Health and Nutritional Consequences of Pastoral Sedentarization for Rendille Children in Northern Kenya

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This paper describes the findings of a three-year study in the 1990s comparing levels of child malnutrition and illness between five Rendille communities ranging from nomadic pastoral lowland communities to highland agricultural settlements in Marsabit District northern Kenya. Analysis of bimonthly dietary recalls, anthropometric measurements, morbidity data, and economic differentiation and specialization among 202 mothers and their 488 children under age 9 reveals large differences in the growth patterns and morbidity of pastoral vs. settled children. In particular, age-specific height and weight measurements for the nomadic pastoral community are significantly higher than same-aged measurements of children in sedentary towns and farming communities. Children also showed higher rates of respiratory and diarrheal illnesses in settled versus nomadic communities, although malaria rates were uniformly higher in lowland locations of pastoral and town communities, and constitutes the greatest health risk to infants and children.

Differences in child growth and health indicators among pastoral Rendille are attributed to better nutrition based on high milk consumption produced by their camel herds. The striking decrease in diarrheal and respiratory diseases for the nomadic children vs. settled children, coupled with the findings of a relative decrease in malnutrition and stunting, indicate an unexpected edge for health and growth of nomadic Rendille children. Policy recommendations include encouraging more dairy production and consumption by children in the sedentary communities, made possible by ownership of a few livestock animals, and an increased access to grains and medical care in the nomadic communities. In addition, we recommend that all households in lowland communities have access to insecticide-treated mosquito nets provided free or highly subsidized as recommended by recent (2007) guidelines of the World Health Organization's Roll Back Malaria campaign.