PSYCHOSOCIAL DETERMINANTS OF QUALITY OF LIFE AMONG KENYAN FAMILIES

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Abstract

The importance of Quality of Life studies cannot be overestimated. Virtually every government and development sector would be interested in the impact of its initiatives on people's standard of living and essentially their Quality of Life. Results of such studies can be used to enable people, as far as possible, achieve their goals and choose their ideal lifestyle. Indeed the welfare of African families is a major concern in the recent decade. In adapting and surviving tough economic challenges to have a resiliency culture, one needs to recognizing strengths that keeps African communities satisfied and together. One way to recognize these strengths was to investigate the psychosocial determinants of Quality of life among Kenyans. The paper was to establish weather psychosocial related factors (emotional status, marital status, spiritual status, number of children, health status, educational level and income level) contribute to the satisfaction of quality of life among Kenyans. The information was gathered from all the eight (8) Kenyan provinces including urban and rural households. A total of 5179 people were interviewed using a survey questionnaire and also use of focus group discussions. The results indicated the majority of the respondents who were married, had more children, had more income, had high education level, were in good health status, who were more spiritual, indicated more satisfaction with their quality of life. Therefore the study concludes that psychosocial factors are part and parcel in achieving happiness in one's life and a firmer foundation upon which to built intervention strategies.

Key Words: Psychosocial, Determinants, Satisfaction, Quality of life, Family strengths

Introduction

Quality of life is a multi-dimensional concept. Loosely defined, it indicates the degree of well-being felt by an individual or a group of people given a set of indicators. Quality of Life has a bearing on individuals' life situations but it is not the sum total of these though the conditions and perceptions of individuals to their economic and social situation play a key role. The notion of quality and the consideration of several areas of life broaden the traditional focus on income and material conditions which prevail in studies on standard of living or development indicators.

Statement of the Problem

Given that various measurements of living such as the Housing Development Index (HDI), demographic surveys continue to reflect dwindling standard of living for most of Kenyans, it was important to establish if the entire quality of life for Kenyans is consistently low. This necessitated taking a multidimensional approach other than being limited to economic indicators. Given the value of family and social networks in Kenya and Africa as a whole, it was also important to establish to what extent they account for happiness and satisfaction. Further, evidence existing show that most studies on QOL have been done in developed countries. These studies use indicators that reflect the cultural and life expectations of their inhabitants which differ sharply from those of developing countries. Further, in many ranking matrix based on these studies, Kenya is consistently missing among the high ranking countries on QoL indicators (see for instance The Economist Intelligence Unit's Quality-of-Life Index 2007 among others). This is often due to the lack of sufficient data to produce a viable rank occasioned by a lack of previous studies on this subject in the country. In view of this, it is important to investigate and document the quality of life experienced by adult population in Kenya from psychosocial point of view. It also aimed at documenting these factors in relation to policy for the sake of programming for intervention by various actors.

Rationale and significance of the Study

The current national study was essentially aimed at documenting how Kenyans perceive their quality of life and the various indicators of quality of life among Kenyans. Notably, Kenya is consistently missing in many ranking matrix that attempt to display satisfaction with quality of life for different countries.

Hence, the findings arising from this study may be utilized firstly, by a variety of developmental agencies. Specifically, government and Non-Governmental organizations can utilize the results to programme for interventions in different areas such as health, education and family relationships. More importantly, this study has availed systematic data on perceptions of quality of life by Kenyans that can be used not just to explain what aspects of life bring satisfaction and happiness but also to rank Kenya in accordance to the international standards of quality of life.

Goal and objectives of the study

The goal of this study was to explore the perceptions of Kenyans regarding their quality of life with an aim of documenting and creating a data base on which programming and intervention by various actors can be based. Specifically, the study's objectives were to: Establish perceived indicators of quality of life by the Kenyan Families, Determine satisfaction of Kenyans with their quality of life, Find out the relationship between satisfaction with quality of life and basic social characteristics (including age, gender, education, economic and marital status), and Establish preferred actions, suggestions and interventions that can enhance satisfaction with quality of life among categories of the Kenyan population.

Methodology

The research adopted a descriptive survey design. The study sought to get a representative sample drawn from all the 8 provinces in the country with the aim of capturing the crucial but diverse socio-economic characteristics. In order to achieve this goal, a mixture of multi-stage and random sampling procedures were employed. For the populous provinces such as Rift Valley, Eastern and Nyanza, 4 districts were randomly selected, likewise from Central province, 3 districts were selected while from Western and Coast 2 districts were selected. Due to the uniqueness of Nairobi city, two demographically and social-economically varying areas (Westlands and Nairobi North) were selected. There being no other comprehensive source of national data to date, the study relied on population projections for 2008 by the Kenya Integrated Household Budget Survey (KIHBS 2005/2006).The study generated both quantitative and qualitative data which were analyzed accordingly. The data is presented in the form of frequency and percentage tables, graphs, histograms and pie charts.

