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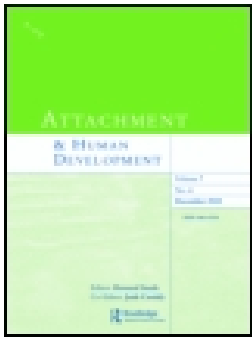
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Sensitive infant caregiving among the rural Gusii in Kenya

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ABSTRACT

The Gusii in rural Kenya represent a particularly interesting community for the study of sensitivity, as they have previously been described as not showing sensitive care. This study focuses on the observation of sensitivity in seven families with a 7-to 23-month-old infant, with extensive naturalistic video observations (ca. 2–4 h per infant) in a multiple caregiver setting, and potential co-existing harsh parenting practices. The average score for received sensitive caregiving was rather low at 5.3, but four out of seven infants were rated as receiving at least adequately sensitive care. Sensitivity was mostly expressed non-verbally in the form of (subtle) physical responsiveness by a variety of caregivers, and seen to a high extent during infant feeding. Insensitivity was seen when caregivers were occupied with chores, and during infant bathing. Results are discussed in terms of the nature of sensitive caregiving among the Gusii, and factors that might explain within-group differences.

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Maternal sensitivity; Kenya; Gusii; video observation; culture

Introduction

The Gusii represent a particularly interesting cultural community for the study of sensitive caregiving, as they have previously been described as not showing sensitive care that might contribute to secure mother–infant attachment. David Lancy described the observations of Robert LeVine among the Gusii as follows: “Bob LeVine has taken on one of psychology’s most sacred cows – mother infant attachment (...). LeVine’s observations of agrarian, East African Gusii parents suggest the possibility of weak attachment and consequent blighted development. (...) He finds that, while mothers respond promptly to their infant’s distress signals, they ignore other vocalizations such as babbling. They rarely look at their infants or speak to them – even while breastfeeding (...).” (Lancy, 2015, p. 1). These observations have been taken as a sign that sensitivity is a Western construct that is not applicable to rural non-Western communities. Recent observational studies in rural non-Western communities have challenged this view, highlighting that sensitive caregiving does not inherently require verbal or face-to-face interaction (Mesman Minter, Angnged, Cissé, Salali, & Migliano, 2017). However, the observations described in that publication did not include the Gusii,

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who appear to be seen as a particularly striking example of caregiving that does not meet the core definition of sensitivity. The aim of the current study is to investigate whether the apparent lack of sensitive caregiving as described by other scholars is consistent with new insights about more subtle (i.e. less verbal, more physical) forms of sensitivity that appear to be more common among rural non-Western communities.

Kenya is situated in the Eastern region of the African continent. According to the projected estimates of the 2009 Population Census, Kenya's population stands at 44 Million (Republic of Kenya, 2017), with 68% living in rural areas. Kenya is currently ranked 146th on the Human Development Index, reflecting medium socioeconomic development. Kenya includes an estimated 44 different ethnic communities, with Bantus (67%) constituting the majority. One of the Bantu sub-groups, the Abagusii (or Gusii) that inhabit a rural region in Kisii County in the South Western part of Kenya, are the focus of the present study. The Gusii are considered agro pastoralists, as they practice both agriculture and animal husbandry (LeVine & Lloyd, 1966; Ogembo, 2001). They engage in subsistence farming with small scale livestock farming of cattle, goats, sheep, and poultry. Every household has its own farm where they grow their own food and at times cash crops. The family income consists of proceeds from the sale of the some of the food and cash crops and the salaries of fathers who are the heads of the families. The County Integrated Development Plan 2013–2017 (Kisii County Government, 2013) has placed the poverty index in Kisii County at 51% as compared to the 43% national poverty level. On the other hand, the plan places the life expectancy estimate at 56 years which is slightly higher than the 53 years national estimate. Literacy levels in Kisii County are estimated at 87%. The dominant religion is Catholic as a result of twentieth-century mission work (Were & Nyamwaya, 1986).

