The social side of poverty

An inductive study of the roles social relations play in achieving well-being for women in Kiandutu urban slum, Thika, Kenya

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Table of contents

Abstract ............................................................................................................................. 6
Acknowledgements ............................................................................................................. 7
List of figures ..................................................................................................................... 8
List of abbreviations and acronyms ..................................................................................... 10
1 Introduction ..................................................................................................................... 11
2 Theoretical framework ................................................................................................. 14
   2.1 The well-being approach ............................................................................................ 14
   2.2 Definitions of poverty ................................................................................................. 16
   2.3 Individual and collective well-being .......................................................................... 17
   2.4 Influences of social relations and gender .................................................................. 19
   2.5 Conclusion .................................................................................................................. 22
3 Research context ........................................................................................................... 24
   3.1 Development context ................................................................................................ 24
      3.1.1 Kenya’s political history ......................................................................................... 25
      3.1.2 Poverty .................................................................................................................... 25
      3.1.3 Slum areas in Sub-Saharan Africa ....................................................................... 26
      3.1.4 Thika and Kiandutu slum ..................................................................................... 27
      3.1.5 Kenya’s policies directed at decreasing poverty in urban slums ......................... 29
   3.2 Gender (in)equality and women’s rights .................................................................... 30
   3.3 Conclusion .................................................................................................................. 32
4 Research framework ..................................................................................................... 33
   4.1 Research questions .................................................................................................... 33
   4.2 Research methodologies ............................................................................................ 34
   4.3 Operationalization of major concepts ....................................................................... 34
   4.4 Units of analysis and sampling method .................................................................... 35
   4.5 Research methods .................................................................................................... 35
      4.5.1 Sample population ............................................................................................... 36
         4.5.1.1 Survey research participants ........................................................................... 36
         4.5.1.2 In-depth interview participants ....................................................................... 37
         4.5.1.3 Focus group discussion participants ............................................................. 37
      4.5.2 Research assistant ............................................................................................... 38
   4.5.4 Individual well-being ............................................................................................. 39
   4.5.5 Collective well-being ............................................................................................. 40
   4.5.6 Priorities in life ....................................................................................................... 41
   4.6 Ethical considerations and experienced challenges .................................................. 42
5 Characteristics of social life in Kiandutu urban slum ................................................. 44
5.1 Description of community and living standard ................................................................. 44
5.2 Research population ......................................................................................................... 48
  5.2.1 General characteristics of participants ........................................................................ 49
5.3 Important formal social contacts ..................................................................................... 52
  5.3.1 Government services ................................................................................................. 53
    5.3.1.1 Health care ............................................................................................................ 54
    5.3.1.2 Education .............................................................................................................. 56
    5.3.1.3 Security ............................................................................................................... 57
    5.3.1.4 Community health workers ................................................................................. 58
  5.3.2 Nongovernmental organizations (NGOs) ................................................................. 58
  5.3.3 Community based organizations (CBOs) ............................................................... 59
  5.3.4 Local governance ....................................................................................................... 59
5.4 Important informal social contacts .................................................................................. 60
  5.4.1 Friends ....................................................................................................................... 61
  5.4.2 Family ........................................................................................................................ 63
  5.4.3 Neighbors .................................................................................................................. 64
  5.4.4 Church ........................................................................................................................ 65
  5.4.5 Support systems ......................................................................................................... 66
    5.4.5.1 Women groups ..................................................................................................... 66
    5.4.5.2 Funeral groups ..................................................................................................... 67
5.5 Priorities in life .................................................................................................................. 67
  5.5.1 Individual priorities .................................................................................................... 68
    5.5.1.1 Development frustrations ..................................................................................... 68
  5.5.2 Collective priorities .................................................................................................... 70
  5.5.3 Priorities/visions for the future .................................................................................. 70
5.6 Collective community action ............................................................................................. 71
5.7 Conclusion ......................................................................................................................... 72

6 Constraints to collective action ....................................................................................... 73
  6.1 Mistrust .......................................................................................................................... 73
    6.1.1 Bad power ............................................................................................................... 73
    6.1.2 Corruption .............................................................................................................. 75
    6.1.3 Jealousy, gossips and criminal activities ............................................................... 76
  6.2 Lack of unity ................................................................................................................... 77
  6.3 High dependency .......................................................................................................... 79
  6.4 The exception to the rule ............................................................................................... 79
  6.5 Conclusion ....................................................................................................................... 81

7 Conclusion ......................................................................................................................... 83
Abstract

This thesis presents the findings of an inductive study of the roles social relations play for women in Kiandutu urban slum, Thika, Kenya in achieving well-being. The study examined the influences of both formal and informal social relations in relation to individual as well as collective well-being. Additionally, it identified the priorities on the basis of both variations of well-being. Both quantitative and qualitative data were collected through a combination of a well-being survey, in-depth interviews, focus group discussions, and the creation of a community profile.

The findings show that social relations, by playing a supportive role, can be important factors in achieving well-being, but that they can also in many ways inhibit people in attempting so. Furthermore, Kiandutu is a community with low levels of trust, and bad power in the form of corruption, jealousy and gossiping, playing a role in social relations and inhibiting the achievement of well-being. There is a low sense of unity, with high levels of complacency and feelings of inferiority to outsiders. Moreover, collective action as a possible strategy to enhance collective well-being, is largely non-existent. Also, different priorities can be distinguished regarding individual and collective well-being.

Key words: well-being, social relations, priorities, women, poverty, urban slums, gender, trust, collective action.
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List of figures

Figure 2.1: Conceptual scheme

Map 3.1: Kenya with Thika indicated

Map 3.2: Position of Kiandutu within Thika

Figure 3.1: Kenya Gender Gap Index

Box 4.1: Research and sub-questions

Photo 5.1: Overview of Kiandutu and its subareas

Table 5.1: Survey participants with electricity at home

Table 5.2: Toilet facilities survey participants make use of

Table 5.3: Main sources of cooking fuel among survey participants

Table 5.4: Marital status

Table 5.5: Key characteristics regarding educational level

Table 5.6: Key characteristics regarding housing

Table 5.7: Key characteristics regarding income

Table 5.8: Participants who are or are not a member of a formal organization of their community

Table 5.9: Indication of happiness of survey participants

Table 5.10: The importance of formal social relations and their possibility for improvement

Table 5.11: Satisfaction of Kiandutu women with the health care their families receive
Table 5.12: Satisfaction of Kiandutu women with their children’s education

Table 5.13: Overview of people/organizations participants get support from in the form of food, items and transfers/remittances

Graph 5.1: Participants who did or did not transfer significant resources to family members and relatives in the last 12 months

Table 5.14: Women who are or have been a member of an informal support system in Kiandutu

Table 5.15: Individual priorities: areas of well-being and development frustrations

Box 5.1: Top 5 collective priorities

Graph 5.2: Overview of people ever taken part in collective action in Kiandutu

Box 6.1: Top 5 collective priorities for increasing collective well-being and their current constraints

Figure 7.1: Final conceptual scheme
List of abbreviations and acronyms

CBO: Community Based Organization
CIA: Central Intelligence Agency
ERS: Economic Recovery Strategy
FGD: Focus Group Discussion
FGM: Female Genital Mutilation
GGGI: Global Gender Gap Index
GoK: Government of Kenya
IMF: International Monetary Fund
KENSUP: Kenya Slum Upgrading Programme
KNBS: Kenya National Bureau of Statistics
KOP: Kiandutu Outreach Project
MDG: Millennium Development Goal
NGO: Non-Governmental Organization
NPEP: National Poverty Eradication Plan
OECD: Organisation for Economic Co-operation and Development
PGI: Person Generated Index
PRSP: Poverty Reduction Strategy Paper
RANQ: Resources and Needs Questionnaire
SIGI: Social Institutions and Gender Index
UN: United Nations
UNDP: United Nations Development Programme
WBA: Well-Being Approach
WeD: Wellbeing in Developing Countries
1 Introduction

I paid my first visit to a slum, Kiandutu, Thika, Kenya, in August 2011 and was naively surprised by the degree of ‘normal’ life, despite the relatively primitive circumstances, and the inventive ways in which people pursued well-being. I witnessed much creativity in strategies to deal with poverty, varying from washing clothes for others or driving a boda boda (bicycle taxi) for a small fee, to people subletting bicycles to boda boda boys or little make-shift houses to others. Although the everyday challenges people, and especially women, in Kiandutu face are enormous, I was fascinated by the well-being people nonetheless seemed to obtain. I experienced that not having a lot of material possessions and wealth does not necessarily mean that someone is unable to pursue and achieve well-being.

Although exact ideas of what constitutes well-being and what ‘living a good life’ means may differ per person depending on culture and context, every human being strives to achieve at least some sort of well-being. As the researchers of the Wellbeing in Developing Countries (WeD) working group state based on their experiences of living and working with people in many different developing countries, those men, women and children have “as vivid and valid notions of wellbeing as do people in wealthier countries, where it appears more possible to buy one’s way to wellbeing” (Gough & McGregor 2007: xxi). Across the globe, people value all sorts of things that can contribute to their well-being, but there are also many similarities across different cultures. Having a nutritious meal, sharing happiness with friends and family, supporting each other in difficult times; the list of examples can be endless. However, the Western concern for people in developing countries who live in poverty is that they are not or at least less able to pursue well-being, because they only experience suffering (Gough et al. 2007: 3). Behind this concern hides the assumption that material poverty restricts people in every segment of their lives, including in achieving well-being. This makes people in developing countries being completely defined by their poverty, which denies their fully rounded humanity and the fact that they cannot be fully understood in terms of poverty alone (Ibid.). Poor people in developing countries do strive to achieve well-being for themselves and their families. For some, this is an everyday struggle to limit their ill-being but even in case of deprivations poor people are able to pursue elements of what they see as well-being. This is also what I experienced while working for Macheo (www.macheo.org), a development NGO in Thika, Kenya in 2011.

Because well-being can be seen as a normative concept, since it entails subjective ideas of what a good quality of life is and what living well means, it has been very much neglected in development theory and institutional practices (Pouw & Gilmore 2011: 23). One of the biggest
challenges in the twenty-first century concerning global social policy is the elimination of poverty and inequality (McGregor 2004: 337). Poverty is often seen in terms of flows of income or consumption. Therefore, many anti-poverty programs are designed to raise incomes or consumption and a decrease of poverty is assessed by measures of these flows (Chambers 2006: 33). When talking about poverty from the universal perspective, we speak about deficits, of what people lack, primarily in material terms, such as income, food and shelter (McGregor 2004: 339). Universal models of poverty explain how these conditions arise (e.g., because of failing institutions, failed markets, and a lack of natural resource endowments; Ibid.). As a consequence, indicators of poverty are easily generalized to indicators of other measures such as well-being. Moreover, as Chambers (2006: 33) points out, the concepts of poverty which have most influence on policies are those of the rich living in developed countries, who have their own assumptions of poor people’s wants and needs. Universal models of poverty have been criticized for being Northern European/American constructs that have served those interests rather than the interests of developing countries (Escobar 1995: 17). By putting too much emphasis on income and consumption, they neglect other dimensions of poverty (Chambers 2006: 33). As the well-being approach (WBA) states, besides food and income, poor people may have other priorities. The same applies to their strategies to cope with poverty. The stereotypical view is that the lives of poor people are simple and uniform (Chambers 2006: 34), however the opposite if often true. Coping strategies are diverse and complex and vary per region, social group, household, community, gender, age, season and time in history. People living in poverty oftentimes seek a degree of autonomy (Ibid.: 35), which they achieve by “developing and maintaining options through the ability and willingness of different household members to do different things in different places at different times” (Ibid.). By holding on to stereotypical assumptions about the lives of the poor, development initiatives do not necessarily address the real needs of people who are supposed to benefit from them. The well-being approach to poverty can contribute to the recognition of contextual, subjective and non-material dimensions of human experience in policies, and of the complex dynamics and causalities behind poverty and well-being (White & Pettit 2004: 7).

In the current study, I use the well-being approach to poverty, to obtain an inclusive understanding of what living in a slum area means. Of specific interest to me are the roles that social relations play in the lives of women in Kiandutu. The idea that forms the basis of this interest is in line with McGregor (2004: 348): “Where households are materially poor they may adopt survival strategies that involve investing scarce human or material resources not directly in the production of food or income, but in social relationships”. With this study I hope to contribute to the goal of the WeD working group to develop a conceptual and methodological framework for understanding the social and cultural construction of well-being in developing countries (Gough & McGregor 2007: xxii).
For understanding the social and cultural construction of well-being, a person’s objective circumstances and their subjective perceptions of their condition need to be combined in the conception of well-being (Ibid.). This allows for an inductive approach, putting the experience of women in Kiandutu first and bringing their voices to the fore. This research can therefore also be policy relevant and produce practical knowledge. By using an inductive approach, I reveal how women themselves experience their lives in Kiandutu slum, and find out more their priorities which eventually lead to policy and program recommendations according to their needs.

The main research question underlying this study is as follows: *How do women in Kiandutu make use of formal and informal social relations to achieve individual and collective well-being, and what priorities can be identified on the basis of each?* To be able to answer this question, I divide it into three sub questions. The first sub question is: *Which formal social relations play a role in the achievement of well-being, and what roles do they play, both individually and collectively?* The second sub question is: *Which informal social relations play a role in the achievement of well-being, and what roles do they play, both individually and collectively?* The third sub question is: *What do women identify as priorities in life for achieving well-being and how satisfied are they with the current fulfillment of these, both individually and collectively?*

This study is also theoretically innovative in the way that the analytical distinction between individual and collective well-being that I make is still challenging to research upon. With the current research I try to contribute to the creation of more knowledge in this area.

The outline of this study is as follows. Chapter 2 describes the theoretical framework that underlies this research. Chapter 3 provides information on the empirical context of Kenya, the specific research location Kiandutu, and Kenya’s government poverty reduction policies in slum areas. Subsequently, the research framework and a reflection on ethical considerations follow in Chapter 4. Chapter 5 portrays the characteristics of social life in Kiandutu urban slum, with special attention to the roles formal and informal relations play for women in achieving individual well-being. Chapter 6 focuses on the observed constraints to collective well-being and the largely non-existence of collective action as a potential strategy to increase this. Lastly, in Chapter 7 I give answers to the sub research questions, leading to an answer to the main research questions, and I present policy recommendations for the Kenyan government and NGOs in Kiandutu, as well as further research recommendations.
In this chapter, I describe the theoretical framework of this study, in which the well-being approach (WBA) features prominently. Within WBA there is attention for specific circumstances of poor people, not only regarding their level of poverty but moving beyond that: towards a comprehension of their well-being and quality of life (McGregor 2006: 26). This chapter provides more elaboration on WBA in relation to poverty and on the constitution of well-being according to this approach.

First, since well-being is an umbrella concept that followed other approaches (McGregor 2004: 338), I describe these in order to explain the origination of WBA, as well as the place WBA takes in the structure versus agency debate within social sciences. Then, I describe poverty according to the conceptualization of WBA. Subsequently, individual and collective well-being are described, as well as the roles of priorities in life. Next, the positive and negative influences social relations can entail are discussed. Finally, since it is assumed that gender and especially being female has an influence on poverty and the subjects of interest in this study are women, I present and discuss an overview of gender analysis frameworks in relation to poverty.

2.1 The well-being approach

Within the discipline of development economics, the focus has mainly been on economic growth as a way to reduce inequalities and lift individuals out of poverty (e.g., Baulch 2006: 82; Sarracino 2008: 449). This has turned the attention towards material welfare, i.e. how someone is faring economically. The problem of focusing on economic growth however is that it ignores other human needs besides material welfare (Ibid.). Doing materially better does not necessarily mean that quality of life is increased. As Sen (1999: 14) states:

“The usefulness of wealth lies in the things that it allows us to do – the substantive freedoms it helps us to achieve. [...] An adequate conception of development must go much beyond the accumulation of wealth and the growth of gross national product and other income-related variables.”

Following this line of thought, opposite to focusing on welfare within the field of development economics is the approach of paying attention to well-being. WBA has its roots in the capability approach (Sen 1989) and the theory of human needs (Doyal and Gough 1991). The main focus of the
capability approach is on individual agency and individual capabilities. Sen sees an individual agent as someone who acts and brings about change for him- or herself, and whose achievements can be evaluated in terms of his/her own values and objectives. In assessing capability, Sen argues for five important components (Sen 1989: 38), namely: 1. The importance of freedoms in the assessment of a person’s advantages, 2. Individual differences in the ability to transform resources into valuable activities, 3. The multi-variate nature of activities giving rise to happiness, 4. A balance of materialistic and non-materialistic factors in evaluating human well-being, 5. Concern for the distribution of opportunities within society. The capability approach emphasizes the importance of freedom of choice, individual heterogeneity and the multi-dimensional nature of well-being. Poverty is seen as a deprivation of capabilities. Martha Nussbaum (2000: 101) has explicitly specified the capabilities that are important for the well-being of individuals. These are: life; bodily health; bodily integrity; senses, imagination and thought; emotions; practical reason; affiliation; other species; play; and control over one’s environment (Gough 2003: 6-7). To further explain affiliation, since the social aspect of well-being is particularly of interest in the current study: it means being able to live with others, to engage in various forms of social interactions, and to show concern for others. It also means having the social bases of self-respect and non-humiliation (Ibid.: 7). This capability is especially interesting in light of my study, because, as I will show in Chapters 5 and 6, in Kiandutu concern for others, self-respect and non-humiliation are not always evidently present.

As well as moving beyond thinking of poverty in material resource terms, the well-being perspective requires moving beyond individual agency which has been described as a key feature in the capability approach. Doyal and Gough (1991) provide a good example with their theory of human needs. In line with Sen (1999: 15), they argue that ill-being results from not having basic human needs met. The basic dimensions of human needs that they identify are autonomy and health (Doyal and Gough 1991: 28). Together the fulfillment of these needs leads to the achievement of well-being, because they permit effective participation in society and the avoidance of harm through that. This encourages thinking of well-being beyond material dimensions and individual agency, since the recognition of the importance of (mental) health for participation considers cognitive processes and the recognition of autonomy considers relational as well as cognitive dimensions of well-being (Ibid.). Well-being thus is a product of social relationships (McGregor 2006: 12). It has a clear social dimension. Contrasted with Sen, who values most the individual agency principle and own capabilities for well-being, McGregor sees the human being as a social being.

If we want to understand the social nature of well-being and the place WBA takes in social sciences, we need to look into the structure versus agency debate in the social sciences. A key theorist in this debate is Bourdieu. In his work, Bourdieu (1977) tried to reconcile the influence of external social structures (‘structure’) and the subjective experience of the individual (‘agency’).
Three important concepts in his work are habitus, field, and capital (Bourdieu 1977: 128). The agent is socialized in a field, which evolves out of a set of relationships in a social domain where multiple forms of capital, such as social or financial resources, are at play. Through internalizing relationships and expectations for operating in that domain, the agent accommodates to his or her roles and social relationships in the context of his or her position in the field. These internalized relationships and expectations will become habitual and will eventually form the habitus (Ibid.). Bourdieu tried to reconcile structure and agency by emphasizing that external structures are internalized into the habitus and the actions of the agent externalize interactions through social relations in the field. The place that WBA takes in the structure versus agency debate is in between these two opposites. Well-being is seen as a social construct and an emerging process that is determined by the interaction between social relations and a person’s own capacities, priorities, needs, etcetera. This is the definition of well-being that is used in the current study. This conceptualization of well-being takes account of the objective circumstances of the person and the subjective evaluation of these. Both the objective circumstances and the perceptions of them are located in society. Thus well-being is both a relational and a dynamic concept (Gough et al. 2007: 5).

2.2 Definitions of poverty

The framework of human well-being builds on theories of human needs, capability approaches and participation. As described, WBA takes a more inclusive perspective on poverty. By moving away from a definition of poverty as solely the lack of material assets, the focus can be shifted from the level of income to the use of income to increase quality of life. In this way, WBA is concerned with living with dignity (Pouw & Gilmore 2011: 24), rather than with only enhancing material welfare. Next to that, WBA is concerned with quality of life, and intra- and interpersonal relations. Moreover, well-being is rooted in culture (Pouw 2011: 6) and is shaped by social, economic, political, cultural and psychological processes (McGregor 2006: 4). WBA is an approach that entails the resources that a person is able to command, what needs and goals a person is able to meet with those resources, and the perceived quality of life a person can achieve with those goals (Ibid.; McGregor et al. 2009: 144). Poverty, from this person-centered perspective, can only be understood in terms of a combination of these three (McGregor 2004: 364).

Currently, the WeD working group of the University of Bath contributes extensively to the development of and research on the concept of human well-being. There is a growing social scientific acceptance for this concept, because it can offer a means of escaping thinking about poverty solely in terms of monetary deficits and can bring a more human centered perspective to it. Nonetheless, it
currently is an underspecified concept, with well-being having been described in terms of well-living, well-feeling and well-having (Gasper 2004: 3). These are all important aspects of the concept of human well-being and therefore it needs to be thought of both in terms of outcome and process. These two cannot be meaningfully delinked in the conception and analysis of well-being. The WeD working group makes a distinction between well-being processes, structures and outcomes and defines well-being outcomes as resources commanded or lost, needs met or denied and quality of life. Poverty as a well-being, or rather ill-being, outcome arises from the process of ongoing interactions between individuals and the structures in which they find themselves (McGregor 2004: 343). Moreover, it is a dynamic perspective with the construction of well-being being more profoundly constrained for poor people than for people who possess more resources. In short, poverty “is not just a set of statistics about how many people have how little, but is a state experienced and relationships lived by people on a day-to-day basis” (McGregor 2004: 343).

Since well-being is still an underspecified concept and there are multiple ways to operationalize it, the WeD group realizes that it is almost impossible to incorporate all these discussed elements in one single study (McGregor 2006: 23). The well-being methodology was originally designed for a large scale research project. Instead of having unlimited time, I was restricted to nine weeks of doing research. For the sake of feasibility, I therefore put the focus on well-being outcomes and on an operationalization of well-being according to resources commanded or lost and needs met or denied. Although I do not specifically distinguish between well-being processes, outcomes and social structures as the WeD working group does, but mainly focus on well-being outcomes, I acknowledge that social relations are well-being processes as well as outcomes. Additionally I have researched priorities\(^1\) as influencing well-being and the satisfaction with the current fulfillment of these priorities as well-being outcomes.

\(^2\) Individual and collective well-being

From the previous sections, it has become clear that well-being is a social construct. “Wellbeing is a state of being with others, where human needs are met, where one can act meaningfully to pursue one’s goals, and where one enjoys a satisfactory quality of life” (McGregor 2008: 4). Well-being has subjective and objective dimensions, is a state that is experienced individually and among others in society, is context and situation dependent and is affected by local and social factors (Ibid.). McGregor, Camfield and Woodcock (2009: 151) state that people do not only strive to achieve goals that are concerned with their personal well-being, but also those that are concerned with the well-

\(^1\) More information on this can be found in Chapter 4, which contains information on the research methods.
being of others and with their community and society. Therefore, attention should not only be paid to individual well-being, as has been predominantly done thus far, but also to well-being as it is experienced collectively (Gough 2004: 295). As Pouw describes: “Social well-being emerges out of a negotiation process in which people give up part of their individual well-being for the greater social good. Social well-being thus can consist of more than its individual parts” (Pouw 2011: 7). Collective well-being thus is an emergent process, and the well-being that is valued and shared by a group of people, i.e. a community.

In this study, I define individual well-being as well-being that a woman is personally trying to achieve for herself and her family, whereas collective well-being is the well-being of the community experienced by a group of women living in that community. Because well-being is clearly such a social construct and because my interest has always been in humans and their relations, this study is based on the roles that social relations play in achieving individual and collective well-being. As Camfield and colleagues found, various types of relationships both in personal spheres and in the community, are strongly correlated with subjective well-being (Camfield et al. 2006: 23). Therefore, I make a distinction between formal (e.g., government services) and informal (e.g., friends) relations. Because I choose to use a bottom-up approach as much as possible, specific social relations that are described in this research are fully determined by the research participants by letting them bring up relations that play a role in their lives.