Background

Psychosocial is a term referring to the mind's ability to, consciously or unconsciously, adjust and relate the body to its social environment. It is involves aspects of both social and psychological behavior (Mosby 2009). There are valid studies done focusing on quality of life satisfaction among which includes psychosocial factors. In this respect, a study done Ryan (2007), reveals that among the four factors investigated namely, health and functioning, socio-economic, psychological/spiritual, and family, It was found that those who had higher incomes had significantly higher quality of life scores on social and economic subscale. New studies reveals that predictors of subjective well-being include self-reported happiness and life satisfaction (Rojas 2007). Worldwide, most people have reported being at least moderately happy regardless of age and gender. In addition, as part of their scientific pursuit of happiness, researchers have examined possible associations between happiness and economic growth and personal income, close relationships and religious faith which all reveal positive significant associations (Rojas 2007).

Other studies have indicated that subjective quality of life is influenced by education. In this case education improves well-being in that it increases access to nonalienated paidwork and economic resources that increase the sense of control over life, as well as access to stable social relationships, especially marriage that increases social support. According to Van Praag et al(2003), the well educated people have lower levels of distress (including depression, anxiety, and anger) and physical distress (including aches and pains and malaise), but they do not have lower levels of dissatisfaction. Largely, education reduces distress by way of paid work, nonalienated work, and economic resources, which are associated with high personal control (Ross 1997). Likewise Oswald (1997) indicated that increased understanding of the role of disagreements over finances and other family satisfactions in contributing to family well-being gives counselors a firmer foundation upon which to build intervention strategies with their clients. Since QoL is measured by objective as well as subjective indicators. Subjective and attitudinal perceptions are of particular relevance in identifying individual goals and orientations. Individual perceptions and evaluations are most valuable when these subjective evaluations are linked to objective living conditions. Applying both ways of measuring quality of life gives a more complete picture. Cummins, (1996) drawing on previous studies and outlined indicators, identified eight core areas. These are discussed in more details:

i) Economic situation
Levels of income and wealth are key determinates of individual or family wellbeing.

Income is one of the single most important factors in influencing quality of life in general. It is a key indicator of wellbeing and health for individuals, households and communities. Income levels indicate the ability of people to purchase essential and non-essential goods and services including food, housing, health services and transport.

ii) Housing and local environment

Housing conditions and surrounding environment are equally important in shaping quality of life and include house type and constructing material as well as quality of the air and infrastructure.

iii) Employment, education and skills

Possession of a job and high quality jobs are crucial to social inclusion and an important means of protecting individuals and households from poverty. Policies to promote gender equality and support lifelong learning are also crucial dimensions in this aspect.

iv) Household Structure and Family Relations

The concept of community is fundamental to people's overall quality of life and sense of belonging. Informal networks and how people connect with others are important for strong communities and social cohesion. Confident and connected communities support each other as well as social and economic development in their localities. Strong communities have fewer social problems, are more adaptable in the face of change and when they do experience difficulty they have internal resources to draw upon. Family contributes greatly to an individual's sense of well-being and the feeling of security and belonging.

v) Work-life balance

Work/life balance is about people having the right combination of participation in paid work and other aspects of their lives. People's perceptions of their work/life balance has an impact on their perception of personal wellbeing. The Quality of Life Survey carried out indicates that when comparing work/life with the overall quality of life, those who rated their quality of life extremely good were significantly more likely to have rated their work/life balance positively. This indicator looks at resident satisfaction with the balance between work and other aspects of their lives.

vi) Health and health care

Being in good health is an indispensable precondition for enjoying a high quality of life. Good health is not only important for a sense of wellbeing but also determines our ability to reach our goals. Health is associated with factors such as age, ethnicity, socioeconomic status, employment, education and housing, as well as external factors such as living conditions and the environment. It can be linked to environmental pressures, social stress, diet, housing conditions and access to local services. Improving services and the physical environment are paramount to health improvement.

vii) Subjective well-being

The individual's own assessment of their quality of life and their situation is an important factor which may correct or strengthen the quantifiable conditions of living. Subjective judgments of quality of life, though logically the best single source of information, are prone to be influenced by a number of factors. First, expectations influence appraised quality of life, so that an individual may become used to circumstances that could objectively be considered sub-standard. Second, individuals may feel constrained because of courtesy or intimidation from actually expressing their views. The intimidation is more likely if the person feels vulnerable and perceives himself or herself as dependent others. A common finding of research into subjective well-being is that people tend to adapt their aspirations to the reality of the situation. Even though, being in good health is an indispensable precondition for perceiving a high quality of life.

