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# Family Strengths and Challenges in Kenya

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**SUMMARY.** There are myriad challenges facing Kenyan families today that include: poverty; HIV/AIDS; illiteracy; unemployment and gender inequality; infant, childhood and maternal mortality; and obsolete traditional marriage and family laws. However, the Kenyan family as an institution has survived and stood the test of time. Strong families exist and respond positively and effectively to contemporary challenges. They are cohesive, adaptive, and use communication within the social spheres which provide the context for positive interaction. Strategies that support strong families in Kenya include: promotion of family values; communitarianism in form of familism and collectivism; extended kin and family social system; communal child rearing; care of

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the elderly, sick, and members with disability; contemporary child and family-friendly legislation; women as sources of family strengths; combating and adapting to HIV/AIDS; poverty eradication; and religion. doi:10.1300/J002v41n01\_04 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2007 by The Haworth Press, Inc. All rights reserved.]

**KEYWORDS.** Collectivism, communitarianism, familism, family challenges, family strengths, family values

## INTRODUCTION

This chapter presents contemporary challenges facing Kenyan families and family strengths that contribute to their adaptation, survival and sustainability.

### *Kenyan Demographics*

Kenya is located in East Africa and has a population of over 30 million people and 42 different ethnic groupings with distinct languages and culture. Life expectancy is 42 for males and 49 for females. More than half of the population is below 15 years of age and 4% are over 65 years (Kenya, 2002 Vol. III). The majority of Kenyans live in rural areas (82%) and 18% reside in urban areas. Kenyans adhere to a variety of religious affiliations such as Christianity (82%), Islam (6%), Hinduism (1%) and 11% are associated with traditional African religions (Kenya, 2002 Vol. I). In terms of human development, Kenya is ranked in the medium human development category with a Human Development Index value of 0.514 (United Nations Development Program, 2003). Kenya is a developing country and mainly non-industrialized, where agriculture is the mainstay of the economy accounting for 26% of GDP, while manufacturing makes up only 14%. The main foreign exchange earners are tea, coffee, tourism and horticulture (Kenya, 2002 Vol. II). The majority of Kenyans live below the absolute poverty line (52.3%), and the unemployment rate is above 35% (Kenya, 2002 Vol. IX). Kenya gained independence from the British Government in 1963 and therefore has undergone social transformations due to Western culture and influence.

### ***Family Strengths and Sociocultural Context***

Olson and DeFrain (2006) have outlined three broad family strengths and three sociocultural characteristics that help us to better understand family dynamics in the context of their culture. The three broad strengths, cohesion, flexibility, and communication focus on dynamics in the family as a system. The three sociocultural characteristics are the extended family, social systems, and belief systems.

Family cohesion refers to the emotional bond that family members feel toward other family members. This is expressed through commitment and spending time together, especially during family events such as weddings, births and deaths which are not only highly important to the nuclear family but to the extended family as well.

Family flexibility is the ability to change and to adapt to both normative family processes such as growth and development of members, and aging of older family members. Flexibility is also exercised to cope with non-normative events such as illness or death of a family member that cause stress to the family. Resources both material and psychological are important for flexibility. Spirituality plays a major role in coping with crisis as families acknowledge power greater than themselves when they are faced with crisis and challenges.

Family communication is important as it allows the sharing of information and feelings both negative and positive that family members have toward each other. Through communication family members are able to express mutual caring and the interdependence they have among members of the family.

Sociocultural characteristics of families are important because they place the family in a context. This context is useful in describing and understanding diversity of families from different ethnic and racial backgrounds groups. According to Olson and DeFrain (2006), these characteristics include the extended family system that comprises relatives, kin and other members connected to the family. The social system includes the economic, educational, and other related resources available to the families within a given culture. The belief system refers to families' spiritual beliefs and values that provide them with a sense of moral foci for guiding their actions and behavior. Since Kenyan families are evolving and adapting, their strengths can be seen as both inherent and indigenous and acquired. For example, traditional African spirituality and modern religions such as Christianity, Islam and Hinduism have a great influence on moral judgment and behavior in and outside the family setting.

Following are examples of challenges that Kenyan families face with examples of consequential emerging strengths.

### ***FAMILY CHALLENGES***

Kenyan families are confronted by myriad challenges, including poverty (52.3%), malnutrition and household food insecurity (48.7%), illiteracy (30%), unemployment (35%), gender inequality (Gender Development Index or GDI of 0.519), infant mortality (77 deaths per 1,000 live births), childhood mortality (116 deaths per 100,000 live births), maternal mortality (650 deaths per 100,000 live births), HIV/AIDS infection (14%), orphaned children (1.8 million), rural-urban migration (ratio, 80:20), an increase in female-headed households (37%) and child-headed households (15%), lack of environmental sanitation, access to clean and safe water supply (69%), inter-ethnic civil strife, domestic violence, and obsolete traditional marriage and family laws, among others (Kenya, 2002a; Kenya, 2000a). Each specific challenge would lead to certain outcomes in family processes and functions. However, challenges are seldom experienced singularly. Often a multitude of challenges prevail, causing a domino effect on the same family processes and functions.