In achieving individual and collective well-being people can have different priorities. My interest is, amongst other issues, what the priorities for individual and collective well-being are and how satisfied women are with the fulfillment of these priorities. This knowledge can subsequently lead to “pointing out areas in which (community) development is ‘frustrated’, by means of comparing people priorities in life with achieved satisfactions” (Pouw & Gilmore 2011: 23). It can also be an indicator of subjective life satisfaction (Gough et al. 2007: 8). People define their priorities in life depending on the stage in the life cycle, on what they have already achieved and on what they think they can or cannot achieve. Priorities thus shift over time. In the current research, a stock of women’s immediate priorities of life at a certain point of time will be taken. Whether they are able to meet these priorities will influence their well-being (Ibid.). That makes the revealing of women’s priorities very relevant for doing policy recommendations for NGO’s, for the government, and for community based organizations. Additionally, I am interested if and in what way women try to achieve these priorities through social relations, because relationships can have instrumental value (Camfield et al. 2006: 24). For instance, good relationships potentially lead to material benefits and even higher incomes (Ibid.). In the following sections I provide more information on the positive and negative things social relations can lead to and I discuss an overview of gender analysis frameworks in relation to poverty.
2.4 Influences of social relations and gender

Rather than the description between whom relations exist, in this study I focus on what social relations bring and entail: how they contribute to well- and/or ill-being and how they are personally experienced. Social relations can provide parental and kin support, help maintain discipline and promote social control (Portes 1998: 10). Furthermore, social relations such as families, communities and the public sector can bring trust, norms of reciprocity, and engagement (Ostrom et al. 2003: 163). Trust comes up as an important factor playing a role in social relations. Williamson (1993: 476) views trust as the willingness to permit the decisions of others to influence one’s welfare. Fukuyama describes trust in the community sphere: “The expectation that arises within the community when other people behave in predictable, honest and cooperative ways” (Fukuyama 1995: 92). Morrone, Tontoranelli and Ranuzzi (2009: 3) make a distinction between different forms of trust. They distinguish interpersonal trust and system trust. Interpersonal trust represents trust between individuals. System trust can be found at the micro and macro level. At the micro level, system trust represents trust that is associated with individuals’ political trust in the government and other institutions referring to political leaders. At the macro level, system trust can be explained as institutional trust, referring to (dis)satisfaction with policies. The relation between these two kinds of trust are however not always clear and explicit (Ibid.: 3).

The other side of trust - mistrust – can also exist between individuals and in a community. Interestingly especially in light of my research findings, described in Chapter 5 and 6, already in 1965 Olsen concluded that mistrust (in reciprocity) is an inhibiting factor for collective actions to increase the well-being of a group or community. He stated that “no self-interested person would contribute to the production of a public good” (Olsen 1965: 2; in Ostrom 2000: 137). Olson claimed in his “zero contribution thesis” that unless the amount of individuals in a group is quite small or there is coercion to make individuals act in their common interest, rational, self-interested people will not act to achieve group interests (Ostrom 2000: 137). Ostrom describes that social norms, such as mutual trust and reciprocity, are important factors contributing to collective interests in increasing collective well-being (Ibid.: 153). Especially in places of rapid settlements, such as Kiandutu, self-organized groups directed at increasing collective well-being disintegrate within relatively short time (Baland & Platteau 1996; in Ostrom 2000: 154). Ostrom states that it requires further work to explain why some contextual variable enhance cooperation of this kind while others discourage it (Ibid.: 153).

Relationships and the interaction between people are thus not only correlated to well-being, but can influence ill-being as well. Even the same mechanisms that are used by individuals and groups to achieve well-being can have other, far less desirable consequences (Portes 1998: 15).
Portes for example names four negative consequences, which are exclusion of outsiders, excess claims on group members, restriction of individual freedoms, and downward leveling norms (Ibid.). Firstly, exclusion of outsiders refers to the fact that “the same strong ties that bring benefits to members of a group commonly enable it to bar others from access” (Ibid.: 15). Secondly, excess claims on group members occur mostly in highly solidary communities when intergroup relations are such that non-successful members enforce demands on the more successful, especially when there is a shared normative structure. Thirdly, people can be restricted in their freedom when the level of social control is strong. This reduces privacy and autonomy of people and is a reason for young and independent minded persons to leave. Fourthly, group solidarity can be cemented by adversity and opposition to mainstream society. In that case, individual success stories undermine group cohesion because this cohesion is grounded on the assumed impossibility of success in mainstream society.

With downward leveling norms, members of a downtrodden group are kept in place and the more ambitious ones escape from it (Ibid.: 15-18). Also in my research I found examples of downward levelling norms, which I describe in Chapter 5, section 5.4.1. Fine (2003) states as well that social relations can negatively influence one’s life. Fine agrees with Portes by claiming that people can be excluded and adds that social relations can be used for criminal activities (Ibid.: 7).

Furthermore, Narayan distinguishes different forms of power that social relations can be associated with: “power to”, “power over”, and “power with” (Lukes 1974; in Narayan 2009: 130). These different forms of power are very relevant in the current study, as Chapters 5 and 6 show. ‘Power to’ can be seen as the capacity to be autonomous, to take decisions. Main sources to this capacity to act on one’s own behalf are confidence in one’s own abilities, determination to improve conditions for oneself and support from one’s family (Narayan 2009: 131-132). ‘Power to’ mainly reflects Sen’s capability approach (1989), in which the individual acts and brings about change for him- or herself, and whose achievements are evaluated in terms of his/her own values and objectives. Regarding ‘power to’ the focus is on the subjective experiences of the individual, and thus on personal agency which is a central feature of the capability approach. Family, friends and other social relations can people also give ‘power with’ each other. In associating with others, people gain power, especially in associations with family and sometimes also with other community members (Narayan 2009: 133). The biggest meaning of this form of power is unity; reaching higher goals than individual ones together. Where ‘power to’ refers to the capability approach, ‘power with’ can be placed within WBA, especially since this form of power matches with WBA’s view of well-being as a social construct. ‘Power with’ refers to the position WBA takes between structure and agency: trying to achieve well-being through an interaction between a person’s own capacities and the association with others (Gough et al. 2007: 5). In those ways, social relations can thus play a meaningful role in gaining power in one’s life. Contrarily, social relations can be associated with “bad power” (Narayan
as well. ‘Power over’ others is such a form of bad power (Ibid.: 134), in which people lose agency. It refers to the control one can have over other people and resources. This also corresponds with the capability approach, because ‘power over’ restricts people in autonomously taking decisions and controlling their outcomes. People having power over others’ lives mostly occurs when there is inequality of resources (Ibid.: 132), as comes back in my research findings in Chapters 5 and 6, sections 5.3.1, 5.3.4, 5.4.2, and 6.1. Money is such a resource, that is “perhaps the most ubiquitous and universally recognized source of power” (Narayan 2009: 139). Corruption for example is a way in which, by asking for money to get something done, one can have power over the other (Ibid.: 244).

‘Power over’ can even exist within families (Ibid.: 137). Power that is exerted through gender norms can impact well-being obtained through social relations as well, for example through men controlling what happens with women’s income (Rankin 2002; in Beard and Cartmill 2007: 193).

Next to the fact that social relations can have important influences in one’s life, gender has an influence on well- and ill-being as well. Gender influences poverty (e.g., Chant 2008) and there is growing attention for the ‘Feminization of Poverty’ (Ibid.: 166). This entails that women experience poverty differently from men. More specifically, women experience a higher incidence of poverty with greater severity than men and have more trouble lifting themselves out of poverty (Ibid.: 166-167). In order to understand the differences in gender roles, activities, needs and opportunities, multiple of such frameworks have been developed. Since the participants in the current research are women, I discuss an overview of different gender analysis frameworks of gender roles. The first is the framework of Women in Development (WID). WID’s biggest claim was that women’s contribution to households’ incomes was undermined (Peet & Hartwick 2009: 255). Their economic role and contribution to the development process had been overlooked. Women were encouraged to act collectively for productive reasons to increase their bargaining power in the economy and markets (Young 1997: 369). However, WID did not recognize the other roles that women already had as caretakers and that this extra workload put an increased burden on women. Instead of empowering women, as WID meant to do, it widened the gap between men and women even more (Peet & Hartwick 2009: 258). Contrarily to the WID approach, the Gender and Development (GAD) approach focuses on gender instead of solely on women (Moser 1994: 3). Therefore, it considers social relations and interactions between men and women. Moser (1989: 1803) makes a distinction between practical and strategic gender needs. Practical needs can be seen as consisting of the immediate needs identified by women to increase their well-being in their accepted social roles and within the existing power relations and structures. Strategic needs are those needs that derive out of a ‘strategic gender interest’ to overcome women’s subordination and challenge existing male dominance. Central to the GAD approach is empowerment: women have the need to take control of their lives (Young 1997: 371). However, Kabeer (1999: 435) highlights the fact that empowerment is
embedded in cultural and historical structures and is tied to class, race and religion. GAD strives to improve the overall conditions of women by examining their needs and roles to be able to empower women and improve existing power relations (Williams 1994: 7). GAD does not see women as a homogeneous group and as passive recipients of development, but as a heterogeneous group that is actively participating in the development process (Peet & Hartwick 2009). GAD advocates the inclusion of women in the development process, and that they should be consulted and included in strategies from the beginning.

The attention that the ‘Feminization of Poverty’ is receiving has led to more holistic conceptual frameworks of gendered poverty (Chant 2008: 167) and has raised international concern for this issue (Ibid.: 171). It however also has downsides. The most important downside is that the point seems to be missed that “the unevenness between women’s and men’s inputs and their perceived responsibilities for coping with poverty seem to be growing” (Ibid.: 176), and not the fact that women are income-poor. The focus should more be on the “feminization of responsibility and obligation” (Ibid.: 176), because growing numbers of women are working outside the household and are performing most of the unpaid reproductive tasks for the household’s male members as well (Ibid.: 177-179). This refers to Kabeer’s triple burden that many women in developing countries are experiencing: women have productive (income-earning), reproductive (care of children and domestic labor) and community management roles (community responsibilities; Kabeer 1994: 275). The constraint that this burden puts on women through trying to balance these roles is ignored (Moser 1989: 1801).

Rocheleau, Thomas-Slayter and Wangari (1996; in Peet & Hartwick 2009: 270) take up Southern perspective on gender roles and state that in determining outcomes of well-being and welfare in developing countries, gender interacts with religion, class, ethnicity and place. This interaction of different variables is important in the Global South. Although there is gender inequality and conflict, there is cooperation with men as well. This again underscores the importance of relations, context and environment in achieving well-being. It makes Southern perspectives on gender roles together with the approach of GAD and the notion of ‘Feminization of Poverty’ in my view most informative and suitable for this study, which is meant to be inductive.

2.5 Conclusion

2 I prefer referring to Global North and Global South to ‘neutrally’ differentiate between regions in the world, rather than using terms such as developed and underdeveloped world.
Well-being is a social construct and an emerging process that is determined by the interaction between social relations and a person’s own capacities, priorities and needs. This study is therefore based on the roles that social relations play in achieving individual and collective well-being, and women’s priorities in doing so. For the purpose of this study, the distinctions between individual and collective well-being and between formal and informal relations leading to those types of well-being are very relevant. Figure 2.1 shows the conceptual scheme that displays the inter-related concepts of this research. I place the concepts within a well-being framework, because I specifically want to show that social relations is an input as well as an output variable. Every concept within the framework is part of the concept well-being and leads to well-being at the same time. Thus although I do not specifically distinguish between well-being processes, outcomes and social structures, but mainly focus on well-being outcomes, I do acknowledge that priorities in life and social relations are well-being processes as well as outcomes. I also acknowledge the roles social structures (e.g., culture, the community) play in achieving well-being. In line with McGregor (2004: 343) I consider poverty not as a set of statistics, but as a state experienced by human beings in relationship to others on a day-to-day basis. Therefore, I performed this study inductively in trying to understand what poverty entails social-relationally.

**Figure 2.1: Conceptual scheme**
I performed the current study in the urban slum Kiandutu, which is located near Thika, in Central Province, Kenya (see Map 3.1 of Kenya with the location of Thika indicated). In this chapter, I provide more information on the research location: on urban slum areas in Kenya and more specifically on Thika and Kiandutu. Next to that, I provide relevant (historical) information of Kenya and its culture, related to poverty, social institutions and gender. Furthermore, I describe Kenya’s policy context regarding urban policies in relation to poverty reduction.

Map 3.1: Kenya with Thika indicated

Source: Google Maps

3.1 Development context

Kenya is a country in Eastern Africa, with approximately 40.86 million inhabitants and nearly equal proportions of the population being male and female (Hausmann et al. 2012: 218; KNBS 2009). The population growth rate in Kenya was 2.63 percent in 2011, which means an increase of over one million people every year (Hausmann et al. 2012: 218; The World Bank group 2012). Of the entire population, 32.3 percent lives in urban regions versus 67.7 percent living in rural areas (KNBS 2009). In the county Kiambu, where Thika is located, 60.8 percent of the total number of 1,673,785
inhabitants is urban (Kenya Open Data 2012). Also Kiandutu slum is an urban area. More information on Kiandutu follows in section 3.1.4.

3.1.1 Kenya’s political history

In 1963 The Republic of Kenya, before British East Africa (CIA The World Factbook 2012), became an independent country and was governed from then until 1978 by president Jomo Kenyatta (OECD Development Centre 2012). Upon his death, president Moi took his position. In 1982, Kenya became a de facto one party state until the first political reforms were introduced in 1991 (CIA The World Factbook 2012). Elections in Kenya have from that time often gone hand in hand with violence. Especially accusations of vote-rigging after the national elections in 2007 led to two-months of violence in the country, through which an estimated 1500 people have been killed (Ibid.) and 300,000 people have been displaced from their homes, “causing immense social and economic upheaval” (The Carter Centre 2012). There were for example widespread reports of rape and sexual assault during the chaos, which was in most cases ethnically driven (Ibid.). Prior to the 2007 elections, Kenya was one of Africa’s more politically stable countries with President Kibaki (Party of National Unity) as head of government and chief of state since elections in 2002. In December 2007 however, the national elections “failed to meet regional and international standards and are widely believed to have been rigged in favor of Kibaki” (Ibid.). Kibaki’s opponent, Raila Odinga (Orange Democratic Movement) called for Kibaki to resign. As a solution to end the post-election violence, a coalition government was formed and on February 28, 2008 Kibaki became president and Odinga prime minister (Ibid.).

The post-election crisis led to additional violence and serious human rights abuses (The Carter Centre 2012; Amnesty International 1961). On March 5, 2009, two Kenyan human rights activists were shot and killed in Nairobi. They had filed complaints against the government and brought attention to abuses and killings by Kenyan police (Amnesty International 1961). Abuse performed by police officers continues to be a “grave area of concern” nationally (The Carter Centre 2012). Kenya has also been hampered by corruption. The International Monetary Fund (IMF) even halted lending in 2001 when the government failed to institute several anticorruption measures. Again in 2006, the World Bank and IMF delayed loans, waiting for the government to take actions against corruption within the government (CIA World Factbook 2012).

3.1.2 Poverty

Kenya’s Gross Domestic Product (GDP) in 2011 was 42,449 billion US dollars and GDP per capita was 1008 US dollars (Global Finance 2012). As for the Gini coefficient, which measures the level of
inequalities in income within a country, in rural areas it was estimated at 39 percent and in urban areas at 49 percent (The World Bank Group 2012). The poverty rate in Thika was in 2005-2006 36.1 percent, with 194,391 people being poor (Kenya Open Data 2012). Of all people in the county Kiambu, 31.2 percent is currently employed (Ibid.).

Where inequalities exist in income between regions, they also appear between genders. The estimated earned income (PPP US dollars) for women in Kenya is 1,249 compared to 1,897 for men, and this gap increased by 0.17 from 2010 to 2011 (Hausmann, Tyson, & Zahidi 2011: 44). This shows that women’s earnings have decreased while men’s have increased. Also the score for the equality of wages for similar work has decreased from 5.85 to 4.84 between the years 2008 and 2010. The global economic recession that started in 2007/2008 probably partly plays a role in this (Ibid.).

To transform from a low income country to a middle income country, ‘Vision 2030’ was implied as a development blueprint (GoK 2007). The goal is to ensure a “high quality of life for all its citizens by 2030” (Ibid.: 1). There are however still numerous development issues that pose a problem to this goal. For example, a high percentage (46%; 2005) of the population lives below the national poverty line of 1.25 US dollars per day (The World Bank group 2012). Causes of poverty are, amongst others, low agricultural production, land issues and insecure land ownership structures, poor roads and infrastructure that hinder market access, high costs of health services, and poor governance (Oluoko-Odingo 2009: 312). Household poverty oftentimes leads to food insecurity, although the relation can also be the other way around (Ibid.: 316). Moreover, HIV/AIDS leads to a reduced national productivity, with 6.3 percent of the population being infected with HIV (KNBS & ICF Macro 2010).

3.1.3 Slum areas in Sub-Saharan Africa

As Pouw and Gilmore (2011: 21) write in their book chapter, the United Nation’s ‘Declaration on the Right to Development’ from 1986 and the UNDP both state that “all peoples should be able to live under conditions that allow them to pursue their well-being”. Nonetheless, Sub-Saharan Africa is still the only region where no tangible progress has been made in improving the lives of people living in slum areas in line with the targets set under the Millennium Development Goals (MDGs; Zulu et al. 2011: 186). UN-Habitat (2008a) has estimated that in Sub-Saharan Africa, approximately 72 percent of the urban residents live in slum or slum-like conditions. Slum areas are characterized by poor environmental sanitation, health, security and other social services, make-shift housing, congestion, high levels of unemployment, social fragmentation, and high levels of migration. Especially migrants who are searching for a job continue to reside in slum areas, despite the limited economic opportunities. The high natural increase, which accounts for 75 percent of Africa’s urban growth
compared to Asia’s 50 percent growth, is the greatest driving force for the rapid increase in urban population (Zulu et al. 2011: 186). Relatively high levels of fertility and proportions of people of reproductive age in urban populations cause this high natural increase. Also, rural-urban migration, with young adults looking for better livelihood opportunities in cities under the worsening rural economic conditions, contributes to the growing urbanization of Africa (Ibid.). Kenya, where about 55 percent of the urban population is living in slum areas, provides a good example of Sub-Saharan Africa’s urban crisis (Zulu et al. 2011: 187). Over the years, the concern among policy makers and development partners to address the bad living conditions (e.g., no access to clean drinking water and sanitation) in slum areas has grown.

3.1.4 Thika and Kiandutu slum

Thika, the town whereby Kiandutu is located (see Map 3.2) is a cosmopolitan industrial town which has a population of 80,000 people (Njoroge & Kibunga 2007). The town is located in Central Province, approximately 35 kilometers from Kenya’s capital city Nairobi. Kiandutu is Thika’s major slum where one third of its population resides (in 2007 around 26,000 people). This district is identified as being the second hardest hit with HIV/AIDS infections in the country (Ibid.: 67). There is a high level of uncertainty because of the living conditions, the limitation of resources, violence, corruption, and the current drought in the Horn of Africa that drives up food and water prices (Ibid.).

Map 3.2: Position of Kiandutu within Thika

Source: Google Earth

3 Because there is not more official information available on Kiandutu than what I describe in this chapter, I elaborate more on Kiandutu in Chapter 5, section 5.1, with research data and information I received from community members.
The latest information (2009) coming from the Commissioner’s District Office in Thika, the official source for statistical information on Kiandutu, displays a total number of inhabitants of 17,987\(^4\) of which 55 percent is male and 45 percent is female. Kiandutu is spread out over an area of 7.8 km\(^2\) with 6,627 households. The density (amount of people living on one km\(^2\)) is 2,296. There is no official public information on facts such as income, educational level and marital status.

In Kenya, there are two official languages, being English and Swahili (CIA The World Factbook 2012). Next to these official languages, there are numerous indigenous languages belonging to different ethnic groups (Ibid.). The biggest ethnic group in Kenya are the Kikuyu people, who constitute 22 percent of the population (Foreign and Commonwealth Office 2012). In Kiandutu, the language that is mostly spoken next to Swahili is Kikuyu, belonging to this ethnic group. Regarding religion, 45 percent of all Kenyans is protestant, 33 percent Roman Catholic, 12 percent Muslim, and 12 percent has indigenous beliefs (Ibid.). In Kiandutu, all of these religions are present in the seven different sub-areas\(^5\).

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\(^4\) The total number of inhabitants is currently roughly estimated as being around 35,000 but this has not been confirmed by the Commissioner’s District Office. Since 2009 there have not been any records that have been made public.

\(^5\) More information on Kiandutu’s sub-areas can be found in Chapter 5, section 5.1.
3.1.5 Kenya’s policies directed at decreasing poverty in urban slums

Kenya maintains several policies regarding poverty reduction in urban slums. Here, I discuss three of them. The first one is Kenya’s Poverty Reduction Strategy Paper (PRSP; 2008-2012) developed by the Kenyan government in cooperation with the World Bank and IMF. It presents a program of government actions that have priority in meeting the medium-term objectives of the Economic Recovery Strategy (ERS) for Wealth and Employment Creation (International Monetary Fund 2005: v). According to this strategy paper, to reach the objective of economic growth, the macroeconomic framework needs to be strengthened, and private sector participation and investment need to be unleashed (Ibid.). To reduce poverty and inequality, the proposed program of government actions focuses amongst other things on universal primary education, improved access to basic health, and “upgrading the living conditions for urban dwellers that have suffered from poor urban infrastructure and social services” (Ibid.). As part of the program, the government strives to achieve the MDGs in terms of economic growth, reduction of poverty, improved education, and access to health and water. To address equity and reduce poverty, the program aims at significantly reducing the number of Kenyan citizens who are living in poverty, from 46.9 percent to 28 percent (IMF 2010: ix). Next to that, it wants to reduce inequalities and offer the possibility for wealth creation for the poor by ensuring social equity, equitable access to public services, and equitable distribution of public resources (Ibid.). The Kenyan government wants to implement policies and programs that minimize the differences in income opportunities and access to social services across geographical regions, while paying special attention to the most disadvantaged communities and urban informal settlements. It aims at increasing community empowerment through public funds for social and income programs. The most disadvantaged communities and areas will be given priority in the allocation of this fund. The destination of the funding will be found in accordance with locally determined priorities that will be identified in a “transparent, participatory and accountable process” (IMF 2010: 4). Additionally, according to the PRSP, the realization of the overall growth objectives of the macro-economic framework will be the driving force for poverty reduction and empowerment at the community level (Ibid.).

The second poverty reduction policy is the Kenya Slum Upgrading Programme (KENSUP) strategy document that has been developed in cooperation with UN-Habitat (UN-Habitat 2008b). KENSUP is a collaborative initiative that uses the expertise of multiple partners in order to address the issue of poverty in slum areas. The Kenyan government executes and manages the program, the Ministry of Housing and relevant local authorities implement it, and UN-Habitat supports the program (Ibid.: 3). The aim of the program is:

“to improve the livelihoods of people living and working in slums and informal settlements in the urban areas of Kenya through the provision of
security and tenure and physical and social infrastructure, as well as opportunities for housing improvement and income generation” (Ibid.).

The UN-Habitat KENSUP strategy document outlines the main areas of focus, key concepts, planned activities and financing strategies. It should function as a guide for making slums better living and working environments for the urban poor, for reducing poverty, and contributing to the fulfillment of the MDGs, specifically Goal number 7, target 11: improving the lives of 100 million slum dwellers by the year of 2020 (Ibid.). The project activities are taking place in Nairobi, Kisumu, Mavoko, Mombasa, and Thika. KENSUP strives to improve the livelihoods of people in urban slums mainly through income growth and increased accessibility to resources and housing possibilities. The Kenyan government strives to upgrade slum areas by community mobilization and participation, preparation of city development strategic and land use master plans, shelter improvement, provision of physical and social infrastructure, environment and solid waste management, employment and income generating activities, and micro financing and credit systems (UN-Habitat 2008b: 31). Most of the projects focus on mapping the target communities through analyses of the situation and socio-economic status, and capacity building of the local authorities and the local communities. The program proposes an integrated approach to slum upgrading by analyzing issues of security of land tenure, improvement of basic infrastructure and housing, access to health and social services, and environmental management. It sets out priorities for each slum area as well as a common action plan (Ibid: 21).

