

Medical pluralism is a widespread phenomenon in Kenya's health care sector. In the Kenyan context, a form of dualism has emerged with traditional and modern Western medicine being the most dominant medical systems. The co-existence of these two health care systems presents users with an issue of choice. This study sought to examine the utilisation of traditional and modern health care options in Nairobi.

The main objectives of this study were: first, to examine patterns of utilisation of traditional and modern medicine and; second, to examine illness concepts, socio-economic and demographic factors in relation to utilisation of health care options.

The study is based on a sample of 208 patients visiting modern and traditional health facilities and 48 health practitioners in Nairobi. Information on the patient respondents and their utilisation of traditional and modern medicine was obtained using interview schedules and analysed qualitatively and quantitatively. Qualitative analyses involved intuitive interpretation of interview data while quantitative analyses entailed the use of descriptive and correlational statistics. In particular Chi-square was used to determine the relationship between socio-economic, demographic and structural factors and the type of health care practitioner consulted.

The key findings indicate that concepts of illness are important in the use of health care option. Traditional conceptions of an illness tend to be associated with the use of traditional medicine while modern conceptions of illness tend to be associated with the use of modern Western medicine. It was observed that mixing of traditional and modern concepts of illness have resulted in medical syncretism and the use of both health care systems. In addition, the study revealed that some illnesses were perceived to be best handled by traditional health practitioners; while other illness were perceived to be best handled by modern health practitioners and in a few cases both practitioners. Consequently, the use of a health care option depended on perceived compatibility with the illness.

The study also found that some socio-economic and demographic factors play a decisive role in the use of either traditional or modern health service. Although the study found sex, age, duration of residence, ethnicity, education, occupation, income and modes of payments to influence health care use, some of these factors were not significant on the basis of the chisquare test. Furthermore, control of some variables revealed that the apparent relationships were indeed mediated by intervening factors.

The study concludes that concepts of illness, socio-economic and demographic factors influence the use of health care options. This implies that there is need to not only promote the use of traditional medicine but also improve it and integrate it into the national health care grid.

This study makes a number of recommendations for policy and research. First, structural factors which disadvantage traditional health care practice such as the lack of payments through insurance need to be removed. Second, the provision of health care needs to be brought under one ministry. Third, a legal framework for traditional health practitioners is necessary. Fourth, there is need for cooperation between traditional and modern health practitioners in their areas of expertise. Fifth, more sociological and biomedical research is needed to establish areas of cooperation between the two medical systems.