

Unhygienic practices have been associated with the spread of parasitic and bacterial infections in rural areas. This study was designed to verify the link between the frequencies of malaria and typhoid fever with selected rural practices in Njoro District, Kenya. A cross-sectional study involving observations, questionnaires and interviews was conducted to determine the socio-economic variables and practices/lifestyles in 336 randomly selected homesteads. Frequencies of malaria and typhoid fever in two randomly selected health centers were determined through a retrospective study for the period from 2004 to 2009. The respondents had large families (68%), low education level (67%) and high responsibility burden (67%). Individuals who did not boil drinking water constituted 61%. Boiling drinking water was less common among the poor, Odds Ratio (OR) of 2.36,  $\chi(2) = 9.88$ , 95% Confidence Interval (CI) of 1.38-4.03. Respondents who washed their hands in a basin after using the latrines comprised 79.8% while 4.8% did not. 18.5% of the respondents did not use a soap to wash their hands after using the latrine. One third (33.6%) of the homesteads had dirty and inappropriate pit latrines while 2.7% of the homesteads lacked latrines. Failure to use mosquito bed nets was more likely to occur among the poor respondents, OR of 1.44,  $\chi(2) = 1.74$ , 95% CI of 0.84-2.48. The frequencies of malaria and typhoid fever were an average of 29 and 24% respectively. Malaria and typhoid fever cases were relatively frequent due to adoption of inappropriate lifestyles and practices that predisposed the residents to infectious agents. Poverty seemed to play a significant role in the spread of malaria and typhoid fever