

The Effects of Diaspora Remittances on Household Level Healthcare in Kericho County, Kenya

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Abstract

The diaspora constitutes millions of people from developing countries living outside their country of birth. These people have migrated to other countries searching for better opportunities or as a result of socioeconomic and political challenges. As part of maintaining their connections with relatives in their home country, these migrants continuously send money to their families for support. Remittances channeled by persons living in the diaspora into their indigenous jurisdictions have become a source of capital in developing economies which has significantly enhanced socio-welfare as well as presenting the families with better opportunities for income generation. The current study sought to examine how these Diaspora remittances affect livelihoods in Kericho County. The study specifically examined the effects of household healthcare on household livelihoods in Kericho County Kenya. The focus of the study was the residents of Kericho County who are beneficiaries of diaspora remittances. The study was anchored on pure altruism and rational choice theories. A descriptive research design was used in this study. A total of 1393 households of the emigrants were targeted. From the target population, the study sampled 10% (139 respondents) who were selected using a convenience sampling technique. The study obtained a 98% response rate. The research findings showed that household healthcare had a positive effect on livelihood promotion within Kericho County 49.9% (adjusted $R^2=0.499$).

Keywords: *Diaspora Remittance, Healthcare and Livelihoods*

1.0 Introduction

Dynamics in the globe have made it possible for citizens of a country to immigrate to other countries in search of greener pastures (Opong, 2012). People have been moving from their countries of origin to other countries. This has been due to employment or any other reason such as hostility in their host countries. Those moving from one country to another may be seeking a means through which they can enhance their livelihoods and maybe improve the livelihoods also for their families in their parent countries. The people who migrate from one country to another may send money from the country in which they are immigrants to their native countries in the form of remittances (Aboulezz, 2015).

There are about 281 million international immigrants worldwide as of the year 2020 (IOM, 2022). The financial resources that are channeled by this constituency back to their countries have become their main source of private capitation in dozens of developing economies. Skeldon (2008) argues that at the heart of development at all times are remittances. Statistics

show that Kenya has about 4 million Kenyans living abroad. These Kenyans still have strong family ties back home and it is expected that when their living standards improve, they need to support their relatives back in Kenya to also find means of raising their living standards. One way of supporting family members back home is by remitting financial resources, which they can use to purchase more land for farming, educating children, starting businesses, and buying property (Skeldon, 2008).

According to Hietala and Singh (2014), the concept of livelihood implies living in a manner that helps another person obtain the necessities of life. Livelihood looks at how living is obtained by focusing on the activities, assets, and capabilities by which it is obtained. It also looks at the basis through which the rural population provides for its members. Sahal and Bahal (2016) explain that livelihood diversification is a means by which many people around the world try to improve their well-being. It may be a means through which those in poorer countries practice diversification of activities to be able to obtain a better income which they may use to improve their way of living. The rich also practice livelihood diversification where they may seek opportunities that will enable them to earn extra money. Haan (2012) explains that livelihood studies were made to be part of development studies during the late 1990s and at the onset of the millennium. British State Development Agency – Department for International Development – enhanced strongly the framework for sustainable livelihood.

Maldonado et al, (2012) state that the International Monetary Fund and the International Development Fund define remittances as money transferred by emigrants to their homeland. The financial resources that are channeled by the indigenous living in the diaspora to their home country could be utilized for the benefit of improving their livelihoods. Remittances have helped boost some of the countries' development (Bett, 2013). In Nepal, remittances in proportion to the GDP in 2013 were the highest with 28.8 per cent. The country has a total of 7.2% of its population abroad and the remittances that they transfer back home are crucial for poverty reduction. The importance of remittances to Nepal in relation to its national development agenda has helped shed light upon the global development agenda in the last decades. This emphasizes the importance of remittances to the national development of countries in the global arena. The total amount of remittances transferred to Nepal in 2013 almost exceeded the amount of the total income from Nepal's exports of goods and services. This states the importance of the diaspora remittances to the development of the various countries' economies. Nepal's remittances stood for 28.8 percent of Nepal's total Gross Domestic Product in 2013 and the total amount of money remitted back to Nepal has gone up by 40 times in proportion to Nepal's total GDP in the year 1991-2008 (Wagle, 2012).

