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### **Poverty Affecting Health Care in Kenya**

Hidden in the Central African savannas lies a country whose natural beauty almost makes up for the hidden poverty and disease that affects the country from urban to rural areas. Like lions who rule the african wild the small percent of Kenyans that live high above the poverty line control the import and export of agricultural goods, the medical needs of the country, and the clean water that can become scarce in the hot african sun. With over 50% of Kenyans resting beneath the poverty line, the country has an obvious problem of money distribution that is evident throughout the entire country. Even though a large amount of people rest under the poverty line an even larger amount of people in Kenya have no health insurance at all to protect them from the many diseases in Africa. When you discover that there is only about one doctor and twelve nurses or midwives for each 10,000 people in Kenya there is no surprise that 70% of Kenyans are uninsured and become affected by the many third world diseases like Malaria or Typhoid fever that ravage the country. With the very few doctors, nurses, and other medical professionals, obviously healthcare is expensive and unaffordable by most people in Kenya. Even though healthcare seems out of reach for most people in Kenya, it is easily obtained in larger countries around the world. In America only about 9% of Americans go uninsured annually while in a smaller less developed nation like Kenya has a whopping 70% of people that go uninsured each year as stated in UNICEF.org. In America diseases like Typhoid fever, Hepatitis and Malaria are almost unheard of because of vaccines, and other cures/ preventions we have access to. You may ask why so many people go uninsured in a nation with so many uncured diseases like Malaria, HIV/AIDS, and Hepatitis A. An answer to that would be that the imbalance and distribution of money in the country. There is a huge gap between the upper class and poverty level with very few people living in the middle, which proves how imbalanced the money distribution in Kenya really is. A little under half of the population in Kenya rests below the poverty line which means the other half live anywhere from slightly above to high above the line. Most of the impoverished live on the outskirts of large cities like Nairobi, Mombasa, or Nakuru where they have the opportunity to try to make a living in the cities but have little chance because of the shortage of big city jobs. Many that live within the slums of cities shop at open air markets where they purchase food and other goods that are necessities.

Very few who live in poverty own land to use for agriculture which could help them escape some of the problems that they endure every day. Most Kenyan landowners rest above the poverty line simply because they normally have enough food to sustain themselves, their family, and provide an income for other necessities. Most Kenyan farms consist of a plot of land that produces cash crops such as coffee, tea, sugarcane, and pyrethrum (a natural pesticide) and other conventional crops such as maize, potatoes, plantains, bananas, etc. On Kenyan farms you can usually find simple livestock like cattle, goats, or chickens that are maintained by the small family of father, mother, and any children that haven't

left home and started their own occupations yet. The common diet in Kenya consists of mashed plantains or beans, crudely cooked poultry, fruit and anything that can be used to reduce waste. To reduce waste in Kenya they try to use everything they get in some way shape or form. On their farms they practice basic farming techniques that continue to be effective in this day and age.

Because of the 8-4-4 school system in place in Kenya, children are given the opportunity to have eight years of primary school, (elementary) four years of secondary, (junior high) and then four more years of secondary (high school) similar to America, according to World Education News and Reviews (WENR). After they have finished their 8-4-4 of primary/secondary school Kenyans have the chance to attend post secondary or university for anywhere from 3-5 years to further their education. This was only made possible when a bill was passed in 2003 that gave all Kenyan children the opportunity of free primary school and then in 2007 free secondary school for all. As a result of this bill being passed nearly three million more children enrolled in secondary school, and were given a shot at furthering their education in agriculture, medicine, and other useful skills and trades.

Although the education programs in Kenya aim to increase occupations in agriculture and healthcare, the only field that has prospered in either over the last few years has been agriculture. Leading the world in coffee and tea export it is no surprise that farming has been more successful than the messy and difficult healthcare that is needed in Kenya. Even though the Kenyan government grants free schooling until post secondary school, the interest in post secondary school is very low which also creates a demand for jobs with a higher education. Because of this demand for higher education many jobs that could advance Kenyan living and health remain unfilled. With many healthcare jobs needed there are many people who go untreated for many diseases that we have the cure for but cannot distribute into the third world countries because of poor health care insurance and overall because of poverty.