#### ***Poverty, Household Food Insecurity and Malnutrition***

Kenya is ranked among the 30 poorest countries in the world, holding the 146th position out of 177 countries studied by the United Nations Development Program (2003). Poverty is the inability of families and households to afford basic necessities, such as food, clothing, housing, health, and education. At the national level, 52.3% of Kenyans live below the poverty line (Kenya, 2000b). The population whose expenditure on food is insufficient to meet the recommended daily allowances of 2,250 calories per adult is 48.7%. About 30% of children under age 5 suffer from moderate malnutrition and 12% experience severe malnutrition (Kenya, 2000a). Chronic malnutrition among children is associated with prolonged periods of consuming inadequate food, intake of poor quality foodstuffs, and poor health. Food security at the household level has been compromised by unpredictable climatic conditions such as droughts and floods.

The Kenya Welfare Monitoring Surveys between 1992 and 2000 indicated an increasing trend in the proportion of the population living below the poverty line from 47% to 52.9% in rural areas and ranging from 40% to 49% in urban areas (Kenya, 2002b). Wide disparities exist when we examine poverty by gender, education, marital status, age of household head, household size, and location of residence. In general, prevalence and intensity of poverty is higher among women (63%) than men (45.9%) in urban areas, and slightly higher in rural females (54%) compared to rural males (53%). Lack of formal education increases vulnerability to poverty as indicated by the 64% of the poor population with no school attendance compared to 6.8% with tertiary education (i.e., post secondary) living in rural areas. In urban areas, the figures are 66% and 14.3% respectively. Poverty levels among single women are higher in both rural (56.1%) and urban (64.9%) areas, compared to single men where the data are 48.4% and 42.4% respectively (Kenya, 2000b, Kenya 2002 Vol. XI). Data indicates that younger heads of households with smaller household size fair better (36%) than do older household heads with larger family sizes (64%).

According to the UNDP (2003) Human Development Report on the Millennium Development Goals, poverty remains the greatest challenge of the 21st Century for developing countries. The report predicted that it will take Sub-Saharan Africa until 2147 to halve extreme poverty, until 2129 to achieve universal primary education, and until 2165 to cut child mortality by two-thirds. No date was set for hunger because the situation continues to worsen (UNDP, 2003). Difficult economic situations challenge family processes and functioning when provisions of basic needs such as food, shelter, education, and health are constrained. The outcomes lead to multigenerational effects of poor health, morbidity and mortality, conflicts over scarce resources, and poverty within households. The gap between the rich and the poor is great, for a child born in poverty has a low chance of alleviating it. Those whose parents have the resources have a guaranteed springboard for upward socioeconomic mobility.

In the face of poverty, girls fare poorly compared with boys in terms of access to resources to improve their lives. They are more likely to engage in child labor, marry early, and drop out of school when funds are limited or if care is required at home. Patriarchy and poverty combine to the detriment of girls. Later in life a similar pattern is seen with rampant poverty among the female-headed households, increased morbidity and mortality, low school enrollment and declining school completion rates.

### ***Childhood Mortality and Morbidity***

The infant mortality rate is 77 per 1,000 live births, while the child mortality rate for the first 5 years of life is 116 per 1,000 live births (Kenya, 2002 Vol. V). This high mortality rate could be explained by the poor economic conditions, the rising rate of HIV/AIDS, and the rapid population growth rate. In order to address the situation of children and reduce mortality, the government has established and strengthened health programs, such as primary health care, maternal and child health services, family planning, and immunization programs (Kenya, 2002 Vol. V). There have been significant efforts to control diarrhea diseases through a national control of diarrhea diseases program and use of oral rehydration therapy with the aim of reducing childhood mortality and morbidity (UNICEF, 2004).

The Kenya expanded program on immunization has had a positive impact on immunization of children against six common childhood immunizable diseases with over 85% coverage (UNICEF, 2004). The integrated management of childhood illnesses focuses on the major causes of death in children aged below five years. Sick children are provided with appropriate treatment and checked for malnutrition, immunization and micronutrient deficiency. In addition, there is a community and household component that ensures children are given appropriate home-based care in order to reduce the number of children dying at home. Child survival has had an impact on reducing the high fertility rate from 8 in 1989 to 5 in 1999 (Kenya, 2002 Vol. IV).

