Original Research Article

The impact of poverty in parents and caregiver's participation towards community child wellbeing activities among the pastoral communities of Baringo, Marsabit, Turkana and West Pokot in Kenya

Abstract

Participation of parents and caregivers in community child wellbeing activities contributes to the development and wellbeing of children. The purpose of this paper is to assess the impact of poverty in parents and caregiver's participation towards community child well-being activities among the pastoral communities of Baringo, Marsabit, Turkana and West Pokot counties in Kenya. It uses the Multidimensional Poverty Index (MPI) and the Poverty Probability Index (PPI) to measure household poverty. The data used to develop this paper was obtained from both primary and secondary sources.

The results show that overall, **92.1% (95% CI: 91.2%-92.9%; n=3600, N=3908)** of the sampled households were poor with Turkana County (99.2%) having the highest proportion of poor households and Baringo County (87.9%) having the lowest. The study further found that about five in ten (55.1%) rich households participated in child wellbeing activities compared to about four in ten (44.9%) poor households.

Based on the study findings and Pearson Chi-Square test results, the study concludes that there is a significant relationship between poverty and participation in community child wellbeing activities. The relationship reflects that poor households have a higher risk of not participating in child wellbeing activities. The study therefore, recommends the need for interventions aimed at helping parents or caregivers get out of poverty to increase their participation in child wellbeing activities.

***Keywords**: Caregivers, Participation, Child Wellbeing, Poverty, Pastoral communities*

Introduction

This paper analyses the impact of poverty in parents and caregiver's participation towards community child well-being.

The word caregiver as used in this paper denotes a person or people including parents, who look after infants and young children. The care that children receive has significant effects on their survival, growth and development. Care refers to the behaviours and practices of caregivers (mothers, siblings, fathers and child care providers) to provide food, health care, stimulation and emotional support necessary for child health, growth and development. Not only the practices themselves, but also the way they are performed, in terms of affection and responsiveness to the child are critical to a child's survival, growth and development (World Health Organization, 2004).

Participation is interpreted variously by different people in different settings. This is basically because the concept has been defined differently by different scholars and organisations. The World Bank [1] defines participation as a process through which stakeholders' influence and share control over development initiatives, decisions and resources which affect them. On the other hand, IIED (1994:18) defines participation as empowering people to mobilize their own capacities, be social actors, rather than passive subjects, manage the resources, make decisions, and control the activities that affect their lives. Brett (2003:5) defines participation as "an educational and empowering process in which people, in partnership with each other and those able to assist them, identify problems and needs, mobilize resources and assume responsibility themselves to plan, manage, control and assess the individual and collective actions that they themselves decide upon.

The United Nations Convention on the Rights of the Child affirms that "children should grow up in an atmosphere of happiness, love and understanding". A child's well-being is considered as an integrated whole, encompassing multiple domains or spheres of life including cognitive and academic development; socio-emotional or psychological development; social behaviours; physical health and safety; and relationships. Supportive, close, and positive relationships by parents or caregivers and the entire community are critically important for all children, particularly those who are or have been at risk of maltreatment [2].

Poverty is a state of deprivation, in terms of both economic and social indicators, such as income, education, and health care, access to food, social status, self-esteem and self-actualization [3]. Deprivations can also be categorized thematically into lack of resources, opportunities and choices, power and voice, and human security. Kenya has seen an upswing in its economic growth and an improvement in living standards following the turn of the century. Poverty in Kenya dropped since 2005/06 to rest at 36.1% in 2015/16, according to national estimates of the poverty headcount rate, representing a decline of 0.2

million people in poverty. Similarly, the Kenya Integrated Household and Budget Survey 2015/2016, indicates that poverty rates remain considerably higher in rural areas (40%) compared to peri urban or core urban areas (28-29%). These differences mask regional variations, with areas of the North East Turkana for example reaching poverty rates close to 80%. Disaggregating the multidimensional poverty index along its dimensions and indicators reflected that Kenyans are most often deprived in terms of their household living conditions, such as sources of cooking energy, residential dwelling floor material, sources of drinking water, access to sanitation, and access to electricity, and relatively less so in terms of schooling which are worse for households in rural areas [4]. This study used both the Multidimensional Poverty Index (MPI) and the Poverty Probability Index (PPI) to measure household poverty in the case study counties.

