

**PRIME**  
J o u r n a l s

**Prime Journal of Social Science**

*Www.primejournal.org/PJSS*

*ISSN: 2315-5051*



**FAMILY-RELATED FACTORS  
CORRELATING WITH  
QUALITY OF LIFE IN KENYA**

Lucy W. Maina and Olive M. Mugenda

Full Length Research Paper

## Family-related factors correlating with quality of life in Kenya

<sup>1</sup>Lucy W. Maina and <sup>2</sup>Olive M. Mugenda

<sup>1</sup>Sociologist teaching at Kenyatta University, Kenya.

<sup>2</sup>Vice Chancellor, Kenyatta University, Kenya.

Accepted 9<sup>th</sup> October, 2013

Family life and quality of life are closely intertwined. Yet the family and its structure differ significantly across the globe. Quality of life studies have mainly focused on developed countries with few scholars attempting to understand the key role of the African family in achieving life satisfaction for its members. Kenya like other African countries is consistently missing from most global quality of life ranking. Hence the current paper attempts at elucidating the multi-dimensional contribution of the family to the realization of quality of life among Kenyans. The paper draws from empirical data gathered in year 2011 from a nationally representative sample of 5,179 adults in Kenya using the explorative survey and quasi-experimental methods. The subjects were interviewed on a wide variety of factors that relate to quality of life. The findings show the pre-eminence of the family in achieving QoL among Kenyan adults as well as its intricate relationship with other factors deemed as key indicators of quality of life. Policy recommendations include the need to improve the health of the family through focused programming.

**Key Words:** Family, relations, quality of life

### INTRODUCTION

Quality of life (QoL) has been defined as the degree of well-being felt by an individual or a group of people. QoL has a bearing on individuals' life situations but it is not the sum total of these though the conditions and perceptions of individuals to their economic and social situation play a key role (Nolan and Whelan, 2003).

The main indicators of QoL usually include: economic wellbeing, health, education achievement, freedom, social participation and self-perceived wellbeing or satisfaction (Pierre and Bitondo, 2001). A popular concept since the 1970s, QoL is a function of the degree to which each identified human need is met: that is the fulfillment and the importance of the need in terms of its relative contribution to one's subjective well being.

Broadly, QoL may be said to consist of two components: physical and psychosocial wellbeing (Campbell et al., 2011). The physical aspects may include health, nutrition and protection against all forms of discomfort. The psychological aspects may include lack of stress, worry and other negative emotional states (Nassbaum et al., 1993). According to Constanza (2008), QoL embraces among others, the economic situations of

people, housing and environmental factors, employment, education and skills, household structures and family relations, work-life balance, health and wellbeing, subjective well being and perceived quality of society.

According to the QoL Research Unit, University of Toronto, the measurement of QoL includes three major domains; *Being, Belonging and Becoming*, with each domain contributing to ones overall assessment of the QoL.

#### Being

This domain includes the basic aspects of "who one is" and has three sub-domains - physical being, psychological being and spiritual being. Physical being includes aspects of physical health, personal hygiene, nutrition, exercise, grooming, clothing, and physical appearance. Psychological being includes the person's psychological health and adjustment, cognitions, feelings, and evaluations concerning the self and self-control. The spiritual being reflects personal values, personal standards of conduct, and spiritual beliefs which may or may not be associated with organized religions.

### **Belonging**

This includes the person's fit with his/her environments and also has three sub-domains. Physical belonging is defined as the connections the person has with his/her physical environments. Social belonging includes links with social environments such as social networks and relationships. Community belonging represents feelings of satisfaction with one's community membership and contribution as well as access and rights of use of resources normally available to community members.

### **Becoming**

This refers to the purposeful activities carried out to achieve personal goals, hopes, and wishes. Practical becoming describes day-to-day actions such as domestic activities, paid work, school or volunteer activities, and meeting of health or social needs. Growth becoming activities promote the improvement or maintenance of knowledge and skills while leisure becoming includes activities that promote relaxation and stress reduction.