### ***HIV/AIDS***

Trends indicate that the annual number of HIV/AIDS deaths is still rising steeply and has doubled over the past 6 years to about 150,000 deaths per year. New infections, however, may be dropping to around 80,000 each year. The majority of new infections occur among youth; especially young women aged 15 to 24 and young men under the age of 30. HIV/AIDS infection among adults in urban areas (10%) is almost twice as high as in rural areas (6%) (Kenya Demographic & Health Survey, 2003). Although the prevalence of HIV/AIDS in Kenya has been reduced from 13.6% in 1997 to 7% in 2003, the impact of HIV/AIDS at individual, household and community levels is felt firsthand and with the most impact, but it is also at these levels that it is hardest to measure.



Demographic indicators of HIV/AIDS in morbidity, mortality, and life expectancy rates are one thing, but their meaning for individuals and their families is another. The lasting impact in human suffering is a reality for the individuals affected as well as their families and communities for many generations (Barnett & Whiteside, 2002). The negative social impact of HIV/AIDS on families is enormous, ranging from the loss of lives to an increasing population of orphaned children estimated at 1.8 million in 2005 ("State sets up," 2005). Some of the impacts of HIV/AIDS on families include a decline in life expectancy from 65 years to 42 years, poor health and reduced capacity to work, lower productivity, and reduced incomes, savings and investments. The health-care costs are high in the face of the poor economic situation prevailing in the country. The control and management of HIV/AIDS is very expensive and puts a strain on family budgets. AIDS-related morbidity and mortality is high. It robs children of their parents and increases infant and childhood mortality.

When a family member is infected with HIV/AIDS, family functions and processes change. It becomes increasingly difficult to be a spouse, parent, provider, or continue any community role held before the infection. Family relationships change to care-giver/care-receiver, and it is usually women and girls who care for the sick person. Some families that are not resilient disintegrate with the onset of infection if relations are overly strained. Often young girls must drop out of school to assist their mothers when a father is infected, and in cases where both parents are infected and ailing, daughters may be called upon to assume the role of the household head and take up the duties of providing and caring for parents and siblings. The result is that families become poorer, children drop out of school, the standard of living declines, child survival decreases, and ultimately children are orphaned. (Kenya, 1999; State sets up scheme for orphans' upkeep, 2005).

### ***Gender Roles and Issues***

The division of roles is characteristic within any society. Within the Kenyan context, men and women control different and sometimes competing economic, social and political spheres. East African family structure is charged with duties which have far-reaching implications for the well-being of individuals, families, and the community at large (Wilson & Ngige, 2005). These features include the structuring of the African family in a patrilineal kinship system, extended family network, the role of the family in initiating the young into adulthood, the collective and



institutional nature of marriage, the prevalence of polygamous marriages in the African setting, payment of bride wealth, the practice of widow inheritance, and childrearing responsibilities.

The changing roles of the members of the African family, brought about by the change in the nature of marriage, occupational and educational trends, and from novel developments in medical and reproductive health care, have posed challenges to the family that continue to confront its existence (Keller, 1980). The division of duties and the allocation of gender roles have traditionally favored men in Kenyan communities. In patrilineal communities, decision making concerning the economic and political well-being of the family has been the domain of men, while the social responsibilities, especially concerning the care and rearing of children and the day-to-day running of the family and the homestead are the responsibility of women.

The extended family, composed of filial and consanguine relatives, was the prevalent type of family pattern in traditional Kenyan society. Today, the move toward modernization and urbanization has steadily reduced family size. Smaller family units made up of a variation of the nuclear family composed of parents and children and selected dependant relatives are quickly becoming the norm (Ngige, Ondigi, & Wilson, 2005).

Women provide the larger share of labor, especially domestic, in most Kenyan communities. In the patrilineal family system, women are regarded as *outsiders* and as such have to prove their worth to the family by procreation upon marriage. Women's labor includes the duties of childbearing and rearing, family resource management (land, water), and participating in economically-viable activities to supplement the agricultural/agrarian resources. As Kenya strives to become more industrialized, the need for both skilled and unskilled labor in the urban areas has greatly increased, drawing a large percentage of young and able-bodied people from the rural areas. With men participating in migratory labor, the women are left with the responsibility of not only taking care of the family, but are also burdened with traditional men's roles of decision-making regarding the family and providing for security, safety and maintenance.

### ***Gender Disparity***

Gender is defined as a socio-cultural construct of the society that determines the identity, roles or functions, entitlement, and deprivation of men and women in society. Gender disparities occur as a result of unequal

power relations and unequal access to resources by men and women. During the 1999 population and housing census, an in-depth analysis of gender dimensions was conducted in Kenya (Kenya, 2002 Vol. XI). Results indicate wide disparities between men and women in terms of access to education, employment, clean water, and sanitation.

