

Public health and villagers: The Case of Masana Sub-location into the 21st Century

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Abstract

The founders of the colonial regime expressed horror at the situation they found among African peoples. Health standards and health delivery for example, were believed to be surrounded veiled superstition and an absolute absence of the basic principles of preventive health, like hygiene, sanitation and proper nutrition. They saw themselves as saviours, destined to change everything for the better and to raise general standards of living. The first independent government, in turn was appalled by what the colonial regime left behind. The problems in health delivery were identified as very poor and completely inadequate infrastructure in predominantly African gross inequity in distribution of services between European and African areas, even more inequity of distribution between various regions, a very inadequate trained staff, in terms of numbers and attainment, generally a very low standard of health among the Africans, especially in the rural areas, and a high degree of ignorance on preventive and promotive health. The officials of the Kenya government at themselves to attack these problems, with energy. However by the mid 1970s the same problems still sailed issues of health among Kenyans. A new problem identified was a much too rapid growth of population. By 1983, a series global economic crises as well as the pandemic of HIV/AIDS were playing a baleful part by rendering all efforts ineffectual. Throughout the 20th and the 21st centuries, through colonialism and independence, Kenyans have responded to health challenges by retaining, their traditional health delivery systems and adapting new techniques where possible. The result has been a system of alternative medicine and health delivery, and health seeking behavior.