

Public perceptions of development, participation and relationship with wellbeing: the case of Makueni district in Kenya

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Background

Although some of the key dimensions of development include standards of living and income, it is also important to recognise the importance of non-monetary aspects of development particularly in understanding the dynamics of socio-economic development. Various scholars have highlighted the importance of looking beyond income as a measure of development. Amartya Sen regards development as more than just the increase in incomes. Rather he refers to development as the removal of unfreedoms that leave people with little choice and little opportunity of exercising their reasoned agency and talks of income as not the end of development, rather a means to development (Sen A, 2010, Sen A, 1999). Szirmai (2005) on the other hand posits that, the concept of development cannot only be explained by changes in economic terms, rather by a combination of changes in economic indicators and other socio-economic factors (Szirmai A, 2005). This approach has therefore been adopted by various scholars and development agencies. The United Nations Development Fund (UNDP) defines development as a process of enlarging people's choices with the most critical choices entailing a long and healthy life, acquiring knowledge and enjoying a decent standard of living. It outlines the other choices to include political freedom, guarantee of human rights and self-respect (UNDP, 2010). With this realization, there has been the incorporation of both economic and non-economic measures in assessing development. The Human Development Report of the Programme specifically defines human development as entailing much more than the rise or fall of national incomes, with economic growth being viewed as only the means to development-defined as the expansion of people's choices to lead lives that they value (UNDP, 2010).

Despite this recognition and the incorporation of these additional factors in development assessments, various indicators regarding wellbeing, health and development in developing countries remain below average. This situation is also happening in spite of the implementation of many development initiatives in

developing countries, particularly in the rural areas, and yet people residing in the rural areas have worse development outcomes than the non-rural. They are for instance, reported to be typically undereducated and have limited access to health care, adequate sanitation and gas and electricity supplies. The recently released report to track the progress of the Millennium Development Goals (MDGs) indicates that even though there has been overall progress in meeting the MDGs, this progress has been slow and the poor have reported the slowest progress in the fight against poverty, hunger, illiteracy and disease (United Nations, 2011). For instance, although the UN notes that by the year 2015, the global poverty rate will fall below 15 per cent, well under the 23 per cent target, this global trend, mainly reflects rapid growth in Eastern Asia, especially China and less progress in two of the poorest regions, including South Asia and sub-Saharan Africa (United Nations, 2011). In addition, food shortages are a major problem during years of drought, and nutritional intake is consistently poor as a significant number of the poor cannot access sufficient quality and quantity of food as a result of poverty, poor health, poor food production, political instability, poor infrastructure, poor access to markets, and natural hazards (Hoffmann U, 2011, WFP, 2010). Poor food security is therefore an important aspect of development because the global reduction in hunger and poverty has the key to propel the poor from poverty. Yet, currently, malnutrition stands as a major barrier to both economic and social development because inadequate food supply means that the affected populations (most of whom are already poor), remain less productive economically and socially (Jenkins JC and Scanlan SJ, 2001). The regions most affected by hunger are sub-Saharan Africa and Southern Asia with 820 million people reported to face hunger in 2006 and this number had reached 1 billion by 2011 (WFP, 2011).

It is therefore becoming obvious that new measures of understanding development be adopted. This recognition is further reinforced by the realisation that even within countries, whereas there may be development progress, there exist inequalities either by place of residence (rural/urban) or by region. Kenya is one of the countries which although has made significant strides in development, most rural areas are still lagging behind. The country faces very high socio- economic and political inequalities in development progress and in indicators of well-being including health and education indicators. Most rural areas of the country are lagging behind in

development (Republic of Kenya, 2011a, Republic of Kenya, 2011b, Republic of Kenya, 2011c). The inequalities in development in the country cannot be overemphasised. Makueni district, for instance, although has one of the best indicators for education, it fares poorly on the side of health and poverty. Being a semi-arid area, Makueni often experiences cyclical drought conditions, which consequently lead to poor harvests, which are a major cause of poverty and poor health (Gichuki FN, 2000). The district has the highest poverty level in the Eastern province (at 5.1%), compared to Kitui central (4.4%), Mbooni (4.2%), Machakos (3.6%), Laisamis (below 1%) (CBS et al., 2005)

Meeting all the MDGs goals by 2015 therefore remains a challenge, particularly because progress has failed to reach this most vulnerable group-the poor, most of who reside in the rural areas. New approaches to development therefore need to be directed towards reducing these inequalities. One of these approaches is to ensure that there is equity in participation in development by those whom development projects seek to benefit. This will ensure that projects that are implemented reflect the expectations of community members. Studies on rural development emphasise the need to revert to the involvement of the rural communities in the development process (Chambers R, 1993, Chambers R, 1983, Okafor FC, 1982, Sen A, 1999, United Nations, 2011). Very few studies have sought the views of community members, particularly men and women in the rural areas, regarding the important aspects and outcomes of development in their contexts. This research is therefore expected to highlight the importance of community participation in facilitating development, thereby enabling stakeholders in development to re-focus their approach to development from the current approaches which are usually conducted by the non-poor and non-rural, who in most cases, under perceive the situation of the rural poor. Adopting the UNDP definition of development as an act of enlarging people's choices, this study defines development as the progressive act of making a better life for everyone, by meeting their basic needs, ensuring everyone has enough food to lead healthy lives, having a safe and healthy place to live, ensuring that everyone has affordable services and ensuring that everyone is treated with dignity and respect (UNDP, 2010). This definition is employed in understanding how people in Makueni district of Kenya define development and their participation in development activities Of particular interest is the opinion of this group, being a rural poor community, regarding

development in their context and how perceptions lead to participation in development and how this impacts on their wellbeing. This research is expected to highlight the importance of community participatory approaches in facilitating development, thereby enabling stakeholders in development to re-focus their approach to development.

Data and Methods

Using the mixed-methods approach, this study investigates community perspectives on the key dimensions of development, and the impact of their perception and involvement in development on their wellbeing. The aspects/outcomes of wellbeing under focus in this study include fertility, use of maternal health services, child morbidity and mortality, vaccination and nutritional status. The study is implemented in Makueni district of Eastern Province Kenya.

Data is collected at the community and household levels using focus group discussions, key informant interviews, indepth interviews, mapping and questionnaires. The FGDs, key informant interviews and indepth interviews are conducted with community members to understand their perception of development and their participation in development at the qualitative level. Community members are also involved in mapping the areas that signify development to them. In addition, questionnaires are administered at the household level to understand household socio-economic indicators, ask questions on the household member's health and demographic outcomes and as questions regarding where households place health and demographic outcomes in their ideas of development and compare these with their other ideas of development and their participation in development. Qualitative data is analysed using QSR NVivo 9 software while the quantitative data is analysed using SPSS and Stata.

Results-Data collection and analysis of preliminary findings is on going

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