*Sex ratios.* According to the 1999 population and housing census, females accounted for 50.5% of the total population. At the national level, the sex ratio was 98 males for every 100 females.

*Education and gender.* More females (62%) than males (38%) had not attended school. This means that there were 162 women for every 100 men who had not attended school. Of the entire population working for pay in 1999, about 71% were males and 29% were females. The implication is that wage employment is still dominated by males in both urban and rural areas.

*Marital status and gender.* There are more females (53%) than males (46%) who are married. The fertility level for those married is almost double (6.1) than that for the single women (3.4). In general, females are poorer than males, regardless of their marital status. During the 1999 population and housing census, it was reported that 37% of all households were headed by females, an increase from 35% in 1989. Gender disparity was also found for owner-occupied households where female heads of household accounted for 72% and male heads, 61%. This gives an indication that female-headed households gave greater priority to house ownership than their male counterparts who are more likely to rent their houses (Kenya, 2002 Vol. XI).

*Access to water and sanitation.* Access to piped, safe drinking water sources was low, accounting for 25% of the female-headed and 43% of the male-headed households (Kenya, 2002 Vol. X). Scarcity of clean and safe water at the household level presents a hygiene problem. Women's self-help organizations have successfully managed to mobilize resources and buy water tanks for harvesting rain water from the roof of their houses in many rural areas.

*Cooking fuel and gender.* A higher proportion of female-headed households (75%) than male-headed households (64%) used firewood (Kenya, 2002 Vol. X). The results have an effect on women's time for collecting firewood and the management of the environment because firewood depletes forests and contributes to the expansion of arid lands. The Ministry of Environment and Natural Resources encourages every Kenyan to plant two trees for every tree that is cut down. The Green Belt movement led by women's organizations has planted over 30 million trees in Kenya in an attempt to create a balance in the ecosystem.

*Levels of gender development.* The Gender Development Index (GDI) for Kenya showed a medium level of development ranging from 0.501 in 1999 to 0.519 in 2001 (Kenya, 2002a). Although the increase was minimal, the indication was that there was some improvement in the situation for women due to increased literacy levels, higher participation in paid employment, and participation in key decision-making areas in the country, such as government, public, and private sectors. Sustainable development cannot be attained without gender equity (Kenya, 2002a).

*Traditional marriage and family law.* Polygamy—the practice of one man having multiple wives—is widespread among Kenyan communities. The 1999 national population census indicated that 13% of women were in a polygamous marriage (Kenya, 2002, Vol. IV). Marriage law and family patterns have an impact on birth rates, parental investment in offspring, and parental practices.

According to Draper (1989), parents in a polygamous marriage do not expect to be the major providers for each offspring throughout a child's life. The responsibility for the offspring is divided among kin, which reduces the parenting effort required from each parent to raise a child. As expected, women make a greater investment in the well-being of their children, partly due to the role society has delegated to them and partly to ensure the loyalty and indebtedness of their children, and in particular sons, who inherit property and power from their forebears.

*Payment of bride wealth.* The practice of paying bride wealth has been an important part of the marriage process. Marriage is a fundamental institution in the development of the African family, because it is not only the promise of a new generation to continue the lineage, but it is also the joining together of whole families and clans. Bride wealth, or more recently, bride price, among Kenyan communities, is a form of compensation made by the husband-to-be and his family to the future bride's family. Traditionally, the payment of bride wealth was the basis upon which the marriage was solidified and the union was legitimized.

*Early marriage.* The age of marriage varies from one community to the other. This mostly depends upon which marriage law to which a family subscribes. Under Kenyan Customary Law, children are ready for marriage after having reached puberty and undergoing the necessary rites of passage to elevate them to the status of adulthood (Kabeberi-Macharia Kameri-Mbote, & Mucai-Katambo, 1995). Although traditional law provides for very young children to marry (9-11 years being the average age of onset of puberty), human rights activists have been vocal in denouncing this law, citing such early marriages to be human

rights violations against the child. To curb this practice, chiefs and other community leaders can veto or reverse marriages through provisions in the Chief Authority Act (Chapter 128, Laws of Kenya), restoring children to their schools and family lives. In addition, the Children's Act (2002) prohibits child marriages, provides for the annulment of such a marriage, and allows for prosecution of the adult partner and parents of the minor who give such consent.

