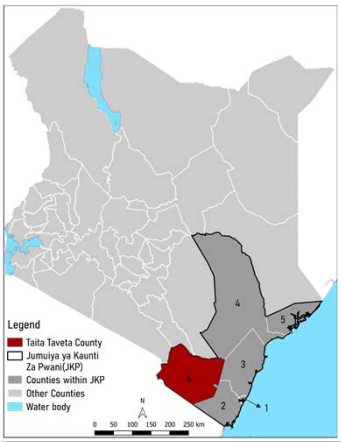
TAITA TAVETA COUNTY

Child Survival and its Determinants

1.General Profile

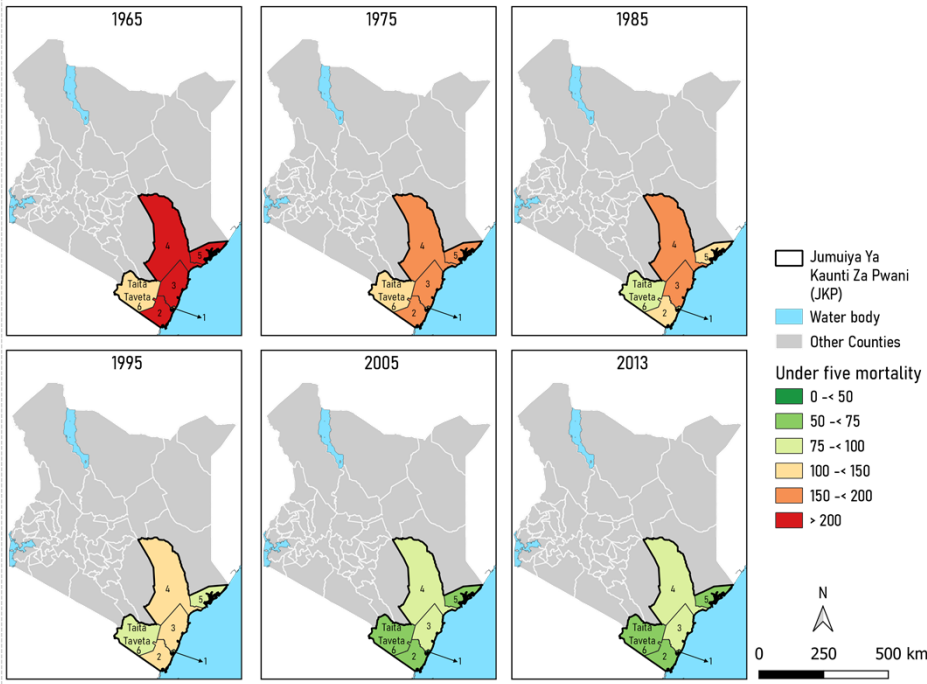


Year	2009	2019
Total population*	284,657	340,671
Female of childbearing age (15-49)**	60,758	74,399
Population under five years**	42,220	45,431
Urban population*	-	79,385
Population with primary school education*	-	157,461
Average rainfall (mm)***	459	605

Data Sources: * KNBS 2009 & 2019 KNPHC, **World Pop, *** Kenya Meteorological Department