## viii) Perceived quality of society

Quality of life can be related to how appealing a society is to live in and the degree of trust citizens have in one another and in their social and political institutions. Perceptions of the quality of a society usually vary according to country clusters, and correlate with national economic performance and the development of democratic institutions. In addition, national historic and cultural factors exert a certain influence on the evaluations. Citizens' social status and the interests which derive from it, also affect people's evaluations of the society they live in.

SUMMARY OF FINDINGS

Socio-demographic characteristics of the respondents

Provinces Studied

The survey targeted the eight (8) provinces of Kenya proportionately to their population. Around 5179 persons aged 18 and over were interviewed in the randomly selected 20 districts of the eight Kenyan provinces.

The study respondents were distributed as follows; Central 14.2% , Coast 7.9%, Eastern 15.6%, Nairobi 7.7%, North Eastern 4.4%, Nyanza 14.8%, Rift Valley 22.2%, and Western 13.2 %. Figure 3.1 has the graphic details.

Fig 1: Distribution of studied respondents in the country by province
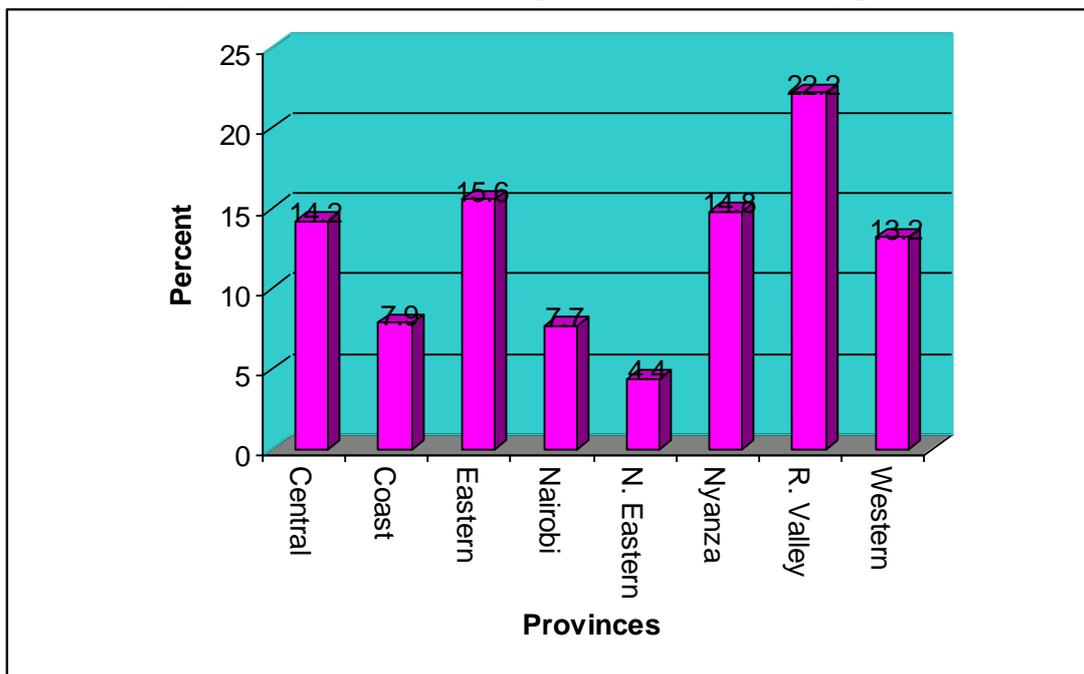

From the 8 provinces, the specific percentage district distribution of respondents was as follows: Kirinyaga (4.5), Muranga (2.3), Nyeri (7.4), Embu (2.5) , Meru (4.5), Kitui (4.7), Machakos (3.9), Kilifi (5.6), Mombasa (2.3), Nairobi (7.7), Garissa (4.4), Bondo (4.5), Nyamira (3.1),Kisumu (4.4), Rachuonyo (2.8) Nakuru (12.5), Nandi (4.9), Uasin Gishu (4.8), Bungoma (8.8) and Kakamega (4.4).

Since the study targeted household heads, more males than females were interviewed, with exact representation being 53% males and 47% females. The age distribution of respondents show that majority of respondents were in the category of between 26-35 years old (30 %), followed by age 36 – 45 years (24%) while above 85 years category had the least representation of 6 %. It can be noted that policy makers will be keen on targeting the ages of 18-45 given that nearly 70% of the population fall in this category which also comprises the most economically active members of the society.

