mitigate both the adverse impact of human activities on the land and the adverse impact of the environmental change on human population.

### **6.15.5 Research Gaps**

- The studies have ignored the land question on access to land, production and consequences on society. This raises questions about the current socio-political dimension of the land question and the country, which can only be answered empirically.
- Population growth and sustainable land use system is also not covered.

### **6.15.6 Research Agenda**

- Population growth and policy constraints to sustainable land use practices and development.
- Studies to promote a deeper understanding of demographic impacts on land and the role of population dimensions in sustainable development.
- Impact of population dynamics.
- Socio-cultural and economic practices on land use.
- Examine the relevance of indigenous farming systems on environmental health.
- The impact of national demographic trends and factors on traditional livelihoods of indigenous people.

## **6.16 CORRUPTION**

### **6.16.1 Summary**

The World Bank defines corruption as “*the abuse of public office for private gain*”. (May 1999). This is one of the world’s oldest and best-established vices that inhibits development. In Kenya, corruption has been rampant and is one of the causes of slackened economic growth, hence the need to rid countries of this insidious influence.

### **6.16.2 Issues**

- Causes and prevalence of corruption.
- Syndicates in corruption.

- Anatomy of corruption in Kenya.
- Political, economic and socio-cultural impact of corruption.
- Anti-corruption measures.

### 6.16.3 Findings

In their book, “Anti-Corruption Law and Strategies in Kenya”, John Tuta, et. al., give the definition of corruption which they attribute to factors such as political patronage, weak civil society, lack of professional integrity and favouritism. More Kenyans are eschewing corruption and “*blowing the whistle.*”

There are high levels of endemic corruption in the country and its effects vary among sectors. It has become one of the most severe and widespread impediments to development. Corruption is practised through patronage, theft of assets, diversion of state revenues and money laundering. Corruption permeates the entire social fabric of the country and poses problems of varying proportions to social, political and economic future of the nation. The majority of Kenyans recognize and resent the adverse effects of corruption.

Some effects of corruption are reduced investment and revenue, public trust violation which is difficult to regain, corrosion of capital, and slow erosion of political legitimacy. This is seen in land-grabbing cases in (Kenya Republic of, 2004). Globally, corruption is daunting and fighting against it is a long-term challenge. Declining growth in Kenya has partly been due to unbridled and insidious corruption, contributing to 70% decline in investment.

Fighting deep-rooted corruption has become an important standard against which public leadership is judged. Victory will remain elusive unless the efforts are accompanied by deeper institutional reforms that involve aligning popular public expectations and demands for improved governance with legislature and use of executive authority.

Many authors agree that corruption can be controlled when the affected are no longer prepared to tolerate it. The public must be

directly involved to change their perception and behaviour.

### 6.16.4 Recommendations

- There is need to get an appropriate and uniform definition of corruption.
- Need for affected organizations to change their public image through adherence to international instruments and standards related to corruption by adapting and starting to implement the provisions contained in the UN Convention to Combat Corruption adopted in 2003.
- There is need to realize that the war against corruption is long and arduous and cannot be won overnight. Therefore, organise specially designed leadership training. A dedicated school of governance is needed to focus on this task. This should be accompanied by civil education to provide the ethical foundation to raise good citizenry. The media should play a key role in the educational campaigns.
- There should be well-defined roles of various organizations in fighting corruption. Such bodies, policies, programmes and plans should also be well coordinated to avoid unnecessary contradictions and duplication of efforts and to seal the myriad loopholes.
- Organisations should increase controls to fight corruption; and strengthen the institutional capacity in tandem with anti-corruption policies, strong legal, institutional and regulatory frameworks. They should establish professional bodies that set accounting standards and codes of ethics that are adhered to and establish a baseline against which the success of reforms can later be measured. Corruption must be tackled simultaneously from all fronts. In enterprises where corruption is systematic and entrenched, boldness is required to disturb the corruption equilibrium by convicting and punishing corrupt individuals, and training the rest on evils of corruption.

- All stakeholders, and especially the vigilant civil society, media, professional organizations, and religious leaders, should work in anti-corruption initiatives through transparent and participatory processes, as interested watchdogs or ombudsmen are critical if the strategies are to succeed. They should not rest but labour towards the day when the country will be free of corruption. All programmes and projects to be encouraged to produce transparent implementation audit reports and maintain an excellent fiscal position.
- There should be proper co-ordination of anti-corruption strategies, plans and policies to avoid unnecessary contradictions, inconsistencies or duplication of roles and unnecessary costs.
- Entrench professionalism and use of best business practices in all undertakings and establish a platform for zero-tolerance to corruption.

#### **6.16.5 Research gaps**

- Lack of data on prevalence of corruption.
- Adequacy of existing anti-corruption measures undertaken by all concerned bodies.
- Enforcement of anti-corruption measures.

#### **6.16.6 Research Agenda**

- Evaluate the relevant laws and institutions used in the fight against corruption. This will assist in evaluating the complex corruption problem in terms of substantive provisions, procedural adequacy, and evidently relevant suitability or efficacy.
- Make available the information on general trends in corruption and inform management on cases that warrant further investigation and prosecution. Offices should focus on collating information and recommending action.

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