The third policy is Kenya’s National Poverty Eradication Plan (NPEP) for the years 1999 to 2015 (Republic of Kenya 1999). The NPEP is a policy plan for poverty alleviation with a wide range of targets. The most important goals of the NPEP are: a reduction of the incidence of poverty in both rural and urban areas by the year 2015, strengthening capabilities of the poor and vulnerable groups to earn an income, and reducing gender and geographical disparities (Ibid.: 23). It strives to deal with problems of corruption, insecurity, inequality, unemployment, low economic growth, poor infrastructure and poverty. The NPEP specifically aims at bridging the gap between national level development plans and specific programs for addressing the needs of the poor. Therefore, it wishes to adopt a participatory approach and consultative process to ensure a consensus on policies, and that local values and needs are effectively internalized in policy initiatives (Ibid.: 62).

3.2 Gender (in)equality and women’s rights

In the Global Gender Gap Index (GGGI), Kenya takes the 99th place out of 135 countries (see Figure 3.1). As can be seen in Figure 3.1, the overall gender disparity in Kenya has grown over the last five
years. The GGGI is a global index that presents gender inequalities per country. It was introduced by the World Economic Forum in 2006 as a means to measure the “magnitude and scope of gender-based disparities” (Hausmann et al. 2011: 3). The score for gender-based disparities is based on four sub-indexes, being economic participation and opportunity; educational attainment; health and survival; and political empowerment. Complete gender disparity is achieved when the score on each sub-index is 1.0. As can be seen in Table 3.1, for Kenya especially the score on political empowerment reflects gender disparity. The score of 0.077 reflects Kenya’s low representation of women in leadership positions. Regarding education and health and survival, for which the scores are 0.936 and 0.968 respectively, there is much more gender parity. The net primary education enrollment is almost 98 percent with equal proportions of boys and girls being enrolled in school (UNESCO; in The World Bank Group 2012).

Table 3.1: Kenya Gender Gap Index

<table>
<thead>
<tr>
<th>Gender Gap Index 2011 (out of 135 countries)</th>
<th>Rank</th>
<th>Score</th>
<th>Rank</th>
<th>Score</th>
<th>Rank</th>
<th>Score</th>
<th>Rank</th>
<th>Score</th>
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<tbody>
<tr>
<td></td>
<td>99</td>
<td>0.649</td>
<td>83</td>
<td>0.616</td>
<td>101</td>
<td>0.936</td>
<td>102</td>
<td>0.968</td>
</tr>
<tr>
<td>Gender Gap Index 2010 (out of 134 countries)</td>
<td>96</td>
<td>0.650</td>
<td>82</td>
<td>0.615</td>
<td>102</td>
<td>0.940</td>
<td>101</td>
<td>0.968</td>
</tr>
<tr>
<td>Gender Gap Index 2009 (out of 134 countries)</td>
<td>97</td>
<td>0.651</td>
<td>50</td>
<td>0.683</td>
<td>106</td>
<td>0.959</td>
<td>110</td>
<td>0.968</td>
</tr>
<tr>
<td>Gender Gap Index 2008 (out of 130 countries)</td>
<td>88</td>
<td>0.655</td>
<td>41</td>
<td>0.693</td>
<td>102</td>
<td>0.926</td>
<td>105</td>
<td>0.968</td>
</tr>
<tr>
<td>Gender Gap Index 2007 (out of 129 countries)</td>
<td>83</td>
<td>0.651</td>
<td>58</td>
<td>0.649</td>
<td>97</td>
<td>0.934</td>
<td>104</td>
<td>0.968</td>
</tr>
<tr>
<td>Gender Gap Index 2006 (out of 115 countries)</td>
<td>73</td>
<td>0.649</td>
<td>40</td>
<td>0.657</td>
<td>88</td>
<td>0.918</td>
<td>96</td>
<td>0.966</td>
</tr>
</tbody>
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The Social Institutions and Gender Index (SIGI) tries to give an explanation for the inequalities that are reflected in the GGGI and looks at the roots causes. The focus is put on twelve social institution variables, which are grouped into five sub-indexes: family code; physical integrity; son preference; civil liberties; and ownership rights (OECD Development Centre 2012). Every non-OECD country is given a score between 0 and 1, where 0 means low or no discrimination against women and 1 means high discrimination. Kenya’s composite SIGI score (2012) is 0.247925, which makes the country being ranked 46 out of 86 countries. Since 2009, this score has risen from being 0.13704 towards slightly more discrimination against women. This score reflects the simultaneous existence of traditional and modern institutional frameworks that can undermine the freedoms of women (OECD Development Centre 2012). For example, the New Kenyan Constitution prescribes that upon marriage both parties will be entitled to equal rights at the time of marriage, during marriage and at its dissolution (Ibid.). The 2008 Marriage Act furthermore provides a minimum age of marriage of 18

6 Primarily developing and emerging economies.
for women and men, and the Children’s Act of 2001 forbids early or forced marriage (Ibid.). Contrarily however to what has been stated by these laws, many not officially registered marriages occur which are performed under customary or Islamic law, which does not provide an age limit and oftentimes no equal rights for women (Ibid.): “The 2003 Demographic and Health Survey found that 20.3 percent of girls between 15 and 19 were married, divorced, separated, or widowed” (US Aid 2003; in OECD Development Centre 2012). Moreover, there is no specific law against domestic violence, and “police are frequently reluctant to intervene in what they consider to be a ‘family matter’” (in OECD Development Centre 2012). Also, sexual harassment is against the law, but the law is not effectively enforced (US Department of State 2011; in OECD Development Centre 2012). Even violence against women is in general accepted by public opinion, with women being frequently beaten by their husbands (U.S. State Department 2010; in OECD Development Centre 2012). For the 2004 Demographic and Health Survey, approximately 40 percent of married women reported experiencing physical violence by their spouse, and 25 percent of all women reported having suffered from violence in the previous twelve months (Carter Centre 2012; OECD Development Centre 2012). Moreover, female genital mutilation (FGM) is also prohibited by law, but is still practiced in rural areas (Carter Centre 2012).

3.3 Conclusion

Kenya is a country with high incidences of poverty (at least 46% (2005) of the population is living below the national poverty line), and inequalities in income between regions and genders. In Thika, where Kiandutu is located, the poverty rate is 36.1 percent. The Kenyan government maintains several policies to reduce poverty nationally and especially in slum areas. Nationally, there is gender inequality, with a grown overall gender disparity over the last five years, and customary institutional frameworks that make it possible to violate women’s rights protected by modern and official Kenyan law. Moreover, corruption and violence are present in daily life.
This chapter focuses on the research methodologies and methods of this study. To first give a small recapitulation, I start with repeating the main and sub research questions. This is followed by the epistemology of this research and the methodological departure points. Subsequently, the operationalization of the major concepts and units of analysis are described, followed by the research methods. This chapter ends with a section on ethical considerations and experienced difficulties in the field regarding this subject.

4.1 Research questions

The theoretical framework of WBA and my personal interest in social relations, especially the roles they play in the lives of women in poor areas, have led to the research question and sub questions presented in Box 4.1.

Box 4.1: Research and sub-questions

**Main question:**
How do women in Kiandutu make use of formal and informal social relations to achieve individual and collective well-being, and what priorities can be identified on the basis of each?

**Sub-questions:**
1. Which formal social relations play a role in the achievement of well-being, and what roles do they play?
   a) Individually
   b) Collectively

2. Which informal social relations play a role in the achievement of well-being, and what roles do they play?
   a) Individually
   b) Collectively

3. What do women identify as priorities in life for achieving well-being and how satisfied are they with the current fulfilment of these?
   a) Individually
   b) Collectively
4.2 Research methodologies

There are different frameworks of research that can be distinguished on the basis of their grounding in epistemology (Crotty 1998: 3-5). Epistemology refers to ‘what we can know about reality’ (Sumner & Tribe 2009: 53). The epistemology that lies behind the theory of this study is constructionism. I believe that there is not one objective truth but that human beings construct meaning and their personal truth while interacting with others and with the physical world: “There is no meaning without a mind” (Crotty 1998: 8-9). Therefore, I believe that meaning is not discovered but constructed. The meaning that different people construct can be very different from each other. The theoretical perspective I take is derived from relativism: I recognize that multiple interpretations of reality exist and that they shape people’s reality (Sumner & Tribe 2009: 59-63).

The methodological design of the current research is phenomenological research combined with survey research and action research (Crotty 1998). The qualitative methodologies I used are derived from phenomenological research. It gave me the opportunity to collect qualitative data based on life stories and personal perspectives that form the body of my study. I combined this with survey research, which allowed me to first gather a pile of quantitative data as well as information on individual priorities in life, which both gave me important insights leading to more personal interviews and FGDs. As participant methodologies I used action research, in the form of focus group discussions (FGDs).

4.3 Operationalization of major concepts

Appendix I depicts the operationalization scheme with the three major concepts of the current study. These are: social relations, well-being and priorities in life. Because my aim was to use a bottom-up approach to make this research as inductive as possible, the variables and indicators of well-being and social relations have been determined in the field according to the locally most important variables. For formal social relations, these are: government services, non-governmental organizations, community based organizations, and local governance. For informal social relations, these are: friends, family, neighbors, church, and support systems. Regarding well-being, I researched human resources, material resources and social resources (see Appendix II for specific survey questions regarding these types of well-being). For priorities in life, I researched both individual and collective priorities.
4.4 Units of analysis and sampling method

There are two units of analysis to distinguish in this study. The first one is women living in Kiandutu slum on an individual level. The second unit of analysis is women living in Kiandutu slum on a community level.

Kiandutu is an area of 7.8 km$^2$, with 6,627 households. The total number of inhabitants is 17,987$^7$ of which 55 percent is male and 45 percent is female. To be able to get in contact with women and especially to meaningfully research collective well-being, I focused on a smaller area: Centre Base$^8$ which is the heart of Kiandutu. I made use of the snowballing technique (Small 2009: 24) to collect participants, starting with women I got in touch with through my research assistant. Via those women I found more women willing to participate in this study. This sampling method makes the research sample a non-probability sample, because not everyone in the entire population had the same chance of being included in this study (Small 2009: 24). Therefore, I am strictly speaking not able to generalize the findings to other women in Kiandutu. However, because I tried to make sure that the distribution of responses matches that in the population (Ibid.), I believe it gives a good representation of the challenges in Kiandutu and how women cope with these socially.

4.5 Research methods

To answer the research question and sub-questions, I used a mixed-methods approach, making use of qualitative as well as quantitative research methods. A quantitative survey was complemented with open-ended questions to make it an interview guide for structured interviews. Eight participants out of the 60 women I interviewed in the survey part of the research have later been interviewed in in-depth conversations to obtain better understandings of the way women in Kiandutu view their social relations in relation to well-being. In focus group sessions I wanted to uncover how women are using social relations to achieve collective well-being but I had to adjust this mainly to answer the question why collective community action is largely non-existent in Kiandutu regarding this form of well-being. Additionally, I have made daily notes in a booklet on all observations, experiences, and informal findings. These notes have been useful to personally understand ‘where my ideas came from’ and to structure my thoughts on the research process. They have also served as secondary

$^7$ The total number of inhabitants is currently roughly estimated as being around 35,000 but this has not been confirmed by the Commissioner’s District Office. Since 2009 there have not been any records that have been made public.

$^8$ More information on the sub-areas of Kiandutu follows in Chapter 5, section 5.1.
data, mainly for conversations I have had with persons besides my research participants to orientate myself on the subject of well-being in Kiandutu.

I have experienced these methods to be appropriate in answering my research question, because the quantitative survey gave me valuable basic information on well-being and social relations that was feasible to obtain in a limited amount of time. First taking structured interviews also gave me the chance of getting to know women in Kiandutu more and gaining their trust. I became a familiar face in the community and people responded well when they saw me. The qualitative methods provided me with extra, in-depth explanations on the information obtained with the survey. These methods in that way nicely complemented each other, because the survey gave me descriptive information on the well-being of women in Kiandutu, the types of social relations and a first inquiry of the way in which social relations are used to achieve well-being. In-depth interview and focus groups subsequently gave me more information on the how and why of using social relations to achieve individual and collective well-being, and the almost absence of attempts to achieve collective well-being. This is in line with Small, who states:

“Sampling logic is superior when asking descriptive questions about a population; case study logic is probably more effective when asking how or why questions about processes unknown before the start of the study” (Small 2009: 25).

In the following sections, information on the sample population and the applied methods follows.

4.5.1 Sample population

All respondents are women who have the responsibility for children who are still co-residing in the household. I have specifically chosen for this particular group of participants because, as described before, in urban slum areas such as Kiandutu there are many women who face a triple burden: they have to work to support their families, they have to take care of their children, and oftentimes they have community obligations at the same time. I was specifically interested if these women make use of social relations to achieve individual and collective well-being and which roles (both positive and negative) they play for them.

4.5.1.1 Survey research participants

For the survey research, on which elaboration follows below, I interviewed 60 women. This method was ideal to generate data from a large number of respondents (Sumner & Tribe 2008: 104) and to give me the first valuable insights into well-being in the community. Although the sample is a non-
probability sample, I still strove to interview 60 women because I wanted a number of women large enough to be able to compare the results among them. That is also why I have carefully asked myself at multiple moments during and after the fieldwork if there were different sub-groups amongst my research participants. If that would be the case, women could have answered the interview questions significantly differently based on their membership of different groups. Examples are ethnicity, or a large variation in poverty. I would then have had to compare the results between the different sub-groups and in that case I strove for at least 40 participants per sub-group. I tried my best to find out how homogeneous the area is in which I performed my research. Although one can never be completely certain about this, in the end I did not find obvious sub-groups among the participating women.

All participants at least take up the roles of taking care of children and providing the family with an income. Concerning community obligations, the story is somewhat different. Elaboration on this will follow in Chapters 5 and 6. The mean age of the participants is 29, with ages varying between 18 and 49.

### 4.5.1.2 In-depth interview participants

For the in-depth interviews I selected eight women who were willing to elaborate on issues brought up in the survey interviews. Issues that needed more in-depth explanation mainly were (the absence of) close relations in the community and in the lives of participants personally, issues of trust, extreme gossiping and bullying in the community, experienced challenges in Kiandutu and the way people cope with them. Interesting personal situations of women were also discussed, such as those of in-depth participant 2, who is extremely bullied in the community. I thus did not select the in-depth interview participants randomly, but according to what they brought up in the survey research and what needed more explanation to be able to get a better grasp of the social dynamics in Kiandutu. Because the participation of these women came forward from their participation in the survey part of the research, all general characteristics that will be described in Chapter 5 apply to them as well. Only their mean age is different from the 60 participants who took part in the survey part, namely 33 with ages varying between 25 and 49.

### 4.5.1.3 Focus group discussion participants

Although I ideally strove for eight to twelve women per FGD, I conducted two FGDs of which five women took part in the first and six in the second. The first FGD concentrated on the absence of collective action regarding collective well-being while I conducted the second FGD with women who do take part or organize collective action. The reason for the rather low amount of participants
simply was that it was extremely difficult to find women who were on the one hand suitable to have a discussion with on the subject of collective action and on the other hand were willing to participate. The former explanation concentrates mainly on participants of the second FGD, because there are hardly women in the community who organize any form of collective action. It took me a long time to identify those women and to approach them, and this resulted in six women taking part. That there were only five participants in the first FGD, on the lack of collective community action, refers to the latter explanation. Women were more hesitant and even reluctant to take part in this FGD when other women would be present as well. Although they did not tell me this directly, it is highly likely that they felt uncomfortable, especially about discussing their absence in collective action with others. Suddenly women, most of them I interviewed twice before, were not available anymore. This could however also have had to do with the period in which I conducted my FGDs, namely in the holiday and rainy period. Many people then either temporary leave Kiandutu or are busy making their houses ‘water proof and –free’.

Nonetheless, the women who did take part in the two FGDs provided me with valuable information on especially the lack of unity in the community, dependency on organizations and the reasons for and experiences of taking part in and organizing collective action.

The mean age of women in FGD 1 is 28, with ages ranging between 20 and 33.

4.5.2 Research assistant

Because the presence of my research assistant can have influenced the results, both positively and negatively, this possibility needs to be taken into account. Although I opted for a female research assistant, because I believed that women would feel more at ease in the presence of another woman than a man and they would relate more to a woman, I worked with a male assistant. The initial reason for this was that it was impossible to find a woman from Kiandutu who went to university and/or had enough grasp of what I wanted to achieve with my research, and spoke English as well as Swahili and Kikuyu. I started working with Edward, a man of twenty years old, who is in his first year of university, and speaks English, Swahili, Kikuyu and three other indigenous languages all fluently. Next to that, he lives in Kiandutu through which he could provide me with valuable knowledge about the area and women living in Kiandutu. Working with him was not a disadvantage at all, because all participants seem to know him very well. Edward’s mother namely is a very appreciated person in the community. Edward is highly trusted and because he is able to go to university he is treated as

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11 I do not have full details on the women who took part in FGD 2. They did not take part in other parts of this study. I cannot provide their mean age and information on them in Appendix VIII, as has been done for all other participants.
'the great hope' of Kiandutu. I did not get the impression that women held back or were shy to open up in his presence. It is possible however that they did not tell me everything because they felt uncomfortable with Edward, although I never received any indications into that direction. Moreover, this could also have happened in the presence of a female research assistant. Nonetheless, it is something to reflect upon and to take into consideration. It also needs to be said that they could have felt obligated to participate in this study, because besides the obligation they might have felt towards me which I describe in section 4.6, they possibly felt they needed to return the favor towards Edward. Although they did not appear as if they felt they had to participate in the research, it is possible they felt that way.

4.5.4 Individual well-being

To research individual well-being, I first made a community profile to get an impression of the circumstances and challenges in Kiandutu. It had the purpose of building a relationship between myself and the people I studied and it built an understanding of the meanings of well-being that play a role in the community (McGregor 2007: 342). This document served as a personal raw sketch12 in which the salient demographic, social and physical characteristics of the community are described (Ibid.). The survey I subsequently used for researching individual well-being consists of the Resources and Needs Questionnaire (RANQ) of the WeD Working group for which I was given official permission to use. The RANQ in its original form is a household survey that is specifically designed to map the distribution of resources and needs satisfaction within the community being studied (McGregor 2007: 340). The five categories of resources were derived from the Resource Profiles Framework: material, human, social, cultural and natural resources. The major categories of need satisfaction were derived from the Theory of Human Needs (e.g., health, education, food and housing). The RANQ seeks to establish levels of needs satisfaction on an individual basis. I adapted this questionnaire in such a way that it consists of questions that are relevant in the particular context of Kiandutu and I added open-ended question to get a first impression of the way women use relationships for their well-being. Before starting with the survey interviews, I first ran three pilots to check for unclarities, needed adaptations, difficult or irrelevant questions, and the time a survey interview took. The final survey, which can be found in Appendix II, is constructed according to the experiences with the pilot version and in consultation with my local supervisor and research

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12 The majority of the raw sketch is processed into fluent text in Chapter 5, sections 5.1 and 5.2. I made this profile through the transact walk technique: making observations while walking around, gathering information from locals and key informants.
assistant. To receive detailed information on the social and cultural resources that influence well-being in Kiandutu, I adapted the survey to the local understandings of well-being that I came to know through the community profile. With the survey I researched the types of well-being that are most relevant for my research population, which are: human resources, material resources, and social resources. For the specific survey questions belonging to these types of well-being I refer to the survey itself in Appendix II. An average survey interview took between 60 and 90 minutes. I performed 60 survey interviews. In return for their participation I provided all participants with a 2kg bag of maize flour and a big bar of soap; both valuable goods.

Finally, to get a full grasp of the social dynamics in Kiandutu, I interviewed eight women in-depth. These women already participated in the survey interviews and were willing to be interviewed again. The purpose of these interviews was to get more understanding of the how and why behind the social dynamics in Kiandutu. In all of these interviews I used a life story perspective. Focusing on the main themes (e.g., friendship, support systems, collective action, trust and mistrust) that came forward from the 60 survey interviews, I talked with eight women about how these issues were for them in their past, how they are in the present and what expectations they have regarding these issues in the future. Before the interviews I made an interview guide (see Appendix III) that I used as guidance. I did not use this guide statically, it rather served as a guideline. This made the interviews semi-structured, and they were mostly led by what the participants told me. This method was useful in researching specific social issues through the individuals’ life stories and to explore the link between individual lives and wider issues playing a role in the community. The in-depth interviews also provided me with more information on the social factors playing a role regarding collective well- and ill-being. Every interview took between 60 and 105 minutes. In return for their participation I provided all participants with a 2kg bag of maize flour and a bag of charcoal.

For both the survey interviews and the in-depth interviews, the response rate was 100 percent; all participants I approached were willing to cooperate.

4.5.5 Collective well-being

For researching collective well-being, I spent the last three weeks of the fieldwork time on organizing focus groups. I organized both sessions on the subject collective well-being with the purpose of uncovering why women in Kiandutu barely use social relations collectively to achieve well-being for their community. I also examined how satisfied women are with the well-being of their community.

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13 These issues will be described extensively in Chapter 5, sections 5.3-5.6, and in Chapter 6, sections 6.1-6.3.

14 More information on this will follow in section 4.6.
what they think they need to improve their community, and what their priorities are for achieving collective well-being. As described before this proved to be somewhat difficult, especially for finding participants for the first FGD since the discussion was on a subject that all participants did not take part in. Because I did not want to give the impression that I was judging the participants on their absence in collective action, I made use of a professional moderator in this FGD. Because of his experience and the focus group guide I made (see Appendix IV) the discussion went fluently and led me to valuable insights. The first FGD took three hours.

For FGD two I had difficulties finding participants and I actually had to cancel a session, because participants only wanted to cooperate if I would give them money in return. I promised Macheo not to give any money in return for participation and I would have had moral problems with this myself as well. To find women who voluntarily do something good for the community and who are enthusiastic enough to talk about that with me was quite a challenge. In the end I succeeded to find six of those women and the second FGD took 105 minutes (see Appendix V for the used focus group guide).

In return for their participation I again provided all participants with a 2kg bag of maize flour and a big bar of soap.

4.5.6 Priorities in life

To research the last sub-question, which is about priorities in life for achieving well-being and the current satisfaction with the fulfillment of these priorities, I added questions about priorities and satisfaction with individual well-being to the RANQ survey. I used the Person Generated Index (PGI) from the WeD website (see Appendix VI) for answering these questions. The PGI asks people to nominate aspects in their lives that contribute to their wellbeing, subsequently they rank them according to personal importance and indicate how satisfied they currently are with these aspects. For indicating importance I used the seeds technique, because dividing seeds among the different aspects can make it more understandable to indicate importance than using a Likert-scale. The seed technique can be a good tool in making a situational analysis.

I addressed collective priorities and satisfactions in the focus groups. I did not use the PGI for that, because it proved not to work in groups. Instead, I had nice discussions with the participating women about their personal and subsequently group priorities and they indicated why they are or are not satisfied with the fulfillment of these priorities.
4.6 Ethical considerations and experienced challenges

In this section I discuss some important ethical considerations and related challenges I encountered during my fieldwork. But first, a short ethical statement follows below.

I took precautions to make sure that participants’ anonymity is safeguarded. Names of participants are kept separate from the interview transcripts and survey answers, and I have only used numbers for reference. Before every interview, participants were informed they were free to stop the interview at any time and they did not have to share information when they did not want to. Furthermore, I explained very clearly that there were no right or wrong answers and that I was interested in their opinions and lives. I also informed the participants that the interview recordings are private and will not be shared with other parties, and that all information given is treated confidentially. Furthermore, I have been careful not to raise expectations I could not fulfill. Therefore, I have been very clear about the purpose of my research from the beginning.

Regarding reciprocity, I have taken the advice of my local supervisor and research assistant that soap, charcoal and maize flour are valuable products for women in Kiandutu which they use daily. As a gesture of appreciation for taking part in my research, I have provided (one of) these products. This form of reciprocity has however also possibly led to the high response rate of 100 percent. I noticed that when people in Kiandutu see ‘wazungu’\textsuperscript{15} in their community, they expect to receive something from them or at least that they are coming to do something good. Solely my presence could have triggered the expectation of receiving something. The fact that women even approached me to participate in my research is therefore not surprising. Possibly, after a few interviews, women knew they would receive maize flour and soap if they would participate. However, since Centre Base is quite a large area and since women were very surprised and grateful to receive some compensation at the end of every interview, they were either very good actors or it is still possible they were genuinely interested in the research and in me. Especially since, besides hoping to receive something from a ‘mzungu’, inhabitants of Kiandutu in general approach white people with curiosity.

