Key Solomon Islands DHS Indicators

	Residence			Educational level			
	Total	Urban	Rural	None	Primary	Secondary	More than secondary
Marriage and fertility							
Women aged 20–24 married by age 18 (%)	22.4	na	na	na	na	na	na
Men aged 20–24 married by age 18 (%)	3.9	na	na	na	na	na	na
Total fertility rate (children per woman)	4.6	3.4	4.8	*	4.9	3.8	*
Women aged 15–19 already mothers or pregnant at the time of the survey	11.9	9.0	12.6	(8.8)	14.6	9.4	*
Median age at first birth for women aged 25–49	21.1	22.5	20.9	20.7	20.6	22.0	24.8
Married women with 2 living children wanting no more children (%)	24.9	20.0	25.8	(40.9)	21.9	25.7	(21.4)
Family planning (% currently married women aged 15–49)							
Current use							
Any method	34.6	29.3	35.4	29.6	36.1	31.7	45.9
Any modern method	27.3	23.2	28.0	28.2	28.7	21.7	29.5
Female sterilisation	13.3	10.2	13.8	14.6	15.1	7.5	6.1
Male sterilisation	0.3	0.8	0.2	0.9	0.1	0.2	0.0
Injectables	8.8	4.2	9.6	9.8	8.9	7.4	12.1
Pill	1.3	2.2	1.2	1.0	1.1	2.3	0.3
Male condom	1.5	2.3	1.3	0.2	1.5	2.2	3.6
Unmet need for family planning							
Total unmet need (%)	11.1	8.2	11.6	12.1	11.6	10.1	3.0
Unmet need for spacing (%)	6.9	3.0	7.6	7.0	7.5	5.5	2.5
Unmet need for limiting (%)	4.2	5.2	4.0	5.1	4.1	4.5	0.5
Infant and child mortality (0-9 years before DHS)							
Neonatal mortality rate	16.8	15	17	17	18	15	*
Infant mortality rate	26.1	23	27	32	25	28	*
Under-five mortality rate	37.2	31	38	42	38	33	*
Maternal and child health							
Maternity care (births in the last 3 years)							
Mothers who had at least 4 antenatal care visits for their last birth (%)	64.6	58.8	65.5	na	na	na	na
Births delivered in a hospital or health facility (%)	84.5	94.4	83.1	67.3	85.8	91.2	92.3
Mothers who received postpartum care from a doctor/nurse/midwife for their last birth (%)	57.4	75.8	54.6	49.6	56.0	64.7	68.1
Mothers who received their first postpartum checkup within 2 days of delivery of their last birth (%)	50.9	65.0	48.7	55.9	48.8	53.3	52.7
Child immunisation and vitamin A supplementation							
Children aged 12–23 months fully immunised (BCG, measles, and 3 doses each of polio and DPT) (%)	82.7	84.4	82.4	67.2	84.2	86.0	*
Children 12–23 months who have received BCG (%)	95.7	97.0	95.5	97.1	94.5	97.8	*
Children 12–23 months who have received 3 doses of polio vaccine (%)	87.4	87.2	87.4	76.2	87.6	91.9	*
Children 12–23 months who have received 3 doses of DPT vaccine (%)	88.2	89.7	88.0	77.5	87.8	93.5	*
Children 12–23 months who have received measles vaccine (%)	87.3	93.3	86.3	79.0	86.9	92.2	*
Children aged 6–35 months who have received vitamin A dose in the last 6 months (%)	7.4	11.8	6.8	5.8	7.1	9.5	7.0
Children aged 6–35 months given de-worming medication in the last 6 months (%)	21.7	17.6	22.3	19.4	21.8	22.9	22.0
Treatment of childhood diseases							
Children under 5 with diarrhoea in the last 2 weeks who received ORS (%)	37.7	39.9	37.4	na	na	na	na
Children under 5 with diarrhoea in the last 2 weeks taken to a health facility or provider (%)	56.7	49.0	57.7	na	na	na	na
Children with fever in the last 2 weeks taken to a health facility or provider (%)	68.4	69.5	68.3	(72.4)	66.0	72.7	*

NOTE: Figures in parentheses are based on 25–49 unweighted cases
* Indicates a figure based on fewer than 25 unweighted cases
na: not available

	Residence			Educational level			
	Total	Urban	Rural	None	Primary	Secondary	More than secondary
Nutritional status of adults and children							
Women aged 15–49 who are overweight or obese (%)	44.4	57.2	42.1	39.2	45.2	42.7	64.8
Men aged 15–49 who are overweight or obese (%)	29.1	46.7	26.1	10.9	27.1	29.6	48.6
Women aged 15–49 whose body mass index is below normal (%)	1.9	1.6	2.0	2.4	1.8	2.2	0.8
Men aged 15–49 whose body mass index is below normal	1.9	0.5	2.1	0.0	3.0	0.9	0.0
Children under 3 years breastfed within 1 hour of birth (%)	75.0	78.0	74.5	64.8	74.8	81.0	79.9
Children aged 0–5 months exclusively breastfed (%)	73.7	na	na	na	na	na	na
Children aged 6–9 months breastfed and receiving complementary foods (%)	81.4	na	na	na	na	na	na
Children under 5 years who are stunted (%)	32.8	23.0	33.9	37.7	32.8	25.4	29.9
Children under 5 years who are wasted (%)	4.3	3.4	4.4	4.7	4.0	6.3	2.6
Children under 5 years who are underweight (%)	11.8	8.2	12.2	11.7	11.7	13.4	11.1
Children under 5 years who are overweight for their age (%)	0.8	2.0	0.7	1.6	0.5	1.3	2.7
Anaemia among children and adults							
Children aged under 5 who are anaemic (%)	48.5	49.9	48.3	48.4	48.5	49.1	42.3
Women aged 15–49 who are anaemic (%)	44.3	37.6	45.4	48.4	46.8	37.3	38.2
Pregnant women aged 15–49 who are anaemic (%)	60.1	na	na	na	na	na	na
Knowledge of HIV and AIDS (women and men aged 15–49)							
Women who have heard of AIDS (%)	94.2	99.1	93.3	84.4	94.0	98.8	100
Men who have heard of AIDS (%)	98.1	99.2	97.8	92.4	97.7	99.0	100
Women who know where to get an HIV test (%)	26.0	41.3	23.0	10.6	19.3	42.0	69.9
Men who know where to get an HIV test (%)	38.9	61.7	33.6	5.3	27.5	51.2	72.6
Women who know that consistent condom use can reduce the chances of getting HIV and AIDS (%)	60.6	65.5	59.7	45.6	58.6	70.5	73.0
Men who know that consistent condom use can reduce the chances of getting HIV and AIDS (%)	69.2	70.3	68.9	78.0	67.1	70.4	70.2
Women with comprehensive knowledge of HIV and AIDS (%)	29.0	38.1	27.2	16.2	26.0	39.3	47.3
Men with comprehensive knowledge of HIV and AIDS (%)	38.6	56.6	34.5	44.4	29.5	46.5	53.5
Women who know that HIV can be transmitted from mother to child via breastfeeding (%)	68.9	78.5	67.0	59.4	68.4	74.1	74.2
Men who know that HIV can be transmitted from mother to child via breastfeeding (%)	53.1	62.0	51.0	28.7	51.6	58.1	56.0
Women who had high-risk sex in the past 12 months (%)	15.1	19.6	14.3	5.4	11.5	28.7	22.4
Men who had high-risk sex in the past 12 months (%)	32.0	39.1	30.4	18.9	24.3	46.4	23.5
Women who used a condom during last high-risk sex (%)	18.0	9.6	20.1	*	9.8	24.0	*
Men who used a condom during last high-risk sex (%)	26.0	31.1	24.5	*	14.7	31.5	(44.2)
Malaria							
Household ownership of mosquito nets							
Household owns at least one mosquito net	75.4	75.3	75.4	na	na	na	na
Household owns at least one ITN	48.5	50.3	48.3	na	na	na	na
Children under 5 who slept under an ITN the night before the survey (%)	40.4	43.7	39.9	na	na	na	na
Women aged 15–49 who slept under an ITN the night before the survey (%)	34.9	29.0	36.1	30.5	35.8	35.0	34.6
Pregnant women aged 15–49 who slept under an ITN the night before the survey (%)	36.5	47.0	34.9	(28.3)	37.3	43.7	*
Women's empowerment							
Currently married women who usually participate in household decisions	57.4	70.3	55.2	60.1	55.6	59.3	71.8
Ever married women who have ever experienced spousal violence	na	na	na	na	na	na	na
Men who agree that at least one of the reasons for violence against women is justified (Burns the food, argues with him, goes out without telling him, neglects the children, or refuses sex)	65.1	76.1	62.6	24.8	66.8	67.8	69.4