Due to their overall evaluation of an individual's wholesome status, QoL studies have gained momentum in most parts of the world especially the developed world. Cummins (1996), drawing on previous studies and outlined indicators, has identified eight core areas of interest among them family and family relations. These connections further stretch to the concept of community which is fundamental to people's overall QoL and sense of belonging. Informal networks and how people connect with others are important for strong families, communities and social cohesion.

Drawing on this conception of the family and taking cognizance of the unique nature of the African family very often contextualized within its cultural milieu (Moller, 2007), this paper sought to closely examine the role of the family entity in achieving QoL taking a set of indicators commonly used in estimating satisfaction with one's QoL. The paper takes issue with the preoccupation in measuring social development and wellbeing using a given set of economic indicators. Often, these economic indicators ignore the role of the family in creating satisfaction for its members and thus its relevance to QoL. Though it may be argued that family wellbeing may not be the only factor in defining happiness, it is important to document the substantial role that it plays amid other factors in the achievement of QoL and especially in an African set up. Further, given that various measurements of living such as those provided by the Human Development Index continue to reflect dwindling standard of living for most of Kenyans and rising economic inequalities, it was important to establish if there were aspects of the family that had a positive effect on QoL. This necessitated taking a multidimensional approach other than being limited to economic indicators and interrogating the place of the family in the achievement of contentment. Given the value of family and social

networks in Kenya and Africa as a whole as well as the complex nature of the African community, it was important to establish to what extent these structures and their organization accounted for happiness and satisfaction among Kenyans.

## **METHODOLOGY**

### **Sampling**

The QoL Study (QoLS) survey adopted a multidimensional approach to include a number of indicators of QoL. It was nationally representative involving a large sample of adult respondents (18+) drawn from all the 8 provinces of Kenya thus capturing the crucial but diverse socio-economic characteristics. The sample was drawn using proportionate random sampling procedure where all 8 provinces were included in the study (table 1). From the 8 provinces, 21 districts were randomly selected and represented various socio-economic as well as regional differences. For the most populous provinces such as Rift Valley, Eastern and Nyanza, 4 districts were randomly selected. However, from Central province, 3 districts were selected while from Western and Coast provinces 2 districts were selected. Nairobi province, the administrative capital was not divided into districts but for the purposes of this study, two regions were selected to include Westlands and Nairobi North. The survey used the 2008 population projections by the Kenya Integrated Household Budget Survey (KIHBS 2005/2006), which were 37,953,838. The study targeted adult population (over 18) estimated at 18,266,099. This figure was employed to project populations of different provinces as well as selected districts for the purposes of the study.

From each district, 2 divisions were randomly selected while from each division, one location was randomly selected. Once the projected population for each location was obtained, 10% representation was adopted to arrive at the final sample. Selecting the target households involved mapping the area and determining a sampling interval depending on the sample size. As much as possible, taking the  $K^{\text{th}}$  unit was emphasized except where there was refusal to engage in the interview in which case, substitution was done. In the end, a total of 5,179 respondents were interviewed using a structured household interview schedule targeting heads of households or their spouses. Further, focus group discussion with carefully selected groups representing the diverse Kenyan social structure was carried out to supplement data gathered via the interview schedule. Thus, the study generated both quantitative and qualitative data which was analyzed using the appropriate methods.

### **Measures**

The study employed a number of measures for both descriptive analyses as well as inferential analyses from the QoL study. The measures used in multivariate

analysis are described below:

### Dependent variable

Satisfaction with QoL – measured using a four pointer scale by asking the respondents if they were satisfied with their overall QoL. The original four categories were: '4' = very satisfied, '3' = satisfied, '2' = dissatisfied and '1' = very dissatisfied. These categories were collapsed into a dummy variable of two categories required for a dependent variable for logistic regression analysis (Agresti, 1996, 2007). The new categories '1' = satisfied and '0' = dissatisfied.