Other important points I anticipated on or that came up during my fieldwork are the following. First is the issue of the language barrier. Beside my proficiency of Swahili being not yet good enough to take the interviews entirely by myself, some women in Kiandutu only spoke Kikuyu. This meant that especially during those interviews I had to rely on my research assistant. This however entailed multiple risks, such as getting lost in translation and the participants not trusting my assistant and therefore not trusting me (Williams et al. 1982: 353). To reduce these risks to a

\textsuperscript{15} Swahili for ‘white persons’, plural form of ‘mzungu’.
minimum, I made use of an assistant who is from Kiandutu himself, so women were able to relate to and trust him because he is familiar to them. I also informed my assistant thoroughly throughout the research about the research purpose.

Second, because of safety issues, I was not able to go everywhere I wanted in Kiandutu. I had to listen very carefully to the advice of my local supervisor and research assistant who was with me all the time during my visits to Kiandutu. Luckily Centre Base is a relatively safe area within Kiandutu. Next to that, I always trusted my gut feeling and stepped out of a situation when I felt something was off (Williams et al. 1982: 361). Although I have experienced some minor uncomfortable situations, through the taken precautions I did not encounter any bad experience worth mentioning.

Last and highly important, since I have been working with poor women, I was very aware of the uneven power relations (Summer & Tribe 2008: 38). I have been extremely careful not to raise expectations I could not meet. Besides directing people who asked for my help, which has happened numerous times, to the right persons in the community or NGOs I patiently took the time to explain my presence in Kiandutu and to listen to people’s stories. However, I always kept explaining that I was not in the position to change something for them, I was there to learn about their lives and to listen to their stories. The only thing I could do was being willing to listen. I tried my best to prevent feelings of inferiority in my participants and in many cases people I talked with appreciated my honesty about my presence instead of being another ‘mzungu’ who came to change something. This contributed to my personal feeling of being very welcome in Kiandutu and people being kind to me.
5 Characteristics of social life in Kiandutu urban slum

In this chapter a picture will be drawn of what living in Kiandutu urban slum entails. The purpose of this chapter is to describe the characteristics of social life in Kiandutu, of its (female) inhabitants and their daily situations. In the first paragraph of this chapter, I describe the community as I came to know it from observational participation, community profiling, official statistics and conversations with inhabitants. I also give insight in the daily living conditions, as experienced subjectively by women in Kiandutu, mainly using relevant information from in-depth interviews. The first section is followed by a section on the research population in which the main characteristics of the participants are shown. Subsequently, important formal social contacts in the lives of Kiandutu women are described, followed by a section on the important informal social contacts. Then individual as well as collective priorities of women in Kiandutu are highlighted. This chapter concludes by the notion that collective community action is largely non-existent in Kiandutu, which I find related to extremely low levels of trust in the community.

Data used to illustrate this chapter are coming forward from the survey research (n=60), in-depth interviews (n=8), focus group discussions (n=11) and observations.

5.1 Description of community and living standard

Kiandutu is Kikuyu for ‘place of jiggers’\textsuperscript{16}. Young people from the area try to officially change the name because they experience it to be stigmatizing. From informal conversations with community members, I came to understand the following story about the existence of Kiandutu.

In 1968 the first people started Kiandutu. They came to settle in the area of Thika because they hoped to find a job in one of the surrounding factories. Thika was then an industrial town. Kiandutu kept growing as people started to settle there. This corresponds with the description in Chapter 3, section 3.1.3, that especially people searching a job continue to reside in slums, despite the limited economic opportunities (Zulu et al. 2011: 186). Nowadays, around 35,000\textsuperscript{17} people are living in Kiandutu. It is still an informal settlement, but in the process of becoming formal. Although

\textsuperscript{16} ‘Kia’ means place, ‘ndutu’ means insect/jiggers.

\textsuperscript{17} The total number of inhabitants is currently roughly estimated as being around 35,000 but this has not been confirmed by the Commissioner’s District Office. Since 2009 there have not been any records that have been made public.
there is a government post, a governmental hospital (called the dispensary) and a police station, nobody owns the ground they live on.

Kiandutu exists of seven sub-areas (see Photo 5.1 for a map drawn by my research assistant). These are: Biashara area, Centre Base, Mutatu, Molo, Mulaira wa reli, Wahome, and Kianjau. Biashara is an area where a lot of shops (food, clothes, wood, etc.) are located. Shops are spread out everywhere in Kiandutu, but are especially present there. Throughout Kiandutu there are barbershops, beauty salons and sowing businesses. Most businesses are run by women, who are in many cases the breadwinners of the family or at least contribute to the family’s income. Centre Base is the heart of Kiandutu and is relatively big. Mutatu used to be an unsafe area, where a lot of workless young men resided. Recently a lot of them have been arrested and now the area is safer. Mulaira wa reli, which is separated from the other areas of Kiandutu by a railway, is the poorest district. It resembles the countryside: houses are further apart, only a few people live there, there is no electricity and the people are poor.

Photo 5.1: Overview of Kiandutu and its subareas

Since November 2011 there has been electricity in Kiandutu. This was arranged by UN-Habitat and KENSUP. Many household have electricity (see Table 5.1), because it is relatively cheap.

Kikuyu word for ‘business’.
Some households even have a television at home. Most pubs and ‘hotels’\textsuperscript{19} in Kiandutu have television as well.

<table>
<thead>
<tr>
<th>Table 5.1: Survey participants with electricity at home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
</tr>
<tr>
<td>Electricity</td>
</tr>
<tr>
<td>Gas cooker</td>
</tr>
<tr>
<td>Both of the above two</td>
</tr>
<tr>
<td>None of the above two</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

\textit{Source: Field survey, Kiandutu, February 9 – April 27, 2012}

There are multiple primary schools (e.g., Kenyatta primary school, Kianjau) and there is a high school (Broadway High School). Kiandutu Outreach Project (KOP) has a nursery, where malnourished children are being taken care of, and a school for older children who have never had the opportunity to follow any kind of education. Many people struggle to send their children to school. They cannot afford a school uniform or the tuition fees.

The main source of drinking water is communal piped water (named by all 60 survey participants as main source of drinking water). This corresponds with the larger picture of urban Kenya, where the largest amount (38.4\%) of the population uses piped water as the main source of water (KNBS 2009). People get their water from one of the water pumps. Water pumps are owned by the government, and are rented by people with a private initiative who make money from every filled jerry can of water. A jerry can of 20 liters currently costs 3 Kenyan Shillings\textsuperscript{20}. Bathrooms and toilets are all outside. Although some are really bad and there are places with open sewers, the level of sanitation has been improved in the last years with NGOs, UN-Habitat and KENSUP operating in the area (see Table 5.2).

<table>
<thead>
<tr>
<th>Table 5.2: Toilet facilities survey participants make use of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
</tr>
<tr>
<td>Private toilet used by family only</td>
</tr>
<tr>
<td>Private toilet shared by multiple families</td>
</tr>
<tr>
<td>Communal toilet</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

\textit{Source: Field survey, Kiandutu, February 9 – April 27, 2012}

\textsuperscript{19} Word Kenyans use for restaurants.

\textsuperscript{20} Less than 3 Eurocents.
Cooking is mainly done on a ‘jiko’ 21, which is placed on the ground or on a table inside the house. Some people cook outside using a stove on petroleum products or fire wood (see Table 5.3). Some who cannot afford buying cooking supplies (see ‘not applicable’ in Table 5.3) go to one of the local hotels to buy a cheap meal to share with their families.

Table 5.3 Main sources of cooking fuel among survey participants

<table>
<thead>
<tr>
<th>Source: Field survey, Kiandutu, February 9 – April 27, 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
</tr>
<tr>
<td>-------------</td>
</tr>
<tr>
<td>Petroleum products</td>
</tr>
<tr>
<td>Firewood</td>
</tr>
<tr>
<td>Charcoal</td>
</tr>
<tr>
<td>Both petroleum products and charcoal</td>
</tr>
<tr>
<td>Not applicable</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

From the survey research and in-depth interviews, an image unfolds of Kiandutu as an area in which a lot of uncertainty exists. First of all, most laborers find casual jobs (77% of survey participants gets their income from casual labor), contract workers are hard to find. This corresponds with the low level of employment (31.2%) in the county Kiambu (Kenya Open Data 2012). Moreover, the security in the community is rather low: “This place has a lot of funny things as well […], the funny funny life” 22 (In-depth participant 5 23 about life in Kiandutu). The ‘funny funny life’ entails: theft/robbery, abusive language, prostitution, frequent fire outbreaks, poor infrastructure, a lack of jobs, murder, bullying and gossiping, and criminal activities. About the latter, some women remarked: “Sometimes they stab and cut someone without caring” (quoted from survey participant 5). People get intimidated by criminals when they see crimes happening which oftentimes refrains them from going to the police. Furthermore, as will come back in this and the following chapter, going to the police can be dissatisfying because officers are viewed as being highly inefficient and demanding for bribes in order to take up a case. Also the existence of a lot of illegal chang’aa 24 breweries makes the security level drop. There are many drunken people, drinking this local,

---

21 A small traditional ceramic stove for which charcoal is used as cooking fuel.
22 All quotes in this thesis were directly translated from Swahili to English during the interviews. Some quotes are adapted to my own insight when I judged, while listening to the original interview, that the translating from Swahili to English was not done literally enough by my research assistant. When the interview was done in Kikuyu, I had to rely on the English quotes my research assistant gave me.
23 Because of promised anonymity I refer to all participants with their reference number. A list of all participants and their corresponding details can be found in Appendix VIII.
24 An alcoholic drink which is distilled from grains and of which the alcoholic content in oftentimes increased by toxic chemicals such as battery acid. Due to methanol poisoning, drinkers of chang’aa can become blind or even die.
dangerous brewery. The behavior of drunken people, both men and women, is according to the interviewed women linked to an increase of the ‘funny funny life’. In an effort to increase the level of security especially during night time, four big lights, such as those in a soccer stadium, light the entire area of Kiandutu.

Contributing to the uncertainty is the fact that daily living is experienced as too expensive. The facts that the economy is worsened since the global economic recession in 2007/2008 and that Kiandutu is an urban slum make daily life difficult: “Everything in Thika is money. Without money, what would you do? Everything is money, food is money. [...] Without money you are sleeping outside.” (In-depth interview participant 4). Additionally, women say that life in Kiandutu is hard, because people are not concerned about each other. They explain that everyone is living their own lives and is struggling with it. “We live for the sake of living” (survey participant 52). Then it is hard to be concerned about others’ problems; it is everyone for his/herself. Moreover, social life seems to be segmented; people in the community live according to their financial statuses. People who earn some money are in the same social group, people with less money are in a different group.

However, even though a lot of uncertainty and insecurity exists in daily life, people do not seem to pay special attention to it. This is life for them, they accept it: “[T]hat is just the way life is here” (in-depth interview participant 5). Furthermore, public facilities such as schools and hospital are close to the community and there are several non-governmental organizations trying to assist people to make their lives less hard. One participant also remarked that everything might be about money in Kiandutu when it comes to daily living, but when you do have a small amount of money you are able to survive: “Compared to other places, where you can find yourself struggling, it is easier to survive here” (in-depth interview participant 5).

Contributing to the challenging life are unexpected shocks, such as deaths in the family, family members being admitted to hospital or being arrested. A lot of money is needed to cater for these situations, money that is mostly not there, that has been saved to start a business or to be remained for the future: “I had to start from scratch again” (survey participant 53 about the moment she had to spend all her savings to get her husband released from prison). This corresponds with Narayan, who states that “health and death shocks are a primary reason for falls into poverty” (Narayan 2009: 164) and can force expenditures that lead to dissavings (Ibid.: 167).

5.2 Research population
60 women participated in this study. Most of them face a double burden: they have to work to support their families and have to take care of their children. Concerning community obligations however, I barely found formal participation although some women are taking part in actions regarding collective well-being. The mean age of the participants is 29, with ages varying between 18 and 49. All women have a family of their own, with at least one child being currently part of the household. The average number of children is three, with numbers varying from one to eight. Of the participating women 61.7 percent is currently married versus 38.3 percent being currently unmarried (see table 5.4 for more detailed information about marital statuses). Of all 60 women, 58 are active Catholics and two are (currently) non-religious.

Table 5.4 Marital status

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently married</td>
<td>37</td>
<td>61.7</td>
</tr>
<tr>
<td>Not married</td>
<td>16</td>
<td>26.7</td>
</tr>
<tr>
<td>I am widowed</td>
<td>4</td>
<td>6.7</td>
</tr>
<tr>
<td>I am divorced</td>
<td>3</td>
<td>5.0</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Field survey, Kiandutu, February 9 – April 27, 2012

Table 5.5 displays the key characteristics regarding the educational level of the participants. Especially striking is that 81.7 percent has ever gone to school. This number is higher than I expected. However, an equal amount of women completed and did not complete primary school (33.3%). Only eight women (13.3%) went to high school, of which five completed it. One woman went to college. Also worth noticing is that none of the participants ever went to university.

Table 5.5 Key characteristics regarding educational level

<table>
<thead>
<tr>
<th>Can you read or write a letter?</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read only</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td>Read and write</td>
<td>41</td>
<td>68.3</td>
</tr>
<tr>
<td>Illiterate</td>
<td>17</td>
<td>28.3</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

The characteristics in this paragraph reflect all 60 survey participants, as well as the eight participants from in-depth interviews, since their participation in these interviews has come forward from their participation in the survey research. Characteristics of participants taking part in the focus group discussions (FGDs) are not depicted in this paragraph. For more details, I would like to refer to the research methods in Chapter 4.
Have you ever attended an educational facility?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>49</td>
<td>81.7</td>
</tr>
<tr>
<td>no</td>
<td>11</td>
<td>18.3</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

What is the highest level of formal education obtained thus far?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary school uncompleted</td>
<td>20</td>
<td>33.3</td>
</tr>
<tr>
<td>Primary school completed</td>
<td>20</td>
<td>33.3</td>
</tr>
<tr>
<td>High school uncompleted</td>
<td>3</td>
<td>5.0</td>
</tr>
<tr>
<td>High school completed</td>
<td>5</td>
<td>8.3</td>
</tr>
<tr>
<td>Went to college</td>
<td>1</td>
<td>1.7</td>
</tr>
<tr>
<td>Not applicable</td>
<td>11</td>
<td>18.3</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Field survey, Kiandutu, February 9 – April 27, 2012

Regarding housing (see Table 5.6), 70 percent of the participants does not own the house they live in. Of those women, 68.3 percent needs to pay rent, which means that one woman does not have to pay to live in her rented shack.

Table 5.6 Key characteristics regarding housing

### Do you own your house?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>18</td>
<td>30</td>
</tr>
<tr>
<td>no</td>
<td>42</td>
<td>70</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

### Do you have to pay rent to live in this house?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>41</td>
<td>68.3</td>
</tr>
<tr>
<td>no</td>
<td>19</td>
<td>31.7</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Field survey, Kiandutu, February 9 – April 27, 2012

Participating women and their husbands almost equally take up the task of being the main supporter of the household income wise (46.7% for participants vs. 43.3% for their husbands). In five percent of all cases both participant and husband contribute equally to the household income, and in the remaining five percent someone else is the main supporter of the household. In most of the cases (58.3%) the income is perceived as inadequate and in 48.3 percent the income is much worse now than five years ago. Table 5.7 provides more information on income.
### Table 5.7: Key characteristics regarding income

<table>
<thead>
<tr>
<th>Who provides the family with an income?</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female participant</td>
<td>22</td>
<td>36.7</td>
</tr>
<tr>
<td>Husband</td>
<td>20</td>
<td>33.3</td>
</tr>
<tr>
<td>Both participant and husband</td>
<td>15</td>
<td>25.0</td>
</tr>
<tr>
<td>Someone else</td>
<td>3</td>
<td>5.0</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who is the main breadwinner?</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female participant</td>
<td>28</td>
<td>46.7</td>
</tr>
<tr>
<td>Husband</td>
<td>26</td>
<td>43.3</td>
</tr>
<tr>
<td>Both participant and husband</td>
<td>3</td>
<td>5.0</td>
</tr>
<tr>
<td>Someone else</td>
<td>3</td>
<td>5.0</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

Concerning your family’s total income over the past month, which of the following is true? The family’s total income was:

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not adequate</td>
<td>35</td>
</tr>
<tr>
<td>Just adequate</td>
<td>24</td>
</tr>
<tr>
<td>More than adequate</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
</tr>
</tbody>
</table>

Comparing your family’s income now with its total income five years ago, which of the following is true? The total income now is:

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Much better</td>
<td>6</td>
</tr>
<tr>
<td>A little better</td>
<td>5</td>
</tr>
<tr>
<td>Same</td>
<td>3</td>
</tr>
<tr>
<td>A little worse</td>
<td>17</td>
</tr>
<tr>
<td>Much worse</td>
<td>29</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
</tr>
</tbody>
</table>

Source: Field survey, Kiandutu, February 9 – April 27, 2012

Furthermore, most people in this research population are not part of a formal organization of their community (see Table 5.8) and only one person is a member of a government service, which in this case is the parental board of the school her child goes to. Answers on formal social contacts will therefore probably not be biased by this possible influence.
Table 5.8: Participants who are or are not a member of a formal organization of their community

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>8</td>
<td>13.3</td>
</tr>
<tr>
<td>no</td>
<td>52</td>
<td>86.7</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Field survey, Kiandutu, February 9 – April 27, 2012

Lastly, on the question how things are these days, how participants are feeling, the majority (63.3%) responds with a negative answer (see Table 5.9). Only three participants say they are doing very well and 31.7 percent is doing quite fine.

Table 5.9: Indication of happiness of survey participants

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not too happy</td>
<td>38</td>
<td>63.3</td>
</tr>
<tr>
<td>Fairly happy</td>
<td>19</td>
<td>31.7</td>
</tr>
<tr>
<td>Very happy</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Field survey, Kiandutu, February 9 – April 27, 2012

5.3 Important formal social contacts

In this section, the social contacts that play a role in the lives of women in Kiandutu are described. More specifically, the focus is on formal social contacts. Section 5.4 gives more insight in informal social contacts. Every subparagraph in this section provides information on a specific type of formal social contacts that came up from the survey research as important in the lives of women in Kiandutu. These are respectively: government services, nongovernmental organizations, community based organizations (CBOs) and local governance. Important to realize is that the description of the importance of these contacts for the well-being of Kiandutu women is focused on individual well-being. Because there seems to be such a large equality in ill-being among all participants, when asked about the importance of these contacts for the community, they answer: “I am a person in the community, I am like the rest, so for all of us this is the same” (survey participant 20). People mostly seem to view collective well-being as the sum of the well-being of all individuals in the community, contrarily to the view of Pouw who sees well-being as consisting of more than its individual parts (2011: 7). I will come back to this later in this chapter and in Chapter 6.
From Table 5.10 it becomes clear that formal social contacts are important in the lives of women in Kiandutu but that there are also multiple points of possible improvement. The descriptions of these contacts in the following sections, the way women need them and the satisfaction with these contacts will shed more light on the challenges they face in daily life and the roles social relations play both in a positive and negative way.

**Table 5.10: The importance of formal social relations and their possibility for improvement**

<table>
<thead>
<tr>
<th>How important are the formal social relations you mentioned before to you?</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not important</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Fairly important</td>
<td>12</td>
<td>20</td>
</tr>
<tr>
<td>Very important</td>
<td>45</td>
<td>75</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Could these relations be made more important?</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>59</td>
<td>98.3</td>
</tr>
<tr>
<td>no</td>
<td>1</td>
<td>1.7</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Field survey, Kiandutu, February 9 – April 27, 2012

### 5.3.1 Government services

In the survey research, six government services were mainly named as being important for Kiandutu women. These services and their explanations are listed below.

**Dispensary**

A small governmental hospital located at the edge of Kiandutu (see Photo 5.1). Opened between 9 am and 5 pm. The dispensary is mainly important for common medical treatment in case of illness and emergencies during the day, the distribution of porridge flour for families with malnourished children and for child vaccinations. It does not have a ward for sick people.

**Thika main hospital**

This district hospital is located in Thika town and is more advanced and equipped than the dispensary. Thika main hospital is mainly named for treatment in case of serious illness and (permanent) conditions. For most people from Kiandutu, Thika main hospital is highly expensive. They only go there when the dispensary cannot help them (well enough).

**Schools**
Schools are important for children’s education and school meetings. Mentioned often is that schools provide a place to spend the day for children and to learn. School is also a source of positive behavior change for them and can provide them a bright future. An extra benefit is that at some schools there is a feeding program through which the child can access food that is sometimes not at home and can gain knowledge at the same time.

**Police post**
The police post in Kiandutu is named for reporting cases and police men patrol during night time.

**Immigration office**
This office outside Kiandutu is necessary for providing identity cards and birth certificates. These are important for, amongst other things, being able to take part in school exams and legally working for an employer.

**Community health workers (CHWs)**
Volunteers from the community, working for the dispensary, who signal what is going on in the community health wise and who is in need of assistance. Assistance is mainly giving in the form of porridge flour for families with malnourished children, which they can collect at the dispensary. People with illnesses are also supported and are being referred to the right services.

The above described services can be divided into four categories, namely: health care (dispensary and Thika main hospital), education (schools), security (police station and immigration office), and community health workers as a category in itself. In the next sections, I respectively describe these four categories by providing more insight in the level of satisfaction of Kiandutu women with these services.

**5.3.1.1 Health care**
Although several points of improvement are named by the participants, the majority (61.7%) is very satisfied with the health care their families receive (see Table 5.11). Below a more detailed explanation follows, but as a start it is worth mentioning that the satisfaction amongst other things comes from the dispensary being close to the community which makes necessary health care easy to access. A few years before, the dispensary was not present, because Kiandutu was an illegal and informal settlement. Now Kiandutu is in the process of becoming a formal settlement, the dispensary has come up as a necessary and valuable public service. Participants judge the dispensary to be very important, because quick treatment can be accessed fast there. This is much better than before,
when participants had to go to Thika town to access treatment. As a participant remarked, the general opinion about the dispensary seems to be the following: “Even though they do not offer the best service at the dispensary, at least you get treated” (survey participant 52).

Table 5.11: Satisfaction of Kiandutu women with the health care their families receive

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not satisfied</td>
<td>12</td>
<td>20</td>
</tr>
<tr>
<td>Just satisfied</td>
<td>11</td>
<td>18.3</td>
</tr>
<tr>
<td>Very satisfied</td>
<td>37</td>
<td>61.7</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Field survey, Kiandutu, February 9 – April 27, 2012

Dissatisfaction mainly seems to focus around the way people are being treated by doctors and participants’ views on the level of professionalism at government hospitals. This is both applicable for Thika main hospital and the dispensary. Often heard are explanations as: “Doctors are not giving their very best, they just write down medicines” (survey participant 48) and “Doctors do not care whether you have money or not to buy the medicines even if your condition is worsening” (survey participant 45) or “They do not do lab tests for my child, they just write a prescription without testing” (survey participant 39). The general idea amongst those who are dissatisfied with the health care they receive is that doctors do not care about their health. Taking multiple explanations together, I find the following explanation reflecting the general opinion of the women who are not satisfied with health care: doctors do not care about a person’s health. Without testing, they write down medicines. When a patient has difficulties buying these medicines, because they are oftentimes expensive, they offer a cheaper but also a less effective one. Participants get the impression that hospitals favor people with money. If participants would have more money, they would go to a private clinic: “Their [doctors at government hospitals] work is just sitting down and talking. They do not care about patients, they strike for more money” (remarked by survey participant 54).

Participants who are just satisfied with the health care they and their families receive, mainly mentioned that the service being offered is acceptable, but that medicines are sometimes too expensive to buy. This can be a health shock (Narayan 2009: 165) for them; treatment is available but the household cannot afford it. Both Thika main hospital and the dispensary also lack a lot of necessary medicines. Hospital staff then write those medicines down, so the patient can get them somewhere else. However, this can be complicated when one is ill. Mentioned often as well are long lines before accessing treatment. At the dispensary it can even happen that one stands in line for an entire day and then gets told to come back the following day because they are closing.
Women who are very satisfied only mention good and quick service, quick recovery, available medicines and no long lines. This sharply contrasts the image one gets from the previous two paragraphs.