NOTE: Figures in parentheses are based on 25–49 unweighted cases
* Indicates a figure based on fewer than 25 unweighted cases
na: not available

Solomon Islands Population Characteristics

With population characteristics and processes both the drivers and results of social and economic development processes and outcomes, it is imperative to have a good understanding of a country's population dynamics, which provide the basis of informed decision-making, policy development and planning.

While population housing censuses provide most of the backbone of this information in most countries, the provision of a snapshot, and often only every 10 years, is clearly insufficient to inform policy and allow a regular monitoring of development progress.

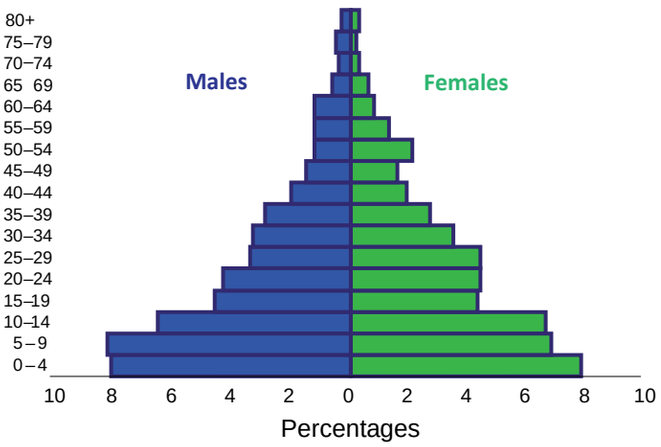
Regular household surveys, such as the 2007 Solomon Islands Demographic and Health Survey (SI DHS), assist in addressing this data and information gap, in providing high-quality and up-to-date statistics and information in their own right, as well as provide the basis for the calculation of important development indicators.

This survey provided many of these indicators of relevance to the Solomon Islands Ministry of Planning, the Ministry of Health and other line ministries. It also provides valuable information for international development agencies and conventions such as Millennium Development Goals (MDGs), International Conference on Population and Development (ICPD), Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), United Nations General Assembly Special Session (UNGASS) and United Nations Children's Fund (UNICEF), to name but a few that are included in this development snapshot.

The population of Solomon Islands

With the latest census nearly 10 years old, the 2007 SI DHS provides a rich up-to-date account on how the country is progressing in key areas of social and human development.

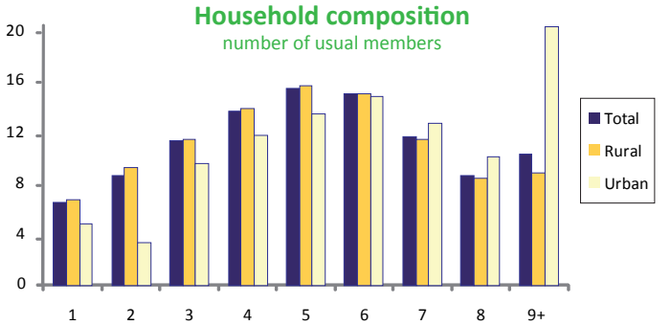
The broad base of the Solomon Islands population alludes to a young population, which is reflected in a median age of 19.6.



The older age groups are very small in comparison, as can be seen in the population pyramid. This type of age structure has a built in momentum for the growth of the country's population. When the young population eventually reaches reproductive age, the result will be a high population growth rate for many more years to come.

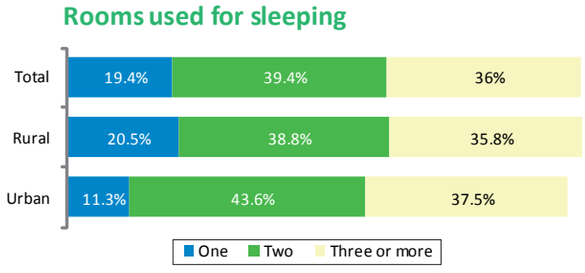
Household composition

Reflecting a young and growing population, the average Solomon Islands household comprises of 5.3 persons, which is slightly lower than recorded in the 1999 census (6.3). Urban households (6.3) average one more member than rural households (5.2).



In urban areas, 20 percent of households have 9 or more members, compared with 9 percent in rural areas, indicating a need for housing in urban areas.

Large household size is not just a reflection of a growing population but also indicative of Solomon Islands cultural practices and availability of services. Fifteen percent of children less than 18 years old do not live with their biological parents, and this number increases with the age of the child. Thirty percent of households have an orphan or foster child staying with them.



Large household sizes and limited land area makes for dense living conditions, with 60 percent of all households using only one or two rooms for sleeping.

Apart from basic population information, DHS also yields some key socio-economic background characteristics, which may help to explain similarities and contrasts in key demographic and health outcomes: education (levels of educational attainment) and economic well-being (such as expressed in wealth quintiles) are quite important, with access to safe water and sanitation of critical importance to physical well-being, particularly of infants and young children.