Remittances can help top up household income and hence provide for more adequate household consumption. Majority of households in Vietnam received a higher amount of household income through the remittances sent in the year 2002-2006. The Vietnamese who received remittances from abroad got a higher amount than those who received remittances from within Vietnam. Remittances that are international transform the receiving jurisdiction because they can be used to top up on its deficits or use it to improve the standards of living of its citizens. In high-income households in Vietnam, the remittances are sent mainly for investment. It implies that the households may have adequate household income and may therefore invest the remittances to develop their economy (La & Leung, 2012). The remittances sent to Vietnam may therefore be used to improve the livelihood of some of the communities in Vietnam.

African countries have been able to promote development amongst the African countries. Edozie (2012) explains that the African diaspora has been able to provide foreign exchange for African countries and this has made the African Union look at it as the sixth development zone.

A 140 million Africans living in the diaspora remitted \$60 billion in the year 2012 and this exceeded donors' development aid funds. Nforngang (2012) observes that in Cameroon remittances have been recognized as an important means of foreign currency to the country and that it has been able to reach many households. This means that these households can use the diaspora remittances sent to improve their healthcare.

Kenya's Diaspora number is important to the focus of the country's foreign policy as they contribute in a large way to the economy of Kenya through remittances. They are also the pillar upon which foreign relations sustainability is founded. Kenyans living in the Europe and United States of America send more remittances than those living in the South East Asian countries (Opiyo, Sukontasap, Mamadkul and Brown, 2016). The Kenya Diaspora is estimated to be three million and they are unevenly spread globally but most of them reside in the USA (Kenya Diaspora Policy, 2022).

The Kenyan diaspora contributes to the remittances sent to Kenya. In 2022 alone, diaspora remittances were the second largest contributor to foreign exchange in the country totaling \$4.027 billion. Diaspora remittances were second only to exports that totaled \$5.77 billion making diaspora remittances an important source of foreign exchange reserves in the country (Stanbic Bank, 2023).

Empirical literature indicates that there is growing conflict in the evidence available on how diaspora remittances impact the recipients' socio-welfare promotion (Pradhan, Upadhyay & Upadhyaya, 2008). Rao and Hassan (2011) in their analysis of the growth and effects of remittances, assert that in jurisdictions receiving remittances, the growth of their economies is not affected by these resources. Diaspora remittances are tools for reducing structural inequalities in the opportunities, income, education, and livelihood of the respondents (Barajas et al., 2009). Jena (2015), investigated remittances' impact on household expenditure in Kenya and indicated that consumption and income level of households was positively affected by remittances. Nyamongo et al (2012) studied the effect of diaspora remittances on economic growth in Africa and indicated that remittances supported higher socio-economic outcomes among households.

1.1 Problem Statement

From the literature reviewed, it is evident that there are varying conclusions in regard to diaspora remittances on the welfare of recipients across varying geographical locations. These empirical variations provide clear evidence that there is no clear agreement among scholars as to the diaspora remittances' impact on the recipient families' livelihood promotion. This lack of agreement is brought about by differences both in theoretical and methodological approaches that have been used by previous scholars. This also indicates the need to conduct further research focusing on specific regions to ascertain the effect of diaspora remittance on livelihood promotion among recipient families. The study thus investigated the effect of diaspora remittances on household-level healthcare in Kericho County.

1.2 Objective

The objective of this study was to investigate the effect of diaspora remittances on household-level healthcare in Kericho County.

2.0 Literature Review

2.1 Livelihood promotion

According to Xu et al. (2015), livelihood refers to a family's ability to get the needs that are essential for survival and development implying that a family gets adequate resources

necessary to achieve basic needs. UNDP, ISDR& IRP (2014) state that livelihoods revolve around economic, political, and social contexts. The implication is that the activities revolving around this context influence the livelihoods of people. The environment shapes livelihoods. The quality of water, air, and soil determines people's livelihoods. Clean water, air, and soil lead to a better livelihood as it promotes a healthier living which in turn contributes to the improvement of livelihoods among the people or communities. This particular research endeavored to unravel the influence of diaspora remittances on livelihood promotion.