Marital Status of Respondents
From the findings the majority of the respondents were married (68.0 %), 21% were in the single (never married) category, 3% were separated, 7% were widowed, and the divorced were 1%. See Fig. 2.
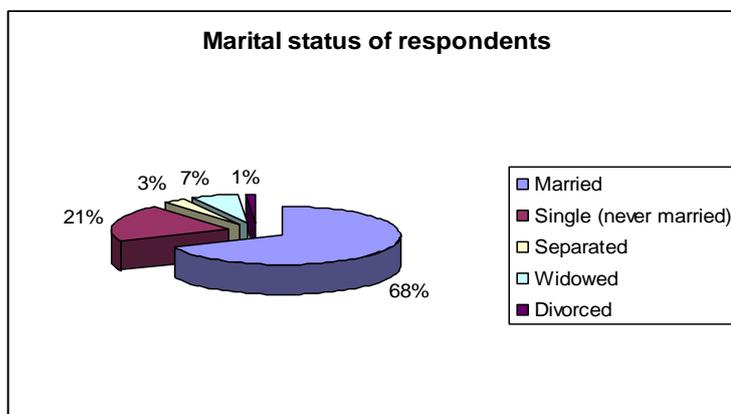
Figure 2   Marital status of respondent

Religion

Findings show that, at least 90% of studied population was Christian. The highest single representation for distinct denomination was protestant (57.6%), followed by catholic (33%). Muslim accounted for 6.1% while a small proportion 2.1 of the respondents belong to traditional religion of various kinds (see figure 3).
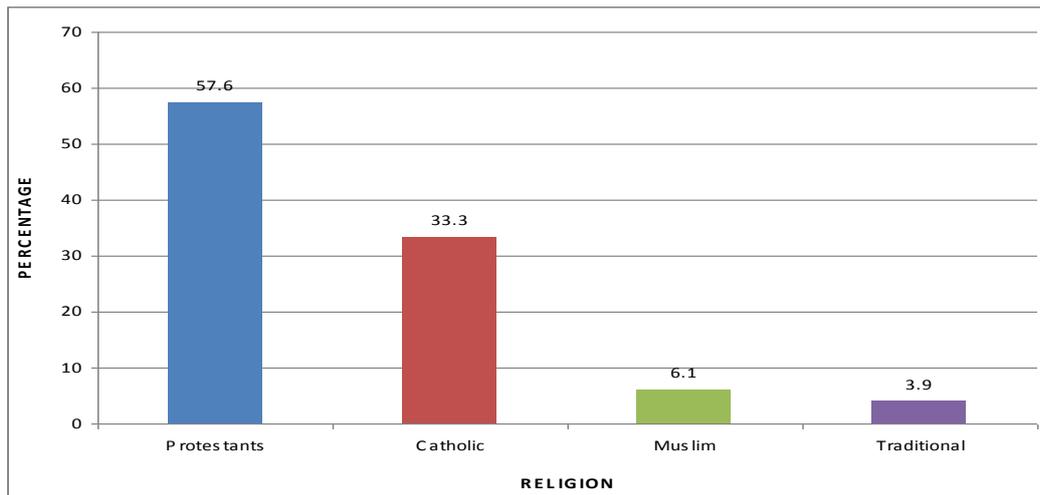
Figure 4   Religion of respondents

Household income

The distribution of earned household income shows that the largest category of respondents earned low income (34%) with 31% earning absolutely low income. High income earners account for only 7% of the population (see figure 5).
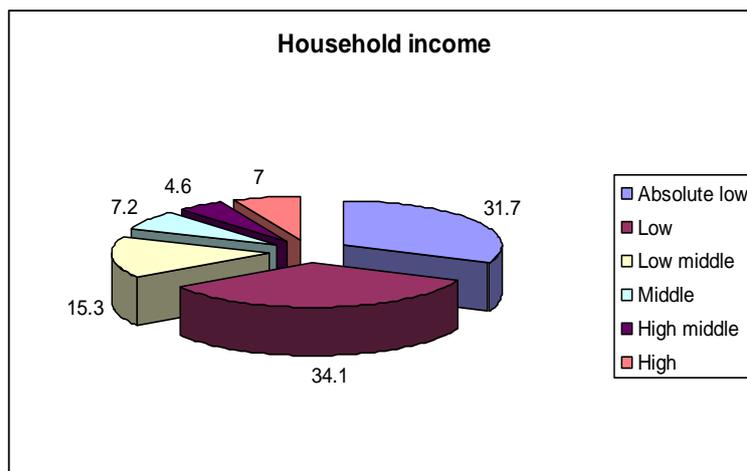

Figure 5   Household income

Psychological aspects and quality of life

To a large extent, people's quality of life is determined by their innate feelings which encompass their "self concept" (Myers 2000) The study sought to establish the respondent's self evaluation of themselves and accompanying level of satisfaction relative to selected factors. The factors that were considered include self concept, income level, gender, education level, marriage, having children, physical health, friends, work and retirement, emotional health and spiritual health among others.

