

Diarrhoea Prevalence and Sanitation Facilities used in Bomet Municipality, Kenya.



RESEARCH PAPER

BY

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INTRODUCTION

- 2.4b.people lack improved sanitation, & 1.2b. have no facilities at all. Africa is worst-1 in 5 people practice open defecation esp. urban poor
- The number increased in 1990-2010 due in part to urban population growth.
- 69 % (73 % of urban and 68 % of rural) Kenyans lack access to private improved sanitation. These have historically been excluded from international sanitation targets, regardless of the service level, due to concerns about acceptability, hygiene and access

- About 85% of households in Bomet Municipality lack access to basic sanitation, hence people have no choice but to rely on public or shared toilets or practise open defecation anywhere they find convenient and accessible
- However, there are fears of possible hazards of use of such facilities because of the human contact with excreta
- WASH-related diseases are the number one cause of under-five hospitalization, mortality and over 50% of hospital visits in Kenya
- Bomet municipality is one of the areas in Kenya where waterborne diseases such as intestinal worms, diarrhoea and bilharzias are most prevalent

- ✘ The people most vulnerable to water-borne diseases are those who use an unimproved drinking water source and sanitation
- ✘ Improved sanitation facilities are those that reduce the chances of people being exposed to human excreta and are likely to be more sanitary than unimproved facilities
- ✘ They include flush/ pour flush to piped sewer system, septic tank and pit latrine, ventilation improved latrine (VIP), pit latrine with slab and composting toilet. Only private facilities are considered to be improved
- ✘ poor health because of waterborne diseases reduces capacity to work, thereby increasing poverty.
- ✘ Therefore, improving access to water supply and sanitation is essential for socio-economic development, poverty reduction and for human dignity

STUDY AREA

➤ Located in Bomet county, Rift valley province.

➤ covers area of 250 km.sq

➤ The main river in the district, River Nyangores

➤ household units -19,238

➤ Average household size-6

➤ Population-76,694 –higher compared to Narok town-42,505 people

➤ Rising birth rates ,natural growth +migration contributed to growth

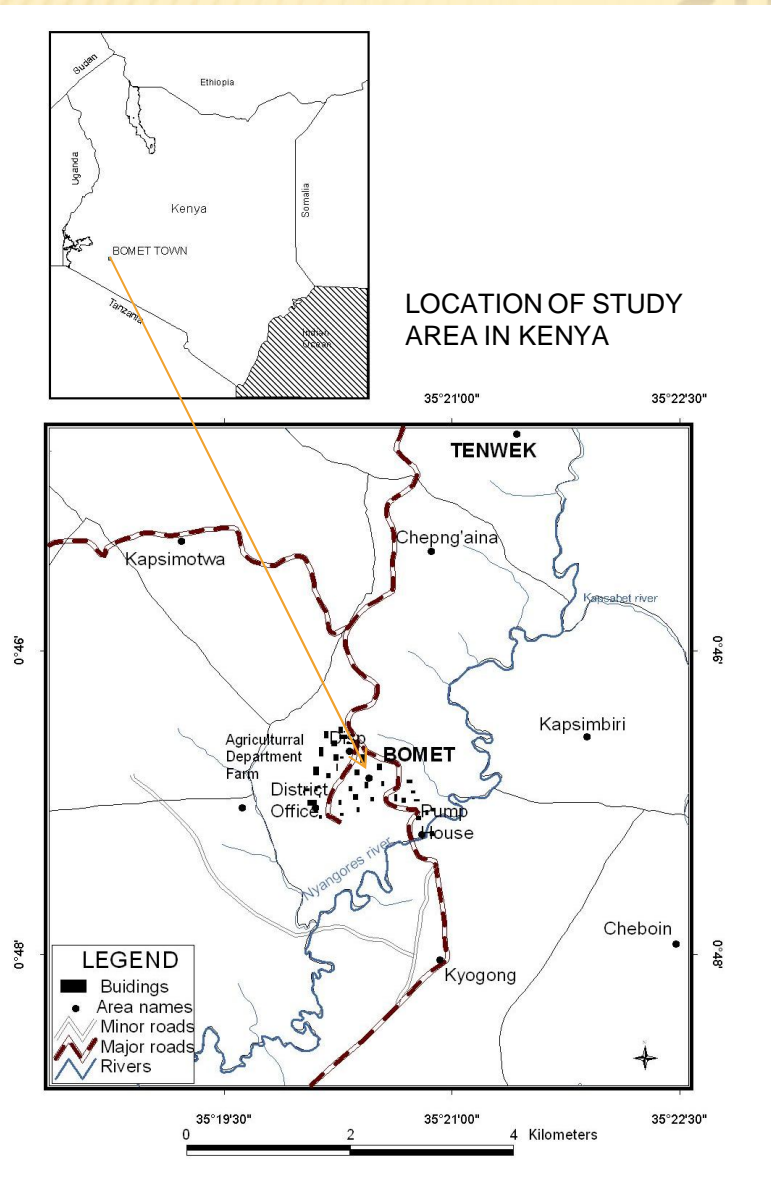


Fig 1 Map of Bomet -Survey of Kenya

METHODOLOGY

Research design: The study employed single round survey

Sampling for Household survey

Multistage random sampling was used.