Early marriage is a challenge for several reasons. While the law is contradictory and does not offer proper and concrete guidance in the matter of marriage under customary law, society has proven to be its own biggest barrier (Kabeberi-Macharia et al., 1995). Among several Kenyan communities, male children were the preferred choice since they would "continue the family line." However, female children were preferred for their childbearing capabilities and wealth generation, by bringing in bride-wealth payments. Some have viewed girls as an investment, much like a stock or bond that will pay for itself when it reaches maturity. In many cases, girls are forced into early marriage mostly to much older men who can afford to pay to quickly enrich greedy fathers or in an opposite case, to pay off family debts incurred by his prospective father-in-law. However, times are changing. The 1999 census report has shown an increasing age at first marriage for girls from 14 years (traditional age at marriage) to 20 years and for boys from 18 to 25 years respectively (Kenya, 2002, Vol. IV).

*Widowhood and wife inheritance.* Death of one's spouse is one of the most stressful and destabilizing life crises one can go through. The immediate emotional and psychological effects of bereavement can lead to physical and pathological problems (Hiltz, 1978). In patrilineal communities, the death of one's husband is especially difficult for the widow and children. Widowhood is associated with the loss of identity, financial support, and social relationships (Hiltz, 1978). With the death of the husband, the woman's social standing in the family is in question. Having lost her connection to her in-laws, many women suffer at the mercy of the cruel relatives who aspire to claim her dead husband's property and children. In communities such as the Luhya, children belong to the man, and will remain with the deceased husband's family after the funeral, depriving the woman not only of her children, but also of her livelihood and security in old age.

Among the Luo community, the practice of wife inheritance was intended to be a solution to the critical state that a widow found herself, and to give children a sense of belonging. However, present-day practices surrounding wife inheritance have become the bane of the community,

and campaigns have recently targeted banning the practice. The practice of wife inheritance has been one of the primary avenues for the spread of STDs, most notably HIV/AIDS. Inherited wives are required not only to take on the name of one of their brothers-in-law; they are also required to perform *marital duties* with the new *husband*, greatly increasing the risk of transmitting STDs and more recently the dreaded HIV/AIDS.

The Kenyan traditional marriage and family *law* on polygamy, bride-wealth expectations, arranged and early marriages, and wife inheritance are challenges that contemporary families are faced with and grappling to overcome.

*Maternal mortality.* Maternal mortality was estimated at 650 per 100,000 live births (Kenya Demographic and Health Survey, 2003). The causes of maternal mortality include pregnancy at an early age, poor nutrition during pregnancy, lack of antenatal care during pregnancy, and complications during home delivery managed by traditional birth attendants without assistance by trained health professionals. Rural mothers are more disadvantaged than their urban counterparts in terms of access to reproductive health care.

### CASE STUDIES ON FAMILY STRENGTHS

A case study of strong and durable marriages and families in Kenya indicated that the most-valued qualities were love and mutual respect, valuing children, providing for the family, communication, and time together (Ngige, Njue, & Rombo, 2005). Founding a family is of paramount importance to Kenyan families. A single adult is considered incomplete until he or she establishes a family through marriage and childbearing. According to a couple that had been married for 45 years, companionship was the most important thing that they valued in their marriage:

The most important thing that we value in our marriage is companionship. Without each other, none of us would have survived since all our children are married and have left us to establish their own families. (Mr. & Mrs. Kimani, personal communication, April, 2005)

Love and mutual respect between husband and wife, which are then extended to children, is the foundation of strong families. Children who are loved and cared for adequately develop strong bonds with their parents

and siblings. These strong relationships continued over the life-course where children in turn take care of their aging parents gracefully and grandparents provide childcare freely and not as a result of obligation. This was demonstrated by a couple who had been married for 60 years and was still enjoying a satisfying marital relationship.

The thing that keeps our marriage strong is mutual love and respect. When you love and respect your spouse, he or she experiences fulfillment in marriage. What else is out there to yearn for? (Mr. & Mrs. Kariuki, personal communication, April, 2005)

Children are highly valued in Kenyan families and they are considered to be the fulfillment of marriage. Children are regarded as heirs and the continuation of family lineages across generations. Children are also considered as the linkages between clans where marriage alliances have been contracted. This has led to increasing family size where the total fertility rate for married women is 6.1, but for single women it is 3.4 at the national level (Kenya, 2002 Vol. IV). In traditional society, large families were highly regarded as a status symbol as well as for economic purposes. Where child survival was very low, bearing many children ensured that some children survived. In the contemporary society, the shift has moved to smaller families and couples plan the number of children they wish to have and are able to care for adequately. Parents as the primary duty bearers have the responsibility of providing for their children in order to meet their physical and social-emotional needs. Where parents are incapacitated and cannot provide for the needs of their children, the extended family is obligated to fill the gap as indicated by grandparents who took the responsibility of raising their grandchildren upon the death of the children's father:

The greatest blessing in our old age is to be able to enjoy the companionship of our grandchildren and to make an investment in their future. When our son-in-law died, we assured our daughter that her children would not lack any provision in their upbringing. Today all her children are either in college or working. (Mr. & Mrs. Kariuki, personal communication, April 2005)