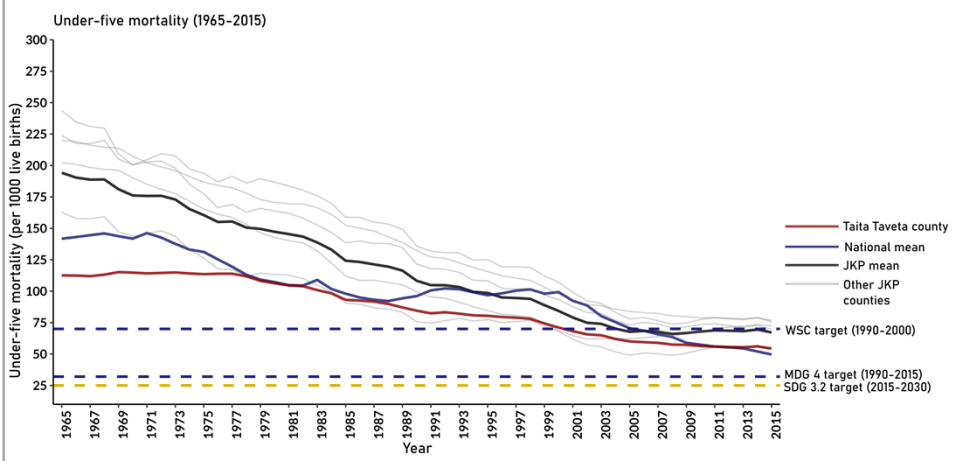
2.Under-five mortality (U5M), 1965-2015

2.1 U5M (per 1000 live births)

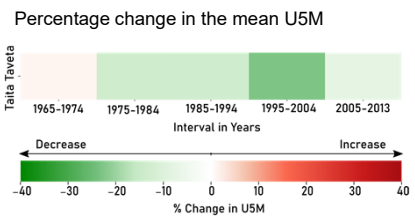


Mean U5M per 1000 live births in Taita Taveta and JKP every 10 years between 1965 and 2013.

2.2 Trends in U5M and progress towards achieving global targets



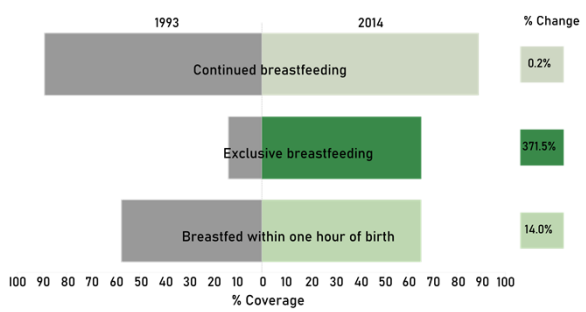
U5M trends Taita Taveta, relative to the national mean, JKP mean and progress in meeting global U5M reduction targets set during World Summit for Children (WSC), the Millennium Development Goal (MDG) 4 and the Sustainable Development Goal (SDG) 3.2.



3. Determinants of Child Survival , 1993-2014

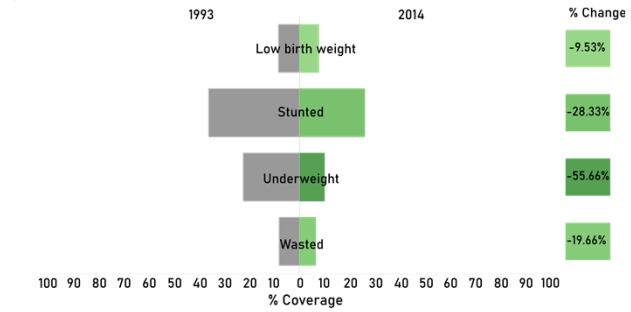
3.1 Child Factors

a). Breast feeding indicators: 1993 and 2014



Coverage of breast feeding indicators, and the percentage change between 1993 and 2014. Green indicates an improvement. The darker the green the greater the improvement.

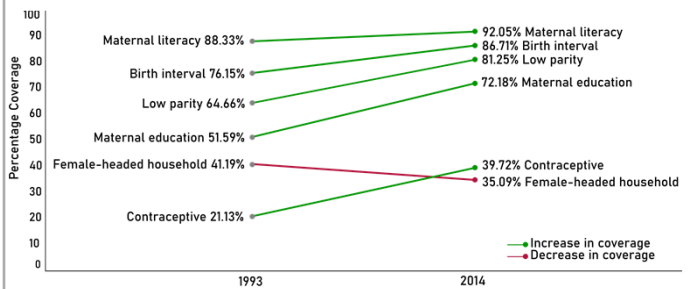
b). Malnutrition indicators: 1993 and 2014



Coverage of malnutrition indicators, and the percentage change between 1993 and 2014. Red indicates deterioration in the indicator and green an improvement.