Traditionally, the father occupied a top position within the implicit command hierarchy and gave orders to the wives and his children, who were located at the bottom of the hierarchy (LeVine et al., 1994). However, the male position in the household has been challenged in recent years due to socioeconomic changes, including the lack of guaranteed right to inherit ancestral land, chronic unemployment, and the inability of men to automatically assume the role of the breadwinner (Misati, 2015; Silberschmidt, 1999). Mothers are the main caregivers of children, but also leave the care of young children to other (mostly female) family members, usually an elder sibling, when working on a nearby farm (LeVine & Lloyd, 1966). In the contemporary Gusii community, the view that both the mother and father should cooperatively participate in facilitating caregiving has gained prominence (Misati, 2016). Traditionally, children formed a family labor force for the household economy among the Gusii (Monyenye, 1977), but in contemporary Gusii society, the social and economic organization of the household and institutional forms have been transformed profoundly, changing the traditional division of labor, and challenging existing norms and values (Misati, 2015, Silberschmidt, 1999). The children spend a large portion of the day in school and upon completing their education aspire to obtain individual jobs away from their parents' custody (Misati, 2016).

Particularly relevant to the characterization of family interaction quality among the Gusii are the ethnographic descriptions by early anthropologists portraying the community as being aggressive and harsh (Mayer & Mayer, 1965). According to LeVine and Lloyd (1966), the aggression stems from the traditional practice among the Gusii, in

which individuals were expected to marry wives from far away clans, which were in antagonistic relations with their own. Although this was intended as a strategy to craft friendly relations among the clans, it appears to have led to high-conflict relationships between men and women (Silberschmidt, 1999). A recent analysis showed that this takes the form of high alcohol consumption among men and women, high levels of intimate gender violence in the households, incessant disagreements, and suspicion among married couples, and women reportedly secretly administering the local concoction *kababa*, which can supposedly tame and subdue their harsh and wayward husbands (Misati, 2015). This general pattern of family interaction between the adults may very well generalize to harshness to and among children, which would be consistent with reports of high levels of aggression shown by children and harsh punitive reactions by adults to such child behaviors, apparently exacerbating rather than minimizing child aggression (Munroe & Nerlove, 2003).

On the other hand, Gusii infant care has also been described as physically close and very responsive when it comes to infant crying. As LeVine (1994, p. 201) wrote about Gusii mothers in comparison to American mothers: “They hold and lull their babies more, respond rapidly to cries and frets with physical care or breast-feeding, rarely engage them in long bouts of play or vocal excitement – all consistent with the goal of maintaining the baby in a quiet state free of distress or unmanageable activity (..)”. Sensitive responsiveness to infant distress can actually be described as the hallmark of attachment-related infant care (Goldberg, Grusec, & Jenkins, 1999; McElwain & Booth-LaForce, 2006). This high responsiveness appears to co-exist with more obedience oriented parenting strategies, with mothers’ verbal engagement mostly consisting of commands and warnings (LeVine, 1994). The co-existence of seemingly opposing parenting strategies from a Western perspective, has been noted by other scholars studying non-Western samples as well (e.g. Deater-Deckard et al., 2011). Such findings point to the importance of considering cultural differences in the meaning and expression of certain parenting patterns.

In the current study, we examine maternal sensitivity based on extensive ethnographic video observations among seven Gusii families with infants, both quantitatively and qualitatively. The main aim is to answer the question whether sensitivity toward infants can be observed among the Gusii, and if so, what it looks like in terms of concrete behavioral manifestations, and whether it might co-exist with other – potentially more harsh – parenting practices.