In a predominantly extended family setting, communication is a strong bonding factor where couples and children are free with one another and with their immediate relatives in matters pertaining to family life:

Communication is the key ingredient in our marriage that we value most. Through communication, we are able to plan together and to sort out our differences without having to call upon a third party to our family affairs. (Mr. & Mrs. Wamugunda, personal communication, April 2005)

Kenyan families promote time together in all stages of family and child development. Mate selection and bride-wealth negotiations, wedding ceremonies, childbirth rituals, initiation of youths into adulthood, commissioning of older adults into the council of elders, and funerals are all marked with ceremonies as important family events. In contemporary society, birthdays and graduation ceremonies are also considered family events where members congregate to celebrate together:

During Christmas season, we have an annual family event where our children and grandchildren visit us and we have time together as a family to renew our sense of belonging and common heritage. (Mr. & Mrs. Kimani, personal communication, April 2005)

## ***FAMILY PRACTICES***

### ***Communitarianism, Familism and Collectivism***

Communitarianism is the practice of familism and collectivism over individualism in resource generation and distribution. It is a family strength in the face of adverse economic situations prevailing in the community. Familism ensures that the wealthy members of the family allocate resources to the less-endowed members in exchange for their labor, and in the end this creates a balance in resource distribution. The more educated family members contribute to meeting the education costs of younger siblings and relatives as a means of reciprocating with their parents for their own upbringing. The gains made in collectivism are greater than those made by practicing individualism in the sense that it raises the standard of living of the extended family, rather than the nuclear family alone. Familism encourages a high sense of community where the common good outweighs individual interests. At the national level, the *harambee* philosophy, which means pulling together, has provided communities with an opportunity to network together to develop schools, hospitals, churches, and social welfare funds to meet their collective needs.



Transitional changes in family life, such as additions and deletions due to birth, marriage, death, and graduation, and adulthood/rites of passage are communally arranged because they are culturally considered to be beyond a single family's capacity to cope. At the community level, the *harambee* spirit has provided individuals with financial, emotional, and participatory support when the need arises. Benevolent funds and welfare organizations have evolved out of the concept of *harambee*.

Cultural belief and collective problem solving has also contributed to sustaining families. The chief's *baraza* are local administrative offices that solve family issues of any magnitude, ranging from land ownership wrangles to sibling rivalry. Although the chief is a government employee, he or she is also recognized as an individual who operates within an extended kinship network and is therefore familiar with cultural norms that guide morals in a given community.

### ***Extended Family and Kin***

The benefits of the extended family system include intra-familial childcare arrangements and shared monitoring and supervision of young children and youths by adult relatives. Extended family networks are useful for resource generation and distribution among needy relatives. Many transitions in life are supported and celebrated within the extended family system. For example: extended family care-giving for vulnerable family members, such as the sick, the elderly, and members with a disability. Care of widows, widowers, and orphaned children is done collectively, and families uphold the concepts of "blood is thicker than water" and "marriage alliances cement lasting family friendships." Therefore, one should not neglect a person related to her or him by blood, marriage or adoption. The extended family also takes care of single parents, child-headed households, and grandparent-headed households. The kin system promotes multi-generational families living in close proximity and building strong family bonds across generations. Kenyan families have cultivated resiliency through adaptation, cohesiveness and strong kinship ties that enable them to pool together for survival.

### ***Communal Childrearing Practices: "It Takes a Village to Raise a Child"***

Each community has its own age-old regimen for caring for the young. Several practices are carried out to ensure that the new members of the

family are not only healthy and strong, but will survive to young-adulthood and establish families of their own. Maternal bonding with the newborn through carrying and holding the baby, bathing and cleaning, and breastfeeding are important measures in the psychological and emotional well-being of the child (UNICEF, 2001).

According to Draper (1989), maternal investment in the well-being of the child is significantly higher than male investment in African communities. A low level of paternal obligation in the raising of his young is translated into the prominent absence of the African man in the day-to-day childrearing practices. This pattern of childrearing practices may be the reason behind the need for communal investment in the well-being of children. Among several African families, care for children is shared amongst kin, especially among female consanguine kin. Parents do not expect to be the primary providers and care-givers throughout a child's life, especially in cases where spouses do not rely too heavily on each other as primary long-term sources of support, either for themselves or their children (Oppong & Bleek, 1982).

### *Care for the Elderly and the Sick*

Caring for the elderly and the sick is one of the most daunting tasks that anyone can face. In these days of great advances in the medical and health sciences, curative and preventive medicine for several diseases have been discovered and applied to improve the health of the community. Despite these advancements, however, modern healthcare remains an expensive alternative, far removed from the reach of the ordinary people in Kenya.