Points of improvement are both named by women who are not satisfied and women who are just satisfied with the health care they receive. Mentioned often (around 40 times) is that the dispensary should be opened 24/7. People are glad they can easily access medical care but in case of an emergency at night they still need to travel to Thika town. Getting a taxi is almost an impossible task because at those hours taxi drivers refuse to go into Kiandutu and the fares are high (about ten times higher than local transport; survey participants 12, 22). Next to extending opening hours, people mention expansion of the dispensary with a maternity clinic and a ward (survey participants 3, 7, 8, 11-16, 19, 20, 21, 24-27, 41, 46). This also refers to the fact that Thika main hospital, although it is the closest hospital, is far away. Furthermore, participants mention that at both the dispensary and Thika main hospital more nurses and doctors should be employed and they should be more qualified to perform the work they are doing (survey participant 2, 15, 16, 19, 25, 33-25, 40, 46, 48, 52-54, 58, 60). There should not be corruption (e.g., varying prices of hospital cards) and there should not be misunderstandings between patients and nurses, through which treatment of some patients is refused. Also, hospital staff should avoid using abusive language to patients. These statements reflect the existence of “bad power” (Narayan 2009: 138) in hospitals, which I describe extensively in Chapter 6. There is an unequal distribution of power, because patients rely on hospital staff for their treatment. This places hospital staff in the position to use “power over” (Ibid.: 134) patients to make them obey to their rules. This coercive power even goes as far as humiliating patients and disrespecting them (survey participants 48, 54, 60). Lastly, wishes for a lower price for treatment and medicines at both hospitals have been expressed.

5.3.1.2 Education

Most women (41.7%) are just satisfied with their children’s education (see Table 5.12). Overall, women tend to say education is just satisfying, especially with (variations of) the following explanation: “My children have a place to go and learn things. I did not have that chance myself. The education is well enough” (survey participant 14). However, when problems are mentioned, for example by one of the seven women who are not satisfied with their children’s education or by one of the women who are just satisfied, they seem rather serious. An image arises of ‘lazy’ teachers often striking for higher loans, classes that are too big, expensive school fees that have to be paid even though primary education is provided freely by the government, children that do not progress because of bad service offered by the teachers, and an unpleasing school environment because
schools are located in the middle of the slum. One lady (survey participant 58) told me: “I need to find private tuition for my son so he can understand what he is supposed to learn in school”. There are so many children in her son’s class and the teacher is performing so poorly that her son, although he is perfectly healthy, is not able to master the standardly provided school material.

Table 5.12: Satisfaction of Kiandutu women with their children’s education

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not satisfied</td>
<td>7</td>
<td>11.7</td>
</tr>
<tr>
<td>Just satisfied</td>
<td>25</td>
<td>41.7</td>
</tr>
<tr>
<td>Very satisfied</td>
<td>14</td>
<td>23.3</td>
</tr>
<tr>
<td>Not applicable</td>
<td>14</td>
<td>23.3</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Field survey, Kiandutu, February 9 – April 27, 2012

5.3.1.3 Security

For the police and immigration office there are no clear percentages of satisfaction. However, this did not withhold me from getting a clear idea of what the police and immigration office mean in the lives of Kiandutu women and what their plus- and down sides are.

About the police station, participants say that one can report there what happens in the community, sometimes the police men help and sometimes they do not. Even though they do not always take care of one’s case, at least there is a place to report it. Often mentioned is corruption in the service of the police. In accordance with Narayan’s study, bribery often is a necessary means in accessing government services (Narayan 2009: 246). This even goes as far as people who have money and are accused of being criminals bribing the police to arrest the person who reported them. Survey participant 13 therefore remarked: “The police should be arresting people who commit crimes and leave innocent people be. They should not be bribed.” One participant (survey participant 21) called for a communal strike and reporting incidents from the Kiandutu police station to the main police station in town, to let them know the service is not good.

At the immigration office, the same seems to be happening. The documents that people go for at the immigration office are very necessary in daily life. Children in school cannot take exams without a birth certificate and one cannot work without having a legal ID-card. Due to corruption at the immigration office, who pays gets quick service. Participants feel disfavored because they come from Kiandutu and do not have much money. They feel like others are being helped much quicker, and that the procedures, delays and waiting times are a lot shorter for those with money. They say that this service could be highly improved by avoiding corruption, because “[n]ow people with full pockets get service first” (survey participant 12).
5.3.1.4 Community health workers

The idea behind community health workers (CHWs) is that they are people from the community who voluntarily try to improve their own community health wise. Although I do not wish to claim that there are no such people in Kiandutu who perform this task entirely voluntary, I do want to explain that being a CHW comes with certain benefits. From observations and conversations with key persons in and outside the community, I came to know that being a voluntary community health worker does lead to certain personal favoring and other benefits. Having the social status of a CHW opens doors, for example for a job at the dispensary, and can even bring assets, such as old medical supplies. Next to that, the social status that a CHW has, enjoying a certain form of power, is very valuable, especially within a community as Kiandutu. It can provide security, safety but also respect and fear from others. This, and my experienced difficulties trying to find the right women for the second focus group discussion with women who do something for the community to improve it, led me to the idea that most people in Kiandutu are not CHWs out of altruism or the desire to do something for their community voluntary. Most people are CHWs because they know it will give them valuable benefits. More about this will follow later in this chapter and especially in Chapter 6, linked to the largely non-existence of collective action related to collective well-being.

From the survey research, the following information on CHWs came up. People name them as valuable for the community, but the often mentioned complaint is that CHWs should assists with more types of food than only porridge flour. They should gather more funding through which they can extend their support with vitamin supplements, rice, maize flour and bigger food packages. Once the issue of corruption or personal favoring is mentioned with the claim that this should be avoided to improve the community. When talking about community initiatives, CHWs are often mentioned but apart from the above described, not much information is given.

5.3.2 Nongovernmental organizations (NGOs)

NGOs were named thirteen times when the 60 survey participants were asked about formal social contacts playing a role in their daily lives. Ten women were very satisfied, one woman was just satisfied and two women were not satisfied with the work of these NGOs. A possible explanation for NGOs being only mentioned thirteen times, even though several NGOs are present in Kiandutu to change something in the lives of its inhabitants, is that the influence of these organizations may not directly be felt by Kiandutu women. This has, amongst others, in more general been described by Moyo (2010) in her book ‘Dead Aid’. NGOs may for example provide better infrastructure and sanitation, of which the impact could be not directly felt in daily life. The answers to what NGOs
mean to Kiandutu women do also not go deeply. Mainly, they support participants with food, school uniforms and clothes and/or provide participants with a loan to start up a business. However, when asked if these organizations could mean more to them, almost all participants respond eagerly. Heard answers are: lowering the interest rate of a loan so that more money can be remained for the business (even though NGOs ask a very small interest rate of nearly one percent), providing more food and blankets and even participants who do not get supported by any NGO think they deserve to get support. I could not escape from getting the impression that people get dependent on the NGOs that are operating in Kiandutu. For some people this even goes as far as instead of actively trying to change something in their lives, they expect NGOs to help them because that is more convenient. More about this and especially on the ‘aid dependency syndrome’ is described in more detail in Chapter 6.

5.3.3 Community based organizations (CBOs)

CBOs in Kiandutu that are named by the participants in this research are Care and Support Self-Help Group that assists the bedridden, and groups for improving the physical environment of Kiandutu. The latter mainly concentrate on cleaning and construction of the community and the former looks for people who are sick at home, buys them articles and takes them to hospitals. About both of these CBOs not much is mentioned by the participants, apart from that they are quite satisfied with them. Minor points of improvement that are named are for example trying to get more donations so that activities can be made more perfect, maintaining transparency by informing people about what they exactly do, when and how it works, and getting more funding because the employees are working voluntary for a good cause and it would be good if they get paid.

5.3.4 Local governance

At the level of local governance, I expected the district leaders of each of the seven districts of Kiandutu to play a role. However, they have not once been mentioned as an important social contact in the lives of the participants. What more, apart from being important or not, they have not been mentioned at all. Considering the inductive nature of this research, I wanted the participants to guide me in what was important in their daily lives. Therefore I did not pay special attention to these district leaders. Next to that, to research and understand the influence of these leaders would have been a study in itself. I have chosen not to do that, especially because I received many warnings that this would entail a serious risk of them trying to manipulate and disturb me in my attempts to study
the community. I am however aware of the possible fact that the participants have actively chosen not to speak about the district leaders because of possible fear and mistrust that has been created through the misusage of power. Narayan (2009: 134) refers to this as “power over” where with authority, creating fear and demanding money, leaders influence community members. As Narayan states and as is highly possible in Kiandutu: “Inequality of resources is always at the root of such bad power” (Ibid.: 132). It is also still possible that these leaders simply do not play an important role in the lives of these women and have therefore not been named.

5.4 Important informal social contacts

In the following sections, the informal social contacts that play a role in the lives of women in Kiandutu are described. As done for formal contacts, every subsection in this section provides information on a specific type of informal social contact that came up from the survey research as important in the lives of women in Kiandutu. These are respectively: friends, family, neighbors, church and support systems. As described in the introduction of section 5.3, all answers in the survey and in-depth interviews this section is based on, are given on questions focused on individual well-being.

As becomes clear from Table 5.13, the biggest percentage of the participants who gets support, gets supported in one way or another by their informal contacts (26.7%). In that way, informal contacts play a role in their lives. But there are much more ways in which informal contacts are part of daily life of Kiandutu women. In the next sections, I try to give a clear understanding of how informal social contacts constitute their daily lives. Through that, a picture will arise of the (social) challenges in the community.

Table 5.13: Overview of people/organizations participants get support from in the form of food, items and transfers/remittances

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family members and/or relatives</td>
<td>16</td>
</tr>
<tr>
<td>Charity organizations</td>
<td>1</td>
</tr>
<tr>
<td>The government</td>
<td>1</td>
</tr>
<tr>
<td>Non-governmental organizations</td>
<td>6</td>
</tr>
<tr>
<td>None</td>
<td>21</td>
</tr>
<tr>
<td>Multiple sources</td>
<td>15</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
</tr>
</tbody>
</table>

Source: Field survey, Kiandutu, February 9 – April 27, 2012
5.4.1 Friends

The first thing I have to remark before starting this paragraph is that I had to let go of my Western idea of ‘friends’. After studying the community for a while, I noticed a discrepancy: people seem to name friends as persons who are very important in their lives, but as soon as I began to dig deeper they say they can and do not really trust their friends. They say friends are supportive, but on the other hand they cannot be open to each other about many, and especially sensitive, issues. As a participant in the in-depth interviews remarked: “There are just a few people who I really trust, but nothing like real friends” (in-depth participant 1). There is a lot of jealousy, and women are afraid of gossiping and bullying among friends and in the community. In short, there is a lot of mistrust. One of the main conclusions about friends is therefore: friends are supportive but closed. The survey research I performed already led me to this insight, but because I could not quite get my finger on it yet, I paid extra attention to the concept ‘friends’ in the in-depth interviews. Information in this section is therefore coming from survey research as well as in-depth interviews.

In the sections that follow I describe the ways friends are important factors of support in the lives of women in Kiandutu. Support seems to come in multiple forms, namely financial and asset assistance, small friendly services, and moral support. About financial and asset support, participants in the survey research say the following. Friends mainly assist in borrowing stuff when one is in need, they lend money when one does not have anything and in that way they help when one is stuck. Friends help each other financially with something small, they give food items when one does not have anything to feed her children from or they give something small in the house away. Help depends on how well one knows a person, how close friends are. Regarding small friendly services, friends assist each other when someone is sick by doing each other’s dishes, washing each other’s clothes. They also watch each other’s children and look for work for each other. Concerning moral support, one participant said that her friends assist her to gain strength and to make her feel like a person: “Without them, I could have lost hope a long time ago” (survey participant 1). Others say friends keep them busy, encourage them, and replace family that lives far away or is non-existent. They also mention the relieving of stress because of talking with friends, helping in case of problems, and meeting up now and then to share stories. However, as described before, having friends also has a downside. This mainly has to do with trust issues.

Named often is that friends are mainly useful in times of trouble and when one is in need. When asked about what could be improved in the relationship with friends, many women name the strengthening of social support, avoiding gossiping, sharing more instead of being secretive, and trusting each other. Survey participant 37 said: “Instead of pretending to be a friend, they need to be real friends”. A good explanation for this quote comes from survey participant 53, who explained
that sometimes people who are near to you, i.e. friends, assist you when you have problems. But “friends are not really to trust, you cannot tell them your problems, because they have a hidden agenda and might think low of you because you are for example a single mother. You can never fully trust them” (survey participant 53). Another woman (survey participant 60) said that in Kiandutu everyone has their own lives. Life is so difficult that this is the first worry. Linked to this, from the in-depth interviews I began to understand that being concerned about each other does not necessarily have to come from altruism. Being concerned about someone else also gives a certain security:

“There are still friends in Kiandutu who help each other when needed even though people are not trusting each other. I also have friends who support me a lot and who visit me to see how I am doing. They can sometimes give me flour or money. Even though we do not trust each other, we still support each other. The reason for this is that they know that another time they might need me. But we avoid men, because they might demand something else back from you when they have helped you. They might want to marry you or want sexual favors. Women are concerned about each other and know that needing each other is mutual” (in-depth interview participant 7).

Knowing that needing each other is mutual when giving support gives the comfort (but not the reassurance!) that in case she is in need herself, her friends are there for her. Such an unspoken agreement is however easily broken. This explains partly why women on one hand say that friends are very important and needed, but on the other hand do not trust each other. They seem to understand that they need to share to a certain level and that friends are valuable when it comes to financial and service support, but there do not seem to be many people who voluntary share a lot socially or out of altruistic concern. This also has to do with the impermanence of friendships, because people keep on moving in and from Kiandutu, and the instable social structures that this brings about. More on this will follow later in this chapter.

Furthermore, jealousy, gossiping and bullying are very present among friends. People are afraid of hearing their own story all over the entire community. It is hard to trust friends; they can bring you in trouble. For example with the landlord: he might hear a lady has a lot of problems and then she has to move from his plot. People thus avoid sharing their problems. Also because they are afraid others will have bigger problems and will start laughing at them (“What are you talking about? If you would hear about my problems…”). One lady remarked that friends can gossip and talk badly about her, but that she is used to that. She is not really concerned about it, because it is “what people do in this place” (in-depth interview participant 6). It does therefore not really affect her.

From one woman (in-depth interview participant 4) I understood the following. People cannot disclose any personal information because they do not trust each other. People do not really know each other; they discuss business for example, but do not know anything about each other’s
backgrounds. Because they are different, they come from far and from different places, people do not share a lot. They are afraid others might laugh at them, because their backgrounds are so different and they might not understand why they do the things they do. It is hard to relate to someone who doesn’t come from the same place.

Another lady (in-depth interview participant 8), with her own successful business, told me the following. One can only trust people in financial groups; others are not to be trusted, because they can easily turn against you. She does not trust people in other parts of daily life. Even close friends have turned against her. This is because people are jealous; they want her to be like them. They see she is working and that she is earning a little. They do not want her to do something they do not do. They want her to be like them and be poor. They support the bad things that are happening to others, so they might fall into their group. Most of her friends she cannot tell her problems to, because they gossip about her. There are a few who are good to her. This corresponds entirely with Portes’ (1998: 15) description of downward leveling norms, described in Chapter 2: her individual success story undermines the group cohesion of a downtrodden group and elicits attempts to ‘bring her down’.

Furthermore, already described and heard often, people are not concerned about others around, because they are still struggling with their own lives. It is hard to be concerned about others’ problems. As participant 1 in the in-depth interviews told me: friends and social relations are weak, people just say hi to each other. They assist each other only with small things. People are not open to each other, hold back, are afraid of each other, do not even trust their neighbors. People steal from each other in Kiandutu, one cannot leave anything outside or leave the house unlocked. People even stab each other for items. In the village where she comes from, people gave each other assets they did not use to give someone else the chance to do something better with it. In Kiandutu people are not concerned about each other in that way.

In short, there is jealousy, gossiping, bullying, and mistrust among friends but on the other hand they also need each other’s support. Narayan (2012: 131) speaks about the roles friends play in one’s life. She calls the power poor people gain in associating with others “power with”, which means that associating with friends, family and/or groups helps one handle challenges that could not have been overcome as an individual. Also in Kiandutu friends seem to be important in gaining this form of power, even though it is at the same time difficult to trust them.

5.4.2 Family
The first important thing about family is that it is participants’ first priority. Especially when it comes to the own family: participants’ children (and husband). Many participants mentioned that it is not only themselves they have to think and take care of, but life is extra hard because they have a family to support.

Family members outside the house are mostly supportive. They help with money and food, assist each other in sorting out family issue and in case of emergencies, and they support each other’s children. However, the issue of mistrust that is so present in Kiandutu is also at play here. One participant (in-depth interview participant 7) even said that in Kiandutu one cannot trust his/her own parents. Even though this might be the case, many participants remarked that they do need their families. This again refers to “power with” (in Narayan 2009: 131); the importance of associating with others in order to gain a form of power over one’s life.

The moral obligation to be supportive to one’s family can however also be a burden and an extra struggle in life. Graph 5.1 shows the percentage of women who transferred significant resources to their family members in the last twelve months. The majority (78.3%) did so, even though these are all women who have very little money to spend. And, as also described in section 5.1, deaths, arrests, misfortunes and illnesses in the family can lead to serious problems of fellow family members. For example, several participants spoke about the post-election violence. Of most of these participants, their brothers’ and sisters’ houses were burned down. It was participants’ task to support them financially and to make sure they could build a new house, even though they did not have money themselves.

Graph 5.1: Participants who did or did not transfer significant resources to family members and relatives in the last 12 months

![Graph 5.1: Participants who did or did not transfer significant resources to family members and relatives in the last 12 months](image)

Source: Field survey, Kiandutu, February 9 – April 27, 2012

5.4.3 Neighbors
About neighbors, approximately the same can be said as about friends with the slight adjustment that neighbors generally know each other less than friends, which makes the level of mistrust even bigger.

Neighbors mainly assist in borrowing stuff, lending money, giving assistance in case of emergencies or small problems, and they frequently support each other with food. For some, neighbors are more helpful than friends and family. However, among neighbors there is also a lot of gossiping and bullying. For one participant, the bullying and (verbal) abuse took serious shapes. She told me that when you are extremely poor, no one is concerned about you. She said: “They just look at you and see you like nothing. People do not think anything important of you. They avoid you, like a plague” (in-depth participant 2). Her neighbors treat her as trash. Whenever they see her, they see problems, so they avoid her. “I cannot trust a person in this place, because people are not seeing me as a human being. I am nothing to them. People despise me” (Ibid.). Another participant explained to me why she avoids talking and socializing with others in the community: others like gossiping a lot. Even when her children are so hungry and do not have anything to eat, she does not like them to go to others for food because people will talk badly about it:

“If you want to have a good life here, it is good to avoid others, even avoid talking with them. It is dangerous to talk a lot with and about others, because stories can go around and can take weird shapes and directions” (in-depth interview participant 3).

An explanation for gossips that keeps coming up, is that in Kiandutu there are people of multiple ethnicities, coming from different places, living together. This makes misunderstanding each other easier. There are also a lot of people coming and moving again. This makes it not worth to socially invest in others, and when you do there is the fear of your personal story ending up in another place far away. Participants keep referring to Kiandutu as an urban center, where people naturally do not share their stories and secrets. “Neighbors do not even know about each other’s backgrounds” (in-depth participant 4).

Although neighbors are thus often mentioned as an important source of direct support, the issue of mistrust is always at play in the relationship.

5.4.4 Church

All religious participants (96.7% of all participants) mentioned church as playing a role in their lives. In church, participants meet a lot of people with whom they socialize. For some, this contact is highly important, for example because it makes them relieve depression, gives encouragement and motive to “push on with life” (survey participant 29). Again this refers to “power with” (Ibid.). Others name the importance of worshipping and of gaining moral lessons. Fellow church members can also give
(financial) support when one is in need: “In hard times, others pray for you” (survey participant 24). For participants’ children, church is important to listen to the word of God and it can be a source of positive behavior change.

Not a lot more is mentioned about the role that religion and church play in the lives of these women. A possible explanation is that church naturally seems to play a role, which makes it less obvious and necessary to mention much about it.

5.4.5 Support systems

Apart from friends, family, neighbors and church, for support women make use of informal support systems in the community (see table 5.14). Two important support systems are women groups and funeral groups. In the following two sections, these are described.

Table 5.14: Women who are or have been a member of an informal support system in Kiandutu

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>55</td>
<td>91.7</td>
</tr>
<tr>
<td>no</td>
<td>5</td>
<td>8.3</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Field survey, Kiandutu, February 9 – April 27, 2012

5.4.5.1 Women groups

Of all survey participants, 83.3 percent is or has been a member of one or multiple women groups. All women groups (‘merry go rounds’) mentioned by the survey participants are financial; they have the purpose to provide support and savings for the future. They provide security and are a kind of insurance. Mostly women from the same financial status join together and save some amount of money. The amount depends on the financial status of the group members, but is the same for every member. Saving can be done per day, week or month, but is in Kiandutu mostly weekly. Sometimes members decide to higher or lower the amount, but most of the time a constant amount that has been decided upon is saved. Every week (or day/month) the amount of savings of all members goes to one of the members. This rotates, so that every member gets her turn to receive a big amount.

The benefits of being a member of a women group is that it forces one to save money and at one point this results in a bigger amount of money. Often mentioned is also that even when it is not someone’s time yet to receive, when in need, one can be given an early turn. Participants in the survey research mentioned that the women groups assist them very much with financial as well as
social support. Most women can instantly borrow an amount of money or shift turns to receive the big amount when they have problems. The big amount of money is often used to pay debt, to buy food or ‘something big and good’ for the family such as better flour (in case of the poorest) or a television (in case of the richest).

More in-depth information on women groups I received from the individual interviews. I came to understand that there are also problems within these groups. There are for example instances when one of the members cannot contribute the amount that has been agreed upon, and the other members go looking for something in the house to replace the contribution with. This happens quite often, as it is not easy for everyone to contribute weekly. What also happens is that the chairlady collects all the money and leaves not to be found again. Because of the lack of trust also being present within these groups, they are not always successful. People for example refuse to contribute because they are afraid their money will disappear. This illustrates that in cases where there is a combination of power, money and trust, it is very hard for groups to succeed in Kiandutu.

5.4.5.2 Funeral groups

For funeral groups in the community, 33.3 percent of the survey participant is or has been a member. A possible explanation for this lower amount of women being member of a funeral group compared to women groups is that once someone dies in the community, there is a moral obligation to unite and help the relatives, even if people are not part of a funeral group. Whenever there is a funeral, activities are taking place. People buy food and contribute some money to cater for the funeral. This is one of the only instances in which I found unconditional community support.

Funeral groups work according to the same principle as women groups, apart from that money is only given when a member experiences a death in the family. Funerals are expensive, especially because when someone dies it is desirable to bury him in his place of birth. Transport can be a very high expense. Members thus especially support each other, both financially and socially, in case of a funeral. They understand and support each other when someone is in need. However, albeit mentioned to a lesser extent, the same problems with trust, power and money as described for women groups apply for funeral groups.

5.5 Priorities in life

As I already slightly made clear, women in Kiandutu seem not to distinguish between factors contributing to their individual well-being and those that lead to collective well-being, i.e. the well-being of the community. As members of the community in which there is a lot of equality in ill-being,
the reference point is mainly the individual, and there is not specifically an experienced difference between individual well-being and that of the community. Therefore I was curious if I could find a difference in priorities for the individual and for the community. The next section will therefore first describe the individual priorities women name as influencing their well-being, followed by a section describing collective priorities derived from the two focus group discussions I performed.

5.5.1 Individual priorities

When asked about individual priorities leading to well-being in the lives of the survey participants, the answers (which can be found in table 5.15) are all given in the form of simple and basic needs. The top five priorities are: food; followed by shelter/housing; work/labor/job and clothes/shoes are on a shared third place; water is a sole fourth; and education and health share the fifth place. Food, as the top priority, was even named by all 60 participants. This reminded me of Maslow’s pyramid, a pyramid designed to fit Maslow’s Theory of hierarchy of needs, in which basic needs first need to be fulfilled to be able to move on to a higher level of needs, in the end leading to self-actualization (Maslow 1954). A copy of Maslow’s pyramid is included in the appendices (see Appendix VII). Almost all answers of the participating women fall into the bottom layer. This portrays a picture of a community in which women are struggling through life, trying to obtain basic needs. Very illustrative for this community with low levels of trust is the 10\textsuperscript{th} place that friendship has on the list of priorities.