Education

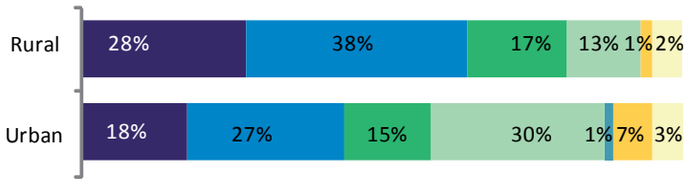
By age 8 or 9, the vast majority of Solomon Islands children attend school. Starting at age 13, attendance rates decline noticeably for all children.

Overall, primary school attendance is not universal, as reflected in a net attendance rate of 65.4 percent. In urban areas, 72.1 percent of children aged 6–12 attended primary school, compared with 64.5 percent in rural areas (with only 57.8% in Malaita attending primary school).

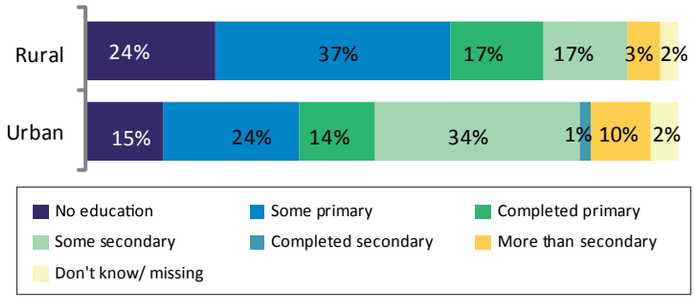
Results indicate that most children start school later than 6 years of age. Primary school is free but not compulsory in Solomon Islands, and it could be reasonably expected that all children aged 7 and 8 should have attended primary school during the 2007 school year. However, about 50 percent of children aged 7, and 28 percent of children aged 8, were not attending primary school.

The median number of years of schooling is higher in rural areas than urban areas (5 and 3, respectively).

Female educational attainment



Male educational attainment

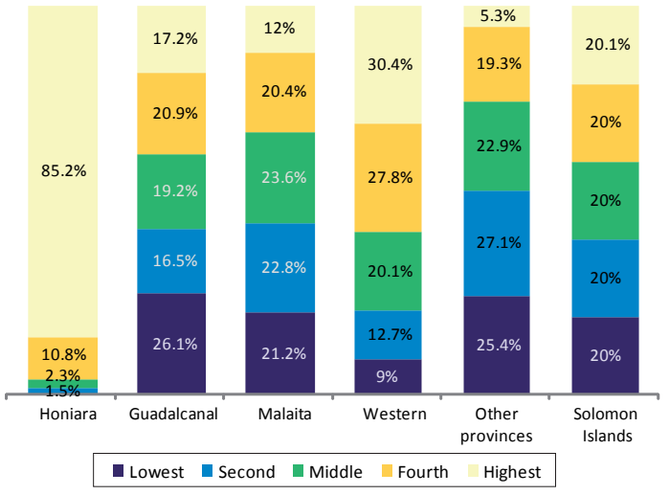


Economic well-being

Household information on assets allow the calculation of a wealth index, which provides a useful proxy measure describing the long-term standard of living of a household. It is not an absolute measure that can tell us if a household suffers hardship or lives in poverty. What it can tell us, however, is that a person living in a household in the second wealth quintile has a better socio-economic status than someone in lower quintiles.

Distributing the population across five equally sized wealth quintiles shows a rather uneven distribution of wealth in Solomon Islands, with 85 percent of the population in Honiara in the highest wealth quintile.

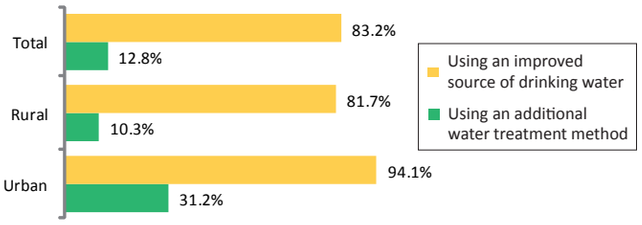
Wealth quintiles



Access to safe water and sanitation

Poor sanitation coupled with unsafe water sources can increase the risk of waterborne diseases and illnesses. Households without proper toilet facilities are more exposed to the risk of diseases like dysentery, diarrhoea, and typhoid fever than those with improved sanitation facilities.

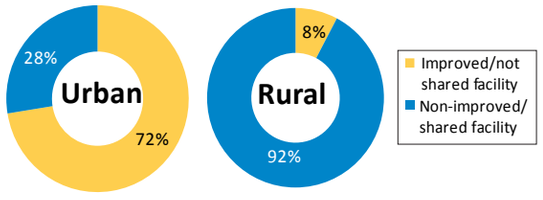
Source of drinking water and treatment of water



In urban areas most households (94%) have access to an improved water source, while 81.7 percent of households have access to an improved water source in rural areas. Water can be contaminated at collection, during storage, or during transportation and can require additional treatment. Very few households reported using additional treatment methods (such as boiling the water) to ensure that their water was safe to drink.

Sanitation facilities

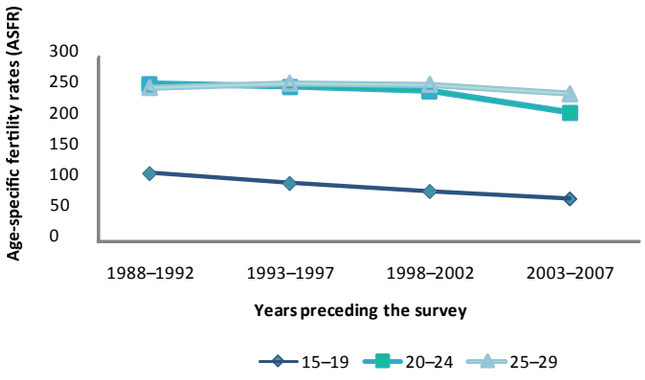
Six out of 10 households across the country do not have access to improved or non-shared sanitation facilities. The lack of sanitation facilities is particularly pronounced in rural areas, where less than 1 in 10 households have access to improved and not shared sanitation facilities.



According to the 2007 Solomon Islands Demographic Health Survey (SI DHS) there has been a slow but steady decline in fertility rates over the last 20 years. Solomon Islands women have a total of 4.6 children on average.

Fertility levels are lower for women residing in urban areas (Total Fertility Rate [TFR]= 3.4) than rural areas (TFR=4.8). This difference is particularly pronounced in the 15–19 year age group (rural=75 births per 1000, urban= 41 births per 1000).