### Independent variables

A string of independent variables for descriptive and multivariate statistical analyses were measured as follows:

- Age: Measured in age brackets of 10-year bands but the lowest age bracket had an 8-year band because the adults included in the study were those 18 years and older. However, for the current analysis, there were four age brackets for older adults 55 years and older.
- Marital status: This was the marital status reported by the respondents, with five response categories of: married, single, widowed, separated, and divorced.
- Educational level: Measured in terms of the highest level of education attained. There were five levels categorized as no education, primary, secondary, tertiary, and university.
- Household income: Measured in income brackets, starting from less than Kshs. 4,999 and an incremental of Kshs. 10,000 bands for the subsequent brackets up to above Kshs. 100,000.
- Health status: This was self-reported measure of one's rating of general health measured in three response categories of: 3 = good, 2 = fairly good and 1 = poor.
- Social status: This was self-reported measure of one's perception on social status measured in ordinal scale, where '1' indicated not satisfied with one's social status and '3' indicated satisfaction with one's social status.
- Family position/status: This was also a self-reported measure of one's perception of his/her family status measured in ordinal scale, where '1' indicated not satisfied with one's family status and '3' indicated satisfaction with one's family status.

## RESULTS

### Empirical findings

This section presents the findings from the data analysis for both description of the respondents since a short profile of respondents is necessary and quantitative analysis for relationships between QoL variables and contributors as well as predictors of this measure.

### Gender of respondents

The gender distribution of the respondents (household head or alternative household head) was 53% female

and 47% male. This is reflective of current family patterns in Kenya. Although male headship of families is comparatively higher than of females in Kenya (Republic of Kenya, 1999; African Development Fund, 2007), females are increasingly heading families (KIPPRA, 2005). The increasing number of female-headed households can be attributed to male out-migration as well as the tendency for more women getting children out of marriage or opting to remain unmarried (Muigana, 1993; Republic of Kenya, 1999, 2003). The higher than average representation of women as heads of families in the study may also be attributed to the fact that women are still more likely to stay at home in the day time or work close to the home than men.

### Educational levels

The educational attainment levels of the respondents were varied from no education to having university education. About 6 % had no education at all while about 38 % had post-secondary education. Educational achievements post-secondary levels for adult Kenyans remains low despite recent efforts to provide free and universal primary and education mostly due to cost involved in attaining such education.

### Marital status

From table 1, the majority of the respondents were married (68%), while 21% were single, 3% were separated, 7% were widowed, and the divorced were 1%. This finding show that a large majority of the population aged 18 and over are married in Kenya. Though the divorced and separated are the least represented categories, there is empirical evidence that shows marital dissolutions are on the rise in Kenya. Mostly in Kenya and elsewhere in Africa, people rarely admit to being divorced often due to the stigma associated with divorce and marriage failure in the society (KDHS, 2009).

### Age of the respondents

The demographic data from the Kenya National Bureau of Statistics (KNBS) show that the country has generally a youthful population with a low median age of 18 (KNBS, 2011). The majority of respondents in this study were in the age category of between 26-35 years old (30%), while those above 85 years of age were the least (at 6%). Those in the age group 36-45 years represented 24% of the respondents, which was also the highest represented category (modal class). The subsequent age classes decreases steadily although not proportionally. The high number of people within the age group 18-45 reflects relatively young families and a need for policy makers to pay attention to these highly active members of society.

### Average family income

Table 1 show the distribution of household income, where disparities were apparent. The poorest families in this study were earning below Kshs 4,999 per month, which

**Table 1:** Social, economic and demographic characteristics of the respondents

Variable		Percent
Gender	Female	53 %
	Male	47 %
Educational Level	None	6 %
	Primary	26 %
	Secondary	31 %
	Tertiary	24 %
	University	14 %
Marital Status	Married	68 %
	Single	21 %
	Separated	3 %
	Widowed	7 %
	Divorced	1%
Age Category (in years)	18 – 25	16 %
	26 – 35	30 %
	36 – 45	24 %
	46 – 55	15 %
	56 – 65	8 %
	66 – 75	4 %
	76 – 85	2 %
	85+	1 %
Income level (Kenya Shillings) per month	Less than 4,999	32 %
	5,000 – 15,000	34 %
	15,001 – 25,000	15 %
	25001 – 35,000	7 %
	35,001 – 45,000	5 %
	Over 45,000	7 %
Religion	Protestant	58 %
	Catholic	33 %
	Muslim	7 %
	Traditional	2 %
Provincial representation	Central	14 %
	Coast	8 %
	Eastern	16 %
	Nairobi	8 %
	North Eastern	4 %
	Nyanza	15 %
	Rift Valley	22 %
	Western	13 %

represented 32% of the respondents. The next low income category (Kshs 5000-15,000) comprised 34% of households indicating that nearly two thirds of the respondents earned below Kshs 15,000 per month. The high income families constituted only minority of 7% whose monthly income was above Kshs 45,000. These findings are consistent with those of the African Development Fund [ADF] (2007), where the population living under absolute poverty in Kenya was said to be 53% in 2005 and 46% in 2005/6 by the Kenya Integrated Household Survey (KIHBS, 2005/2006).