Perceptions of Satisfaction/Dissatisfaction Relative to Selected Indicators

Respondents were asked to state their level of satisfaction relative to social status, income, gender, family status, education level, professional status, physical health, emotional health and spiritual status. The findings of the study reveal that 52% of the respondents were satisfied with their social status with 14% being unsatisfied. In this case, social status was regarded as one's social position relative to others within the locality. Regarding income level, most of the interviewed respondents 58% were not satisfied with only 14% recording satisfaction with their income. Further, majority (89.1%) were satisfied with their gender while 7.7% were fairly satisfied. This indicates that high level of respondent's contentment with their gender. Only a small number (3.1%) indicated not being satisfied (See figure 6). As regards family status, 64% recorded being satisfied while 25% were fairly satisfied. Interestingly, only 29% reported being satisfied with their education level while 34% were satisfied with their professional status.

Figure 6 Perceptions of satisfaction/dissatisfaction relative to selected indicators
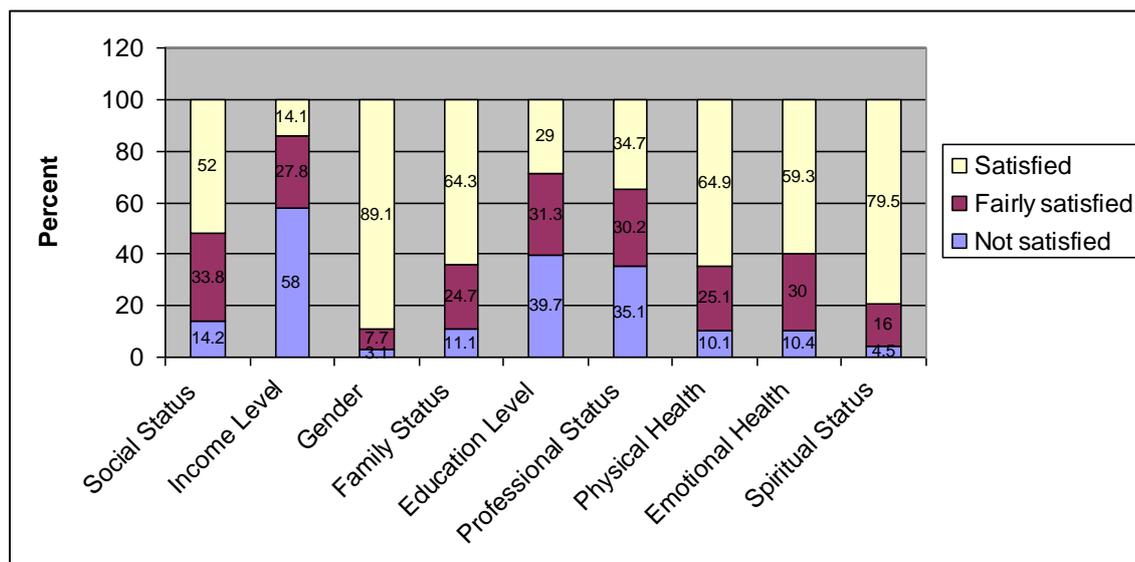

Findings further indicate that about 65% of the respondents expressed being satisfied with their physical health while (25%) were fairly satisfied. On satisfaction with emotional health, nearly 60% were satisfied with only 10% reporting the contrary. Finally, a majority (80%) reported being satisfied with their spiritual status with only 4% reporting dissatisfaction. Given that majority of respondents studied were Christians (see figure 4), the findings might be taken to imply that Christians are largely likely to be satisfied with their spiritual status. From these findings, satisfaction with spiritual status, physical health, emotional status and family appear high among respondents. With respect to family, this finding is important given that the family is seen as a symbol of support and protection by its members (Thomas 1990) Where a family gives support and satisfaction to its members, the members are likely to feel a sense of belonging and psychological satisfaction. To the contrary where members do not receive protection and support from each other, either due to physical or emotional distance, its members are likely to feel rejection and hence dissatisfaction with their family status.

It is notable that when it came to income, profession and education, respondents appeared more dissatisfied with their achievements unlike factors that involved intrinsic value and control such as spiritual and emotional status. This implies that factors whose achievement is more externally driven pose a challenge to many especially because their delivery is more socially organized. This means in essence that there is need for government and other planners to plan and organize ways of boosting people's living standards relative to these factors.