2.2 Remittances on Household Healthcare and Livelihoods

The diaspora promotes healthcare developments in their countries of origin. According to Mamadu (2016) in his study on the contribution of diaspora in healthcare development, diaspora members can contribute immensely to the healthcare developments in their countries of origin. Remit4Health, a foundation started in 2018 helps the diaspora constituency to have an input in the home country's healthcare development. It provides a link where the diaspora can be able to send money which the recipients can use for their medical treatment. This is because it may be difficult for them to monitor their relatives' medical treatment so they opt to send money that caters to the cost of treatment. (Jobarteh, 2018). Ratha (2013) concluded that households across the globe consumed a whopping 80% of diaspora remittances for a period lasting ten years.

Some members of the diaspora are medical personnel and can also help facilitate the improvement of healthcare in his/her country of origin. Wojczewski et al. (2015) elaborate that a doctor who lives in Australia may link doctors from Australia to his/her country of origin. The doctors may be deployed to work in rural areas to provide support in the healthcare sector. The medical personnel sent may also help to build a clinic or a hospital where more community members may get better access to healthcare and they also work with existing non-governmental organizations, hospitals, and universities to promote healthcare in the recipient country.

A systematic review in Asia, Africa, Latin America, and Europe was conducted on the impact of remittances on healthcare utilization and expenditure (Nathaniel, 2019). The study conducted content analysis on published evidence between the period 2002 and 2018. The study indicated that increases in expenditures, healthcare access, and healthcare utilization were a result of diaspora remittances. The study further observed a range of degree in impacts but in Armenia, healthcare utilization was significantly increased by diaspora remittances.

Mahapatro et al. (2017) conducted a study on remittances and household expenditure in India and selected states. The survey indicated more expenditure on healthcare and education and less expenditure on food stuff among the households that were receiving remittances. The study concluded that an increase in health care and education in light of remittance flow is a clear indication of how remittances have positively impacted household development. The study above was however conducted on an international platform therefore the inferences cannot be generalized locally.

In Albania, Kalaj (2015) conducted a study on micro-level analysis of the effect of remittances on health expenditures. The findings suggested that in the presence of income from remittances, expenditures on medicine and other health care services increased. Further, the study observed that remittance receiving household members had an attribute of heterogeneous decision-making process due to the inflow of diaspora remittances. The study above was however conducted in an international context therefore the findings could not be generalized locally.

Kapri and Jha (2020) sought to determine the impact of remittances on household healthcare expenditure the focus being living standards. The evidence suggested a different healthcare spending behavior among households that had at least one emigrant and received remittances as opposed to those families that had none. Consequently, the study suggested that healthcare expenditure and remittances shared a significant positive effect. The study above was however conducted in Nepal.

In a descriptive in Ghana, Appiah, Tampuri, and Katsi (2021) evaluated the impacts of mobile money remittances on household development with a focus on rural areas. The respondents of the study were 392 households in rural Ghana. The findings from the survey suggested that urban-to-rural remittance flow was enhanced to a larger extent by mobile money. Further, investment in education and good housing, health cover-related expenses, saving towards family expenses, taking into account family emergencies, and purchase of agricultural inputs were a result of mobile money hence leading to the improvement of livelihoods and well-being of rural households. However, challenges such as fraudulent activities, poor network systems, preference for cash systems, and huge distance to mobile money agents posed hindrances to receiving mobile money remittances among rural households.

In Kenya, Van Raisen et al. (2016) conducted an empirical investigation on money remittances in regard to their contribution to the quality of rural health care. The study revealed that remittances led to quality health care. The evidence from the survey further revealed that improvement of health care facilities in the periphery, availability of health services, and facilitation of access to health services were the result of the potential found in the remittances. The study above did not focus on Kericho County.

2.3 Pure Altruism Theory

The proponent of the theory is Becker (1974). The major tenet of the theory is that the decision of the workers to wire remittances to their relatives is a function of their income needs. The theory offers an insight that the act of an immigrant to remit money back home is a result of the enjoyment that comes with the act and the satisfaction brought about by utilities of those left behind. According to Cherono (2013), remittances enable households to smoothen their consumption due to the effects of economic turmoil. The flow of remittances is majorly motivated by expenditure factors. For instance, during an economic meltdown, they rise and in seasons of economic growth, they decline. The theory explains that remittances are majorly utilized for consumption purposes and more often agricultural productivity and investment share an indirect relationship with remittances. This theory was utilized in highlighting how diaspora remittances can be utilized by the family in their consumption and investment decisions.