Some illnesses can immobilize, and sometimes completely destroy a family's lifestyle of farming, or working. Because of the crippling diseases that run through Africa many families cannot work and thus cannot pay for the bare necessities to survive. Obviously, if they are sick in bed they cannot be out in the fields producing food for themselves and their families. Sadly the diseases that normally do this are within close proximity of rural families such as Malaria transmitted through the bite of a mosquito or in the water supply that they use for cooking, drinking, and irrigation. With the demand for vaccines high and the demand for someone to diagnose the disease even higher the large amount of people in Kenya without the access to medicine continues to grow.

These situations seem to change very little as in 2001 around 8% of Kenyans reported having HIV/AIDS without any treatment and in 2012 only about 7% reported their contraction of this disease. HIV/AIDS happens to be the leading killer in Kenya killing over 80,000 people yearly and leaves as many as 1.2 million children without a parent and are orphaned. Today around 1.5 million people in Kenya live with HIV and only about half receive antiretroviral therapy, according to the WHO 2010

guidelines to treatment. Another disease that ravages through the country is Malaria. Malaria kills around 4000 people annually and is contracted by about 6.7 million people around the world every year. Even tho there is a cure for malaria it is unreachable for many Kenyans. The cure for Malaria is a simple one yet we see that over 4000 people die annually from a disease where the fix is just a few pills. Why do so many people go untreated for HIV or AIDS when there is a treatment that can save lives? When leading the world in diseases that can ruin your life or kill you why are Kenyans not given the chance to be cured?

Many options to solve the issue of increasing death totals from curable and treatable diseases can be found in all places from international trade, to government. Some programs could give the opportunity to reach out to those in need. With more and more Kenyans dying every day it couldn't hurt to put together a deal on international trade to send medicine, doctors, nurses, and treatments from more advanced nations to impoverished third world countries. It could be possible to encourage more schooling programs similar to the ones already in place to increase occupations in the medical field. With more people to distribute medicine and treatments throughout the nation people could be healed, cured, and helped with the disease that is ailing them and get back on their feet and back to work. These small medical "sanctuaries" as described at our-africa.org can be equipped to help distribute needed medicine to small communities throughout the country. Not only would a program to help increase public health be effective, but it could also help with poverty issues creating more "healthy" people to go out and work and one day rise above the poverty line. Even tho there are places in Kenya where you can be checked out for basic medical needs they lack the educated professionals to diagnose and treat bigger issues than a small laceration or stomach ache.

Another option to tackle the problem of Kenyan doctors midwives, and nurses from leaving the country would to increase wages for professionals in those fields. One way to provide funds for this would to take money from other government funded projects that are outdated or need replaced. Micro and Small Enterprise Training and Technology Project. This project left most of the Kenyan people very frustrated with their government for not following through on the promises that were made. This project could be cut to fund wages for Kenyan health care professionals which could keep them in the country. This in turn would help the overall health of Kenya as a nation.

To help the general health of the nation there are many issues that can be looked at such as creating government programs to increase higher education, increasing the medicine coming into the country, and helping sick and impoverished people escape poverty. If more money and efforts are put into eradicating diseases in Kenya like Malaria or HIV/AIDS the overall population and health would begin to rise in the country. The Kenyan government could help fund medical schooling in other large cities other than Nairobi to make being a healthcare professional more affordable and attractive. If more healthcare professionals in Kenya were trained there would be more chances to catch and treat the diseases that run through the country today. If people resting under the poverty line have the opportunity

to get treatment for diseases and ailments they would have a higher chance to escape poverty and become a member of the middle class. If we do not address the situation it will become just another one of the “small issues” that no one thinks will make a difference but as Albert Einstein said, “The world is a dangerous place, not because of those who do evil, but because of those who look on and do nothing.” If we look on and do nothing for those who need our help whether it be in our community, nation, or world, we will all be those who look on, but we can be the ones who make the difference. Will you make a difference?

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