To cope with stress when faced with the deteriorating health of a sick or elderly family member, programs and solutions have been developed to enable the care-givers to maintain their own emotional and physical health, while at the same time providing adequate care for the sick. Studies show that while the level of deterioration of health in the ailing relative may not be directly correlated to the level of care-giver stress, outside factors such as financial burden, pressure from work or occupation, and added responsibilities for other family members greatly increases the amount of stress associated with caring for the sick or the elderly (Starrels, Ingerssol-Dayton, Dowler, & Neal, 1997).

In communities where the responsibility for family members is shared among kin, caring for the sick or the elderly may not be too daunting a task. However, movement away from the rural areas to urban areas in search of jobs and better opportunities has scattered family

units, leaving fewer people to care for the old and ailing relatives in the home. The massive death toll caused by HIV/AIDS has also left a large gap in the demographics, where younger, able bodied, more productive members of the family are dying off faster than the elderly, causing a large and foreboding problem for families.

To tackle these issues, programs to provide care for the sick at a lower economic cost have been started across the country. These programs aid in the alleviation of the financial burden that is associated with the care of the sick. Educational programs established at the community and district level to inform people about the dangers of unwise sexual activities and the suffering and death caused by HIV/AIDS have had measurable success in some communities around the country (UNICEF, 2004). While these programs still need to be increased in breadth and depth and the message broadcast across the nation, the efforts to eradicate HIV/AIDS are gathering momentum.

Public health efforts to educate people about new threats to community health have been championed by the Ministry of Health and other organizations in the public health arena. Efforts to educate women, who are more often the primary care-givers have been established and are proving to be worthwhile as more and more women become knowledgeable not only in family health, but also in their reproductive health care (UNICEF, 2004).

### ***CHILD AND FAMILY-FRIENDLY LEGISLATION***

Legislation and implementation of family-friendly laws is a source of knowledge strength for families. Recent implementation of child and family-friendly legislation and policies such as free primary education in 2003, the Children's Act of 2001, and the family law of inheritance and succession of 1999 have had a positive input in strengthening families. Government legislation promotes family strengths by serving as a point of reference for family obligations to treat their members in a fair and desirable way. The Kenyan constitution recognizes the traditional culture and practices governing marriage and family life; however, the constitution states that the tradition shall be honored when it is deemed not to be repugnant in the light of the existing secular legislation. For instance, the traditional law of inheritance and succession did not consider single and married daughters as heirs of the parent's property upon the latter's death. The secular law takes cognizance of children of both sexes, whether they are married or not. This is an example of a family-friendly

legislation that is used in case of disputes between sons and daughters over their deceased parents' property.

Kenya ratified the United Nations Convention on the Rights of the Child in 1990. Since then, tremendous gains have been made toward meeting the rights of children for survival and development in the provision of basic social services, such as health and free primary education, among other services. Kenya has developed a special program to target children with disabilities in order to improve interventions. District Rapid Response Units, popularly known as Crisis Desks, have been established in children's departments throughout the country to meet the needs of children at accessible locations to both children and families in distress. The government has set up a fund for the upkeep of orphans and other vulnerable children. Parents and guardians looking after orphans are given a little stipend of Kenya Shillings 500 (equivalent to USD \$7.00) per month to provide for these children's basic needs (Kenya, 1999).

### ***Women as Sources of Family Strength***

Research has shown that women across the globe sustain human life beyond bearing children (Rombo-Odero, 2004). They provide nurturing socialization by meeting holistic needs of their families socially, economically, emotionally, and physically. They engage in relationships with notions more holistic than their male counterparts. This enables women to nurture individuals for survival even in very harsh living situations. It is not uncommon to find women living and fending for their children in the rural areas, while their husbands reside in town earning a salary that cannot sustain the family. The husband may visit and/or send monetary support, but the day-to-day survival of the family largely falls on the woman, who has been socialized to take the burden on the family.

Women's groups are one way of pooling women's resources together for family development. These organizations are found in every part of the country, both rural and urban areas and across social economic status. In 1994 there were 23,614 registered groups, 80% of the groups were established in the 1980s, compared to 4% in the 1960s and 1% in the 50s (Kabaji, 1997). There are numerous groups that are not registered, but still serve women and their families through direct and indirect provision of moral, social, and economic support. The women's group meetings provide for their recreational needs as they entertain and serve food. Some undertake educational or self-enhancement

skill development in such groupings. The outcome can be therapeutic to the women by boosting their self-esteem which subsequently influences their parenting and interactions with family members positively.