Method

Sample

The sample consisted of seven Gusii families, recruited in both rural and peri-urban (closer to local trading centers) areas within Kisii county to ensure representativeness of the population. Families were eligible if they had an infant child between the ages of 6 and 24 months. Recruitment and data collection was done by the second and third authors of this chapter who are originally from Kisii county themselves and could therefore easily maneuver in the area and communicate with families. In addition, they had conducted extensive field work in the same area 8 months prior to the current

study. With the help of the local administrators (assistant chiefs), local women assisted in pointing out eligible families. Upon being introduced to the sampled households by the assistant chief, the researchers explained the purpose and procedures of the study. Eligible families were explained that the study was purely voluntary and that they were free to decline participation. All the eligible households targeted for inclusion consented to the participation in the study and provided written or recorded informed consent. Notably, none of these families participated in the previous field work by the two local researchers.

Of the seven participating families, six mothers had completed no more than primary school education, and education information for the other three mothers was missing. Fathers were all self-subsistence peasants and some supplemented this with selling produce, casual labor, or illicit brew selling. Mothers' ages ranged from 21 to 39 years, and the ages of the focus infants ranged from 7 to 23 months, and four out of eight infants were female. The number of children per family ranged from 1 to 8.

Observation procedure

Families were told that the researchers would like to videotape the infant's daily routines during different parts of the day, while they just went about their usual business. This means that the infant was the focus of the observations, regardless of who was taking care of it so that the infant's caregiving experience was the center of attention. The researchers thus followed the infant around with the camera, whether it was being carried by others, was independently mobile, or located inside or outside the house, whenever possible during the visits to the families. The target observation duration was 2 hours per household. The number of observation episodes and the duration of each of the episodes varied widely because of practical issues, such as the weather, the child sleeping, or sensitive family business that prohibited filming. For most of the families, the video observations were completed within the span of 3 days, and total observation duration ranged from 116 to 255 min ($M = 163$; $SD = 55$).

Video coding

Received Sensitivity was coded using the Ainsworth sensitivity scale (see Introduction to this special issue for more information), which refers to the sensitive responsiveness that an infant experiences regardless of who is doing the responding, and is particularly suitable for assessing sensitivity in communities that practice simultaneous multiple infant care (Mesman, Minter, & Angnged, 2016), which is the norm in the Gusii community (e.g. Munroe & Nerlove, 2003). Coding received sensitivity employs the same Ainsworth scale, but does not focus on one particular caregiver. Consistency of sensitivity is rated from the infant's point of view, not related to the identity of the caregivers involved. Coding was done by the first author, who is an expert coder and trainer of Ainsworth's Sensitivity scale, with extensive experience in coding video footage of families from many different cultures. Because of the largely nonverbal nature of the interactions in the videos, not knowing the local language was rarely an impediment. When in rare cases there were doubts about the meaning of some verbal exchange, the second and third authors who do speak the local Ekegusii language were consulted.

Camera-related behavior (looking at the camera, talking about being filmed, expressing insecurities about being filmed) was also rated as described in the Introduction to this special section. Because of the long duration of the videos, looking at the camera was not tallied precisely, but noted when it was clearly an issue in specific cases.

Results

Overall, caregivers' camera-related behavior revealed that they were mostly comfortable with being filmed. None of the caregivers talked about being filmed or expressed insecurities about being filmed. Looking at the camera was rare, especially by adult caregivers. Some juvenile caregivers did look at the camera more than adults did and sometimes at some length, but would interestingly continue to provide care for the focus infant. For example, one young girl was looking straight into the camera, but did at the same time notice her infant sibling needing help maneuvering a doorstep, and would assist her, only taking her eyes off the camera briefly. During the videos, most people appeared to just go about their business, doing their household chores, talking to each other (adults), and showing a range of caregiving practices with clear individual differences in patterns of sensitivity. The distribution of the received sensitivity scores ranged from 2 to 8 (on a 9-point scale), with an average of 5.29 ($SD = 2.06$), with four infants receiving adequate sensitivity (scores 5 or higher), and the other three inadequate sensitivity (scores below 5). To qualify these scores, we now address the behavioral manifestations of sensitivity, and other parenting patterns of interest (such as warmth or harshness) observed in the videos.

