

Abstract

This study is about environmental factors and how they relate to the health of pre-schoolage children (ages 0-5) in the Kibera slum of Nairobi, Kenya. The study specifically focused on childhood epidemics namely diarrhoeal and respiratory tract diseases. The main objectives of the study were, to confirm whether diarrhoeal and respiratory tract diseases are major problems of children in the Kibera as is the case on a global scale and particularly in developing countries and mainly in poor rural and urban slum and shanty dwellings. The study further was intended at exploring and displaying accurately the state of the physical and social environment in Kibera. The aim of so doing was to try and show how the characteristics of the environment explain the disease trends in the slum. The study further sought to show how specific environmental factors influence and explain the existence and persistence of diarrhoeal and respiratory tract diseases. This it was hoped would help provide information and generate recommendations which would be utilized by action groups concerned with ensuring increased chances of survival of children beyond five years. Moreover the study hoped to generate elaborate and hopefully testable hypothesis which could be used in further social medical studies. To achieve the above objectives four out of twelve clusters were selected for the study using a multistage sampling procedured. Whereas the household was used as the unit of analysis, only households with children 0-5 years were used for the study. The data was collected using a questionnaire with standard questions and an observation list for clarification of information. Data was analysed using descriptive statistics in percentages, frequencies and measures of central tendency. The statistical chi-square was further used to show relationships between the independent and dependent variables and to guide the hypothesis further. The findings of the study confirmed that diarrhoeal and respiratory diseases are major problems of children in Kibera. They are causes of regular morbidity to the children, hospital visits, hospitalization and are a threat to normal development and survival during the 0-5 years. The study also found that constraints exist in the availability, nature of, accessibility to, and affordability of resources pertinent to health. For instance the houses, toilets, garbage disposal, waste disposal, health care services, food and incomes are either scarce, non-existence or were encompassed with constraints that reflected on the health of the children. Other factors like low incomes, risky practices in the household, low education levels, precarious occupations also adversely influenced the existence of diarrhoeal diseases and respiratory tract diseases in Kibera. Correct knowledge on causes of and management of diseases was also found to be lacking. The study urges the relevant authorities to come up with a housing policy in Kibera. This can be used by NGOs and other developmental agencies interested in improvements of the slum area. Any improvements in the housing should also aim at providing accompanying infrastructure. The study also recommends improvement of communication especially within the slum to attract change agents. The study also recommends use of the human resource within Kibera to improve and measures of central tendency. The statistical chi-square was further used to show relationships between the independent and dependent variables and to guide the hypothesis further. The findings of the study confirmed that diarrhoeal and respiratory diseases are major problems of children in Kibera. They are causes of regular morbidity to the children, hospital visits, hospitalization and are a threat to normal development and survival during the 0-5 years. The study also found that constraints exist in the availability, nature of, accessibility to, and affordability of resources pertinent to health. For instance the houses, toilets, garbage disposal, waste disposal, health care services, food and incomes are either

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