- Stage 1- Division of study area based on distance from CBD
- Stage 2- Listing of HH within zones
- Stage 3- Random sampling of 21 HH within zones
Total of 151 HH were selected for study

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Random sampling (Franzel and Crawford (1987).

Data collection

- ✘ **Questionnaire** -A total of 151 questionnaires were used for household survey
- ✘ Household heads were the subjects of analysis.
- ✘ **Observation**- Researcher observations was used to verify data collected

Data analysis-spss was used to manage data and analysis done using descriptive statistics and chi-square test at 5% significance

RESULTS AND DISCUSSION

Figure 2: Instances of diarrhoea reports among households in Bomet Municipality

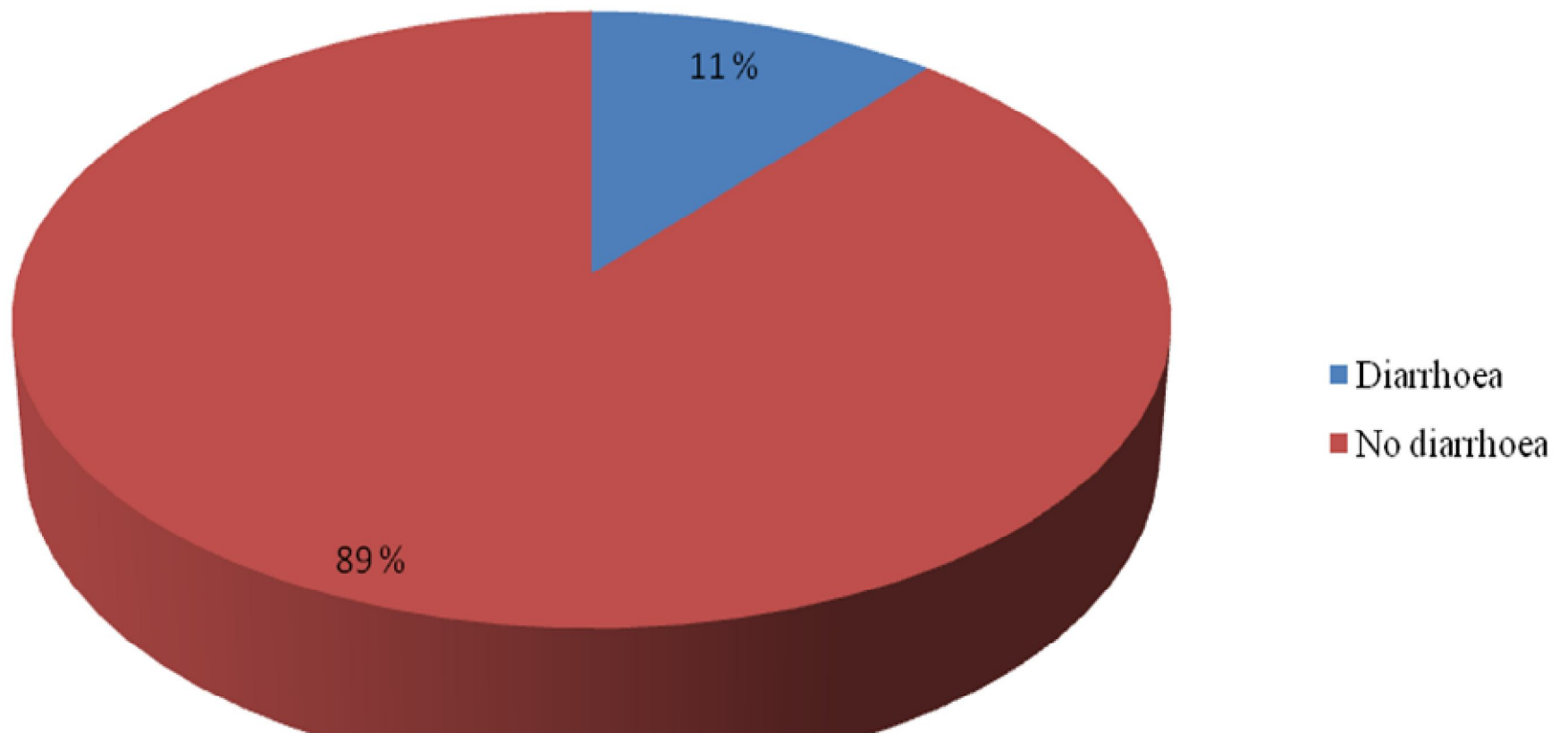


Figure 3: The kind of toilet/latrine used by households that reported diarrhoea cases in Bomet municipality