### ***Combating HIV/AIDS***

This includes strategies established by government and local communities for HIV/AIDS prevention, management, and control. The government has recently developed a policy to promote and strengthen non-institutional care of people living with AIDS and distribution of anti-retroviral drugs at an affordable cost. In every constituency there is an HIV/AIDS support committee set up by the government to supplement resources for care giving by the extended family. There is also a policy guideline on HIV and infant feeding to prevent and reduce mother-to-child transmission through breastfeeding. At the family level, members continue to provide care for the infected and affected family members at great social-emotional and economic cost. Other strategic solutions include establishing alternative mechanisms for providing care to infected and affected populations through community-based, faith-based, and non-governmental organizations.

### ***Poverty Eradication Programs***

Of the United Nations' 8 Millennium Development Goals, the first is to eradicate extreme poverty and hunger in the world. Kenya is struggling to achieve this goal by increasing the minimum wage to the equivalent of two dollars (US) a day (Ministry of Labor, 2005) and by improving access to basic social services, particularly education and primary health care. There has been a concerted effort over the last few years to reduce government domestic borrowing. Efforts have been made to negotiate with donor communities on debt rescheduling and cancellation. For the first time in 2005, the national budget was prepared without factoring in donor support (Ministry of Finance, 2005). The economic growth rate has been estimated at 4.3% in 2005. Measures have been established to reduce the domestic interest rates, improve infrastructure, and promote increased agricultural production.

At the family level, men, women, and children living below the poverty level apply enormous strength and creativity to solve their persistent practical problems of daily living. They use their physical energy, skills, values, and culture for family survival. They work hard to earn

their livelihoods and they are thrifty when it comes to spending incomes on the essentials of living. They establish their own local cooperatives and credit societies as a strategy of savings and investments. They exchange labor on rotational basis in cultivating their small-scale farms, and they use barter trade instead of their scarce money incomes. Given the necessary support, families can be the main actors of sustainable development and beneficiaries of an improved quality of life (Kenya, 2006b).

### *Role of Religion in Family Life*

The practice of religion—belief in the existence of a supreme being who directs life—provides spiritual balance and psychological wellness by providing a channel through which one can direct their beliefs in the sacred and the spiritual. There are several different religions practiced in Kenya, the largest one being Christianity, which accounts for 82% of the population, followed by Islam, 6%, Hindu, 1%, and traditional African religions, 11%. Kenyans are deeply religious people and religion is regarded as a source of family strength which cuts across kinship, ethnicity, social status, age, and sex. While affiliation with a selected religious group is a matter of one's choice, religion is a unifying factor among people of diverse backgrounds (Kenya, 2002 Vol I).

Religious rituals are intertwined with family rituals across the life-course from birth to death (Mugambi, 1989). For instance, the traditional naming ceremony for a newborn child is linked with the practice of infant baptism; the adolescent rite of passage into adulthood often coincides with confirmation as a full member of a church or religious association; and premarital negotiations and payment of bride wealth is linked to modern premarital counseling and marriage preparation. Even in death there are funeral rites that link the dead and the living across time with the belief in life after death. Strong religious beliefs bring stability and meaning to people's lives during times of hardship and stress. Religion is a driving force behind the will to live and overcoming challenges in life, which gives hope for a better future.

The role of the religious institutions in Kenya has been multifold: from participating in educational forums and community activities, such as building settlements, schools, and orphanages, to raising awareness about diseases like HIV/AIDS and providing health care across the country. Religious forums are not confined to the spiritual arena only, but use a holistic approach in meeting human needs.

## CONCLUSION

Despite the myriad challenges facing Kenyan families, the family as an institution has passed the test and proven itself to be resilient. The Kenyan family has adapted to a diverse array of challenges, situations, and opportunities by adopting new and varied forms, new functions, and creative strategies. Strong families exist and respond positively and effectively to contemporary challenges, such as poverty and HIV/AIDS pandemic. The strategies that families employ may be summarized as communitarianism. These include promotion of family values such as familism and collectivism, use of extended kin and family social networks, communal childrearing practices, and collective care giving of vulnerable family members, such as the elderly, sick and members with disability. Women, as sources of family strengths, have continued to provide windows of hope for family survival in the face of adverse living conditions. The role of religion cannot be overemphasized in a society that is regarded as highly religious. Strong religious beliefs bring stability and meaning to individual's lives, the family institution and society as well. Religion is the driving force behind the will to live on and to search for solutions to the persistent and perennial practical challenges facing Kenyan families.

The secular arena has also played a part in providing child- and family-friendly legislation, publicly-funded poverty eradication, and HIV/AIDS prevention, management and control programs, as well as rural development efforts aimed at improving the livelihoods of Kenyan families. Kenyan families can therefore be termed as resilient: they have the capacity to face, overcome and be strengthened by the contemporary challenges of life.

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