

This study sought to identify the mothers' understanding of malaria among the under-fives in Muthurwa and Kibera; knowledge of the symptoms of the disease and type of action taken. The study also assesses the association between drug utilization in household and preferred sequence of care. Decision making process in household was studied with emphases on how it affected health-seeking behaviour. The study was cross-sectional and a total of 345 questionnaires were administered with Muthurwa and Kibera having 150 and 195 questionnaires respectively. Data was collected using open-structured questionnaires and focus group discussions. Questionnaires were read out in English and translated into Kiswahili where necessary. Results from the study indicated that most of the mothers linked malaria with mosquitoes in both sites ($p < 0.01$). However, some mothers mentioned other causes like sun, cold weather and unhygienic surroundings. Symptoms that respondents in both sites associated with malaria were mainly fever, vomiting, sweating, shivering, loss of appetite, crying, irritability and headache. These were some of the symptoms medical establishments also use in symptomatologic diagnosis of possible malaria infection. In Muthurwa 86/150 (57.4%) visited a health facility immediately ($p < 0.05$) compared to 54/194 (28%) in Kibera ($p < 0.01$). A total of 69/150(46%) mothers at least participated in home treatment in Muthurwa ($p > 0.05$) compared to 141/195 (72%) in Kibera ($p < 0.01$). However, those who consulted a traditional healers at least once were 30/150 (20%) in Muthurwa ($p > 0.05$) while Kibera ($p > 0.05$) was 4/195 (2%). Muthurwa residents reported seven sequences of care when their children were ill and Kibera residents reported five of such sequences. When sequences of care tested against household drug administration in Muthurwa, there was significant relationship in all sequences ($p < 0.01$) except where it started with treatment at home and ended with use of traditional remedies. In Kibera, only home care followed by visit of health facilities was significantly related with household drug administration ($p < 0.01$). Choice of site of help was not significantly related to the mothers' occupational status in Muthurwa ($p > 0.05$) and in Kibera ($p > 0.05$). Based on the findings of the study, it is concluded that there is significant relationship between household drug administration and sequence of care. There is also significant relationship between the time of recognition of symptoms and action taken. Decisions on source of help are not necessarily influenced by mothers' occupational status. It is the recommendations of this study that personnel in charge of drug outlets by a trusted agency so that they are made partners in healthcare network. Further research has been proposed to find out how cost of services and perceived seriousness of illness in children influence choice of referral sites and sequence of care.