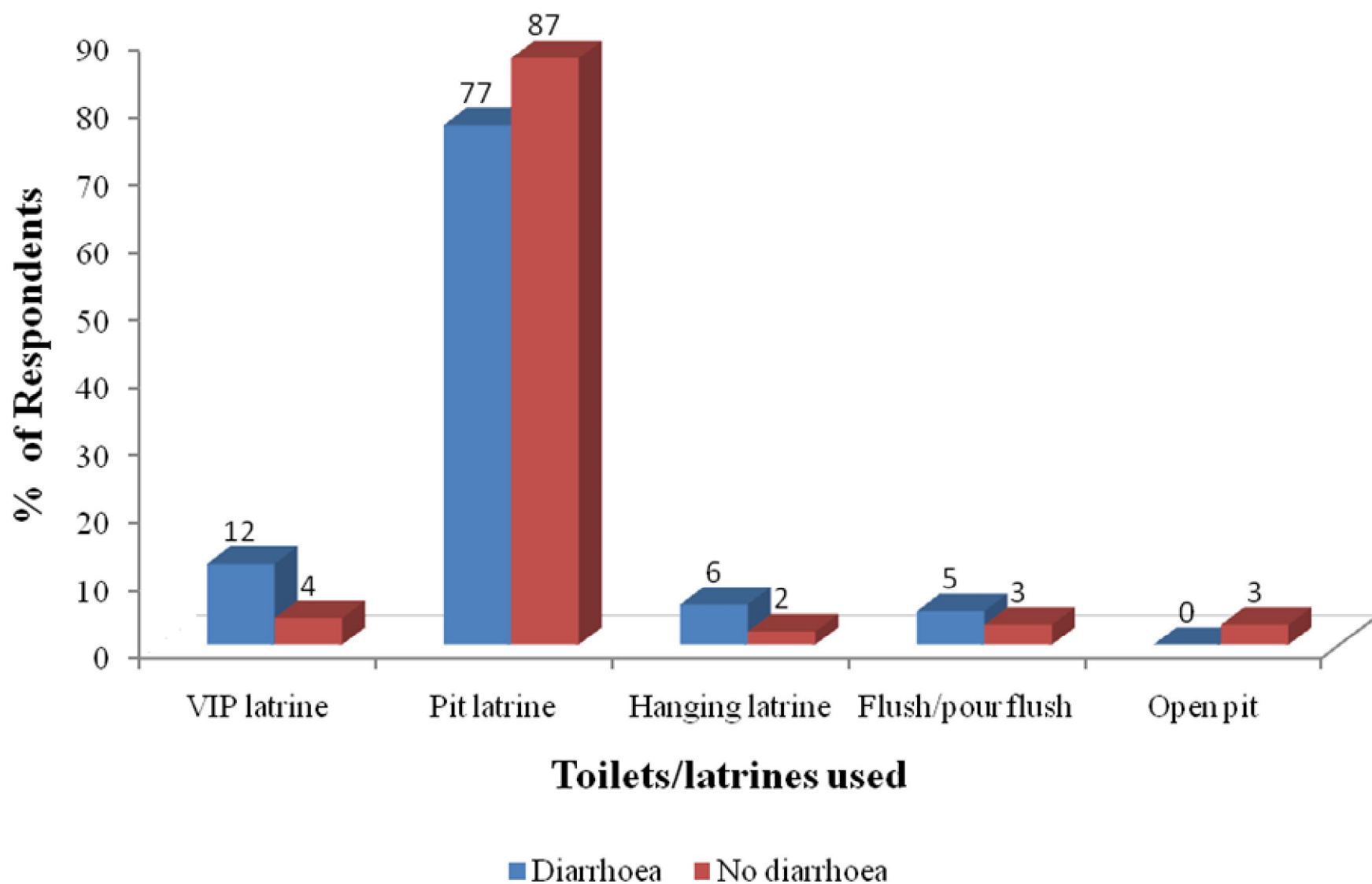


Figure 4: Privacy of toilet facilities in Bomet municipality

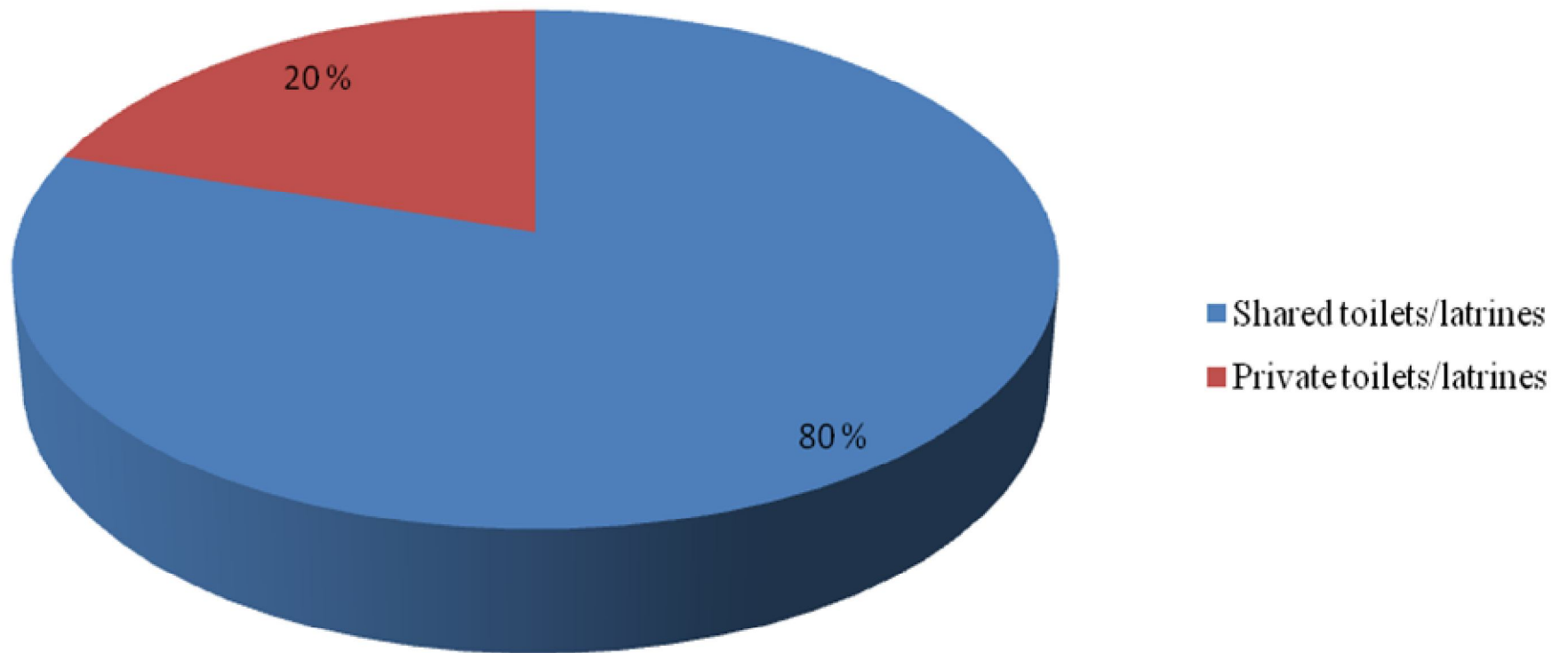


Table 1: Relationship between shared facilities and diarrhoea in Bomet municipality

Diarrhoea cases reported	Toilets/latrines shared (%)	Toilets/latrines not shared (%)
Diarrhoea	28	4
No diarrhoea	72	96
Total	100	100

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	18.404(a)	2	0
Likelihood Ratio	17.085	2	0
N	151		

CONCLUSIONS AND RECOMMENDATIONS

- ✘ The study suggests that the diarrhoea prevalence was significantly influenced by the sanitation facilities used by households
- ✘ Although there are situations where public latrines do provide an adequate and accessible sanitation service to communities, overall such public facilities are not regarded as providing 'improved' or adequate sanitation
- ✘ They frequently become fouled through lack of adequate maintenance thereby creating health risks and deterring use.
- ✘ They are often inaccessible at night leading to open defecation, they may be far from certain users and particularly difficult for children, elderly and disabled people to use
- ✘ In some contexts there can be long queues in the morning and evenings, further dissuading use

- ✘ There is need to improve access to improved sanitation in Bomet municipality in order to ensure hygienic separation of human excreta from human contact hence better health.
- ✘ As away to promote household health, people should be encouraged to have and use individual household toilets or latrines



Thank you