5.5.1.1 Development frustrations

Next to the importance of factors leading to well-being, I asked all women about the satisfaction with these priorities. Are these priorities currently fulfilled or are they unsatisfied with the current status of those? This led to a difference between the importance of and the satisfaction with each priority, which can be seen as a development satisfaction (when the difference is zero or positive) or frustration (when the difference is negative). Women are frustrated about work (-3), water (-1), education (-2), money (-3), children’s health (-2), charcoal/kerosene (-3), cooking supplies (-1), transport (-6), partner (-4), peace/good life (-3), medicines (-5), friendship (-4), and security/good environment (-3). This gives a good view on the challenges these women are facing. Many of them named, among other things, the lack of jobs, dissatisfaction with education, the expensiveness of cooking fuel and transport, the lack of peace in life due to insecurity and bad environment, and the expensiveness and lack of medicines. Especially the position of friendship, which comes at a tenth place in importance and at a fourteenth place in satisfaction, shows what has been described in previous sections: people are not very concerned about their friendships and with the friendships they have, they are not very satisfied. This reflects the high level of mistrust present in Kiandutu.
Table 5.15: Individual priorities: areas of well-being and development frustrations (n=60, N=297)

<table>
<thead>
<tr>
<th>Well-being item</th>
<th>Importance</th>
<th>Satisfaction</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Weighted mean</td>
<td>Rank</td>
<td>Weighted mean</td>
</tr>
<tr>
<td>Food</td>
<td>0.56</td>
<td>1</td>
<td>0.87</td>
</tr>
<tr>
<td>Shelter/housing</td>
<td>0.25</td>
<td>2</td>
<td>0.64</td>
</tr>
<tr>
<td>Work/labor/job</td>
<td>0.23</td>
<td>3</td>
<td>0.35</td>
</tr>
<tr>
<td>Clothes/shoes</td>
<td>0.23</td>
<td>3</td>
<td>0.60</td>
</tr>
<tr>
<td>Water</td>
<td>0.15</td>
<td>4</td>
<td>0.49</td>
</tr>
<tr>
<td>Education</td>
<td>0.11</td>
<td>5</td>
<td>0.23</td>
</tr>
<tr>
<td>Health</td>
<td>0.11</td>
<td>5</td>
<td>0.52</td>
</tr>
<tr>
<td>Family/children</td>
<td>0.07</td>
<td>6</td>
<td>0.24</td>
</tr>
<tr>
<td>Money</td>
<td>0.06</td>
<td>7</td>
<td>0.10</td>
</tr>
<tr>
<td>Sleep/beddings</td>
<td>0.05</td>
<td>8</td>
<td>0.19</td>
</tr>
<tr>
<td>Children’s health</td>
<td>0.03</td>
<td>9</td>
<td>0.08</td>
</tr>
<tr>
<td>Charcoal/kerosene</td>
<td>0.03</td>
<td>9</td>
<td>0.07</td>
</tr>
<tr>
<td>Toilet/take a bath</td>
<td>0.03</td>
<td>9</td>
<td>0.15</td>
</tr>
<tr>
<td>Cooking supplies</td>
<td>0.03</td>
<td>9</td>
<td>0.10</td>
</tr>
<tr>
<td>Travelling/transport</td>
<td>0.01</td>
<td>10</td>
<td>0.01</td>
</tr>
<tr>
<td>Partner/husband</td>
<td>0.01</td>
<td>10</td>
<td>0.03</td>
</tr>
<tr>
<td>Peace/good life</td>
<td>0.01</td>
<td>10</td>
<td>0.05</td>
</tr>
<tr>
<td>Medicines</td>
<td>0.01</td>
<td>10</td>
<td>0.02</td>
</tr>
<tr>
<td>Friendship</td>
<td>0.01</td>
<td>10</td>
<td>0.03</td>
</tr>
<tr>
<td>Security/good environment</td>
<td>0.01</td>
<td>10</td>
<td>0.05</td>
</tr>
</tbody>
</table>


Note: Difference refers to the importance ranking minus the satisfaction ranking. Because the performed research was inductive, the above reflected areas of well-being were not decided upon beforehand. Women were asked to name the five most important areas in their lives regarding individual well-being. Subsequently, importance was ranked using the seed technique, i.e. dividing ten stones according to importance amongst the five named areas. Satisfaction with the current fulfillment of these areas was ranked on a ten-point scale (0=the worst you could imagine; 1=close to the worst you could imagine; 2=very poor but not the worst you could imagine; 3=poor but not the worst you could imagine; 4=between poor and fair; 5=fair; 6=between good and fair; 7=good but not how you would like; 8=very good but not how you would like; 9=close to how you would like).
would like; 10=exactly how you would like). Total numbers of respondents n=60. Because the occurrence of each well-being area differed (e.g., food was named by all 60 respondents as being important, whereas friendship was named by one respondent) the used means in this table are the weighted means (mean weighted by the occurrence of the specific well-being items divided by the total occurrence of all well-being items N=297).

5.5.2 Collective priorities

It was a difficult process to get collective priorities clear. People tended to name individual priorities. Collective priorities therefore mainly came forward in the two focus group discussions. There are five themes (see Box 5.1), which are described below. Mainly constraints to well-being were named, because the women described the community as currently overall being ill (and thus described what is currently leading to ill-being), and it became clear to me that it is a priority to resolve these constraints.

Box 5.1: Top 5 collective priorities

1. Unity
2. Education
3. Law enforcement and security
4. Planning and infrastructure
5. Parental responsibilities

Source: FGD 1, Kiandutu, April 23, 2012

The first theme is constraints to unity, which makes unity in the community the first priority. Women agreed upon this as the first priority because they believe once the community is united, all the other constraints will slowly disappear. The second theme is constraints to education. Women believe that if there are more and better opportunities for educating youth in their community, the entire community will benefit and become less ill. As a third theme constraints to law enforcement and security are named. Issues that are mentioned here are getting rid of corruption in government officials, and a desire for less criminal activities in the community. The fourth priority is planning and infrastructure. Regarding this, the lack of authority and the indifferent attitude of inhabitants is named which prohibits the construction of better roads and housing. The fifth and last priority is parental responsibility. Participants think that parents should take more responsibility over their children and should raise them better so that they will not become criminals. Other priorities, but not put in the top 5, are: self-acceptance, sanitation, job creation, youth empowerment, getting rid of social ills.

5.5.3 Priorities/visions for the future
In every in-depth interview, I addressed the issue of priorities in the future. By doing so, I hoped to gain understanding of how people view their current situation, if they wish to escape from it or if they picture themselves still living in Kiandutu in the future. Striking is that all eight in-depth interview participants expressed their wishes of moving out of Kiandutu, saving to buy land and to build a house. They are longing for a place to call home and where to die peacefully. As Narayan (2012: 153) states: “The capacity to imagine a future that is different and better is an important motivator to overcome the difficulties of the present.” They also collectively want a better future for their children; they all trust in their abilities to overcome their parents’ poverty, especially with most of them going to school. Some illustrative examples from the in-depth interviews follow below.

In-depth interview participant 1 dreams of a better life for her children who are in school, a good life like she never had. With continuing finding casual work, she hopes she can be able to save money and can go back to where she grew up. Then she can go to her brothers, show that she saved money and can have her own house at her own land. She cannot stay forever in Kiandutu, because it is an urban center. In her view, when you get old, you have to go back to where you came from: “Maybe your family does not know what happened to you when you have died. It is good to go back to family and have your own house” (in-depth interview participant 1). Also in-depth interview participant 2 wants a better life for her children than the life she is living now. She hopes that education can change things in her home. In-depth interview participant 6 wants her children to study and to have a good life. She wants her children to live peacefully, so whenever she gets the chance she will move out of Kiandutu. In-depth interview participant 8 wants a better life for her girls: “Growing up in Kiandutu is not safe. Especially being a teenager. Behavior change can suddenly occur and something bad can happen to them and they change.” She does not want her daughters to become pregnant early and become victim of the same things that happened to her. She has good hope for the future and tries to save as much as possible even if it is so little. She really wants to make it possible to move.

### 5.6 Collective community action

As I carefully mentioned throughout this chapter, in Kiandutu there is not much activity on the collective level. On the question whether or not survey participants have ever participated in any form of collective community activity in Kiandutu a large majority (83.3%) answered negatively (see Graph 5.2). Moreover, there is such a lack of trust that communal groups oftentimes do not seem to succeed (as mentioned in section 5.4.5). Overall, there seems to be no determination and persistence, and no believe that one can change something. In other words, there is a lack of “power to” (in Narayan 2009: 133): the capacity to act on one’s own behalf and to take initiatives to
influence one’s environment (Ibid.: 131). I explain this in Chapter 6, which focusses on the constraints to collective community action.

Graph 5.2: Overview of people ever taken part in collective action in Kiandutu

<table>
<thead>
<tr>
<th>Percentages of collective action participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes 16.7%</td>
</tr>
<tr>
<td>no 83.3%</td>
</tr>
</tbody>
</table>

Source: Field survey, Kiandutu, February 9 – April 27, 2012

5.7 Conclusion

In this chapter, it becomes clear that the studied group of women is a group that is struggling through life. Moreover, Kiandutu is a community with extremely low levels of trust, not only between community members but also amongst friends and even family. Priorities are mainly individual and there are multiple development frustrations, i.e. priorities people are not satisfied with. Most women wish they can leave Kiandutu in the future and have hopes on a better future for their children. When it comes to collective priorities regarding the community, there are many dissatisfactions. However, there seems to be a passive attitude of community members towards activities to enhance collective well-being. In Chapter 6, constraints in the community to collective action are described in depth. The chapter focuses on the issues of mistrust, the lack of unity, dependency and exceptions to this: collective actions in the midst of a low-trust community. By combining these themes, an explanation is given for the passive attitude towards actions concerning collective well-being.
6 Constraints to collective action

In the current chapter, the finding from Chapter 5 that there is barely collective action in Kiandutu, is scrutinized from different angles. By revealing constraints in the community to collective action, the issues described in Chapter 5 are complemented with more profound insights. This chapter starts with section 6.1 on mistrust in Kiandutu. Both formal and informal contacts are discussed in relation to issues such as corruption, bad power, gossips, jealousy and criminal activities. In section 6.2, the theme ‘lack of unity’ is highlighted. Here, agency coming from belief in self, jealousy, ‘power with’ and ‘power to’ are discussed. Section 6.3 concentrates on dependency and the lack of collective action as a consequence. Some exceptions to this, namely women undertaking collective action in the midst of a low-trust community, are debated in section 6.4. The section zooms in on women’s personal reasons and experiences in organizing or participating in collective action. This chapter ends with a conclusion of the issues leading to the largely non-existence of collective action in Kiandutu and directions for policy interventions.

This chapter provides an exploration of the potential factors that could explain the observed lack of collective action in Kiandutu. Collective action is a potential but unused strategy to enhance well-being. The analysis builds mainly on the data collected through in-depth interviews (n=60) and focus group discussions (n=11).

6.1 Mistrust

In the previous chapter, Kiandutu was portrayed as a community with low levels of trust. In this section, I take a closer look at formal and informal contacts in relation to mistrust. I focus on the formal and informal contacts with whom the women of Kiandutu have regular interaction and that contribute to their well-being or the wellbeing of their children, including: hospital staff, teachers, police officers, friends and neighbors.

6.1.1 Bad power

Regarding formal social contacts, it has become clear from Chapter 5 that multiple forms of bad power are present in Kiandutu. As described, in health care bad power takes the shape of hospital staff using power over patients. ‘Power over’ expresses itself in this case through doctors and nurses who yell, swear and curse at patients and refuse them treatment when patients go against this or
when they do not obey their rules. Patients depend on hospital staff to receive treatment, which in most cases leads to obedience from their side and the acceptance of humiliation (survey participants 48, 54, 60). The unequal distribution of power makes patients also wait a long time for doctors to be finished from breaks and informal chats with others (survey participants 53 & 54). Especially in government funded hospitals, an image unfolds of doctors without passion for their profession, working mainly for financial reasons: “Their [doctors at government hospitals] work is just sitting down and talking. They do not care about patients, they strike for more money” (remarked by survey participant 54). As remarked by participants in this research, doctors seem indifferent for their patients’ health (survey participants 39, 35, 54). Mentioned shockingly often, and described in Chapter 5, section 5.3.1.1, is the fact that doctors cannot always be bothered to do proper testing in case of an illness. They see the patient, prescribe medicines and send her away. For many participants this has led to a worsened condition and haven spent valuable money on useless medicines (e.g., survey participant 39, in-depth interview participants 4 & 7). According to participants, people with money would be treated differently, mainly with respect and seriousness. That doctors are sensitive to money also appears from the massive strikes that quite often occur in government hospitals in Kenya. Entire hospital staffs go on strikes, which understandably leads to many deaths because a large proportion of the population cannot afford other health care than the public one.

It is also highly possible that bad, coercive power is present in the contact between district leaders and community members in Kiandutu. By using their authority to demand bribes from community members to get something done in the community, and the creation of fear by for example bonds with the police, district leaders can use power over community members.

In education, power is exerted through teachers striking for higher loans and demanding school fees from parents even though primary education is provided freely by the government. Often remarked as well (e.g., survey participants 44, 52, 58), and described in Chapter 5, section 5.3.1.2, is the bad service offered by teachers. What counts for doctors also counts for teachers: money oftentimes seems to be the sole incentive for their work.

The above described ways in which bad power manifests itself in contacts between participants and hospital staff, district leaders and teachers refer to ‘power over’. To connect to Narayan (2012: 134) as described in Chapter 2, when these contacts take power over participants, they lose agency. They rely on hospital staff, district leaders and teachers for resources (e.g., health care, getting something done in the community, their children’s education) over which they do not have control themselves. Subsequently, these contacts use coercive forms of power with which they control participants. This restricts them in their ‘power to’ achieve things. To refer to the capability approach (Sen 1989), this form of power restricts participants in autonomously taking decisions and
in having a certain influence on their outcomes. That these described forms of bad power lead to a low level of trust in social contacts is especially understandable when maintaining Williamson’s definition of trust: the willingness to permit the decisions of others to influence one’s welfare (Williamson 1993: 476). Taking the previous described findings in mind, it becomes more understandable that people in Kiandutu are not very willing to let others influence their welfare, i.e. that they do not trust others in increasing their well-being. When they then have to, for example when they have to rely on hospital staff for treatment, people misuse their power in such a way that this only lowers the level of trust more.

6.1.2 Corruption

In general very present in all formal contacts is corruption, which is, as shown in Chapter 3, overly present in the daily empirical context of Kenya. As became clear in Chapter 5 and in accordance with Narayan’s study, bribery often is a necessary means in accessing government services (Narayan 2009: 246). Concerning health care, who pays gets treated: a wealthy patient does not have to stand in line, gets proper testing and gets the best medicines (survey participants 12, 24, 28, 33). Moreover, doctors and nurses treat well paying (and bribing) patients with respect. Also at the immigration office, the one who pays gets quick service. Participants in the current research do not have the money to bribe, which makes them feel disfavored and maltreated (in-depth interview participant 5 & 8). At the police, corruption even makes innocent people ending up in jail when someone who can afford to pay bribes pays to get another person arrested. For CHWs corruption has the form of status. Becoming a CHW which one does voluntarily for one’s community brings benefits such as increasing chances on a job or receiving assets. Next to that, the status and importance CHWs have in the community namely as people who connect community members to important government services of the dispensary can make them sensitive for bribes. I heard stories about CHWs promising families with malnourished children they would receive free porridge flour at the dispensary every two weeks if they would give the specific CHW who would make that possible something in return. Apart from money and assets, the status of a CHW can provide security, respect and fear from others.

It can be said that corruption undermines and weakens women’s in Kiandutu ‘power to’, i.e. the capacity to act on one’s own behalf (Narayan 2009: 132). In short, it is highly likely that people lose (parts of) their agency (Ibid.: 130) because they have to deal with a lot of instances of corruption in their lives. They can have the feeling that they cannot or cannot fully control their decisions and outcomes themselves but that they highly rely on others to achieve something in their lives. As is the case with bad power, corruption decreases the level of trust in formal contacts. For example, bribery
in order to access government services lowers system trust at the micro level: individuals’ political trust in the government (Morrone et al. 2009: 3).

### 6.1.3 Jealousy, gossips and criminal activities

When it comes to informal social contacts, bad power also plays a role together with jealousy, gossips and criminal activities in the community. As has been shown in the previous chapter, there is a lot of jealousy, gossiping and bullying in the community and among friends. The biggest motive for mistrust amongst friends and fellow community members seems to be jealousy. In accordance with Narayan (2009: 143), in Kiandutu it leads to stealing, destruction of property and even to the usage of witchcraft. In-depth interview participant 7 recalled:

> “When my mother was promoted in her work and became supervisor, others became angry and jealous and a woman started using witchcraft. My mother was then bitten by a very poisonous snake. After prayers she got well, but our family had to struggle again because my mother lost her job because of being ill for so long.”

About destroying property and stealing, women (survey participants 14, 26, 44, 59, in-depth interview participant 8) mentioned that others support bad things happening to someone who stands out of the crowd. Out of jealousy they steal assets from the house or one gets robbed on the streets. In-depth participant 8: “*In the small garden next to my house I planted sukuma wiki*. When it flourished a person came at night to poison the plant so it died.” Next to jealousy as a main reason not to trust others in Kiandutu, there is a lot of gossiping and bullying in the community, which oftentimes also comes from being jealous. However, bullying and gossiping also happens out of motive of looking down on others. Because besides people who are doing relatively well, especially extremely poor people get bullied and harassed by their fellow community members. Such as in-depth interview participant 2, who is so poor that others despise and verbally abuse her. This is in accordance with Fine (2003) who agrees with Portes (1998: 15) on the statement that social relations can very powerfully leading to ill-being by socially excluding people.

Issues of trust and ‘power over’ are also present in women and funeral groups. Members of those groups exercise their group power over other members by actively demanding an immediate replacement of payment when they cannot contribute (in-depth interview participant 3). Chairladies also have coercive power when they take the group’s money and disappear with it (in-depth interview participant 7). People might even resist to participate in a good idea, because they think that the initiator wants to benefit from them and wants to take their money (in-depth interview

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26 Sukuma wiki is a vegetable that resembles spinach.
participant 3). These forms of ‘power over’ contribute to low levels of trust among group members. Next to that, good ideas might not get translated into action because of this.

Together the above described issues of bad power, corruption, jealousy, gossips and criminal activities regarding formal and informal contacts undermine well-being and lead to ill-being of the community. By exerting ‘power over’, others restricts community members in their ‘power to’ things; the confidence in one’s own abilities and a determination to improve conditions (Narayan 2009: 132). Ill-being expresses itself in low levels of trust in Kiandutu. To speak with Fukuyama (1995: 2): community members do not expect that other people behave in predictable, honest and cooperative ways.

### 6.2 Lack of unity

Next to very low levels of trust but very well related to it, low levels of unity came forward in the research. Data on which this paragraph is based especially come from the two focus group discussions (FGDs)\(^{27}\).

On the question what women’s collective priorities in life are, all women in the first FGD named unity as the top priority for increasing the well-being of the community (for the complete top 5 collective priorities and the constraints currently withholding these priorities from becoming fulfilled, see Box 6.1). The fact that

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**Box 6.1: Top 5 collective priorities for increasing collective well-being and their current constraints**

1. Unity: mistrust, people’s attitude of ‘giving up’, complacency, feelings of inferiority towards outsiders, reliance on money in groups, lack of follow up meetings.

2. Education: hard to keep insisting on parents who do not care if their children are in school, lack of collective responsibilities, parents benefit when children stay at home (e.g., children earning money for parents), teachers offering bad service.

3. Law enforcement and security: inefficiency and corruption at police, intimidation by criminals, risky to get involved.

4. Planning and infrastructure: lack of authority, nobody owns the ground they live on.

5. Parental responsibilities: Parents’ behavior is similar to those of their children, hard to convince parents of taking responsibility without being insulting.

**Source:** FGD 1, Kiandutu, April 23, 2012

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\(^{27}\) FGD 1 was conducted in Kikuyu. Because the discussion already lasted three hours, not everything was translated on the spot into English to save some time. I therefore have to rely on the notes the mediator and I both made, which we later discussed together. From FGD 1, I can therefore not give any literal quotes.
there barely is unity in Kiandutu is pointed out as the main constraint to collective action to improve collective well-being. The lack of trust explains the lack of unity to a large extent. There are however several explanations that have not been mentioned yet. Those follow in the sections below.

First of all, disbelief in self is seen by all participants as a very important constraint to unity (agreed upon by participants of FGD 1). According to all women in the first focus group session, it is necessary for people in Kiandutu to accept themselves and be proud of themselves. If they do so, they will not only feel more united, but others will have a less poor image of them. Therefore, their attitude needs to change first (as was concluded by all participants during FGD 1). Now there is a mentality of giving up. There are high levels of complacency because people cannot visualize a Kiandutu that will improve and will be less ill. As a consequence of the disbelief that something can change, people do not feel the need to unite. To speak with Narayan (2009: 129), they have lost their sense of agency. Acceptance of the status quo and complacency are means to cope with the situation.

Secondly, because there is such a low belief in self, people feel inferior to people from outside (stated by participants of FGD 1). They disvalue themselves. Regarding initiatives to unite and to change the community, people from Kiandutu tend to only listen to people from outside the community and follow their plans. By people living in Kiandutu, people from outside are seen as superior to them. This makes it less obvious for them to unite in order to bring about change in the community. Because they think low of their own environment and people, they are under the impression that their initiatives will not be good enough and/or will not be heard (stated by participants of FGD 1). This weakens and restricts people’s ‘power to’, i.e. their determination to persist and achieve something, and leads to a lack of aspirations for the community.

Thirdly, as also described by survey and in-depth interview participants in Chapter 5, when people do try to unite, albeit on a smaller scale, there is oftentimes so much mistrust that such groups collapse (stated by participants of FGD 1). Women in the FGDs said that groups are only successful if meetings and follow up sessions are held. However, they stated that people only want to come to a meeting if they will get something in return. They mostly demand money. Together the women (in both FGDs separately) concluded that people in Kiandutu are focused on short term personal benefits (e.g., money) and that it is hard for them to put that aside for a collective priority: to unite for a better Kiandutu in the long run. They view their personal well-being as a priority and see collective well-being as the sum of the well-being of all individuals (survey participant 20), contrasting with WBA’s view that social well-being can consist of more than its individual parts (Pouw 2011: 7). Collective well-being is not viewed as something that can be influenced by a group process.

The lack of unity is in short an important explanation for the lack of collective action. Apart from a weakened ‘power to’, there is barely ‘power with’, i.e. associations with others among
community members to achieve something bigger than individual gains. With the disbelief in self and feelings of inferiority, there is barely belief that associating with fellow community members can be effective to achieve collective well-being.

6.3 High dependency

There appears to be a high level of dependency amongst people living in Kiandutu. Two things that came up in the previous chapter are that people depend on money and lose a big part of their agency due to corruption. Money is not only needed to bribe government officials, but it is also a necessary means to form a group and to fulfill expectations of fellow group members in trying to organize collective action (agreed upon by all participants of FGD 1 and 2).

Next to this, people tend to put their trust in outsiders. As has become clear, they disvalue themselves and think low of people in Kiandutu. Perhaps that is why collective actions seem to die out and people say they depend so much on NGOs operating in the area (see Chapter 5, section 5.3.2). As already described, many survey participants eagerly respond to the question if NGOs can mean more to them. There are even “(...) people pretending to be HIV positive in order to receive supportive food packages and blankets” (in-depth interview participant 7). Participants (e.g., survey participants 1, 6, 7, 22, 48, 60) oftentimes express their expectations from NGOs to change something in their lives. They say that those organizations are there to help, so why would they bother to come up with an activity when someone from outside knows how it is done (FGD 1)? In my view, this is an example of the “aid dependency syndrome” (Collier 1999: 528): when people and groups in the community remain dependent on external sources, such as help from NGOs, without attempting to become self-sustaining in the long run, collective community action and the perceived need by community members will stay out. External help also increases the likelihood of corruption (Narayan 2009: 308).