#### Religion representation

Kenya is said to be a predominantly Christian nation though a diversity of religions also exist. In this study, 58% of all respondents were Protestants while 33% were

Catholics, where in total, 91% were Christians. On the other hand, 7% were Muslims and 2% were adherents of various African Traditional Religions.

#### Provincial/regional representation

At the time of data collection, Kenya was divided into 8 provinces but was soon after, structured into 47 counties defined in the Constitution. As table 1 shows, the study was carried out in all the eight provinces and sample size was proportionately drawn with Rift Valley province having the highest number of respondents (22 %). The least number of respondents was drawn from the least populous province namely North Eastern province (4%) which is perennially under-populated region of Kenya with scattered households living in a largely semi-arid area.

**Table 2:** Key contributors of QoL reported by respondents

Rank	Key Contributor	Ranked 1 <sup>st</sup>	Ranked 2 <sup>nd</sup>	Ranked 3 <sup>rd</sup>	Ranked 4 <sup>th</sup>	Ranked 5 <sup>th</sup>	Ranked 6 <sup>th</sup>	Weighted %
1	Good Health	37.25	18.85	10.98	8.26	6.12	4.48	19.20
2	Adequate Income	17.45	19.42	17.93	12.76	10.62	8	16.24
3	Education	10.47	16.24	13.48	8.99	7.90	5.57	11.73
4	Food Security	8.15	12.13	10.92	10.99	8.52	6.25	9.98
5	Family relationships	4.98	9.16	12.54	14.20	13.14	10.67	9.78
6	Security(General)	3.19	5.78	10.14	15.55	15.57	16.69	8.72
7	Profession/job/career	6.96	5.72	7.16	5.98	5.07	5.81	6.33
8	Having friends	0.38	1.12	2.82	4.83	8.47	12.66	3.01
9	Clean environmental	0.56	1.53	2.23	3.92	6.52	11.03	2.66
10	Marriage	1.21	2.42	3.01	3.74	4.25	2.61	2.56
11	Spiritual wellbeing	5.29	1.55	1.23	1.37	1.72	1.48	2.54
12	Having Children	0.44	1.75	2.11	3.59	4.85	5.51	2.18
13	Housing	0.44	0.90	1.52	1.11	0.52	0.30	0.85
14	Farming	0.93	1.10	0.75	0.47	0.62	0.36	0.81
15	Community Status	0.14	0.39	0.63	1.00	2.07	2.87	0.73
16	Investment	0.65	0.33	0.69	0.42	0.42	0.39	0.51
17	Personal Appearance	0.14	0.22	0.54	0.84	1.25	1.57	0.51
18	Community Participation	0.16	0.33	0.42	0.69	1.10	2.19	0.51
19	Being Young	0.69	0.31	0.33	0.33	0.60	0.65	0.47
20	Good Conduct	0.12	0.28	0.29	0.24	0.20	0.06	0.21
21	Personal Well being	0.24	0.24	0.08	0.27	0.15	0.33	0.21
22	Marital wealth	0.12	0.18	0.10	0.42	0.20	0.36	0.19
23	Leisure pattern	0.02	0.06	0.08	0.04	0.10	0.18	0.06
	<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100.00</b>

### Statistical analysis

Quantitative statistical analysis comprised of two types of analyses – weighing of scores of various factors on the basis of their relative importance to QoL and multiple regression analysis of factors found significant for their strength in predicting QoL among Kenyan adults.

### **Weighted score for family factors correlating to Quality of life in Kenya**

An in-depth analysis of selected key factors was done to determine;

- First, if family is a critical component of QoL in Kenya
- Secondly, the importance of various family factors in the realization of QoL among Kenyans
- How family and marriage relationships compared with other known factors of QoL in Kenya

Table 2 shows the weighted score matrix for 23 key contributors of QoL as identified by respondents.

