

**"DETERMINANTS OF DIARRHOEA AND ITS  
TREATMENT IN KENYA"**

**BY**

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## ABSTRACT

This project paper looks at the determinants of diarrhoea and its treatment in Kenya, using the data drawn from the 1998 Kenya Demographic Survey. The National Council for Population and Development (NCPD) conducted the survey in collaboration with the Central Bureau of Statistics (CBS) and the Institute of Research and Development (IRC).

The main objective of this study was to examine the factors that determine the occurrence of diarrhoea and how mothers respond to the disease in Kenya. Frequency tabulations were carried out to establish the characteristics of the study population. This study established variations in occurrence and treatment of diarrhoea by region and type of place of residence, religion, maternal education, maternal age, weight of child at birth, preceding birth interval, source of drinking water, presence of toilet facility, household economic status and marital status.

Results of cross tabulations demonstrated a weak statistical association between occurrence of diarrhoea and the weight of child at birth, region of residence and marital status. Treatment of ~~treatment of~~ diarrhoea was found to be significantly associated with region of residence, the weight of child at birth, maternal age and the type of place of residence. However the associations were found to be weak.

Logistic analysis on the occurrence of diarrhoea established that maternal education and the type of place of residence were significantly associated with the occurrence of diarrhoea though the association was weak. Children whose mothers had primary

education are 1.4 times more likely to have diarrhoea compared to those with no education. The type of place of residence significantly affects the occurrence of diarrhoea. Children residing in rural areas are 0.69 times less likely to have diarrhoea as opposed to those living in urban areas. Differentials in occurrence of diarrhoea were largely attributed to poverty differentials in areas of residence, levels of environmental contamination, access to knowledge and information among others. Differentials in occurrence of diarrhoea could also be attributed to reporting of diarrhoea incidences during the survey that was higher in urban areas. It is worth noting that the association between occurrence of diarrhoea and the above factors is generally weak.

The study has further revealed that children born to educated mothers were more likely to receive treatment for diarrhoea compared to children born to less educated mothers. For example treatment of diarrhoea is 1.9 and 1.6 times more likely for mother with primary and secondary education respectively compared to mothers with no education. The association between treatment of diarrhoea and maternal education is also weak.

Arising from the findings of the study several recommendations have been given. To begin with regional morbidity differentials could be addressed by looking at the underlying factors resulting to higher morbidity in those regions compared to others. This would guide policy makers in coming up with region-specific policies and health programs. Secondly the government should continue to improve the access health care services in rural areas and among the urban poor.

A more detailed research should be undertaken to capture other variables (factors) that may be affecting occurrence of diarrhoea that were not included in this study due to lack of appropriate data. These may include the actual physical environment of the household as well as crowdedness of the household. The study did not focus on the dynamics of decision-making at the household regarding choice of treatment. Further research is needed in this area.