Trends in age-specific fertility rates



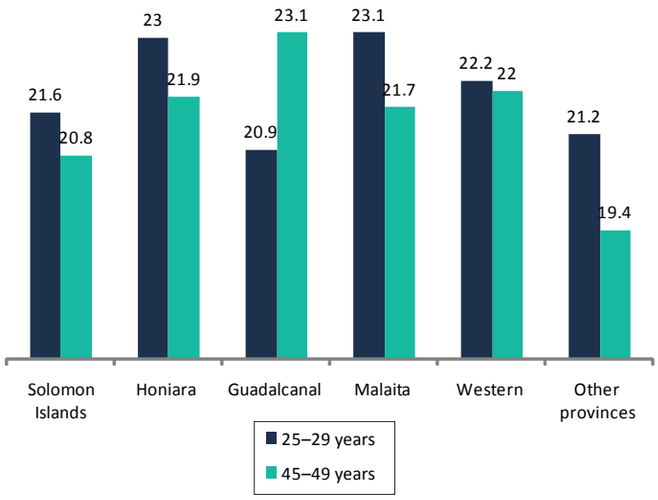
The initiation of childbirth starts early among Solomon Islands women. Over the past 20 years, adolescent fertility has decreased from 111 live births to 70 live births per 1000 women. A similar decline has taken place amongst 20–24-year-old women (from 256 to 209 live births per 100 women).

Teenage pregnancy and motherhood

Notwithstanding the decline in adolescent fertility over the last 20 years, results show continued evidence of early childbearing. Twelve percent of women aged 15–19 had already begun childbearing at the time of the survey, with 9 percent of 15 year old women having already had a child.

Young women from Guadalcanal were more likely to have begun childbearing earlier than women from other regions.

Median age at first birth



Median age at first birth

The median age at first birth shows a modest increase across Solomon Islands (from 20.8 to 21.6 years). This increase is evident across all regions except for Guadalcanal.

Age at first sexual intercourse

For women aged 25–49, the median age of first sexual intercourse is 18.2, which is lower than age of first marriage (19.9).

There is a higher proportion of women marrying earlier than men. Almost 1 in 10 young women aged 15–19 were married, while no young men in the same age group reported being married, indicating a cultural practice of early marriage for women.

Birth intervals

Close birth interval is an indicator of higher risk of infant mortality in the country. Around 1 in 5 births in Solomon Islands occur less than 24 months after the preceding birth.

Evidence showed close birth intervals particularly among children from Guadalcanal and Malaita.

Polygyny

The survey results indicated that polygyny is not very common, with only 5 percent of women reporting their husband have more than one wife. This was highest in the15–19-year-old age group (11.3%). Women living in Honiara and in the highest wealth quintiles were most likely to be living in a polygynous relationship.

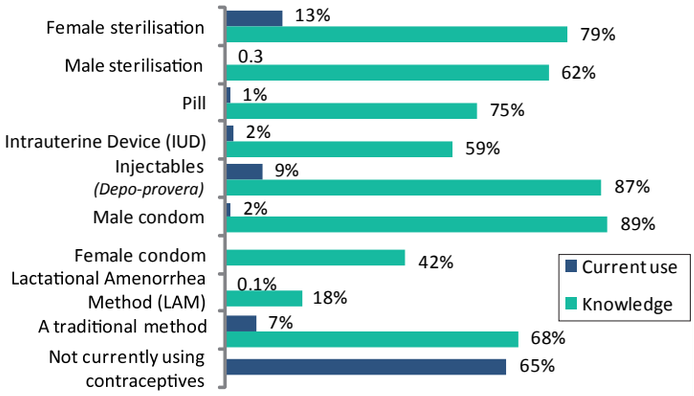
Family planning

Knowledge of at least one method of modern contraception is almost universal among both women and men. In spite of this knowledge and a desire to limit childbearing, only 27.3 percent of currently married women were using some form of modern contraceptive at the time of the survey.

Family planning: knowledge versus practice

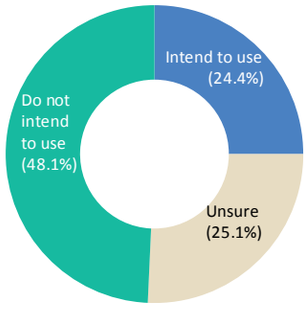
Of women who are currently using contraceptives, the proportion of sexually active unmarried women using a modern method of contraceptive (16.2%) is less than for currently married women (27.3%). Among unmarried women who reported using contraceptives, the greatest proportion (14%), stated that they were using condoms.

Current use of modern contraceptives (married women aged 15–49)



Intended future use of contraceptives (married women aged 15–49)

Just under 50 percent of currently married women who do not already use contraceptives do not intend to use any in the future.



Of those women who do intend to use some form of contraception in the future, the most popular choices are injectables, female sterilisation and male condoms.

The main reasons women reported for not using contraceptives were that they feared side effects (37%), are subfecund or infecund (15%), or were opposed to the use of contraceptives (15%).

The survey revealed that most Solomon Islands women do not begin to use contraception until they have had at least one child.

There is a direct association between use of modern family planning methods and number of children. Three percent of women with no living children use modern contraceptives (32% with three to four children and 38% with five or more children).

Those that do use contraception mostly obtained it for free (90%). More than 4 in 5 women in Solomon Islands get their contraceptives from government clinics where they are provided for free.

Injectables seem to be the most popular choice, with 38.6 percent stating that it would be their choice for future use of contraception.

Results showed that married women in Solomon Islands generally use contraceptives for birth limiting. There appears to be a slight shift however, toward earlier use of contraception, indicating a desire to delay childbearing among younger Solomon Island women.

Policy note:

There has been a slow and steady decline in fertility levels over the past 20 years. However, it remains at an average of 4.6 live births, and current contraceptive use is quite low, with intended future use not much higher. Eleven percent of women reported an unmet need for birth spacing or limiting.

It is possible that with a full range of low-cost contraceptive choices as well as education to dispel some of the myths and fears surrounding contraceptives, more women would chose to use modern contraceptives, particularly in rural areas where access to various options appears to be limited.

Injectables and contraceptives that do not require the mal partners cooperation currently appear to be popular choices among contraceptive options. It would be beneficial to encourage an open environment where both men and women can discuss contraceptive options.

There were indications of numerous missed opportunities to inform and educate women about contraceptive options and choices, with over three quarters of women reporting that they had not discussed contraceptives with outreach workers or during previous visits to health centres.

*For more detailed information on fertility and family planning see chapters 4, 5, 6 & 7 in the full 2007 SI DHS report.

Sexual and reproductive health is essential to women's well-being, empowerment and gender equality, and family planning is key to maternal and child health. Reproductive health covers women's use of antenatal, delivery and postpartum care, and general access to health care services. This information helps to identify population groups who are underserved with respect to sexual and reproductive health care services.

Antenatal care (ANC)

The survey reported almost full access to antenatal care, with 95 percent of Solomon Islands women receiving antenatal care from a skilled provider.

Attention is needed, however, on timing of visits and quality of ANC, especially education regarding signs of pregnancy complication and provision of medication and supplements.