Perception of Self-Worth among Respondents
Often, self-worth results from personal experiences and the way individuals perceive those experiences. Positive sense of self-worth arises as individuals evaluate their personality and personal experiences positively (Rojas 2006a). In this study, respondents were asked to indicate their perceptions of self worth. The results are presented in From the findings, majority of the respondents (91%) indicated having a positive self-worth while 9% indicated having negative feelings of self-worth.

Figure 7   Perception of Self-worth among Respondents
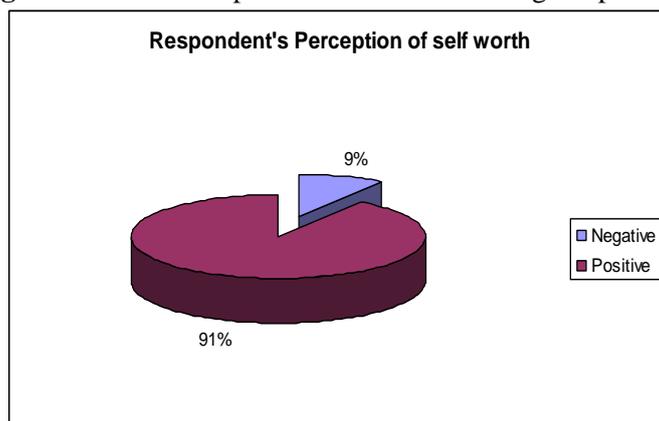
Gender and Satisfaction With overall Quality of Life

In this study, the respondents were asked to indicate their satisfaction with their overall QOL. Of the total population, 57% of males reported being satisfied while 43% were not satisfied. Also 60% of females said they were satisfied, while 39% were not satisfied. Though slightly more females report satisfaction with overall quality of life, chi square test reveals no significant difference in satisfaction rating between males and females. It may be concluded that women are continually becoming aware of their rights and institutional arrangements are in support of this. Greater opportunities for women and increasing inclusion in decision-making may also mean that women are experiencing more psychological satisfaction with living.

Satisfaction with Quality Of Life by Age distribution

The table illustrates an inverse proportionality where as age increases, dissatisfied respondents decrease and vice versa. The highest number of dissatisfied were youths in the group of (18-25) while the highest number of satisfied people were in the above 85 years old.

Table 1 Comparing satisfaction with quality of life by age

Age	Dissatisfied	Satisfied	Total
18-25 Years	46.00%	54.00%	100.0%
26-35 Years	43.10%	56.90%	100.0%
36-45 Years	42.40%	57.50%	100.0%
46-55 Years	35.20%	64.80%	100.0%
56-65 Years	35.40%	64.60%	100.0%
66-75 Years	36.80%	63.30%	100.0%
76-85 Years	33.30%	66.60%	100.0%
Above 85 years	31.00%	69.00%	100.0%

$X=77.149, df=21, p=0.001$

These trend is consistent with the findings of comparison between satisfaction with achievement at one's age and age (see Table 1). Further analysis revealed a chi square 77.149 significant at 0.001 alpha level. It may be argued that as people age, they tend to lay off most life stressors and overcome challenges such as adjusting to marriage, raising children and battling with the work environment. This is an indication that the older one gets, the more contented they become. This finding is supported by many other studies done on QOL where , for example the Epidemiology and Community Health study done in England indicates QOL satisfaction increases with age compared with earlier years (Netuveli, G. 2009).

Satisfaction with Overall Quality of Life by Marital Status

The results indicate that married people comprised the highest percentage of satisfied individuals. The single (never married and separated) categories happened to comprise larger percentages from the dissatisfied category. Chi sq. test revealed a significant relationship Chi sq. was 44.712 significant at .001 level. These results are consistent with past findings. where marriage amounts to a sense of happiness. However, in African culture, marriage is a social exercise which involves not just the couple but a fulfillment of social obligation. Likewise, certain categories of unmarried persons may report satisfaction based on their individual decision and acceptance of their status given the changing lifestyles in the society.

Satisfaction with Overall Quality of Life by Average Household Income

In this study, cross tabulation of overall quality of life and average household income was done to determine whether respondents with a higher income were satisfied with their quality of life. According to table 2, the results show that low income earners comprise the higher percentages of dissatisfied people while high income earners comprising lesser percentages of the dissatisfied. The result indicate that the majority of high income earners were satisfied.

This study agrees with other studies done which reveals that levels of income and wealth are key determinates of individual or family wellbeing (Easterlin 2001, Mukherjee 1989: APA, 2003). Stutzer (2004) also indicates that income is one of the single most important factors influencing quality of life in general. It is also highly related to wellbeing and health or individuals, households and communities. When considering the role of income, it is important to elucidate that even in high income countries, greater dissatisfaction with income is reported which means that economic aspirations continue to rise even as incomes rise.