Pastoralism is a way of life based primarily on raising livestock, particularly small ruminants, cattle and camels. Pastoral livestock production systems are mostly found in Africa's vast Arid and Semiarid Lands (ASALs). These areas are characterized by marked rainfall variability, and associated uncertainties in the spatial and temporal distribution of water resources and grazing resources for animals (Department of Rural Economu and Agriculture, October 2010). In Kenya, there are at least eight ethnic groups that are recognized as traditional pastoralists, and include the Borana, Gabra, Maasai, Pokot, Rendille, Samburu, Somali and Turkana, along with various smaller groups. These people inhabit 13 arid and semi-arid counties that cover a large part of Kenya. According to the Kenya Population and Housing Census (2019), there were 8,785,058 "ethnic" pastoralists in the ASAL counties – people who identify themselves as pastoralists but do not necessarily actively manage livestock themselves [5]. This study sampled households from the pastoral communities of Baringo, Marsabit, Turkana and West Pokot Counties.

The review of literature shows that currently, no study has been done on the impact of poverty in parents and caregiver's participation towards community child well-being among the pastoral communities of Baringo, Marsabit, Turkana and West Pokot. Therefore, it was necessary to conduct this study.

This paper identifies the impact of poverty as a main problem affecting the participation of community in supporting child wellbeing activities. The main objective of the study, therefore, was to investigate the impact of poverty in parents and caregivers participation on selected areas of pastoral communities in Turkana, Baringo, West Pokot and Marsabit counties. The specific objectives were to investigate how poverty impacts parents and caregivers' participation in community child wellbeing activities.

Methodology

Study Areas

This study was carried out in Baringo, Marsabit, Turkana and West Pokot Counties in Kenya from September 2021 to January 2022.

Baringo County is situated in the Rift Valley region and boarders Turkana and Samburu Counties to the North, Laikipia County to the East, Nakuru and Kericho to the South, Uasin Gishu to the Southwest, and Elgeyo- Marakwet and West Pokot to the West. It is located between longitudes 35 30' and 36 30' East and between latitudes 0 10' South and 1 40'. Baringo covers an area of 11,075.3 km² of which 165 km² is covered by surface water - Lake Baringo, Lake Bogoria and Lake Kamnarok. The County is divided into 6 Sub-counties, namely Baringo South, Mogotio, Eldama Ravine, Baringo Central, Baringo North and Tiaty. It has 30 Administrative Wards and 116 Locations. As at 2019, Baringo County had a population of 666,763 people [6].

Marsabit County falls within ASAL area and is classified as a dryland county. The County has a total surface area of 66,923.1km² and is located in the extreme end of Northern Kenya. It lies between latitude 02º 45º North and 04º 27º North and longitude 37º 57º East and 39º 21º East. It shares an international boundary with Ethiopia to the North, borders Turkana County to the West, Samburu County to the South and Wajir and Isiolo Counties to the East. Administratively, Marsabit County is divided into four sub-counties, namely, Saku, Laisamis, North Horr and Moyale. As at 2019, Marsabit County had a population of 459,785 people [6].

Turkana County covers a total surface area of 71,597.8 km², accounting for 13.5% of the total land area in Kenya (Turkana County Investment Plan, 2016-2020). It lies between Longitudes 34° 30'E and 36° 40'E and between Latitudes 10° 30'N and 50° 30'N. Turkana is located in the Northwest of Kenya and borders Uganda to the West, South Sudan and Ethiopia to the North and North-East respectively. Internally, it borders West Pokot and Baringo Counties to the South, Samburu County to the South-East, and Marsabit County to the East. The county is administratively divided into seven sub counties, 30 wards and 156 sub-locations. As at 2019, Turkana County population of 926,976 people [6].