2.4 Rational Choice Theory

George Homans formulated the theory in 1961. According to the theory, people anticipate results of different options and can come up with sound decisions which fully meet their expectations. The rational choice theory exhibits various strengths, including generality, wherein a single set of assumptions about an actor is compatible with any assumptions about the environmental context of the act; parsimony, as it considers preferences and beliefs as the sole relevant variables influencing action; and predictiveness, where the theory's assumptions have generated other influential theories whose predictions refute what is commonly accepted as improbable (Ogu, 2013).

Burns and Roszkowska's (2016) disassociation of an individual from society, assumptions that are psychological, and the cognitive that is so unrealistic, sum up the limitations of the rational choice theory. This theory highlights the importance of rational choice within households in deciding how to utilize remittance received for livelihood promotion hence crucial in the current study. The theory also provides an overview of why diaspora members send remittances.

3.0 Methodology

3.1 Research Design

A descriptive research design was adopted since it offers an accurate explanation of groups, persons, or situations and characteristics. The descriptive study was of importance for the study as it allowed for testing of the research hypothesis.

3.2 Site of the Study and Target Population

Kericho County was the geographical location from which the current study was carried out. It focused on homes that have members living abroad and receive remittances from them. main socio-economic activities in the region include agriculture and livestock farming. Kericho County is located in the Rift Valley region and it had a population of 752,396 according to a 2009 census report. Households receiving the diaspora remittances are the study's target units of observation. These are the households with emigrants living outside Kenya. The records indicate that Kericho County has 1393 emigrants (Kenya National Bureau of Statistics, 2012). These emigrants may send remittances to their families back home. The study therefore focuses on the households of these emigrants.

3.3 Sampling Technique and Sample Size.

Simple Random Sampling was employed in the study as it provides an equal chance of inclusion for each element in the population (Taherdoost, 2016). This type of sampling accords the researcher an easy way of assembling the sample, offers representativeness of the population, and its unbiased random selection and representativeness is crucial for conclusion drawing (Sharma, 2017). To ensure fair representation, each household with an emigrant abroad was given an equal opportunity to be selected. Considering the population of interest falls within the range of 1000-10,000, a sample size equivalent to 10% of the target population is deemed adequate and representative (Mugenda & Mugenda, 2003). From the sample population of 10%, the study adopted convenience sampling that tapped information from willing subjects who were at the study's disposal.

Table 1: Sample Size

Target Population	Sample Proportion	Sample Size
1393 respondents	10%	139

Hence the sample size was 139 respondents of the emigrant families living in Kericho County.

4.4 Data Collection and Analysis

Primary and secondary approaches to data collection were adopted by the study. Semi-structured questionnaires collected primary data. To guarantee genuine and truthful responses, questionnaires were distributed and collected, allowing the respondents sufficient time to provide their answers.

Quantitative techniques involve generating numerical data or transforming observed, reported, or recorded information into quantifiable units (Denscombe, 2003). The collected quantitative data was coded and analyzed using SPSS 23 software, facilitating descriptive and inferential statistical analyses. Descriptive statistical techniques, including calculating the mean, standard deviation, percentages, and frequency distribution, were used to summarize and describe the datasets.

Multiple linear regression was conducted between the independent and dependent variables based on the following equation:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + e$$

Where:

Y = Livelihood promotion in Kericho County, Kenya

β_1 - β_4 = independent constructs coefficient of determination;

X_1 = access to healthcare

X_2 = access to specialist service providers

X_3 = access to medicinal products

X_4 = ability to pay for medical insurance cover

e = Error term

4.0 Results and Discussion

4.1 Response Rate

The survey's primary aim was to gather responses from 125 participants. Ultimately, the research successfully acquired 98% (N=122) of the targeted responses, with only a minor 2% of the participants opting not to participate. As indicated by Cooper and Schindler (2006), a response rate exceeding 60% is deemed satisfactory for statistical analysis.

4.2 Demographics

Age, gender, level of education, and number of years as a diaspora remittance recipient were all asked of the respondents. The results are indicated in Table 2.