From the study, family and belonging to a family emerged as important factors in the achievement of QoL. From a weighted score matrix, family re/ships contributed at least 9.7% to overall QoL coming after good health (19.2%), income (16.2%), education (11%) and food security (9.9%). Hence, quality of family relationships is ranked 5<sup>th</sup> in achievement of QoL. Other evidence drawn from the study indicated that family factors such as having children, good relations with in laws and wider family were critical to the achievement of high QoL for especially women. Further, it was also established that absence of conflict in the family is key to economic

progress and 'comfortable living' indicated by minimized stress as well as social support that is so crucial to individuals whenever need arises. Family stability was also mentioned as a factor in nurturing good physical health as well as improving ones' self-image in the society and thus contributing indirectly to QoL. Thus, after basic needs of wellness and provision are met, family comes as the next important factor for achieving QoL. These findings provide evidence of the great importance accorded to family in the African set up and the immeasurable benefits that arise out of belonging and healthy relations within the family.

### **Role of other family factors**

Having ones family within the African setup is often conceived of in terms of marriage and siring children. Children are widely valued in Africa and are often the basis on which marriages are contracted and sustained (see among others Bloom and Ottong, 1987; Kilbride and Kilbride, 1990). From table 2, having children contributed a portion of 2% to satisfaction with QoL. Having children was often expounded as providing a positive self-feeling and a sense of purpose in life. From discussion with respondents, there was ample evidence that one's success was tied to the success of their children. In the Kenyan society, high education attainment among ones children often earns them (the parents) further recognition and respect. There is also a degree to which many parents (especially in lower income bracket) look to their children for economic support once they obtain good employment often after a good education. In contrast,

**Table 3:** Logit model for predictors of satisfaction with QoL

Variable Name	Parameter Estimate	Std. Error	Wald X2	DF	p-value	Odds Ratio	95 % Confidence Interval	
Intercept	-4.0542	0.233	302.7798	1	<.0001***	-	-	-
Age	0.1036	0.0239	18.7289	1	<.0001***	1.109	1.058	1.162
Education Level	0.0557	0.0355	2.4599	1	0.1168	1.057	0.986	1.134
Marital Status	0.0376	0.0363	1.0757	1	0.2997	1.038	0.967	1.115
Household Income	0.327	0.0303	116.5506	1	<.0001***	1.387	1.307	1.472
Social Status	0.4948	0.0479	106.6442	1	<.0001***	1.640	1.493	1.802
Family position/status	0.5165	0.0506	104.2932	1	<.0001***	1.676	1.518	1.851
Self-rated health	0.2832	0.0553	26.2178	1	<.0001***	1.327	1.191	1.479
			Ch-sq.	DF	p-value			
	Likelihood Ratio		772.4038	7	<.0001***			
	Wald		607.9281	7	<.0001***			

\*p&lt;.05, \*\*p&lt;.01, \*\*\*p&lt;.001

ability to meet needs of children and to educate children to higher levels of learning were critical factors for the urban upper class than for those in other income brackets. There was also evidence of higher value for family stability among those of higher economic standing.

Further, ones' social networks (often emanating from family) and community status also emerged as important in explaining QoL. This is due to the fact that the family acts as a bridge for individuals wishing to build social engagements. In essence then, a person's friends are often likely to be those people known to other member of the family network and one is introduced to such persons in the process of interaction. The fact that people feel secure to relate and transact with members of their own families also means that a large number of key social groupings obtain from networks within the family. It was noted that community networks were more important for rural and poorer families than they were for well to do groups.

Notably, strong social networks and relations were particularly important among the older respondents in the study. This indicates that such relations become more critical for older persons and may be tied to the need to feel ones influence, the rising need for social support and the need to nurture a legacy of recognition among that generation. Indeed, moral support as a factor emanating from strong family connections was cited as critical for the achievement of QoL. However, the tendency for extended members of the family to overly on (successful) individuals within it was shunned as lowering QoL. As stated earlier, dependency and interdependency among family members in the Kenyan society is not exclusively found in the nuclear set but stretches beyond this boundary to ones 'other' relatives.