West Pokot County (County Government of West Pokot, 2018) is one of the 14 Counties in the Rift Valley region. It is situated in the North Rift along Kenya's Western boundary with Uganda border. It borders Turkana County to the North and North East, Trans Nzoia County to the South, Elgeyo Marakwet County and Baringo County to the South East and East respectively. The County lies within Longitudes 34° 47'and 35° 49' East and Latitude 1° and 2° North and covers an area of approximately 8,418.2km². West Pokot County has four constituencies, 20 wards, 16 divisions, 65 locations and 224 sub locations. As at 2019, the

County has a population of 621,241 people [6]. Add some maps or plans, it would help to better locate the areas described.

Methods

This study adopted a descriptive survey design utilising both quantitative and qualitative data. Primary data was collected through household questionnaire while secondary data was obtained through review of relevant literature including the County Integrated Development Plans among other documents as presented under the reference section of this paper.

The study purposively sampled households from wards where World Vision Kenya had programme interventions due to high social capital and security. These wards were Bartabwa Ward (Baringo County), Kalapata Ward (Turkana County), Golbo Ward (Marsabit County), and Endough Ward (West Pokot County),

The determination of the sample size for the parent/caregiver survey was done using the World Vision Kenya LEAP 3 sample size calculator based on confidence interval of 95%, statistical power of 80%, and design effect of 2 and non-response of 10%. Based on this, a minimum sample size of 900 was adopted for all the study counties.

The study used two-stage cluster sampling method based on the Probability Proportion to Size (PPS) sampling procedure. The first stage involved identification of the cluster unit, which was the village. All the villages were listed in the study wards, then 30 villagers (clusters) were selected based on PPS. The second stage involved selection of 30 parent/caregiver respondents from each cluster using the Expanded Program on Immunization (EPI) method.

The study successfully completed 3,908 parent/caregiver survey forms (

The research assistants who participated in the study were trained for three days, which was followed by pre-testing and finalisation of the data collection tools. Data collection was undertaken within five days through the KoboCollect, a mobile data collection platform, in strict compliance with the Government of Kenya COVID-19 containment measures. Both quantitative and qualitative data were collected.

Table 1), which is equivalent to a response rate of 108.6%. The parent/caregiver survey form was used to collect information on demographic characteristics, perception of parents or caregivers on participation in child wellbeing activities as well as parameters for measuring PPI and MPI.

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Table *1*: Summary of the targeted and completed parent/caregiver survey forms per county

County	Sample Size	Completed forms
Baringo	900	1148
Turkana	900	921
Marsabit	900	936
West Pokot	900	903
Total	3600	3908

Data analysis followed a plan developed for the study. Quantitative data was analysed using two application software, namely: MS Excel and IBM SPSS v25. Qualitative data was analysed using the Content Analysis Technique (CAT), which involved grouping results based on thematic areas or research questions.

Results and Discussions

Characteristics of Respondents

The characteristics of the respondents are present with respect to sex, education attainment and employment status. In terms of sex, 70.5% of the respondents were females and 29.5% were males. The proportion of female respondents was also higher across the study counties as depicted in **Table 2** below. The high proportion of female respondents was linked to the role of caregiving in the African society, which is primarily undertaken by women.

Table *2*: Sex distribution of the respondents by county

County	Sex of respondents			
	Male		Female	
	Count (n)	%	Count (n)	%
Marsabit	186	19.9	750	80.1

Turkana	244	26.5	677	73.5
Baringo	317	27.6	831	72.4
West Pokot	404	44.7	499	55.3
Overall	**1151**	**29.5**	**2757**	**70.5**

The highest level of education completed by the respondents is presented in **Table 3** below. Overall, 60.1% of the respondents had never attended school, 25.6% had completed primary school education while 9.3% had completed secondary school education. There were observed variations in education attainment across the counties, whereby more respondents from Turkana County (94.4%) had never attended school followed by those from Marsabit County (81.8%), West Pokot County (53.3%) and Baringo County (20.1%). These findings support the 2019 Population and Housing Census that found that 68.7%, 63.4%, 39.6% and 25.8% of the school-going populations from Turkana, Marsabit, West Pokot and Baringo counties respectively had no education [7]. How to fill in the surveys 60% of the participants who never went to school?. Add explanation.