6.4 The exception to the rule

Apart from mistrust, a lack of unity and dependency in general leading to a weakened initiative of collective action there are also exceptions. For the second FGD, I interviewed six women who each try to achieve something for the community on a collective level. They are all CHWs, but most of them started their own community initiative next to that. All ladies focus on health in their attempts to do something for the community. This is explainable, because it is one of the most feasible ways to
have an influence on collective well-being since free health courses are being provided when one wants to become a CHW and there is a lot of attention on health from NGOs. In this section, I take a closer look at personal reasons to do something for the community and experiences with collective action. Data in this section comes from the second FGD28.

As personal reasons for their motivation to engage in collective action, religiousness is surprisingly often mentioned. I did not expect that, because until the second FGD religion never came up as an important factor. Nonetheless, women called their motive “a call from God” (Aïsha) and referred to the bible which says that one should help another. Next to that, personal satisfaction kept coming up, as well as empowering others and making them knowledgeable: “The bible says that people without knowledge will parish” (Caroline). Women collectively mentioned the satisfaction that the gratitude of the people they help gives them: “A little boy in the family I helped said that he wants to buy me a car when he is a grown-up. It is not about the car, but about the gratitude.” (Aïsha). Also, Mariam is grateful for her own good health and therefore feels the urge to mean something to others who are less lucky. She thinks that the reason she is healthy is to help others. Pauline has similar reasons. She has a child with autism and is HIV positive herself. She likes to see people “living positively with HIV” (Pauline) and especially organizes seminars for people who are disabled and HIV positive. She wants to tell them it is not a double punishment and tries to make them view life more positively.

Experiences are not all good. Even though their work is satisfying it is also challenging. Especially fellow community members are harsh on them. People say they are nosy and that they simply want to see other people’s houses from the inside. They say they are crazy and think they seek attention, they ask them if they do not have a family to take care of. Especially other women do not understand why they want to do something for the community and gossip about them. Most reactions are not positive, except those from the people they help.

When asked about what to their opinion is keeping other women in the community from organizing collective action, jealousy and financial motives are mostly mentioned. The ladies said others like money and not the non-financial rewards the work they do gives them. “Others ask money before they will assist someone, even when someone else is in pain or labor” (remarked by Mariam). Money is a big motive for others to help or not. Regarding jealousy, “[o]thers feel that when they would help someone it is not fair, because they should be the ones to receive assistance” (remarked by Pauline). The ladies also mentioned that others are less religious and for them it is not a call, that other people feel special and think they will never become sick, and that others in the

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28 I do not have full details on the women who took part in FGD 2. They did not take part in other parts of this study. Because I cannot provide information on them in Appendix VIII, as has been done for all other participants, when quoted I will refer to these women with fictitious names.
community are not concerned and sociable. These reasons referring to the social dynamics in Kiandutu have also come up in the survey research and in-depth interviews.

6.5 Conclusion

Chapter 5 showed that Kiandutu is a low-trust community with an observed lack of collective action to potentially enhance well-being. In this chapter, constraints to collective action were revealed. Firstly, bad power plays a role in the social relations of women in Kiandutu, leading to mistrust. In formal relations others have power over Kiandutu women for resources they need (e.g., health care, education) and there is corruption. In informal relations there is jealousy, gossiping and criminal activities. These issues lead to a decrease in power to autonomously take decisions in life and to have a sense of agency. In accordance with Ostrom (2000: 153), mistrust in Kiandutu inhibits people’s collective interests in increasing collective well-being. In line with Olsen (1965; in Ostrom 2000: 137) the lack of mutual and system trust (Morrone et al. 2009: 3) are inhibiting factors in Kiandutu to increase collective well-being. Furthermore, especially, as describe in Chapter 5, with Kiandutu being a place where people often move, do not really know each other, and priorities are highly individual “no self-interested person would contribute to the production of a public good” (Ibid.). Also the finding as presented in Chapter 5, that even self-organized support systems have problems and do not always succeed, is therefore understandable because in rapid settlements such as Kiandutu such groups disintegrate within short time because of the lack of mutual trust and reciprocity (Baland & Platteau 1996; in Ostrom 2000: 154).

Secondly, where lack of trust to a large extent explains the finding that collective action is barely existent, the lack of unity further explains this observation. The lack of unity is caused by disbelief in self, complacency, and feelings of inferiority which make community members lose their sense of agency and the need to unite. Furthermore, the lack of unity makes people focus on individual short-term benefits rather than on the bigger cause. This again leads to a decrease in power with other to achieve higher goals.

Thirdly, people seem to be very dependent on money and NGOs and are hindered by corruption. Nonetheless there are also exceptions; people who in the midst of a low-trust community try to change circumstance on a collective scale. In understanding why some people take up collective actions while the majority does not, the experiences of those women show that it is not easy to take up actions that make you stand out of the crowd in Kiandutu. In Kiandutu as such a low-trust community people do not seem to understand altruistic actions of others and question their motives, which results in gossipping and bullying of those who organize collective action. Furthermore, the level
of social control (Portes 1998: 15) to keep people from ‘standing out of the crowd’ seems to be strong. This can reduce community members’ feelings of privacy and autonomy, and together with the fear of being bullied when one does stand out of the crowd, it can explain the small number of people taking part in collective action. People who despite all of this do organize collective action, mainly have personal reasons such as religiousness and the personal satisfaction it brings.

Strikingly, policy interventions to increase well-being in Kenyan slums, such as those described in Chapter 3, mainly focus on income poverty. Government policies directed at reducing ill-being in slum areas seem to fall short in addressing social well-being aspects that play an important role in such communities. There do not seem to be any government policies or other non-governmental initiatives directed at tackling low levels of trust in such communities, initiatives to change people’s behaviors or to make them collaborate in reducing ill-being.

Next to a comprehensive conclusion about the research findings in relation to WBA, in Chapter 7 I take a closer look at policies and their in-, or rather, exclusion of well-being aspects. I also give policy recommendations for the government and NGOs regarding enhancing women’s individual and collective well-being in Kiandutu.
7 Conclusion

My intention for this study was to use the well-being approach to poverty in order to obtain an inclusive understanding of the roles social relations play in the lives of women in slum areas. In this final chapter, I first answer the sub questions underlying this research, leading to an answer to the main research question. I link the conclusions to the theoretical concepts of this study, and present a slightly adjusted conceptual scheme. Subsequently, I reflect on and discuss the findings in relations to poverty reduction policies, after which I discuss the limitations of this study. Then, I return to Kenya’s policies to reduce ill-being in urban slums and analyze them according to their inclusion of well-being aspects. I end with policy recommendations for the Kenyan government, recommendations for NGOs operating in Kiandutu, and suggestions for further research.

7.1 Answers to sub questions

The main research question of this study was: How do women in Kiandutu make use of formal and informal social relations to achieve individual and collective well-being, and what priorities can be identified on the basis of each? To be able to answer this question, I divided it into three sub questions, to which I give answers in the following sections.

1. Which formal social relations play a role in the achievement of well-being, and what roles do they play?
   a) Individually
   To achieve individual well-being, formal relations playing a role for women in Kiandutu are government services, NGOs, and community based organizations.

   Important government services influencing women’s well-being are divided into four categories: health care, education, security, and community health workers. In the achievement of well-being, these services respectively support women with offering quick and accessible health care, providing a bright future for their children, maintaining security to some extent, and assisting people in need in the community. Strikingly however, these services do not solely assist in achieving well-being, but can increase ill-being as well. Within all these services, “bad power” (Narayan 2009: 137) seems to play a role. In health care, hospital staff take ‘power over’ Kiandutu women through which they lose agency and the ‘power to’ autonomously achieve things. In education, teachers exert their
power by demanding school fees from parents even though primarily education is supposed to be free, by striking for higher loans and not offering their best service. Regarding security, there is corruption at the police and immigration office, with people with money being treated more fair and being helped quicker. Within community health workers there is corruption in the form of personal favoring and misusing status to obtain benefits.

Although not specifically named as necessary in achieving individual well-being, I obtained an image of NGOs influencing the extent in which Kiandutu women show dependency on outsiders. Women seem to think that NGOs could mean more to them if they would provide them with more support. By putting their trust in outsiders and waiting for NGOs to change their situations, they let go of attempts to achieve well-being themselves. I do not wish to claim that NGOs are not valuable for increasing Kiandutu’s well-being and that they do not perform good work, but my findings show that the presence of NGOs in Kiandutu also leads to a certain form of ill-being in women.

Community based organizations named by women in this research are Care and Support Self-Help Group that assists the bedridden, and groups for improving the physical environment of Kiandutu. The latter mainly concentrate on cleaning and construction of the community and the former looks for people who are sick at home, buys them articles and takes them to hospitals. On an individual level these CBOs are not mentioned as playing an important role, they rather seem to contribute to an increased well-being of the community.

\[ b) \text{ Collectively} \]

To achieve collective well-being, the same formal relations as mentioned for individual well-being are of importance for women in Kiandutu. Community based organizations specifically increase collective well-being more than individual well-being of women in this study. They improve the environment and assist the needy. Apart from that, women in Kiandutu do not differentiate between social contacts and the roles they play in achieving individual versus collective well-being. As mentioned as leading to individual ill-being, all members of the community also collectively seem to experience ill-being from bad power being present in formal relations.

After first answering the second sub question, I elaborate more on collective well-being and the roles formal and informal relations play in achieving this.

2. Which informal social relations play a role in the achievement of well-being, and what roles do they play?

\[ a) \text{ Individually} \]

To achieve individual well-being, informal relations playing a role for women in Kiandutu are friends, family, neighbors, church and informal support systems.
Friends play an important role in achieving well-being, because they are a valuable factor of support. Friends give financial and asset assistance, small friendly services, and moral support. Apart from being supportive, friends also mistrust each other and refrain from sharing personal stories. Even jealousy, gossiping and bullying are present among friends. Therefore, the roles friends play in achieving individual well-being are mixed. Friends are namely supportive, and in that way contribute to well-being, but they are also associated with issues possibly leading to ill-being.

Family is women’s first priority. In achieving well-being, family can be quite a burden. The own direct family needs (income) support and attention, and although family members outside the household are supportive, they also need to be supported. The moral obligation to support one’s family can inhibit women from achieving individual well-being.

Among neighbors there are many instances of gossiping and bullying. Apart from that, neighbors support each other in the same way as friends do. Although neighbors are often an important source of direct support, the issue of mistrust is always at play in the relationship. Therefore their role in achieving individual well-being is, as with friends, mixed.

Church seems an obligated factor of importance in achieving individual well-being. It is part of the social mores to go to church and to listen to the word of God. Next to that, fellow church members help to relieve depression and give encouragement in life.

The roles women and funeral groups play in achieving individual well-being is ambiguous. On the one hand, they play a supportive role. By providing a kind of insurance for when it is needed, both groups contribute to a feeling of security. On the other hand, issues of power, money and trust make it hard for those groups to succeed and to have a lasting positive influence on individual well-being.

b) Collectively
Because women view their personal well-being as being equal to collective well-being, they have not named distinct informal contacts playing an important role in achieving collective well-being other than those for individual well-being. However, the roles social contacts play in achieving collective well-being can in general be distilled from Chapter 5 and 6. I shortly describe this in the following section.

Overall Kiandutu is a community in which social ill-being is present at a collective level. There is a high level of mistrust, with bad power, corruption, jealousy and gossiping play a role in both formal and informal relations. There barely is a sense of unity, with high levels of complacency and feelings of inferiority to outsiders. Moreover, people show dependency on others in achieving collective well-being. These findings, together with the tough experiences of the few women who do undertake
collective action in the midst of a low-trust community, might explain the lack of collective action as a strategy to achieve collective well-being.

3. What do women identify as priorities in life for achieving well-being and how satisfied are they with the current fulfillment of these?

a) Individually

At the individual level, there are several development frustrations indicating a discrepancy between women’s priorities and their matching satisfactions. Women’s individual priorities, about which they are currently frustrated, are: work, water, education, money, children’s health, charcoal/kerosene, cooking supplies, transport, partner, peace/good life, medicines, friendship, and security/good environment. These development frustrations give a good representations of the challenges that have come up throughout this study. This also presents the reasons that government facilities and NGOs are present in Kiandutu, working on basic needs such as sanitation and health care. Clearly, there are multiple basic priorities that are not fulfilled, keeping women from achieving individual well-being. Priorities women are satisfied with are: food, housing, clothes/shoes, own family, sleep/beddings, and toilet/bath. In section 7.4 of this chapter, I discuss individual priorities in relation to policy recommendations for the Kenyan government and NGOs.

b) Collectively

Collective priorities refer to issues that are currently absent in the community and should, according to women in the study, improve to be able to increase collective well-being. These issues are: unity; education; law enforcement and security; planning and infrastructure; and parental responsibilities. Where the individual priorities are mainly basic needs, these collective priorities refer to higher level needs. They reflect the issues that are currently leading to collective ill-being. Within unity, the issues of mistrust, dependency and feelings inferiority are represented. Within the priority of education, the discussed bad power of teachers is reflected. The priority of law enforcement and security reflects corruption at, amongst others, the police and the unsafe environment that often goes hand in hand with an urban slum as Kiandutu. The priority of planning and infrastructure reflects the frustration that no one owns the ground they live on, that Kiandutu is still in the process of becoming a formal settlement. And last, within the priority of parental responsibilities, the behavioral social ills belonging to the ‘funny funny’ life as described in Chapter 5, section 5.1, are reflected.

7.2 Answer to main research question
Together, the above given answers to the sub questions provide an answer to the main question: *How do women in Kiandutu make use of formal and informal social relations to achieve individual and collective well-being, and what priorities can be identified on the basis of each?*. This study showed that the different well-being concepts taken from the WBA literature, presented in the conceptual scheme of this study (see Figure 2.1 in Chapter 2), interact with each other, leading to well-/ill-being. Formal and informal relations both influence the three types of well-being researched in this study: human resources (e.g., education, health care); material resources (e.g., misfortunes, income generation); and social resources (e.g., community contacts, trust). Subsequently, within each of these types of well-being, individual and collective well-being influence each other (for example mistrust in the community is also felt among friends, and the other way around). However, rather than priorities in life influencing the subjective experience of well-being, in Kiandutu it seems to be the other way around: the experienced state of well-being is influencing both individual and collective priorities women have. The final conceptual scheme, fitting the research findings, is therefore slightly changed as presented in Figure 7.1.

**Figure 7.1: Final conceptual scheme**

Source: Field study, Kiandutu, February 9 – April 27, 2012

### 7.3 Discussion
7.3.1 Reflection on findings

This study’s findings are in line with most of the suggestions and issues described in the discussed literature and empirical context of Kenya. Using WBA to research the roles social relations play in the lives of poor women in slum areas provides insights in their circumstances, experiences, goals, satisfaction, needs and priorities in life. WBA has given me the tools to be able to meaningfully analyze the social dynamics of a complex community. This study showed that social relations can be important factors leading to well-being, but that they can in many ways as well inhibit its achievement.

Regarding collective well-being, this study has generated unexpected and interesting insights. I expected to contribute to a better understanding of the division between individual and collective well-being. However, women in Kiandutu seem not to distinguish them. For collective well-being, the most important finding appears to be the enormous lack of trust among community members. Together with lack of unity and a high dependency on outsiders, it inhibits the community’s well-being. Strikingly, although there is attention for specific circumstances of poor people beyond their level of poverty, within WBA there barely is attention for the importance of trust: how it impacts the lives of poor people, especially communal life and collective well-being, and how it limits the range and success of action of individuals. Moreover, in policies and programs intended to reduce the level of ill-being in Kenyan slum areas the focus on low levels of trust is absent as well. Development policies and projects often assume an existing base for collective action and a logic of ‘together we stand strong’, while this study showed that this is not always the case. Failing to acknowledge this in policies and projects directed at decreasing ill-being can lead to unsuccessfulness of the implementation and undesired outcomes.

7.3.2 Research limitations

I conducted this research, trying to leave out my Western perspectives on poverty and what ‘living a good life’ means as much as possible. However, the fact that I am a Western, white researcher might have biased my research. Next to the fact that letting go of these ideas is never completely possible, the sole fact that I am a non-Kenyan might have withheld people from giving me full information. People seemed to speak freely with me, but especially in the interviews that were done in Kikuyu, I had to rely fully on my research assistant for translation. Therefore, I might have missed valuable information or might have misunderstood some women. However, apart from FGD 1, only a minor part of my interviews were done in Kikuyu.
Apart from a small sample population, which makes it more difficult to generalize the findings than when the sample would have been bigger, my sampling method, making use of the snowballing technique, entails a limitation. It makes the research sample a non-probability sample, which leads to limitations in the generalizability of the research findings to other women in Kiandutu. Additionally, because I concentrated my study in Centre Base, a sub-area in Kiandutu, the findings might not be applicable to Kiandutu as a whole. However, I carefully selected Centre Base as my research area because it represents the entire community most of all sub-areas and regarding the non-probability sample, I tried to make sure that the distribution of responses matches that in the population.

Next to possible limitations of the generalizability of the research findings within Kiandutu, my findings might not be generalizable to other slum areas. Especially since Kiandutu is an urban slum, findings might not apply to rural slums. With this case study I however hope to have contributed to a growing understanding of local experiences and ‘the social side’ of poverty.

Last, regarding priorities in life, I am aware that they might shift over time. I have researched a stock of women’s immediate priorities in life at a certain point in time. Priorities are however not static and change with their changing context. The individual and collective priorities that came up in this study, might therefore be different upon the conduction of a similar research and in other contexts.

7.4 Conclusion on Kenya’s poverty reduction strategies in slums

The government can be seen as an important actor in the reduction of poverty and in the governance of initiatives that strive to achieve this (Pouw 2011: 7). It can encourage public debate and include the excluded (Ibid.). Since WBA has the goal of contributing to the recognition of contextual, subjective and non-material dimensions of human experience in policies, and of the complex dynamics and causalities behind poverty and well-being (White & Pettit 2004: 7), effective policies implementing WBA have to be concerned with ‘improved quality of life according to local standards’ and with ‘capturing local perspectives’ (Ibid.: 13). However, taking a closer look at Kenya’s governmental policies to reduce ill-being in slum areas, issues of trust, specific circumstances of women and local understandings of poverty are strikingly absent. Here, I analyze the three government policies described in Chapter 3: Kenya’s PRSP, KENSUP strategy document, and NPEP.

First, Kenya’s PRSP (2008-2012) proposes “upgrading the living conditions for urban dwellers that have suffered from poor urban infrastructure and social services” (IMF 2005: v) to reduce poverty and inequality in slums. At first sight, this formulation seems to include the well-being concept in poverty reduction policy, because it addresses the ‘living conditions’ of slum dwellers
which implies the addressing of well-being rather than welfare. However, according to the PRSP, the realization of the overall growth objectives of the macro-economic framework will be the driving force for poverty reduction and empowerment at the community level (IMF 2010: 4). It has the goal of reducing poverty to 28 percent, but this means poverty in terms of monetary resources. This gets confirmed by the explicit goals of creating more wealth for the poor and minimizing differences in income opportunities. Regarding the “transparent, participatory and accountable process” (Ibid.: 4) to promote equitable growth that “provides the poor with genuine opportunities to participate in decision making to shape their future” (Ibid.), the government wants to improve the capacities of the poor to participate in growth. They can subsequently take advantage of the opportunities that this growth will generate. The PRSP however remains silent about the process of improving capacities. The conclusion that needs to be drawn is that the Kenyan government in the PRSP displays its solution for poverty in such a way that economic growth will provide the means for the poor to be included in decision making processes, while WBA thinks that poverty can be decreased by including the poor in decision making processes and not the other way around. Additionally, the in the PRSP frequently displayed idea that overall economic growth will contribute extensively to poverty reduction and even to empowerment at the community level conflicts with local understandings of poverty.

Second, KENSUP’s goal does not immediately include any aspect of WBA, since it also strives to improve the livelihoods of people in urban slums mainly through income growth, and increased accessibility to resources and housing possibilities. The Kenyan government strives to upgrade slum areas by community mobilization and participation, preparation of city development strategic and land use master plans, shelter improvement, provision of physical and social infrastructure, environment and solid waste management, employment and income generating activities, and micro financing and credit systems (UN-Habitat 2008b: 31). To achieve the goal of improving the livelihoods of people living and slums and reduce their poverty, the Kenyan government wants to cooperate with communities. UN-Habitat wants to help local communities in organizing themselves and negotiating with the authorities about their needs and priorities (Ibid.: 22). However, there is only one sentence in the entire policy document that stresses the importance of local understandings of poverty in the form of local needs and priorities. In the rest of the document, reference is made to the government as setting out priorities for each slum area and developing an action plan. Moreover, evaluations are being made on the basis of deficits: a lack of housing, infrastructure and income. The government does not regard including the poor in the decision making process as a form of poverty reduction in itself. Together this does not relate to the well-being approach in that it includes local understandings of poverty. As UN-Habitat put it itself:
“A serious limitation of UN-HABITAT’s activities in undertaking situation analysis is to translate the actual findings and recommendations into reality so that they do not remain as one-off exercises but they lead into concrete activities, and therefore, it is important that more efforts are made in order to ensure that this is done” (Ibid.: 22).

Third, the NPEP includes local understandings of poverty by formulating the goal of bridging the gap between national level development plans and specific programs for addressing the needs of the poor. However, this goal remains quite theoretical. The government wishes to adopt a participatory approach and consultative process to include local values and needs in policy initiatives, but it fails in explaining how to turn this into concrete plans. Next to that, it is not clear whether the participatory approach and consultative process should include community members and give the actual poor a voice or representatives of organizations that are active in poor areas. If the latter is the case, this does not necessarily mean that the actual needs and values of the poor are being included and addressed, since it is still someone else who speaks for them. Thus, although the NPEP is quite promising in formulating goals to include local understandings of poverty, the actual realization of it remains vague. Next to dealing with problems with economic growth and infrastructure, which does not directly relate to the well-being approach, the Kenyan government aims at dealing with issues as corruption, insecurity, and inequality. Dealing with these issues could enhance social participation, since a reduction of corruption, insecurity and inequality would give people a more equal chance of participating in society and having more secure relationships. Although this again sounds quite promising, ideas about the actual realization remain absent in this document.

7.5 Recommendations and research agenda

In my view, which is in line with that of McGregor (2004: 338), changes are needed in how poverty is being thought of and studied in international development. Therefore, the relationship between universal and local understanding of poverty needs to be reviewed. In international policies aimed at tackling poverty, there is a tendency to favor universal understandings of poverty over the local, and subsequently interventions are being generated in which universal policies are applied to the local understandings of poverty (Ibid.). This results in a bias which leads to “inappropriate universalism” (Ibid.) that represents a critical flaw in efforts to translate the goals of universal policies to effective local policies in the reality of poor people. A local model of poverty “entails a view of what constitutes poverty and how it is reproduced from the perspective of a person who lives it” (Ibid.: 339). It allows for local understandings of poverty from different perspectives (e.g., male, female, young, old individuals and particular local communities) and creates a basis for letting them decide what to do about it. People are in that sense active, strategic and they engage with governments,
development agencies and markets. A universal model on the other hand transcends localities and communities and is presented as detached as it explains poverty from a standpoint that is independent of the particular local context. To be effective in the intervention of poverty however, it is necessary to view poverty in local terms and to change the processes in which these people are involved and which keep them poor (McGregor 2004: 343). Although the universal aspect of policies stems from the need for rules, principles and comparability, for policies to be workable, it must be possible to translate them into locally meaningful terms (McGregor 2004: 349-350). A crucial resource that is needed to assure effective policy implementation is a profound understanding of the context within which policies are meant to achieve their objectives. Regarding the well-being approach, policies need to take account of the social impacts that they have on local people (Ibid.: 350).