In most of Africa, the concept of marriage has and is still associated with status. Traditionally, marriage was a rite of passage that granted one community benefits and new rights to membership of particular groupings. Marriage for women was especially valued and singlehood still largely un-acceptable in society. In contemporary Kenya, though marriage is considered a

step in the right direction by most, its earlier value is dwindling particularly due to social change, globalization and the increase of women participation in the labour force. In this study, most respondents indicated that marriage contributed to a positive self evaluation which has implications on QoL. However, as an independent factor, marital status did not largely contribute directly to QoL as shown by the weighted score of 2.56 in the ranking of contributors to QoL. Hence, marriage ranks 10 after good health (19.2%), income (16.2%), education (11%), food security (9.9%), family relationships (9.2%), personal security (8.7%), Professional status (6.3%), Friends (3%) and a clean environment (2.6%). The position of marriage in this ranking may also reflect its dwindling significance in the society evidenced by higher rates of divorce, non-marital fertility as well as the rising of other status according symbols such as professional advancement, social engagements and acquired status symbols.

### Multivariate statistical analysis

To further understand the dynamics of QoL at family level, we conducted multiple regression analysis on the predictors deemed to have a relationship with the QoL. The logit model in table 3 shows the variables that predict the satisfaction with overall QoL at family level.

As shown in table 3, several variables are significant predictors of satisfaction with QoL except marital status and education level. Age of adult Kenyans was significantly related with satisfaction with QoL. Increase from one age category to the next raises the odds satisfaction with QoL by 10 percent. In other words, when adults Kenyan move to the next age group (measured in 10-year bands), their satisfaction with QoL increases by a proportion of 10 percent.

Education although an important factor associated with social status of individuals was not found to predict satisfaction with QoL. Similarly, marital status was found to neither predict nor improve satisfaction with QoL. However, household income, which has been widely documented in QoL studies as an important predictor of

QoL, was significant. Increase in household income (measured in Ksh. 10,000 income-bands) raises the odds of satisfaction with QoL by 38.7 percent. This may translate to mean that wealthier Kenyans are more satisfied with their QoL than those in low income class.

Health has also been found to be strong correlates of QoL in many studies (Campbell et al., 2011). In this study, self-rated health (measured on a 3-point scale: excellent, good, and fair) was found to be significant. Increase in self-rated health from one category to the next raised the odds of satisfaction with QoL by 32.7 percent. Thus, adult Kenyans in good health status were found to have higher satisfaction with QoL.

Family position (measured on a 3-point scale of satisfaction with social status: satisfied, fairly satisfied and not satisfied) was found to be a significant predictor of satisfaction with QoL. Change from one category of family social status to the next raised the odds of satisfaction with QoL by 64 percent. Those respondents with higher satisfaction with social status were also found to have higher satisfaction with QoL. Family status similarly measured as satisfaction with family status was found to be significant predictor of satisfaction with QoL. Increase in family status from one category to the next raises the odds of satisfaction with QoL by 67.7 percent. In other words, Kenyans with higher satisfaction with their family status were found to enjoy higher satisfaction with QoL. Further investigation shows that most of these factors are particularly important to the family level indicators as discussed below.

Further, from the logit regression model on table 3, family status measured by the satisfaction of an individual with position in family position emerged as key predictors to QoL. In this case, husbands were more likely to be happier and satisfied with their QoL as opposed to wives, children and other people within the family networks. Power relations within the African family continue to be shaped by patriarchy with men having more power to make important decision pertaining to all aspects of family life while women have limited leverage (African Development Fund, 2007).

## CONCLUSION

From the findings of this study, family as a source of status, satisfaction and happiness is evident. Though individuals may not directly relate the quality of their family life to QoL in general, there is sufficient evidence to suggest that people derive a significant amount of happiness directly and indirectly, consciously and unconsciously from belonging to families. These indirect benefits may not be obvious but a closer look shows that they are key and essential to the realization of QoL and can sometimes take preeminence among other tangible factors.