Table *3*: Highest level of education completed by parent/caregiver respondents by county

Highest level of education completed by respondents	County				
	Baringo (%)	Turkana (%)	Marsabit (%)	West Pokot (%)	Overall
No Education	20.1	94.4	81.8	53.3	60.1
Primary School	50.9	2.2	9.8	33.9	25.6
Secondary School	21.0	1.1	4.7	7.8	9.3
College	4.7	1.0	1.0	2.9	2.5
University	1.3	0.0	0.3	1.3	0.8
Adult Education	1.7	1.0	0.1	0.1	0.8
Madrasa	0.0	0.0	2.1	0.0	0.5
Nursery	0.3	0.4	0.1	0.8	0.4

The employment status of the respondents is provided in **Table 4** below. Overall, 38.1% of the respondents were self-employed (*Baringo, 21.8%; Turkana, 46.1%; Marsabit, 20.0%; West Pokot, 69.3%),* 31.8% were in casual/temporary employment (*Baringo, 59.2%; Turkana, 5.4%; Marsabit, 35.4%; West Pokot, 20.3%),* while 1.9% were permanently employed

(*Baringo, 2.5%; Turkana, 0.7%; Marsabit, 1.7%; West Pokot, 2.7%).* Almost three in 10 of the respondents were unemployed. The 2019 KPHC report found that 48.2%, 47.7%, 47.3% and 41.4% of the populations from Baringo, West Pokot, Marsabit and Turkana counties respectively in some form of employment [7].

Table 4: Main occupation of the parent/caregiver respondent

Employment status of respondents	County				Overall (%)
	Baringo (%)	Turkana (%)	Marsabit (%)	West Pokot (%)	
Self-employment	21.8	46.1	20.0	69.3	38.1
Casual employment	59.2	5.4	35.4	20.3	31.8
Unemployed	16.5	47.8	42.9	7.7	28.2
Permanent employment	2.5	0.7	1.7	2.7	1.9

Household Poverty

The study measured household poverty using the Multidimensional Poverty Index (MPI) and the Poverty Probability Index (PPI) Refence. The MPI was used to measure household deprivation across 10 indicators in three equally weighted dimensions of health, education and standard of living. Under the health dimension, the study measured nutrition and child mortality. Under the education dimension, the study measured years of schooling and school attendance. Under the standard of living dimension, the study measured type of cooking fuel, type of sanitation, source of drinking water, electricity connection, material for dwelling house, and household assets.

The study used Kenya's 2015 Poverty Probability Index (PPI) tool to calculate the proportion of households that were living below the National Poverty Line. The PPI was constructed based on ten (10) country specific questions, namely: County of residence; highest education level of the female household head or spouse; highest education level of any household member; purchase and consumption of bread, meat, fish and ripe bananas; ownership of towel and thermos flask; and predominant wall and floor materials for the main residential dwelling. Are these tools validated? Please, Could you attach the scales?

For the purposes of the study, households that were multidimensional poor or living below the national poverty line were categorised as poor.

Table 5 below shows the study findings on the proportion of poor households per county. Overall, **92.1% (95% CI: 91.2%-92.9%; n=3600, N=3908)** of the households were poor. This overall proportion was higher than the National figure of 36.1% [8] due to the fact that these marginalized counties are poor with inadequate access to basic services. Across the counties, Turkana County (99.2%) had the highest proportion of poor households followed by West Pokot County (92.9%), Marsabit County (89.5%) and Baringo County (87.9%). The proportion of poor households was highest in Turkana County due to its arid environment and its marginal location within Kenya that enables very few viable livelihoods alternatives to nomadic pastoralism, resulting in high levels of poverty and food insecurity among the population (County Government of Turkana, 2018).

