

ABSTRACT

Introduction and background:

The decisions made by the household decision-maker has significant impact on the welfare of family members. Decision making at the household level encompasses a process by which the household head individually or in consultation with significant others arrives at an action point. These decisions are influenced by underlying cultural and socio-economic contexts that inform lifestyle practices impact health. This paper focuses on attitudes and practices of decision makers at the household level regarding lifestyle choices, specifically food choices, preparation, serving and potential implication for Non-Communicable Diseases(NCDs).

Objective:

To establish community understanding of NCDs and life style choices that might contribute to these.

Methods:

Quantitative and qualitative approaches of data collection were employed. A formal market survey on foods available was conducted in an urban slum setting in Nairobi County (Kibera) and a rural setting in Kiambu County(Githiga). Thereafter 201 randomly sampled households in each area were surveyed using a structured questionnaire. Focus group discussions were then done with decision makers regarding food choices and preparation.

Findings:

A total of 402 individuals drawn equally from Githiga and Kibera participated in the study. Both areas had access to a wide range of foods. The majority of decision makers were female spouses, 258 (65.3%), Just under half the respondents had completed primary school education. In Githiga, the majority were self employed 130 (71%) compared to less than half in Kibera 84 (45%).Homemakers were 27 (14.8%) in Githiga and 38 (20.4%) in Kibera. Most respondents136 (69.4%) in Githiga and 157(78.1%) in Kibera, did not know the term "non- communicable diseases". However, diabetes, hypertension and arthritis as conditions that could not be transmitted from person to person. Almost all were aware of lifestyle choices that were risk factors for NCDs at 90.6% (126) in Githiga and 85.7% (102) in Kibera; including poor diet 35.8% (43) in Githiga and 33.3% (32) in Kibera, stress 32.5% (39) in Githiga and 28.1% (27) in Kibera. Other risk factors for NCDs scored lowly with smoking at 0.8% and 0.0%, inheritance 6.7% and 9.4%, obesity 2.5 and 3.1 and lack of exercise at 1.7% and 2.1% in Githiga and Kibera respectively.

Conclusion and Recommendations:

Majority of participants did not see the direct link between the food they ate and NCDs. Community education is critical to enable household decision makers recognize the link between NCDs and lifestyle choices they make for their families.