3.2 Maternal factors

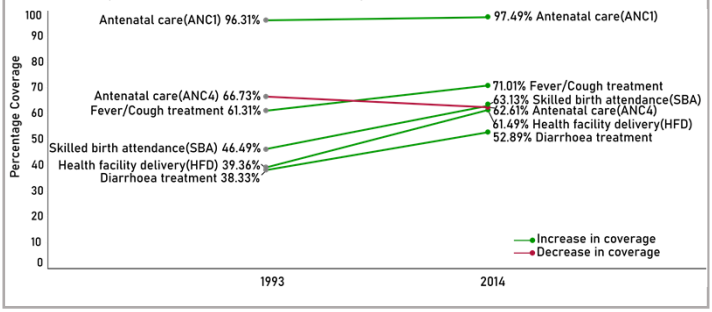
Comparing maternal factors in 1993 and 2014.



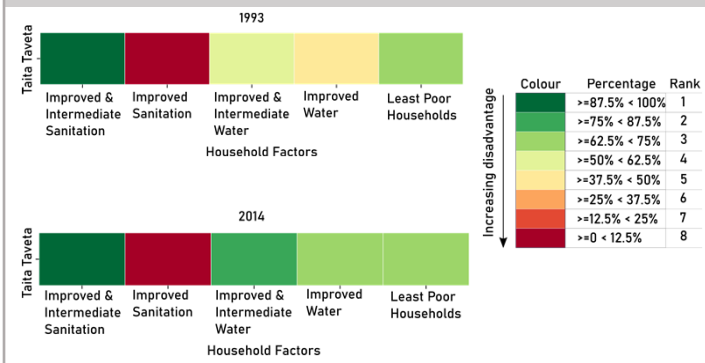
Note: **Birth interval** - the proportion of children with a preceding or succeeding birth interval > 24 months.
Low parity-the proportion of women aged,<30 years with less than 3 or aged >29 years with less than 5 children
Maternal education - The proportion of mothers (15-49 years) who had greater than primary education at the time of the survey.

3.3 Health Care Utilization

Comparing health care utilization coverage in 1993 and 2014.



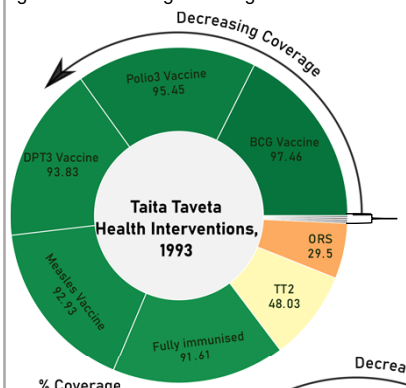
3.4 Household factors



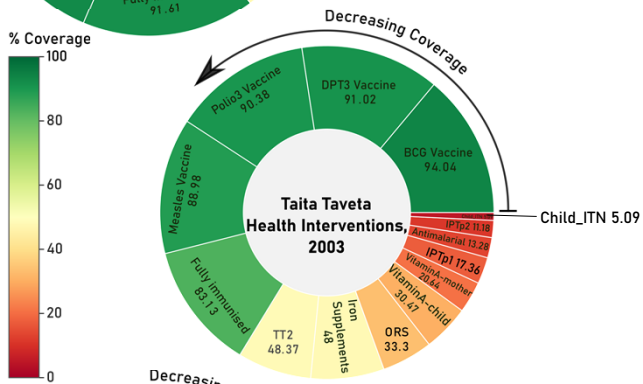
Note: **Improved sanitation** - proportion of households who have access to flush toilet facilities.
Improved and intermediate sanitation have access to any form of a toilet facility.
Improved water is the proportion of households who have access to piped water for drinking.
Improved and intermediate have access to either piped or boreholes/wells water for drinking.
Least poor households - proportion of households considered not poor comprising of the 1st, 2nd and 3rd quintiles of the wealth index.