Sensitivity was mostly non-verbal (with some exceptions) and expressed in the form of often subtle behaviors, including physical facilitation (e.g. repositioning the infant to allow it access to a stimulus that interests the infant), assistance with activities and exploration (e.g. holding an object and repeatedly picking it up when it falls so that the infant can explore it), child-centered feeding practices (e.g. breastfeeding on demand), but also playful interactions (e.g. rattling a set of keys to amuse the infant and repeating when the infant expresses delight). In all cases, multiple caregivers were observed interacting with the infants, although in two cases the infant was mostly observed with only one caregiver (in case the mother and in one case the father). The father who was the primary caregiver in one of those cases was particularly sensitive (score 7), and also had several sensitive verbal exchanges with his daughter. Non-parental caregivers included siblings and grandmothers, each of whom showed a clear capacity for sensitive responsiveness, although of course individual differences were observed.

Interestingly, feeding was almost without exception a particularly sensitive affair. Breastfeeding was done on demand, responding to even the most subtle infant signals such as a quick glance at the mother's chest, or a slight tug at her t-shirt. Similarly, when the infant disengaged and stopped showing an interest in feeding, the mother would promptly reposition the infant away from the breast. In the case of solid foods, caregivers would adapt their pace to the infant's signals, waiting to offer the next bite when the infant appeared ready, retrieving another piece of food when the infant gestured toward the plate, or offering a drink when the infant showed an interest in the cup. It was never observed that caregivers were too fast or too slow or intrusive in their feeding practices.

Insensitivity was mostly observed at times when the caregivers were busy with domestic chores. During such episodes, infants would often be ignored, and sometimes even clear signals of distress did not elicit caregiver responsiveness. In one particular case (scored as 3), the mother was busy almost throughout the entire observation period, and her interactions with the infant were mostly aimed at keeping the infant occupied away from mother, although the infant clearly sought proximity and attention. Mother wanting to keep her infant away from her as she worked was due to the nature of her tasks, as she was building a fire and cooking, which could of course be hazardous to the infant. Interestingly, when this mother did abandon her chores and took time to interact with the infant, her interactions were sensitive, mimicking the infant's vocalizations, showing contingent positive affect, and pacing activities to match the infant's signals. What was most striking about this case is that there were no other caregivers around to take care of the infant while mother worked. This was an exception to the general rule seen in the videos. When a primary caregiver was busy, there was almost always another caregiver who would show some sensitive responsiveness to the infant.

Another situation that was almost always characterized by insensitivity was bathing. This caregiving routine was clearly viewed as a task to be completed without regard for the infant's needs or signals. Often, infants would protest and cry without the caregivers responding to those signals of distress, instead just continuing the task methodically (and sometimes rather roughly) as if washing an object rather than a child. It did appear that the caregivers just wanted to get the task over with as soon as possible, which may have been motivated by the infants generally not liking the activity. Indeed, once the task was done, infants would often be breastfed which had an immediate calming effect on their moods.

One of the issues described in the literature of Gusii parenting reflects the absence/presence of harshness versus warmth. Although not quantitatively rated, instances of caregiver warmth (smiling, kissing, hugging, and stroking) toward the focus infants was observed in all seven cases, albeit much less frequently than would be expected in Western samples. Harshness was observed in the video materials of three cases, including emotional harshness in the form of laughing at the infant when it fell down, physical harshness in the form of slapping or dragging the infant when a caregiver was annoyed with its behavior, and several bouts of physically aggressive play between older siblings while the infant watched (but not directed at the infant). However, these same caregivers would also show sensitivity toward the infant. For example, in one case, an older sister would physically assist her infant brother to climb onto and get off a bench following his signals, playfully and contingently imitate his sounds and gestures, and half a minute later slap him when he tried to take something that he should not be taking, and another 3 min later harshly drag him away from an area behind the dwelling.

