Malaria is the most widely spread infectious disease and a major public health problem in sub-Saharan, Africa. It has emerged as a serious threat to human welfare and socioeconomic development in countries inhabited by a third of the world’s population where the disease was once eradicated. Indicators show the re-emergence of the disease thus forcing policy makers to re-think of new strategies. Kenya is one of the countries severely affected by the disease where it claims many lives. Over 34,000 children die directly due to malaria annually. The study was carried out in Uasin Gishu District in Rift Valley Province in Kenya. The study design was cross-sectional. The data were collected from 405 respondents using semi-structured questionnaires and corroborated with focus group discussions (FGDs). The data was analyzed using SPSS software 12.1 edition and Chi-square was used to test for association between various selected variables. Out of the 405 respondents, 164 (40.5%) were males while 241 (59.5%) were females. About 359 (88%) reported that malaria was transmitted by the bite of an infected mosquito. One ninety (46.9%) reported that mosquitoes bred mainly in stagnant water. Over 70% of the respondents reported that mosquitoes mainly bit people at night while 250 (61.7%) reported that mosquitoes hid in dark places during the day. Fever, headaches, chills; lack of appetite and shivering were the most frequently mentioned symptoms of malaria by the respondents. The commonly used prevention method against the mosquito bites at household level was sleeping under a net, 183 (58%). About half of the respondents, 203 (50.1%) stated that they went to hospital when attacked by malaria while 190 (46.9%) reported that they bought drugs from shop/chemist. Sulphur based drugs (SP) were the most commonly used drug, 337 (83.1%). About 313 (77.3%) reported that they attended follow-up appointments in health facilities. Majority (88.4%) reported that they were aware of the existence of various preventive methods such as ITNS, indoor residual spraying (IRS). A large proportion 297 (73%) would have preferred only children using the nets in the household but very few children had slept under nets the previous night before the survey was conducted. Majority of those owned nets 74 (63.2%) carried out retreatment. Limited indoor residual spraying (IRS) was practiced due to cost involved. It was regarded by residents as the most effective and most preferred control strategy than others. Confirmed cases and drugs used for treatment \(\chi^2 = 20.019 \text{ df} = 10, p<0.05\) as well as transmission of the disease and how malaria was controlled were statistically significant \(\chi^2 = 62.543, \text{ df} = 25, p<0.05\). In conclusion, the disease continues to play a very significant role on the social and economic lives of the community despite measures being implemented by the government. Inadequate attention in terms of personnel and resource allocation by the government are major confounding factors. A more flexible and pragmatic approaches should take preference which include extensive use of IRS which can be corroborated with the locally available traditional preventive alternatives such as burning of cow dung, cypress and eucalyptus leaves. These strategies should be explored further through research work to establish their efficacy that can be used to supplement the existing remedies in line with the Roll Back Malaria (RBM) initiative. Vector control should be given more emphasis as a risk reduction strategy especially among the vulnerable group.