Table 2: Respondent Demographics

Demographic	Frequency	Percentage
Age		
Below 25 years	17	13.9%
25-35 years	57	46.7%
36 years and above	48	39.9%
Total	122	100%
Gender		
Male	66	54%
Female	56	46%
Total	122	100%

Education Level		
O-Level	33	27%
Diploma	26	21.3%
Graduate	48	39.3%
Post-Graduate	15	12.3%
Total	122	100%
Number of Years as A Recipient		
0-3years	25	20.5%
3-6years	31	25.4%
6-9years	28	23%
Over 9 years	38	31.1%
Total	122	100%

As observed from the research results, majority of respondents (47%) were aged between 25-35 years. Additionally, 39% of the respondents were 36 years and older, whereas only a minority, comprising 14% of the subjects, were aged below 25 years. The majority (54%) of respondents were male, while females accounted for 46% of the subjects.

The results also showed that a large number of participants 39% were degree holders, 27% had attained O-level education, 21% had attained a Diploma with 12% of subjects had attained Postgraduate level education. This shows that the data presented in Table 4.2 indicates that the respondents possessed the necessary understanding of the research's objectives.

Most of the participants (31%) had received remittances for over 9 years, 25% had received remittances for 3-6 years, 23% had received remittances for 6-9 years while 21% of the recipients had received remittances for 0-3 years as shown on Table 4.3 above. This indicates that the respondents had adequate experience as recipients of diaspora remittances which played a crucial role in providing dependable information to address the research problem effectively.

4.3 Descriptive Analysis

A 5-Likert scale questionnaire was employed in the research, and the gathered data was subjected to analysis using summation, means, and standard deviations. The results were then presented in tables organized according to the research themes. Mean interpretation was based on the following criteria: strongly disagree (0-1.50), disagree (1.51-2.50), moderate agreement (2.51-3.50), agree (3.51-4.50), and strongly agree (4.51-5.00).

4.3.1 Livelihood Promotion

The dependent variable for the research was livelihood promotion. Table 3 below shows the research findings;

Table 3: Livelihood Promotion Descriptive

Variable	N	Sum	Mean	SD
There is better agricultural productivity within the community	122	454.00	3.7213	.70725
There is higher academic achievement among the members of the community	122	495.00	4.0574	.71926
There is better access to healthcare services within the community	122	472.00	3.8689	.70360

Researcher (2019)

The study's results revealed that participants generally agreed on various aspects. For instance, there was consensus on the presence of improved agricultural productivity within the community, as illustrated by a mean of 3.7213 and a deviation of .70725, implying moderate variation in responses. Additionally, the outcomes showed agreement among participants regarding higher academic achievement among community members, with a mean of 4.0574 and a variation of .71926. Furthermore, there was concurrence among participants regarding better access to healthcare services within the community, as reflected by a mean of 3.8689 and a variation of .70360.

The obtained results align with the findings of Sahal and Bahal (2016), who also reported that diversification of human needs enhanced the family's livelihood. Barajas et al, (2009) indicated that increased remittance increased the income and opportunities within the households which improved their livelihood.

The research respondents further indicated that other key measures of livelihood promotion within the community are the increased consumption level, increased involvement in income-generating activities, improved access to social amenities, increased investment levels, improved access to formal financial services, and modernization of their social trends.

4.3.2 Household Healthcare

Table 4 presents the research results related to the second variable, which is household healthcare within the community.

Table 4: Household Healthcare Descriptive

Variable	N	Sum	Mean	SD
There is access to healthcare	122	486.00	3.9836	.57472
There is access to a specialist service provider (doctor/ nurse)	122	432.00	3.5410	.69410
There is access to medicinal products	122	496.00	4.0656	.67711
Ability to pay for medical insurance cover	122	506.00	4.1475	.65141

Researcher (2019)

The research results indicated that respondents agreed on the presence of access to more efficient healthcare, with a mean of 3.9836 and a dispersion of .57472. Additionally, there was agreement among respondents regarding access to a specialist service provider (doctor/nurse), as demonstrated by a mean of 3.541 and a variation of .6941. There was consensus among

respondents on the presence of access to medicinal products, with a mean of 4.0656 and a variation of .67711. Furthermore, regarding the ability to pay for medical insurance coverage, the majority of the subjects concurred on the ability to keep their medical insurance subscription using remittances, with a mean of 4.1475 and a variation of .65141. The research findings are corroborated by Mamadu (2016), who stated that remittances immensely contributed to healthcare access and development.