Discussion

The current study sought to examine the supposed lack of sensitivity in infant caregiving among the Gusii people of Kenya as described in earlier writings (LeVine, 2004). Based on extensive naturalistic observations of seven Gusii families, we found that sensitive responsiveness is most certainly present in this community, characterizing many interactions of both adult and juvenile caregivers with infants. Consistent with previous

ethnographic descriptions (Mesman et al., 2017), sensitive care was mostly expressed non-verbally and was often not accompanied by an abundance of warmth (although expressions of warmth did occur in all cases). It appears that such expressions of sensitivity might have been missed in previous observations of the Gusii, which is consistent with the descriptions that mostly note the absence of verbal interaction, warmth, and eye contact (Lancy, 2015; LeVine, 2004), whereas these are not the defining features of sensitive caregiving (Mesman et al., 2017). As we have seen in our analyses, focusing on subtle expressions of responsiveness to infant signals in any modality will reveal more sensitive interactions in certain cultural communities than when a more Western definition emphasizing talking, smiling, and face-to-face exchanges is applied.

Insensitivity was also observed and was seen when caregivers (mostly mothers) were occupied with domestic chores. In many cases there would be other caregivers present to mind the infant and respond (in varying extents) to the infant's needs while mothers were busy, but when this was not the case mothers ignored the infants or gave them only minimal attention with the goal of keeping them otherwise occupied. Maternal multitasking – combining chores with infant care – as observed in rural Peru (see Fourment et al., this special issue) was not observed so often among this Gusii sample. Some of the work we observed was difficult to combine with carrying an infant, such as making fire and strenuous agrarian activities, but there was also a reluctance to abandon the task intermittently to attend to the infant that was not observed in rural Peru. It could be that the lack of alternative caregivers in those situations was atypical in light of traditional Gusii caregiving routines, possibly caused by more “modern” influences on village demographics, increased school attendance of siblings, and rural-to-urban migration. If mothers were traditionally reliant on other caregivers to tend to the infant when they themselves are busy, they may not have developed alternative strategies to deal with their children's needs in the absence of such support. The importance of multiple caregivers in this community was also emphasized in a previous study showing that higher household density was associated with more secure infant attachment to the mother (Kermoian & Leiderman, 1986).

Harshness was observed in three cases, but not necessarily to the detriment of sensitivity. Both types of interactions would even be found to occur within minutes of each other, confirming the notion that the meaning of seemingly opposing parenting practices may be very context-specific (Deater-Deckard et al., 2011). A general socialization goal of fostering optimal child development may include careful monitoring of infant needs and responsiveness to those needs, but also more harsh controlling strategies that teach the infant the behavioral boundaries that are important to maintain in a particular cultural community. Harsh behaviors are often very notable in overt physical expressions such as hitting, also because they can be somewhat shocking to Western observers. It might be that such behaviors have a halo effect on previous observers who then are less open to seeing more subtle expressions of warmth and sensitivity. Direct comparisons of our observations to those made in previous studies of Gusii caregiving are not easily made, because of differences in the era in which the observations were conducted. The observations by LeVine and colleagues were made in the 1970s, whereas the videotaping for the current study took place in 2015. Increased contact with Western customs through urban socio-economic activities and education may have influenced Gusii childrearing practices

toward more child-centered caregiving. Further, the older observations were conducted *in vivo* without the benefit of video to review the observations multiple times focusing on specific types of behaviors during different viewings, allowing much more time and attention to uncover multiple dimensions of caregiving from the same material.

In conclusion, we agree with previous observers that smiling, talking, and face-to-face contact is relatively rare in Gusii caregiving, and more importantly agree with Richman, Miller, and LeVine (1992) when in a report on Gusii and American mothers they noted that “We see no indication in this evidence that one group of mothers is more responsive than the other, only that they are responsive in different ways to their infants’ signals” (p. 620). Thus, normativity nor universality regarding sensitive responsiveness should be defined in terms of specific behaviors that are subject to substantial cultural variations, but should be viewed in terms of their function of meeting the infant’s signaled needs.

Disclosure statement

No potential conflict of interest was reported by the authors.

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