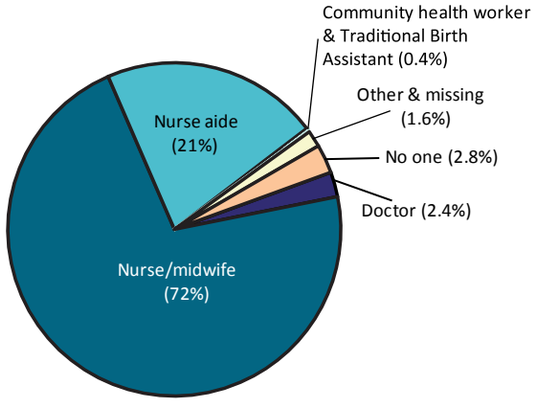
While almost two thirds of women (64.6%) made four or more visits, 18.1 percent **did not** make the recommended number of ANC visits, and 17.4 percent had no recall of how many visits they made.

Of those women who did attend ANC,

- 15% made their first ANC visit in the first 3 months,
- 43% made their first visit in the 4th or 5th month,
- 30% made their first visit during the 6th month or later.

The median gestational age at which women make their first visit is 5.6 months, when the opportunity may have passed to diagnose problems early, provide treatment, or prevent further complications.

Providers of antenatal care

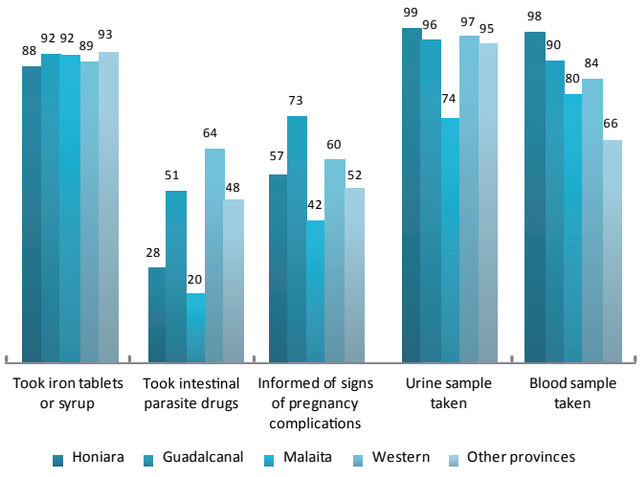


With reasonably high attendance rates for prenatal care, the high number of women reporting barriers to accessing health care is disconcerting. The concerns most often expressed related to unavailability of health care providers or drugs, indicating that the greatest problem in quality of service comes from a lack of resources.

Quality of antenatal care

It is worrisome that only 55 percent of women attending antenatal care were informed how to recognise signs of problems during pregnancy, particularly for first time mothers (51.9%) and potential high-risk births to older women (51.8%). In addition, only 42 percent of women reported that they were given medication for treatment of intestinal parasites.

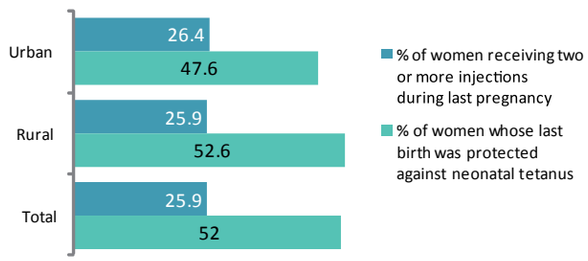
Selected services received by women who attended antenatal care for their most recent birth



Tetanus toxoid immunisation (TT)

Tetanus toxoid immunisation is given to pregnant women to prevent neonatal tetanus—one of the leading causes of neonatal death in developing countries. For full protection a woman needs two doses of TT during pregnancy.

Twenty six percent of all women claimed to have received two or more TT injections during their last pregnancy, and just over half had their last pregnancy protected against neonatal tetanus due to previous immunizations.

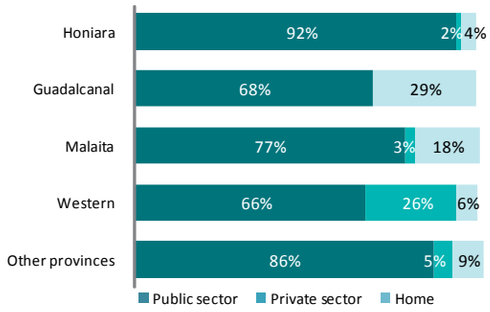


Childbirth care

Overall, 85 percent of births took place at health facilities and 14 percent of births took place at home.

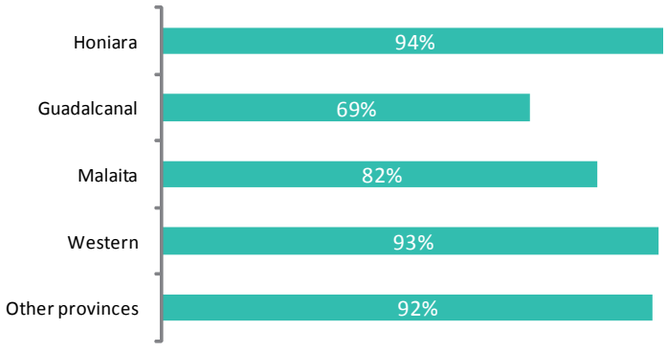
The proportion of births taking place in a health facility is higher in urban areas (94%) than rural areas (83%)

Place of childbirth



Eighty six percent of births were attended by a skilled provider A larger proportion of urban women (95%) had a skilled provider assist them during childbirth compared with rural women (84%).

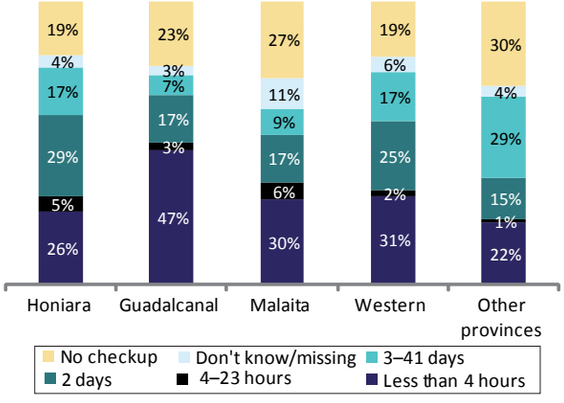
Assistance during childbirth by a skilled provider



Postpartum care

Postpartum care is important to follow up on any complications from the delivery, as well as give the mother important information on caring for herself and her child.