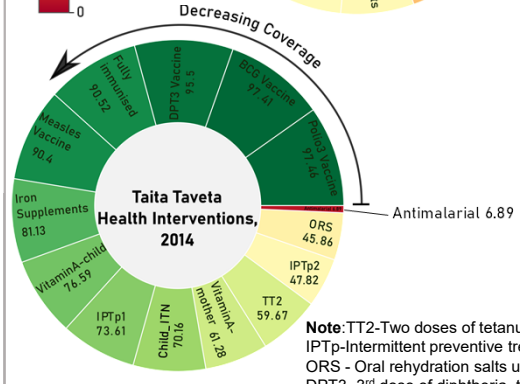
3.5 Health Interventions

Coverage of child and maternal health interventions in 1993, 2003 and 2014.Dark green indicates high coverage and red low coverage.



Factors that were either not monitored or had not been rolled out by 1993 (IPTp1,IPTp2,Iron Supplements, Vitamin A-mothers, Vitamin A-children, Antimalarial and Child-ITN)

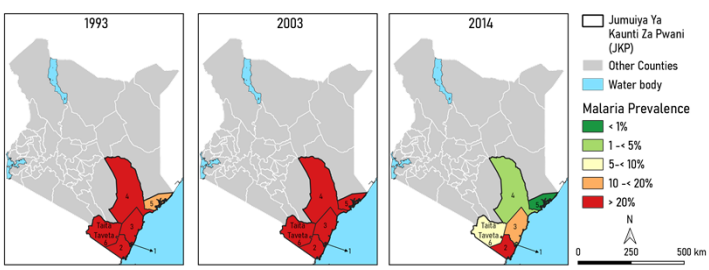




Note:TT2-Two doses of tetanus toxoid Injection
IPTp-Intermittent preventive treatment in pregnancy
ORS - Oral rehydration salts use
DPT3 -3rd dose of diphtheria–tetanus–pertussis vaccine
Polio3 – 3rd dose of polio vaccine
Child_ITN - Insecticide treated bed nets use by children

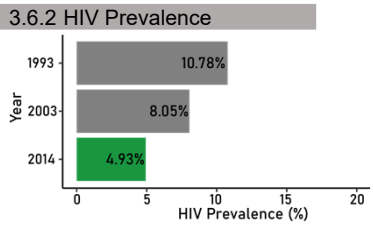
3.6 Infections

3.6.1 Malaria Prevalence



Malaria prevalence in Taita Taveta and other JKP counties.

3.6.2 HIV Prevalence



Coast province HIV Prevalence (NACC Kenya) in 1993,2003 and 2014.

Key Messages

- Unlike other JKP counties, Taita Taveta had a slight increase in U5M between 1965 and 1975, after which the U5M declined with the greatest reduction rate of 22% observed between 1995-2005. By 2014, while most counties had U5M rates more than 30% above the national mean, the rate in Taita Taveta was only 7.8 % higher. As a result, it had the lowest U5M in JKP at 56.08 per 1000 live births.
- HIV prevalence decreased to 4.93% by 2014. Malaria prevalence was at 5.03%. However, after 2003 malaria transmission rates significantly dropped and remained below 5% between 2007 and 2013.
- Taita Taveta had the highest proportion of literate and educated mothers alongside contraceptive usage in JKP, which corresponded to the high prevalence for longer birth intervals and low parity observed in 2014.
- There were substantial improvements in the breastfeeding practices and nutritional status.
- Except for the slight decrease in the pregnant women receiving at least four antenatal care, the rate of health care utilization improved.
- Taita Taveta had the highest vaccination coverage across most years, remaining above 80% even after the drop that occurred between 1993 and 2003.
- By 2014, 75% of households had access to water, of which 68% had access to piped water for drinking. Access to sanitation remained above 90%, and more than 63% of households were classified as least poor.