Table 2 Showing average household income and satisfaction with quality of life

Quality of life	Average Household Income						Total
	Absolute low	Low	Low Middle	Middle	Middle High	High	
Dissatisfied	58.50%	41.40%	32.20%	25.30%	21.60%	13.40%	41.20%
Satisfied	41.50%	58.70%	67.80%	74.70%	78.40%	86.60%	58.70%

Satisfaction with Overall Quality of Life By Education

The results concur with an earlier finding where satisfaction with achievement at one's age was compared by education level. Overall, university degree holders comprise the highest percentage (76%) of satisfied people. Those with tertiary education appear also to be satisfied with only 34% reporting dissatisfaction. Education is among key indicators of quality of life (Ross 1997)). Further analysis revealed a chi sq of 199.932,df=12, at =0.000 meaning a concrete relationship exists between education attainment and satisfaction with quality of life. It is also interesting to note that those with no education, 60% are satisfied which could mean a trend of the older generation who have accepted their status as it is. Hence, policies aimed at improving quality of life must consider interventions that target education.

Satisfied with Quality of life and type of Employment

The findings of this study indicate that those who are in formal employment are more satisfied with their QOL (66%%) than those in the formal sector (56%.). Likewise those who are in informal sector reported to be more dissatisfied (46%) than those in the formal sector (33%) (see Table 3). A chi sq test done confirms this finding at 0.001 significance level x= 50.684 at p=0.000. This is a clear indication that those who are in formal employment are slightly more assured of their uncertainties financially than those who are in informal sector.

Table 3 showing satisfaction with quality of life by type of employment

Overall quality of life	Informal	Formal
dissatisfied	44.7%	33.4%
satisfied	55.3%	65.6%
Total	100%	100%

Ch sq 50.684, df 3, p=.000

Likewise those who are working permanent jobs are more satisfied with 64.4% than those who hold temporal jobs indicated by 41.9% or contract jobs with 56.8%. a chi sq test shows positive significance level of X= 68.45, df = 6, p=0.000. in support of this finding studies have indicated that education influences labor market earnings. and, therefore, relates to some observable job satisfaction characteristics. that are consequences of occupational choices especially those who are working for the public sector Van der Velden (2001) and Badillo-Amador et al. (2005)..

Number of Children and Satisfaction with Quality Of Life

The findings of this study indicated that the households who had average number of children (3-7) and above reported to be satisfied with their overall quality of life by 62%, 54% and 62% respectfully. However, those who also had over ten children reported to be more dissatisfied than those who had none or fewer children (37.4%). Even though the chi-square analysis was significant (X =31.706, df=9 p<0.001). This scenario is a bit complicated because those who had children over ten were also satisfied This finding partly true according to the African culture where most communities believe in pride and pleasure by having many children, but also quite still straining to when catering for the necessities of many children given the economic and political situation in Kenya today.

Table 4: Satisfaction with quality of life and Number of children

Satisfied with overall Quality of life	Number of children			
	0-2	3 to 7 children	7 to 10 children	Over 10 children
Dissatisfied	42.2%	38.1%	45.9%	37.4%
Satisfied	57.7%	61.9%	54.1%	62.6%

Satisfied with overall quality of life by Religion

The findings of this study indicates that the majority 70% of Moslems indicated being satisfied with their overall quality of life , followed by protestants with 59%, and then traditional with 57% . The Catholics were the least to indicate satisfaction with their overall quality of life. Likewise, the Catholics majority indicated that they were dissatisfied with 44%, followed by Traditional and so forthy (see table 5). The ch sq confirms this finding at 0.001 significant level. This conquers with earlier findings where Moslems are found to be more contented in most life situations which can be based on their culture and way of life. However more research needs to be done in this area to establish the facts.

Table 5 showing Satisfied with overall quality of life by Religion

Overall Quality of life	Protestant	Catholic	Moslem	Traditional
Dissatisfied	40.8%	43.6%	29.2%	43.3%
Satisfied	59.3%	56.4%	70.1%	56.7%
Total	100%	100%	100%	100%

X=37.014, p=.000

Health status and Satisfaction with Quality Of Life

Being in good health is an indispensable precondition for enjoying a high quality of life (citation). Good health is not only important for a sense of wellbeing but also determines our ability to reach our goals. Hence, health and wellbeing may be the most important indicators of QoL among individuals Health status is an important factor in uplifting the quality of life among Kenyans. The findings of this study indicated that those who were satisfied with their overall QOL, over 64% said their health status was good, whereas those who were not satisfied over 61% said their health status was poor. See Table 6.

