

Abstract

When confronted with illness, households have to make decisions on the type of health care to seek. Studies in social medicine have in recent years attempted to delineate the factors which influence illness behaviour (health seeking behaviour). In medical anthropology, the major focus has been on the role of aetiological beliefs and cultural factors while sociologists have identified enabling and predisposing factors as the key factors behind health seeking behaviour. This paper discusses from these two perspectives, household management and decision making on two illnesses; malaria and visceral leishmaniasis (Kala-azar). Data from this study shows that the factors influencing illness behaviour in relation to the two diseases include: cost, perceived efficacy of treatment, quality of care, accessibility and symptom identification. Gender and social networks also play an important role in influencing household decisions on health care. Multiple use of therapies emerged in the treatment of malaria and kala-azar. The decision to use more than one health resource (provider) seemed to have been largely due to the failure of an earlier treatment to effect cure and the perception that the resource used as an alternative would be able to cure the disease. Households utilised these various health resources either simultaneously or sequentially during a single illness episode. The study argues that constraints to seeking health care can be traced to the structural organisation of the health care system and to some extent to households' social conditions. The paper concludes with policy suggestions whose implementation could lead to better maximisation of health care resources by households.