

ABSTRACT

Provision of safe water, adequate sanitation and hygiene has been lauded as one way of preventing diarrhoeal infections and improving health especially in developing countries. However, lack of safe water, inadequate sanitation and poor hygiene practices in most parts of rural Kenya, has continued to be a challenge exposing the populace to diarrhoea episodes and possible deaths. In this regard, many Non-Governmental Organizations and governmental agencies have tried to provide water, sanitation and hygiene services. It is with this realization that the government of Kenya together with other Non-Governmental Organizations introduced sustaining and scaling school water, sanitation and hygiene plus community impact (SWASH+) programme as an intervention to mitigate diarrhoeal infections and deaths. However, such interventions often fail to achieve the intended results. Therefore, this study investigated the determinants of adoption of safe water, sanitation and hygiene practices in Agoro West Location, Central Nyakach Division, Kisumu County. Specifically, the study examined the community's knowledge and attitude towards adoption of safe water, sanitation and hygiene (WASH) practices, the influence of socio-cultural factors on adoption of safe water, sanitation and hygiene practices and the role of children in influencing adoption of safe water, sanitation and hygiene practice. The study was guided by health belief theory as proposed by Hockbaum, Rosenstock and Kegel in the year 1950's. The study adopted a descriptive design involving both qualitative and quantitative methods of data collection. The study population was 1852 households where a sample of 95 households was arrived at by use of Israel's (1992) formula. The 95 households were then drawn through systematic sampling procedure. The key informants in this study were purposively selected who included school children, teachers, public health officers, community and religious leaders. Quantitative data were obtained through the use of semi-structured questionnaires while qualitative data was obtained by key informant interviews, participant observation and focus group discussions. The quantitative data was analyzed by use of descriptive statistics with the help of Statistical Package for Social Sciences (SPSS) version 13.0 and findings presented in frequency tables. Qualitative data were analyzed thematically with the help of Nvivo version 9.0. The study found that 46.8% of respondents had knowledge about the SWASH+ intervention with the source of information being children, mass media, hospitals, schools and markets. Social and cultural factors such as gender, norms, religious and traditional belief systems were observed to constrain adoption of safe water, sanitation and hygiene practices. Children play an important role in diffusion of information about WASH but were affected by socio-cultural factors and were never taken seriously because only adults were believed to be the custodians of knowledge and information. The study, therefore, recommends that there is need of integration of school based interventions with community based approaches to enhance knowledge and attitude change, and designing of programmes based on a formative research to ensure culture context of where the interventions are implemented.