7.5.1 Recommendations for the Kenyan government

Given that Kenya’s government policies directed at reducing ill-being in slum areas barely include well-being aspects and local understandings of poverty, and with this study’s findings in mind, I propose the following policy adjustments and actions for the government:

- In general, recognize the contextual, subjective and non-material dimensions of human experience in policies, and the complex dynamics and causalities behind poverty and well-being. For example, include possible issues of mistrust in policies that are meant to reduce the level of ill-being in slums.
- Significantly reduce the level of corruption present in government services, because it affects people in even the most basic aspects of their lives and inhibits them in achieving well-being and social participation in society.
- Keep a strict eye on the provision of free primary education, and provide a punishment for teachers and/or schools who/that take advantages of their position by illegally demanding tuition fees.
- Regarding basic needs; make more job creation possible in slum areas through which the self-sufficiency of inhabitants can be increased without making them dependent on other sources.
- Explicitly state in Poverty Reduction Strategy Papers after the year 2012 how the government wants to improve the capacities of the poor to participate in growth and to give them genuine opportunities to participate in decision making to shape their future.
• Let KENSUP fulfill its goal of upgrading slums by community mobilization and participation through cooperating with communities in practice.
• Explain in the NPEP how to turn the goal of adopting a participatory approach to include local values and needs in policies into concrete plans to make the actual realization of including local understandings of poverty in policies less vague.
• In general, empower people at the community level by including them in taking decisions about increasing the well-being of people living in slum areas, not only in theory but especially in practice.

7.5.2 Recommendations for NGOs in Kiandutu

Since the government is a large body which makes it hard to be present in the smallest aspects of daily life of people in slum areas, NGOs operating in Kiandutu might be valuable in practical changes leading to an increase of well-being in Kiandutu. Therefore, I propose the following policy changes and action plans for NGOs:

• Work on trust issues that are highly present in the community. Pay close attention to those issues and be careful in assuming that there is a solid base for cooperation to increase well-being.
• Give more attention to priorities as peace/good life and friendship. By bringing people together and making them feel more united, the trust level could possibly be raised.
• Continue giving basic support (e.g., in education, health care, cooking supplies, medicines) while additionally limiting the extent of dependency by stimulating and strengthening own initiatives.
• Empower community members by taking away feelings of inferiority and making them feel more united. In FGD 1 I experienced that this is possible. I started with a group of skeptical women, and three hours later they were inspired to form a group together and to collectively influence the community’s well-being.
• Address issues of mistrust and bring people together to collectively decide about priorities in their community.

7.5.3 Research agenda

First of all, the extent to which the conclusions of this research can be confirmed in other slums within and outside Kenya could be a focus of further research. Secondly, further research efforts
should focus on the possible correlation between trust and collective action, i.e. the role (mis)trust plays in slum areas and how this possibly facilitates or inhibits collective action. More insight into the correlation could help facilitating collective efforts as a possible strategy to increase well-being and reduce dependency on outsiders. Furthermore, theoretical efforts should be made to include well-being aspects in policies directed at reducing ill-being in slums. Currently, the concept of well-being still remains relatively vague in the context of policies. As described, well-being is still an underspecified concept (Gasper 2004: 3). Theory could help explicitly stating what aspects should be included in policies to raise more attention for the local understandings of poverty and to make policies more focused on well-being.
References


Kenya Open Data (2012). *Poverty rate by district* [online] Available at: https://opendata.go.ke/Poverty/Poverty-Rate-by-District/i5bp-z9aq, last accessed: 08-04-2012.


Zulu, E.M., Beguy, D., Ezeh, A.C., Bocquier, P., Madise, N.J., Cleland, J., & Falkingham, J.
## Appendices

### I: Operationalization scheme

<table>
<thead>
<tr>
<th>CONCEPT</th>
<th>DIMENSION</th>
<th>VARIABLE</th>
<th>INDICATOR</th>
<th>EXAMPLE QUESTION</th>
</tr>
</thead>
</table>
| Social relations | Formal                  | 1. Government services (e.g., police) | Frequency Membership             | How often do you get in contact with [1-4]?
|                  |                         | 2. Non-governmental organizations | Satisfaction Importance Purpose of relationship | Are you a member of [1-4]?
|                  |                         | 3. Community based organizations  |                                   | How satisfied are you/the community with [1-4]?
|                  | Informal                | 1. Family                         | Frequency Amount Membership       | How often have you spent time with [1-5] in the last month? How many [1, 2, 3, 5] do you have? Have you been a member of [4]?
|                  |                         | 2. Friends                        | Satisfaction Importance Purpose of relationship | Have you participated in any form of collective community activity in the last month? How happy (/satisfied) are you with [1-5]? How important are [1-5] for you/the community? For what? For what purpose do you/the community contact [1-5]? What do [1-5] help you/the community with? |
|                  |                         | 3. Neighbors                       |                                   |                                                                                  |
|                  |                         | 4. Church                          |                                   |                                                                                  |
|                  |                         | 5. Support systems                 |                                   |                                                                                  |
| Well-being       | Individual              | Human Resources                   | Health Education Food, water Housing Sanitation Relations Work Long-term shocks | 1. Adapted Resources And Needs Questionnaire (RANQ) 2. In-depth interview questions: Which social relations do you use to obtain [well-being indicators mentioned]? How are those relations important in achieving well-being? Why are those relations important in achieving well-being? |
|                  | Material Resources      |                                   |                                                                                  |
|                  | Social Resources        |                                   |                                                                                  |
|                  | Collective              | Human Resources                   |                                                                                  |
|                  | Material Resources      |                                   |                                                                                  |
|                  | Social Resources        |                                   |                                                                                  |

102
<table>
<thead>
<tr>
<th>Priorities in life</th>
<th>Individual</th>
<th>Collective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priorities</td>
<td>Which aspects of life are important to you in achieving well-being?</td>
<td>What aspects of life are important to the community in achieving collective well-being?</td>
</tr>
<tr>
<td></td>
<td>See indicator</td>
<td>Focus group:</td>
</tr>
</tbody>
</table>

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<tr>
<th>Satisfaction</th>
<th>Individual</th>
<th>Collective</th>
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<tbody>
<tr>
<td></td>
<td>How satisfied are you with the current attainment of each of these priorities?</td>
<td>How satisfied are you with the current attainment of each of these priorities for your community?</td>
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<tr>
<td></td>
<td>See indicator</td>
<td>Focus group:</td>
</tr>
</tbody>
</table>
II: Survey on well-being and social relations

Date:
Code number:

Statement of confidentiality:
This survey is part of a project on the well-being of women in Kiandutu. All information gathered is confidential and will be used by me only. Your identity will not be revealed to anyone. Nobody will be able to identify you.

You do not have to share information you feel uncomfortable about and you are free to stop the interview at any time when you do feel uncomfortable. There are no wrong or right answers, I am solely interested in your opinion.

Do you agree to be interviewed?
Do you have any questions before the start of this interview?
PART I HUMAN RESOURCES
Section 1.1 Education

1. Can you please tell me about the education of household members that are currently attending an educational facility?

<table>
<thead>
<tr>
<th>Household member</th>
<th>a. What is the level of education so far?</th>
<th>b. What type of educational facility is it?</th>
<th>c. Where is the educational facility?</th>
<th>d. What mode of transport is used to go to the educational facility?</th>
<th>e. Approximately how long does it take to reach the educational facility (one way)?</th>
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</tr>
</tbody>
</table>
2. **Can you please tell me about the literacy and education of household members who are **NOT currently attending** an educational facility?**

<table>
<thead>
<tr>
<th>Household member</th>
<th>a. Can he/she read or write a letter?</th>
<th>b. Has he/she ever attended an educational facility?</th>
<th>c. What is the highest level of formal education obtained thus far?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1: read only</td>
<td>1: yes</td>
<td>1: primary, secondary, tertiary, other, unspecified</td>
</tr>
<tr>
<td></td>
<td>2: read &amp; write</td>
<td>2: no</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3: illiterate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. **Are you paying for your children’s school fees, books and uniforms or is someone else paying for it?**

1. I pay the school fees, books and uniforms myself.
2. Someone else pays the school fees, books and the uniforms. Specify who:
3. Other:
4. Not applicable
4. Concerning your satisfaction with your children’s education which of the following is true? With the education they get, you are:

   1. Not satisfied
   2. Just satisfied
   3. Very satisfied
   4. Not applicable

b. Why?

Section 1.2 Illness and treatment

5. Can you please tell me about the illness and treatment of all household members?

<table>
<thead>
<tr>
<th>Household member</th>
<th>a. Does the person suffer from chronic ill health?</th>
<th>b. Chronic ill health:</th>
<th>c. Does the person suffer from major disabilities?</th>
<th>d. Major disability:</th>
<th>e. In the last 12 months has the person been so ill/injured that s/he was unable to perform usual daily activities? 1: yes 2: no</th>
<th>f. Illness/injury:</th>
<th>g. How long did this period of illness/injury last?</th>
<th>h. Was treatment sought for the illness/injury? 1. yes 2. no</th>
<th>i. Where was treatment sought?</th>
<th>j. Why was no treatment sought?</th>
</tr>
</thead>
</table>
6. When a member of your household needs health care, are you paying for the health care fees or is someone else paying for it?

1. I pay the health care fees myself.
2. Someone else pays the health care fees. Specify who:
3. Other:
4. Not applicable

7. Concerning your satisfaction with the health care your family gets which of the following is true? With the health care your family gets, you are:

a. 1. Not satisfied
   2. Just satisfied
   3. Very satisfied
   4. Not applicable

b. Why?

PART II MATERIAL RESOURCES
Section 2.1 Asset ownership
8. Does your household have the following assets?

<table>
<thead>
<tr>
<th>a. Transport</th>
<th>b. Electrical consumer goods</th>
<th>c. Other household assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bicycle</td>
<td>Radio</td>
<td>Bed</td>
</tr>
<tr>
<td>Motorbike</td>
<td>Cassette player</td>
<td>Blanket</td>
</tr>
<tr>
<td>Car</td>
<td>CD player</td>
<td>Mattress</td>
</tr>
<tr>
<td>Pickup truck</td>
<td>Television</td>
<td>Chair/bench</td>
</tr>
<tr>
<td>Farm truck</td>
<td>Other:</td>
<td>Sofa</td>
</tr>
<tr>
<td>Other:</td>
<td>Table</td>
<td>Cutlery</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kettle</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pots</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jewelry</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mobile phone</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Camera</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Watch or clock</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gas lamp</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stove</td>
</tr>
<tr>
<td></td>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

Section 2.2 Housing, utilities, and sanitation

9. Do you own your house?

1. yes
2. no

10. Do you have to pay rent to live in this house?

1. yes
2. no

11. Do you have one of the following utilities?
1. Electricity
2. Gas cooker
3. Both the above two
4. None of the above two

12. **What is the main source of drinking water?**

   1. Private piped water
   2. Communal piped water
   3. Water storage jar
   4. Bottled water
   5. Pond
   6. River
   7. Other:

13. **What was the main source of fuel for cooking over the last 12 months?**

   1. Electricity
   2. Petroleum products
   3. Piped gas
   4. Bottled gas
   5. Firewood
   6. Charcoal
   7. Coal
   8. Agricultural residue
   9. Animal waste
   10. Industrial waste
   11. Other:
   12. Not applicable

14. **Does the household have a separate kitchen?**
1. Yes
2. No
3. Not applicable

15. **What kind of toilet facility does the household use?**

   1. Private toilet for family
   2. Private toilet shared by multiple families
   3. Communal toilet
   4. None (outdoors)
   5. Other:

16. **Concerning your satisfaction with your family’s housing which of the following is true? With your family’s housing, you are:**

   1. Not satisfied
   2. Just satisfied
   3. Very satisfied

**Section 2.3 Long-term shocks and misfortunes**

17. **Can you please tell me about significant ‘bad fortunes’ the household experienced in the last 5 years? These could be unexpected events - shocks - that led to significant reductions in asset holdings, caused household income to drastically fall or resulted in considerable reduction in consumption in the last 5 years. Please also tell the year (approximately) in which the shock occurred.**

**Section 2.4 Wealth, transfers and income support**

18. **Who provides the family with an income and who is the main breadwinner?**
19. What jobs do the members of your household deploy to provide an income for the family?

20. Concerning your family's total income over the past month which of the following is true? The family's total income was:
   1. Not adequate
   2. Just adequate
   3. More than adequate

21. Comparing your family's total income now with its total income five years ago, which of the following is true? The total income is:
   1. Much better now
   2. A little better now
   3. Same
   4. A little worse now
   5. Much worse now
   6. Don't know

22. In the last 12 months, did anyone in the household receive transfers/remittances from the following sources?
   1. Family members and/or relatives
   2. Charity organizations
   3. The Government
   4. Non-governmental organizations (NGOs)
   5. Any other source:
   6. None

23. In the last 12 months, did anyone in the household transfer significant resources to family members, relatives, etc.?
   1. Yes
   2. No
PART III SOCIAL RELATIONS  
Section 3.1 Informal relations

24. In an average month how many of the following from outside your household do you spend time with?

<table>
<thead>
<tr>
<th>Informal relation</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family members</td>
<td></td>
</tr>
<tr>
<td>Friends</td>
<td></td>
</tr>
<tr>
<td>Neighbors</td>
<td></td>
</tr>
<tr>
<td>Informal organizations (club, society, association, CBO)</td>
<td></td>
</tr>
<tr>
<td>Religious group</td>
<td></td>
</tr>
<tr>
<td>Informal contacts outside Kiandutu</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

25. How satisfied are you with the informal relations mentioned before?

1. Not satisfied
2. Just satisfied
3. Very satisfied

26. How important are the informal social relations mentioned before to you?

1. Not important, skip next question.
2. Fairly important
3. Very important

27. Why are they important?

28. Could these relations be made more important? / Could you make more use of these relations?
1. Yes. How:
2. No. Why:

29. Are there any relations in your life or in the community that are a burden to you/those restrict you or the community? Please explain.

30. Have you ever been a member of any informal organization (e.g., social & cultural, political, economic) in Kiandutu?
   1. Yes, specify:
   2. No

31. Have you ever been a member of a religious group?
   1. Yes, specify:
   2. No

32. Have you ever participated in any form of collective community activity in Kiandutu?
   1. Yes
   2. No, skip next two questions.

33. What kind of collective community activity is/was this and what purpose does/did it have?

34. What has been your role in the activity?

35. Are there informal organizations or other initiatives that play an important role in the community? Why are they important?

36. Could these informal organizations be made more important? / Could you make more use of these informal organizations?
1. Yes. How:
2. No. Why:

37. Are there any actions in the community undertaken by community members that have not been mentioned yet? Please specify.

Section 3.2 Formal relations

38. Which of the following do you sometimes get in contact with? What is the purpose of the contact?

<table>
<thead>
<tr>
<th>Formal relation</th>
<th>Type</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal organizations within Kiandutu (NGO, Co-operative)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government services (police, dispensary, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formal contacts outside Kiandutu</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

39. What are the main government services that you made use of in the last year and how satisfied were you with the service (1 = not satisfied, 2 = just satisfied, 3 = very satisfied)?

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Type</td>
<td>1b. Satisfaction</td>
<td>2a. Type</td>
<td>2b. Satisfaction</td>
<td>3a. Type</td>
</tr>
</tbody>
</table>

40. What other non-government services have you made use of in the last year? Who were the providers and how satisfied (1 = not satisfied, 2 = just satisfied, 3 = very satisfied) were you with the service?
List only the three most important and include here formal NGO, community organization, local non-market e.g. religious group, charitable trusts.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Type of service</td>
<td>1b. Provider</td>
<td>1c. Satisfaction</td>
</tr>
</tbody>
</table>

41. How important are the formal social relations you mentioned before to you?

1. Not important, skip next question.
2. Fairly important
3. Very important

42. Why are they important?

43. Could these relations be made more important? / Could you make more use of these relations?

1. Yes. How:
2. No. Why:

44. How important are the formal social relations you mentioned before to the community?

1. Not important, skip next question.
2. Fairly important
3. Very important

45. Why are they important?
46. Could these relations be made more important? / Could the community make more use of these relations?
   1. Yes. How:
   2. No. Why:

47. Are you a member of a formal organization of your community?
   1. Yes
   2. No

48. Are you a member of any government service?
   1. Yes
   2. No

49. Are there formal organizations or other initiatives not mentioned yet that play an important role in the community? Why are they important?

PART IV GLOBAL HAPPINESS

50. Taking all things together, how would you say things are these days? Would you say you are:
   1. Very happy
   2. Fairly happy
   3. Not too happy
### Step 1: Identifying Areas

We would like you to think of the areas of your life that are most important to you. Please write up to FIVE areas in the boxes below.

### Step 2: Scoring Each Area

In this part we would like you to score the areas you mentioned in Step 1. This score should show how you felt about this area over the past MONTH. Please score each area out of 10 using this scale:

- 10 = Exactly as you would like to be
- 9 = Close to how you would like to be
- 8 = Very good but not how you would like
- 7 = Good, but not how you would like
- 6 = Between good and fair
- 5 = Fair
- 4 = Between poor and fair
- 3 = Poor but not the worst you could imagine
- 2 = Very poor but not the worst you could imagine
- 1 = Close to the worst you could imagine
- 0 = The worst you could imagine

### Step 3: Spending Points

We want you to ‘spend’ 10 points to show which areas of your life you feel are most important to your overall quality of life.

- Spend more points on areas you feel are most important to you and less on areas that you feel are not so important.
- You don’t have to spend any points on an area.
- You can’t spend more than 10 points in total.

THANK YOU for taking part in this interview!

Are you willing to be interviewed more in-depth about the same topic another time?

1. Yes
2. No
III: Semi-structured life story interview guide (in-depth interviews)

This interview is part of a project on the well-being of women in Kiandutu. All information gathered is confidential and will be used by me only. Your identity will not be revealed to anyone.

There are no wrong or right answers, I am interested in your opinion and your story. I would like to interview you specifically because I try to learn about the lives of people in Kiandutu. Your story of your life in and before Kiandutu is valuable for me to gain more understanding. I am interested in your personal story and I am trying to learn from you. The questions I would like to address are about your life in the area you grew up in, about your life now and your expectations of the future. You can interrupt me during the interview with anything you think is important.

You do not have to share information you feel uncomfortable about and you are free to stop the interview at any time when you do feel uncomfortable.

To be able to have full attention for your story, I would like to ask your permission to record this interview. The recordings will only be used by me as information. No one else will listen to these recordings and I will delete the entire interview later. I will also take some notes during this interview.

Do you agree to be interviewed this way?

Do you have any questions before the start of this interview?
Themes:
Trust and mistrust
Social support system
Social insurance
Cooperation
Friendship

Past:
Can you tell me something about your past:
Were you born in Kiandutu or somewhere else?
Where did you live before you came here?
Where does your family come from?
How were the neighborhood and the community? How was everyday life?
How was your living situation?
Can you tell me something about the social life?
How were the relations in the community and between people?
Did people help each other a lot? When? How? Why not?
Did people support each other financially? In another way?
Did people do things together for the community, collectively?
Was life different from the life in Kiandutu? How?
When did you move here? Was there a specific reason?

Present:
Can you describe me your present life:
Are you married, or have you ever been married?
What is your current living situation?
How are you doing?
How are your children doing?
Can you tell me about your friendships?
How is the neighborhood and community in Kiandutu? How is everyday life?
What can you tell me about the living situation in Kiandutu?
Can you tell me something about the social life in Kiandutu?
How are the relations in the community and between people?
Do people help each other a lot? When? How? Why not?
Do people support each other financially? In another way?
Do people do things together for the community, collectively?
Are you ever been supported by someone?
Do you support others?

Future:
Can you tell me about your ideas about the future?
What would you want?
How do you see yourself in the future? How will your life be?
Do you think about it, do you have plans?
How will your social life be?
How will your children’s lives be?

End:
Do you know a person who does something for your community? Who wants to improve the community, makes groups, tries to make life better for others? Who means something for Kiandutu?
IV: Focus group guide FGD 1

- **Introduction**: Introducing us and the ladies.

- **Idea behind focus group**: part of my research on well-being, important for me to know more about Kiandutu as a community, therefore this group talk. There are no wrong or right answers, I want to learn more about Kiandutu and the community the ladies live in.

- **What are the factors that influence different aspects of well-being**: Different factors of well-being are for example: education, health, assets ownership, housing, sanitation, shocks and fortunes, wealth and income, informal social relations, formal social relations, happiness. What do the women individually think is influencing their well-being? Do the answers differ from each other and/or are there factors they agree on?

- **Priorities in life individually**: What do they need in life to ‘live well’ and to improve their personal well-being? Which things/factors are most important? They could start with naming a lot of things, but should give a short list (preferably 5 items, each of them) with priorities.

- **Priorities in life collectively**: What does the community need to ‘function or live well’ and to improve? They could start with naming some things individually and after that try to agree on a short list (preferably 5 items) of priorities together. Interesting to see on which priorities there is consensus and on which there is a difference of opinion.

- **Satisfaction with the current fulfillment of these priorities**: how satisfied are they at the moment with these priorities of collective well-being? Of each item (5) of the list they agreed on together, they should collectively decide how satisfied they are with it.

- **Constraints not to take part in collective action**: What holds them back from taking part in collective activities or organizing them? This is the most interesting question; it would be nice if we could have a discussion about this.

Note: everyone’s opinion should be heard and is important! Even women who are shy or who are not really cooperating should be asked about their opinion.
V: Focus group guide FGD 2

- **Introduction:** Introducing us and the ladies. Short introduction of the activities that the ladies organize.

- **Idea behind focus group:** part of my research on well-being, important for me to know more about Kiandutu as a community, therefore this group talk. There are no wrong or right answers, I want to learn more about Kiandutu and the community the ladies live in.

- **Motivation for the ladies to organize the collective initiatives.**

- **What are the factors that influence different aspects of well-being:** Different factors of well-being are for example: education, health, assets ownership, housing, sanitation, shocks and fortunes, wealth and income, informal social relations, formal social relations, happiness. What do the women individually think is influencing their well-being? Do the answers differ from each other and/or are there factors they agree on?

- **Priorities in life collectively:** What does the community need to ‘function or live well’ and to improve? They could start with naming some things individually and after that try to agree on a short list (preferably 5 items) of priorities together. Interesting to see on which priorities there is consensus and on which there is a difference of opinion.

- **Satisfaction with the current fulfillment of these priorities:** how satisfied are they at the moment with these priorities of collective well-being? Of each item (5) of the list they agreed on together, they should collectively decide how satisfied they are with it.

- **Their personal experiences with organizing collective action:** Experiences/ideas/vision about other women in the community.

- **Motivations of other women to participate/not to participate**

Note: everyone’s opinion should be heard and is important! Even women who are shy or who are not really cooperating should be asked about their opinion.
### VI: Person Generated Index of priorities in life

<table>
<thead>
<tr>
<th>Step 1: Identifying Areas</th>
<th>Step 2: Scoring Each Area</th>
<th>Step 3: Spending Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>We would like you to think of the areas of your life that are most important to you. Please write up to FIVE areas in the boxes below.</td>
<td>In this part we would like you to score the areas you mentioned in step 1. This score should show how you felt about this area over the past MONTH. Please score each area out of 10 using this scale: 10 = Exactly as you would like to be. 9 = Close to how you would like to be. 8 = Very good but not how you would like. 7 = Good, but not how you would like. 6 = Between good and fair. 5 = Fair. 4 = Between poor and fair. 3 = Poor but not the worst you could imagine. 2 = Very poor but not the worst you could imagine. 1 = Close to the worst you could imagine. 0 = The worst you could imagine.</td>
<td>We want you to 'spend' 10 points to show which areas of your life you feel are most important to your overall quality of life. Spend more points on areas you feel are most important to you and less on areas that you feel are not so important. You don't have to spend any points on an area. You can't spend more than 10 points in total.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Area 1</th>
<th>Score 1</th>
<th>Points 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area 2</td>
<td>Score 2</td>
<td>Points 2</td>
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<td></td>
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</tr>
<tr>
<td>Area 3</td>
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<td>Area 4</td>
<td>Score 4</td>
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</tbody>
</table>

Source: [www.welldev.org.uk/research/methods-toolbox/sgi.pdf](www.welldev.org.uk/research/methods-toolbox/sgi.pdf)
VII: Maslow’s hierarchy of needs

Source: en.wikipedia.org/wiki/Maslow%27s_hierarchy_of_needs
VIII: Details of research participants

Survey participants:

<table>
<thead>
<tr>
<th>Code number</th>
<th>Name</th>
<th>Age</th>
<th>Number of children</th>
<th>Husband?</th>
<th>Telephone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Because of promised anonymity this column has been left open for all participants</td>
<td>33</td>
<td>5</td>
<td>No: Separated</td>
<td></td>
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FGD 1 participants:

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<th>Husband?</th>
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