Table *5*: Proportion of Poor Households

County	Poor Households			
	Yes		No	
	Count (n)	%	Count (n)	%
Turkana	914	99.2	7	0.8
West Pokot	839	92.9	64	7.1
Marsabit	838	89.5	98	10.5
Baringo	1009	87.9	139	12.1
Overall	3600	92.1	308	7.9

Participation in Child wellbeing activities

The study aimed at assessing whether parents or caregivers were involved in promoting child welfare activities. Respondents were asked whether they participated in any activities intended to improve the lives of children in the community over the past year preceding the study date. More than a half **(55.8%; 95% CI: 54.2%- 57.4%; n=2181, N=3908)** of the sampled respondents confirmed that they participated in these activities. Participation in community child wellbeing activities was highest in Baringo County (79.5%) followed by Marsabit County (51.1%), Turkana County (49.0%) and West Pokot County (37.5%) as shown in **Table 6**.

Table *6*: Proportion of parents or caregivers who participated in community child wellbeing activities

County	Participated in community child wellbeing activities

	Yes		No	
	Count (n)	%	Count (n)	%
Baringo	913	79.5	235	20.5
Marsabit	478	51.1	458	48.9
Turkana	451	49.0	470	51.0
West Pokot	339	37.5	564	62.5
Overall	2181	55.8	1727	44.2

Further, the study assessed the level of participation of caregivers or parents from poor households in child wellbeing activities and found that overall, about five in ten (55.1%) rich households participated in child wellbeing activities compared to about four in ten (44.9%) poor households (**Table 7**).

Table 7: Proportion of poor households participating in community child wellbeing activities

Participated in community child wellbeing activities	Poor Households				Overall	
	Yes		No			
	Count (n)	%	Count (n)	%	Count (n)	%
Yes	1982	55.1	199	64.6	2181	55.8
No	1618	44.9	109	35.4	1727	44.2
Total	3600	100.0	308	100.0	3908	100.0

Relationship between poverty and participation in community child wellbeing activities

A Pearson Chi-Square test results of the association (**at α=0.05**) between poverty and participation in community child wellbeing activities showed that there was a significant relationship between the two at Chi-square value of **0.001** and Cramer's V value of **0.052** as shown **Table 8**. The relationship reflects that poor households have a higher risk of not participating in child wellbeing activities.

Table 8: A Pearson Chi-Square test results of the association between poverty and participation in community child wellbeing activities

Chi-Square Tests	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	10.503[a]	1	0.001		
Continuity Correction	10.119	1	0.001		
Likelihood Ratio	10.692	1	0.001		
Fisher's Exact Test				0.001	0.001
Linear-by-Linear Association	10.500	1	0.001		
N of Valid Cases	3908				

Conclusions

The study measured household poverty using the Multidimensional Poverty Index (MPI) and the Poverty Probability Index (PPI) and found that about nine in ten sampled households were poor. Across the counties, Turkana County (99.2%) had the highest proportion of poor households followed by West Pokot County (92.9%), Marsabit County (89.5%) and Baringo County (87.9%).

The study further found that overall, more than a half of the sampled respondents participated in community child wellbeing activities. Participation in community child wellbeing activities was highest in Baringo County (79.5%) and lowest West Pokot County (37.5%). Moreover, the study assessed the level of participation of caregivers or parents from poor households in child wellbeing activities and found that overall, about five in ten (55.1%) rich households participated in child wellbeing activities compared to about four in ten (44.9%) poor households.

Based on the study findings and Pearson Chi-Square test results, the study concludes that there is a significant relationship between poverty and participation in community child wellbeing activities. Holding other factors constant, the study findings partly reflects that poor households have a higher risk of not participating in community child wellbeing activities.

Recommendation

Based on the findings, the study recommends the need for interventions aimed at helping parents or caregivers get out of poverty thus increase their participation in child wellbeing activities. The interventions will include but not limited to: enhanced production and productivity in livestock development, ensuring that all orphans and vulnerable children are registered under the cash transfer programme, and provision of the poverty eradication revolving fund and youth and women enterprise fund among other interventions.

COMPETING INTERESTS DISCLAIMER:

Authors have declared that they have no known competing financial interests OR non-financial interests OR personal relationships that could have appeared to influence the work reported in this paper.

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