Timing of first postpartum checkup

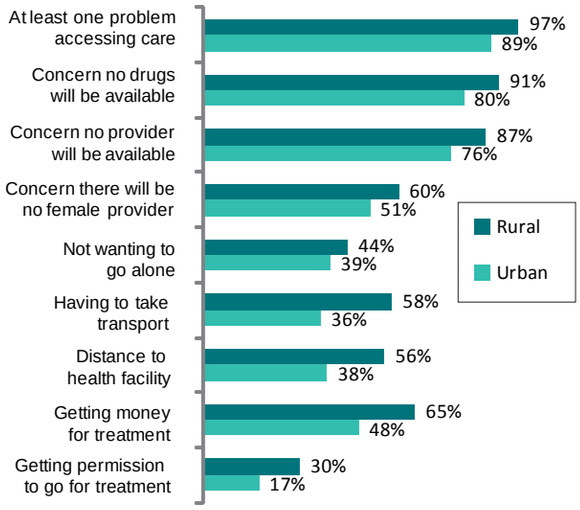


Among women who gave birth in the five years preceding the survey, over one quarter did not receive any postpartum care, 57 percent were seen for their first postpartum checkup by a doctor, nurse or midwife, 14 percent were seen by an auxiliary nurse or midwife and less than 2 percent were seen by other health providers including Traditional Birth Assistants (TBAs).

General problems accessing health care

Almost all women (96%) reported some problem in accessing health care. The most commonly reported problems were that no drugs (89%) or health care providers (85%) were available.

Over 97 percent of women in Guadalcanal, Malaita and other provinces reported at least one problem in accessing health care, with women in Guadalcanal reporting at least one as a serious problem.



Policy note:

With the vast majority of Solomon Islands women reporting some problem in accessing health care, it appears prudent to take note of reported service deficiencies.

Guadalcanal reported the highest proportion of women noting problems in accessing services, as well as the lowest number with skilled providers assisting during childbirth.

Attention is needed on timing and quality of ANC. With the median gestational age at first visit almost in the third trimester, a more proactive approach encouraging women to attend earlier is needed. In addition, TT coverage is quite low, with just over half of women reported to have had their last pregnancy protected.

With a quarter of women reporting no postpartum service coverage, it is unclear from the survey whether this is due to a lack of access or a lack of service uptake; however, it would be good sexual and reproductive health practice to bring coverage closer to 100 percent.

* For more detailed information on reproductive health see chapter 9 In the full 2007 SI DHS report.

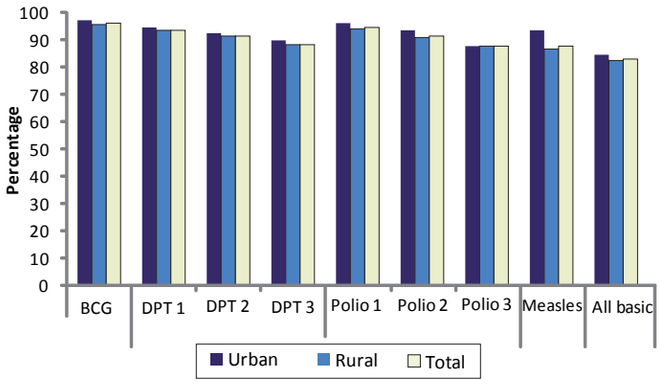
Many early childhood deaths can be prevented by immunising children against certain diseases and ensuring they receive prompt and appropriate treatment when they become ill.

Vaccinations

According to the 2007 SIDHS results, over three quarters (82.7%) of children aged 12–23 months were reported as having complete vaccination coverage at the time of the survey, while only 4.3 percent had no vaccination coverage at all.

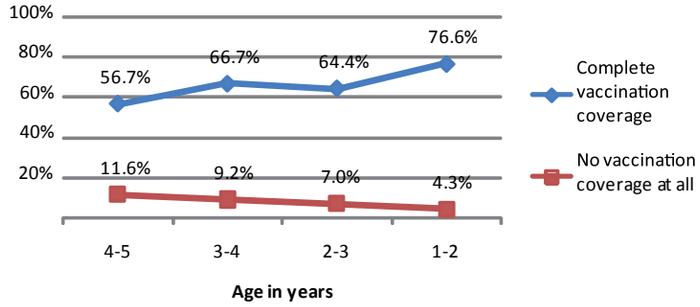
Universal immunisation of children against the eight vaccine-preventable diseases (tuberculosis, diptheria, whooping cough [pertussis], tetanus, hepatitus B, Haemophilius influenzae, polio and measles) is crucial to reducing infant and child mortality. World Health Organization guidelines regard children as fully vaccinated when they have received the full series of these vaccinations by the age of 12 months.

Coverage by type of vaccination



The 2007 SI DHS revealed noteable improvements in vaccination coverage by 12 months of age over the past five years. Amongst 4–5-year-old children 56.7 percent of children had complete coverage compared with 76.6 percent of 1–2-year-old children.

Vaccination coverage in the first year of life



Birth weight

With the majority of births taking place in a health facility in Solomon Islands, 81.3 percent of children were weighed; of these children, 4 percent were reported to be very small and 10 percent smaller than average. Size at birth was reported to be lower amongst births to mothers under 20, first order births, and mothers with no education.

Acute respiratory infections (ARI)

Generaly, ARI prevalence is low in Solomon Islands, with only 5 percent of children under five showing symptoms in the two weeks preceding the survey.

Fever

Seventeen percent of children under five had a fever in the two weeks preceding the survey. Children aged 6–11 months and 12–23 months were most likely to have had a fever in this period.

68.4 percent of children with a fever were taken to a health facility or provider for treatment. Children in Guadalcanal were least likely (46%) to be taken for treatment compared with those in other regions.

One in five children with a fever were given antimalarials and 7.3 percent were given antibiotics.

Diarrhoea

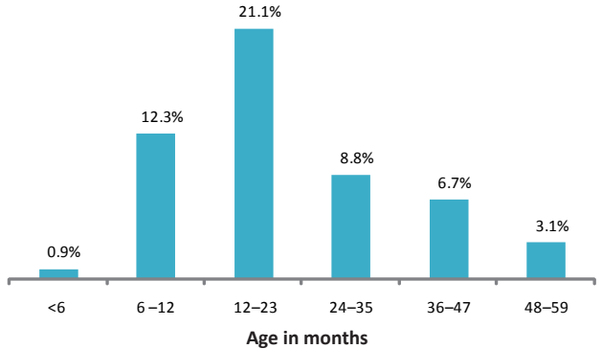
During the two weeks preceding the survey 9.4 percent of all children under five were reported to have had diarrhoea and less than 1 percent of them having diarrhoea with blood.

Over half of the children with diarrhoea were taken to a health care provider for treatment. Children living in rural households were more likely to be taken for treatment than their urban counterparts.

Over three quarters of children with diarrhoea were treated with some kind of oral rehydration therapy (ORT) or increased fluids.

Six percent of children with diarrhoea did not receive any treatment at all.

