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

### 2.1 U5M (per 1000 live births)

- **1965**
- **1975**
- **1985**
- **1995**
- **2005**
- **2013**

**U5M trends in Tharaka-Nithi, relative to the national mean, CEREB 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.**

#### Mean U5M per 1000 live births in Tharaka-Nithi and CEREB every 10 years between 1965 and 2013.

<table>
<thead>
<tr>
<th>Year</th>
<th>2009</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population*</td>
<td>365,330</td>
<td>393,177</td>
</tr>
<tr>
<td>Female of childbearing age (15-49)**</td>
<td>80,059</td>
<td>90,202</td>
</tr>
<tr>
<td>Population under five years**</td>
<td>54,269</td>
<td>53,453</td>
</tr>
<tr>
<td>Urban population*</td>
<td>-</td>
<td>28,470</td>
</tr>
<tr>
<td>Population with primary school education*</td>
<td>-</td>
<td>177,042</td>
</tr>
<tr>
<td>Average rainfall (mm)**</td>
<td>916</td>
<td>1,433</td>
</tr>
</tbody>
</table>

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

### 2.2 Trends in U5M and progress towards achieving global targets

- **Tharaka-Nithi**
- **National mean**
- **CEREB mean**
- **Other CEREB counties**

#### U5M trends in Tharaka-Nithi, relative to the national mean, CEREB 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.

#### Percentage change in the mean U5M

- **1995-1996**
- **1996-1997**
- **1997-1998**
- **1998-1999**
- **1999-2000**
- **2000-2001**
- **2001-2002**
- **2002-2003**
- **2003-2004**
- **2004-2005**
- **2005-2006**
- **2006-2007**
- **2007-2008**
- **2008-2009**
- **2009-2010**
- **2010-2011**
- **2011-2012**
- **2012-2013**
- **2013-2014**
- **2014-2015**


#### 3.1 Child Factors

- **a). Breast feeding indicators:** 1993 and 2014
  - **Continued breastfeeding**
  - **Exclusive breastfeeding**
  - **Breastfed within one hour of birth**

  **% Change**
  - **1993 - 2014**
  - **1993 - 2014**
  - **1993 - 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
  - **Low birth weight**
  - **Stunted**
  - **Underweight**
  - **Mild dehydration**
  - **Moderate dehydration**
  - **Severe dehydration**

  **% Change**
  - **1993 - 2014**
  - **1993 - 2014**
  - **1993 - 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

3.3 Health Care Utilization

3.4 Household factors

3.5 Health Interventions

3.6 Infections

3.6.1 Malaria Prevalence

3.6.2 HIV Prevalence

Key Messages

- Tharaka-Nithi had the highest USM in CEREB across most years. However, the rate remained lower than the national average not until 2010, when it exceeded and was 16.39% higher by 2014. The rate of increase between 2005 and 2013 was 5%, much lower than other CEREB counties, but still, the USM rate was fourth-highest overall at 60.56 per 1000 live births after Nyandarua.

- HIV prevalence steadily decreased, whereas Malaria prevalence increased in 2003 before decreasing in 2014. The remarkable decrease in malaria transmission to <1% might reflect the improved coverage in the use of treated beds by children from 10% to 63%

- Besides being one of the counties with the highest contraceptive usage, Kirinyaga had the highest prevalence of longer birth interval and low parity in the country. On the contrary maternal literature and education was among the lowest in CEREB

- Breast feeding practices and nutritional status have also improved except for the number of children continually breastfed after six months.

- Under health care utilization, women receiving at least four antenatal care had the lowest (53.03%) coverage in 2014, which declined from 62% in 1993.

- Tharaka-Nithi is also among the counties with many children seeking diarrhoea treatment despite high access to better sanitation and higher access to piped water.

- The proportion of poor households slightly increased, unlike what was observed in most counties.

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.

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.

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

Note: Central Region Economic Bloc (CEREB)

Note: Least poor households - proportion of households considered not poor comprising of the 1st, 2nd and 3rd quintiles of the wealth index.

Note: Malaria prevalence in Tharaka-Nithi and other CEREB counties.

Note: Key Messages: 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

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