

## **Abstract**

### **OBJECTIVE:**

Almost 1 billion individuals lack access to improved water supplies, with 2.6 billion lacking adequate sanitation. This leads to the propagation of multiple waterborne diseases. The objective of this study was to explore local knowledge, attitudes and practices to understand the mechanisms and pre-conditions for sustainable uptake and use of these facilities.

### **METHODS:**

Data collection took place in a rural Kenyan community in September 2009. A qualitative approach was taken, with 4 focus groups and 25 in-depth interviews conducted. Participant characteristics varied by age, gender, education, marital status, employment and community standing.

### **RESULTS:**

Few participants reported current access to improved water and sanitation facilities. Though they expressed desire for latrines and water sources, barriers including lack of funds and social capital, decrease the ability for installation. Participants understood that there was a link between the quality of water and their health, however, perceived benefits of current contaminated sources outweigh the potential health impacts and proliferate their continued use.

### **CONCLUSION(S):**

While water-health links are understood to varying degrees within the community, contextual (physical environment), compositional (individual) and collective (community) factors interact to influence health. Community challenges, such as lack of unity, lack of education and lack control were identified as the main barriers to initiating change, despite a desire for increased access to safe water and sanitation.