Prevalence of all diarrhoea by age



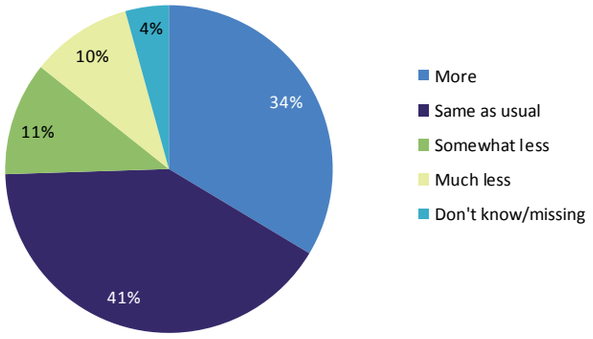
Feeding practices during diarrhoea

To help reduce dehydration and reduce the adverse consequences of diarrhoea on the child's nutitional status, mothers are encouraged to feed their children normally and to increase the amount of fluids given to them.

The 2007 SI DHS revealed that 41 percent of the children with diarrhea were given the same amount of liquid as usual, 34 percent were given more and 21 percent were given less than their usual amount.

Children living in urban areas are more likely to have received more than their usual amount of liquids and food during episodes of diarrhoea.

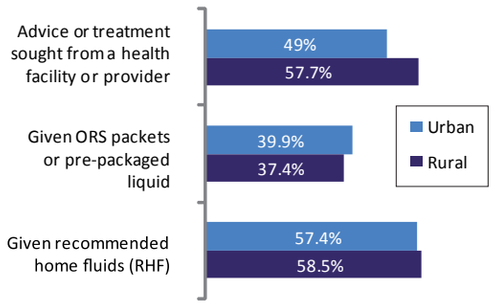
Amount of liquids given to children during diarrhoea



Regarding the amount of food given to children with diarrhoea, 38 percent were given the same as usual, 12 percent were given more, 16 percent were given less and 22 percent were given much less than their usual amount of food.

Oral rehydration salts (ORS)

The large majority of women (79%) who gave birth in the five years preceding the survey knew about ORS packets. The level of knowledge increased with the age of the mother, from 51 percent among the youngest age group to 85 percent in the oldest age group, and knowledge similarly increased as the level of education of the mother icreased.

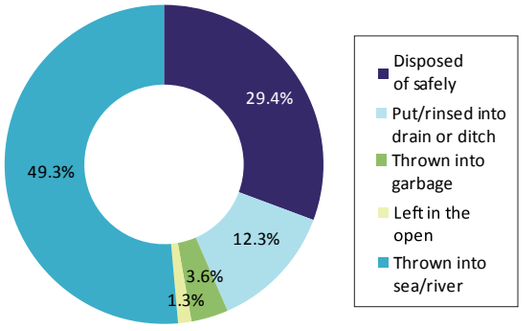


Disposal of excreta

Exposure to diarrhoea-causing agents is frequently related to the use of contaminated water and to unhygienic practices in food preparation and disposal of excreta. Proper disposal of human faeces is extremely important in preventing the spread of diseases.

Only 29 percent of children's stools were disposed of hygienically (i.e., the waste was put into a toilet/latrine or buried, or the child used a toilet/latrine). Almost half of all children's waste was thrown into the river or the sea.

Children's stools are more likely to be diposed of safely in urban areas (81%) than in rural areas (22%), which is not surprising considering that there are more toilet facilities available in urban areas.



Policy note:

Immunisation coverage appears to be good but with continued improvements and compliance could still be brought closer to 100 percent, particularly for measles vaccinations.

With less than one third of all children's waste disposed of safely, improvements in access to sanitation facilities as well as targeted community level health education in hygienic disposal of waste are needed.

The number of children being taken to a health facility or health provider for diarrhoea or a fever is quite low. It is not clear from the data whether this is due to a lack of uptake of services due to cost quality or availability; however, improvements need to be made to increase these numbers.

* For more information on child health see chapter 10 in the full 2007 SI DHS report.

Nutrition

Good nutrition is essential to good health. Poor nutrition can impact general productivity, as well as pose a significant burden on public health care systems through associated noncommunicable diseases.

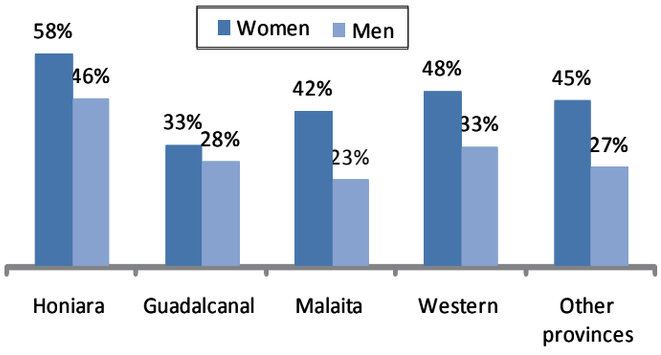
The causes of malnutrition include not eating enough nutritious food, poor food choices and feeding practices, parasitic infections, poor sanitation and other socio-cultural factors that influence food choices and feeding practices.

Nutritional status of adults

With malnutrition not representing a major health issue affecting adults (less than 3% of men, less than 2% of women), obesity and being overweight is of much greater significance to Solomon Islanders.

Thirty per cent of women were reported as overweight and 14.5 per cent obese, while 24 per cent of men were overweight and 5 per cent obese. Being overweight or obese was more pronounced in Honiara (58% of all women and 46% of all men) than anywhere else in the country.

Proportion of overweight and obese adults



Foods consumed by mothers

The quality and quantity of foods consumed by mothers influence their health and, for those breastfeeding, their children as well.

Mothers with more varied and healthy diets were those living in urban areas in Honiara and Western, and in wealthier households.

Micronutrient intake among mothers

Iron supplementation during pregnancy protects the mother and infant against anaemia. Vitamin A deficiency is also related to a number of adverse pregnancy outcomes.

The results of the 2007 SI DHS indicate that 88 per cent of women were consuming Vitamin A rich foods such as pawpaw, sweet potato, pumpkin and green leafy vegetables; however, less than 50 per cent were consuming protein rich foods high in iron.

The results also showed that 67.4 per cent of women were consuming foods high in fat and 18.6 per cent were consuming foods high in sugar, contributing to high levels of obesity among women in Solomon Islands.

Nutritional status of children

Adequate nutrition is critical to child development, and the period from birth to two years of age is important for optimal growth, health and development. Unfortunately this period is often marked by faltering growth, micronutrient deficiencies, and common childhood illnesses such as diarrhoea and acute respiratory infections (ARI).

Poor nutritional status is related to maternal malnutrition, low birth weight, inadequate breastfeeding and weaning diets, and childhood diseases.

Children in Solomon Islands were observed to be at both ends of the weight spectrum, with 2.5 per cent observed to be overweight and 2.4 per cent severely underweight.

Overall, 90.6 per cent of children were reported to have consumed foods rich in vitamin A, but only 31.6 per cent consumed foods rich in iron in the 24 hour period preceding the survey.