The findings indicated that the 64% of respondents who said that they were satisfied with their quality of life also said that their health status was good. Whereas 61% of the respondents who indicated dissatisfied said their health status were poor. Further a chi-squire test was carried out and the findings indicated an alpha=1.699, df=8,p=0.000 which was highly significant meaning that those respondents who reported that their health status was good did not seek medical attention for reasons of having no medical problems, whereas those who reported that their health status was poor they did not seek medical attention for various reasons given - ranging from lack of finances, lack of time from their daily routines, avoiding knowing their medical conditions which might give them stress, and some believed health centers had poor services which many avoided. This finding is supported by the Kenya government whose health policy guarantees quality health services, accessibility, and affordability to all people in order to promote a progressive improvement in their health levels and standards (Republic of Kenya 2007)

Table 6 Comparing between health status and satisfaction with overall quality of life

Health Status	Dissatisfied	Satisfied	Total
Poor	61.3%	38.5%	100%
Fairly good	46.1%	53.9%	100%
Good	35.6%	64.3%	100%

alpha=1.699, df=8,p=0.000

Recommendation and Implications for Policy

Given that this study investigated in a general and specific way the psychosocial factors that leads to satisfaction of Quality of life among Kenyans, From the arising findings, several recommendations can be made:

- Given that Education is a key predictor for quality of life, there is need for planners and educators to put in place strategies that can continue to improve access, equity and performance in education to ensure that majority of Kenyans are able to acquire quality education and transit successfully from primary, secondary to university level.
- Though literacy level in Kenya is fairly high, there is still need to improve access to education and to ensure that more Kenyans go beyond basic education since education, profession and income were positively correlated
- It was observed from this study that 70% of the respondents were between age category of 18-45 (modal class. These study therefore recommends that policy makers should be keen on targeting the ages of 18-45 given that nearly 70% of the population fall in this category and which also comprises the most active members of the society.

- Income emerged as an important indicator both for satisfaction and achievement of quality life. Given that most Kenyans earn meagerly from employment, there is need to create opportunities for Kenyans to diversify income sources as well as increase incomes for those in self employment. For those in paid employment, there is need to consciously improve salaries especially for those in the private sector where salaries are not often commensurate to profits.

- The study findings indicate that most Kenyans who are in formal employment are satisfied with their QOL than those in informal employment. This is a clear indication that those who are in formal employment are slightly more assured of their uncertainties financially than those who are in informal sector. Therefore the study recommends that the Kenyan Government to devise ways of creating formal employment jobs for its people

- Much of the cost of health is tied to chronic conditions that are preventable. Simple lifestyle choices and early detection and management of risk factors can be devised for the Kenyan population to stay healthy.

- The government through Ministry of Health should engage medical professionals at university level to devise ways and methods of coping with health challenges affecting the country.

- Government to devise ways of increasing the country's investment in primary care services

- Government to Provide incentives that encourage health choices and behaviors to its people

- Government to Provide wellness information and education to public

- Government to encourage school and community – based health programs

- Government to Create centers whose responsibility is to asses the relative risk, benefit, and cost of diagnostic and treatment options

- Streamline the government regulations that affect health care delivery

- The findings showed that majority of the respondents did not attend to professional medical attention due to lack of finances. These findings imply that cost of medical services is a major inhibition to accessing health care. This is very crucial given that health is important in achieving one's ambitions and exercising one's rights and freedoms, thus enhancing quality of life. The government needs to define ways to make health care affordable to every Kenyan.

- Further, the fact that health emerges as a the most important contributor to quality of life, there is need for government to ensure that the prevailing inequalities in health are bridged as well as consciously improving on health service delivery. A lot of people are still not able to access health services near where they live hence need to fairly distribute health services across all areas.

- In African culture, marriage is a social exercise which involves not just the couple but a fulfillment of social obligation. In this study most respondents in the married category indicated high satisfaction with QOL. Likewise, certain categories of unmarried persons reported satisfaction based on their individual decision and acceptance of their status given the changing lifestyles in the society. There is great need for hold holistic campaigns to the public to encourage marriage and devise ways of keeping families together and not separating them to elevate QOL

- Social networks also emerge as important in predicting quality of life. Hence there is need for healthy social networks to be nurtured in all communities as well as supported though programmed interventions such as those promoting health family life and community participation.

- Given that most Kenyans see a great future in business undertaking, there is need for relevant policy makers to initiate policies geared at nurturing entrepreneurial talents and activities for sustainable livelihoods.

Conclusion

It therefore, can be concluded that psychosocial factors attribute greatly to the satisfaction of Quality of life among Kenyans of all walks of life. In essence the majority of Kenyan people if not all will be happier if their health status improves to what they called good, have a circle of family or friends, stay married for a longer period of time, increase their income level, stabilize their emotional level by reducing stress related impediments, elevate their educational level, have more spiritual people, and have a precise number of children for prestige and pride.

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