The research respondents further indicated that there has been an improvement in the service delivery within the health sector as a result of increased donor involvement in the county. Further respondents indicated that households have been able to supplement their diets with nutritional products which have decreased disease incidences.

4.3.3 Multiple Regressions

Multiple regressions were carried out between the independent variables and the dependent variable. The results are shown in table 5.

Table 5: Multiple Regressions

Household Healthcare and Livelihood Promotion			
Model Summary: R=0.718 R Square=0.515 Adjusted R Square=0.499 Std. error estimate=0.47537			
ANOVA: F=31.070 sig=0.000			
Variable	Coefficient	t-statistic	p-value
Constant	0.934	2.834	0.005
Access to Healthcare	0.008	0.070	0.944
Access to specialist service providers	0.566	8.986	0.000
Access to medicinal products	0.317	2.846	0.027
Ability to pay for medical insurance cover	0.114	0.852	0.396

The value of adjusted R squared was 0.499 indicating that 49.9% of the changes observed in the variable livelihood promotion were as a result of household healthcare improvements from the diaspora remittances. The ANOVA F value was 31.070 ($p=0.000$) indicating that the model was significant and household healthcare was an indicator for livelihood promotion. Two of the four variables were significant. Access to specialist service providers ($p=0.000$) and access to medicinal products ($p=0.027$). Thus, a unit increase in access to specialist service providers would lead to a 0.566 increase in livelihood promotion while a unit increase in access to medicinal products would lead to a 0.317 increase in livelihood promotion. The other two—access to healthcare and the ability to pay for medical cover—were not found to be significant. The constant in the model was also significant ($p=0.005$) and the value was 0.934 indicating that there were other factors outside of healthcare influencing livelihood promotion. The equation for household healthcare and livelihood promotion can therefore be rewritten as:

$$Y=0.934+0.566x_2+0.317x_3$$

Thus, household healthcare was found to be positively affecting livelihood promotion especially the access to specialist care and the access to medicinal products.

5.0 Conclusion

The study concluded that remittances have contributed to increased access to healthcare services by providing options for advanced healthcare through specialists as well as more access to medicinal products. These in turn were important to improving the livelihood of people in the County. Thus, diaspora remittances are an important factor in the livelihood promotion of people in the county because they enable better access to healthcare.

The research also concludes that remittances have enhanced the capacity of households to engage in large-scale farming and further concludes that remittances have contributed to increased access to health facilities and medicinal products. Research further concludes that recipients of remittances have increased ability to pay for their medical cover.

6.0 Recommendations

There is need for county and national governments to create an ample environment that will enable the diaspora send remittances home. The government can do this through organizing meetings with the diaspora in various countries and listening to their needs. Through this, the government can also encourage them to be more engaged in the activities taking place in their home country.

Kenyan in diaspora maintain connections to the home country by sending remittances and this is a vital source of income for Kenyan households and the economy. When there is decline in remittances, it usually affects families' ability on spending on livelihoods. Kenyan government needs to recognize that diaspora remittances contribute to growth and development of the country. Remittances to Kenyan country have surpassed the \$300 million mark. Government has a big role on educating those who remit on areas to invest as just a small percentage of about 24% that is usually invested. Further research needs to be done, on the best areas where the diaspora remittances should be invested as strong remittance continue to support the current account and foreign exchange market.

USA remains as the largest source of remittances to Kenya accounting for 59 percent by the year 2022 and there is need to also assist Kenyans living on other parts of the world and also educate them on importance of remittances to their motherland.

Government through Central Bank of Kenya needs to have a collaborative working environment with people and other financial institutions in order to improve remittance channels and also work to reducing costs of sending money back home with aim of harnessing the resources, skills and potentials for maximum benefits of Kenyan community and people working in diaspora.

The study further recommends that the diaspora members should also find opportunities in their host countries for those unemployed and by doing so they help reduce on the unemployment rates in the country. The unemployed may also get jobs and in turn may support dependents in their native countries.

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