Further, though the extent to which individuals enjoy marriage differs, there is a significant portion of contentment that arise from being in a married state

especially because marriage also is somehow connected to the onset of children, acquiring a sense of belonging, access to resources and social recognition among others.

It is also evident that the value of an individual is linked to their perceived appreciation by others and the extent to which an individual is a reference point for others. Hence, friendships and social networks are important components of social living. Individuals also derive a measure of satisfaction from having a network of friends within their settings and especially if such friends arise from family connections. Hence, this paper underscores the interrelatedness of family, marriage and other aspects of individual wellbeing that are critical for the achievement of QoL.

## Policy recommendations and future research

From the study, several recommendations are made; given that the family is conceived of as a self sustaining entity in Kenya and elsewhere in Africa and is rarely given the state attention it deserves, there is a great need in Kenya to consciously support social work programmes for families and communities to attend holistically to matters affecting individuals at that level. These programmes can aim at improving the health of families as well as ensuring proper functioning of individuals within families to realize the great potential the family has for improving people's QoL.

There is also overwhelming need for healthy social networks to be nurtured in all communities as well as supported through programmed interventions such as those promoting healthy relationships and community participation.

In the African set up, long-term friendships are valued and often used to generate other benefits such as mutual support, investments and advice in moments of social pressure. Fostering good relationships and social cohesion, financial security and self reliance, moral support for one another and hard work should similarly be nurtured for a high QoL.

Future research on the relationships between family status and QoL should focus on the effects of changing family situation due to other factors such urbanization, mass education, formal employment, ICT and emerging social networks. In the current study, the assumption was that the extraneous factors may have or not have affected the way families relate, which was not tested for its significance.

## REFERENCES

- 5<sup>th</sup> Kenya Human Development Report (2006) Kenya National Human Development Report 2006: Human Security and Human Development: A Deliberate Choice. Government Printer: Nairobi.
- African Development Fund (2007). Kenya Gender Profile. Human Development Department, African Development Bank. Nairobi.
- Agresti A (1996). An introduction to categorical data

- analysis. 1st edition. New York: John Wiley and Sons, Inc.
- Agresti A (2007). An introduction categorical data analysis. 2nd Edition. New York: John Wiley and Sons, Inc.
- Bloom L, Ottong JG (1987). Changing Africa: An Introduction to Sociology. Macmillan Publishers. London.s
- Campbell BC, Ray PB, Radak J (2011). In the company of men: quality of life and social support among the Ariaal of Northern Kenya. *Journal of Cross Cultural Gerontology*, 26: 221–237
- Constanza R (2008). "An Integrative Approach to Quality of Life Measurement, Research, and Policy".
- Constanza R (2008). An Integrative approach to Quality of Life Measurement Research and Policy. S.A.P.I.E.N.S.
- Cummins J (1996). *Negotiating Identities: Education for Empowerment in a Diverse Society*. Los Angeles: California Association for Bilingual Education.
- Fahey T, Nolan B, Whelan CT (2003). *Monitoring Quality of Life in Europe*. Luxembourg: Office for Official Publications of the European Communities.
- Kilbride PL, Kilbride CJ (1990). *Changing Family Life in East Africa; Women and Children at Risk*. Pennsylvania State University Press. University Park.
- Kenya Integrated Household Budget Survey (KIHBS 2005/2006). Government Printer: Nairobi.
- Kenya's Vision 2030 (2007). A Globally Competitive and Prosperous Kenya.pp.139-142
- Kenya National Bureau of Statistics [KNBS] (2011). *Population Census 2009*. Nairobi: KNBS <http://www.utoronto.ca/qol/>
- Moller V (2007). *Quality of Life in South Africa: The First Ten Years of Democracy*. Social Indicators Research.
- Nussbaum M, Sen A (1993). *The Quality of Life*. Clarendon: London.
- Pierre A, Bitondo D (2001). Development of a Conceptual and Methodological Framework. Retrieved June 1 2005. [http://www.ceaaacee.gc.ca/015.0002/0015/index\\_e.htm](http://www.ceaaacee.gc.ca/015.0002/0015/index_e.htm)
- Republic of Kenya. (2003). *Multiple Indicator Cluster Survey (MICS) Report 2000*. Centre for Bureau of Statistics. Nairobi: The Government Printer.