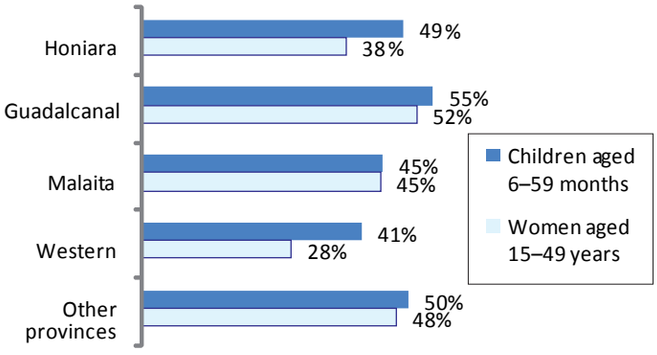
In addition, results suggested a very low uptake of supplementation programs, with only 7.4 per cent receiving vitamin A supplements and 4.2 per cent receiving iron supplements.

Anaemia

Overall, almost one third of all children surveyed were identified as having mild iron deficiency (anaemia).

Among women aged 15–49, 44.3 per cent were found to be anaemic, and prevalence was found to be highest among pregnant women (60%).

Anaemia among women and children



Stunting in children

On average, Solomon Islands children under five were shorter compared with children of the same age in the international reference population. Overall, 32.8 per cent of the children under five were identified as having low height for age, with 8.5 per cent being severely stunted.

Wasting in children

The prevalence of wasting in children is low, with less than 2 per cent severely wasted. Solomon Islands children however, were slightly underweight in relation to the WHO growth reference.

Underweight children

11.8 per cent of children were observed to be underweight, with more children observed to be underweight or undernourished than overweight in all provinces.

Infant and young child feeding practices (IYCF)

The nutritional status of the mother during pregnancy and lactation also has an important impact on the health and nutritional status of the child.

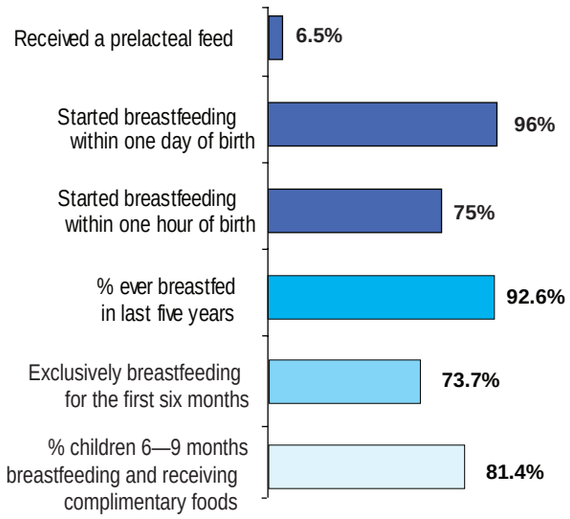
Feeding practices

92.6 per cent of children born in the five years preceding the survey were breastfed at some point.

Exclusive breastfeeding of babies declines quickly between four and eight months of age, with the introduction of complimentary foods at the age of four months a common practice in Solomon Islands.

The median duration of exclusive breastfeeding is 4.2 months, which is short of the WHO recommended 6 months of exclusive breastfeeding.

Breastfeeding practices



Policy note:

The survey showed a large proportion of adults were overweight, and women in particular. While a wide variety of Vitamin A rich foods were consumed, so was a large amount of fatty and sugary foods contributing to this problem. Obesity and associated noncommunicable diseases can pose a significant burden on a public health system.

Almost half of all women showed some degree of anaemia. Consumption of iron rich foods was low, perhaps due to the cost and availability of such foods, and while iron tablets are provided routinely for pregnant women, few other women reported being given iron tablets.

Breastfeeding is nearly universal in Solomon Islands, with 93 per cent of mothers reporting to have breastfed their child at some time, and almost three in four children were exclusively breastfed for the recommended six months. There is still room for improvement in bringing the proportion of children exclusively breastfed until six months of age closer to 100 per cent, which has the potential to make substantive contributions to child health with minimal implications for the health budget.

A third of all children were reported to have low height for age, with 8.5 per cent being severely stunted, and 1 in 10 children were observed to be underweight. Children not breastfed, in particular, were not meeting the required minimum nutritional requirements for IYCF standards; they were not eating varied and nutritious foods. In addition, only 7.8 per cent of children were given vitamin A supplements, and only 4.2 per cent were given iron supplements.

A more focused effort on complete supplementation programs and education of mothers to ensure compliance alongside improved eating habits would potentially reduce levels of obesity in the adult population and malnutrition of children.

* For more information on nutrition see chapter 11 in the full 2007 SI DHS report.

Malaria

Malaria represents a major public health concern in Solomon Islands, especially among those who are particularly vulnerable such as pregnant women and children under five years of age. It is a leading cause of morbidity and mortality in Solomon Islands, and poses a high burden in both societal and economic terms. Most parts of the country report transmission throughout the year, though it increases during and soon after the rainy season.

Mosquito nets

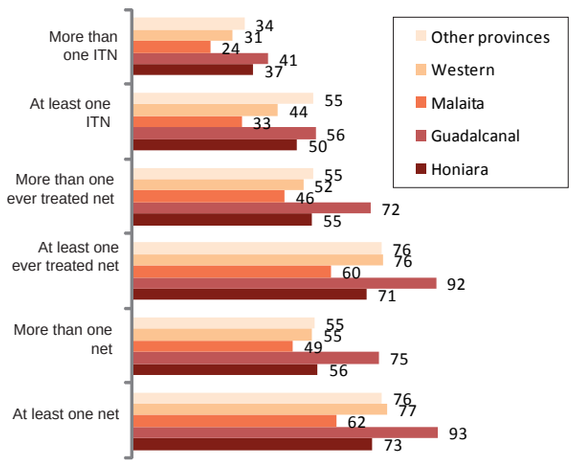
The use of insecticide treated mosquito nets (ITNs) is a key part of the Solomon Islands Government primary health intervention aimed at reducing malaria transmission in Solomon Islands. A net that has been treated with insecticide kills and repels mosquitoes with greater effectiveness than a net that has never been treated; however, not as effectively as a net that was treated within the last 12 months or was made with a long lasting insecticide.

Ownership of mosquito nets

Three quarters of all households in both urban and rural areas own at least one mosquito net; ownership ranges from a high 93 per cent on Guadalcanal to a lower 62 per cent on Malaita.

On the other hand, the availability of insecticide treated nets (INT) is much lower, affecting only one in 2 households in both urban (50.3%) and rural (48.3%) areas. Ownership is highest on Guadalcanal (56%), with only 1 in 3 Malaita households having access to an ITN. Socio-economic factors appear of only marginal importance, with ITN ownership in the highest wealth quintile marginally higher (52%) than in the lowest quintile (42%).

Household ownership of mosquito nets (%)

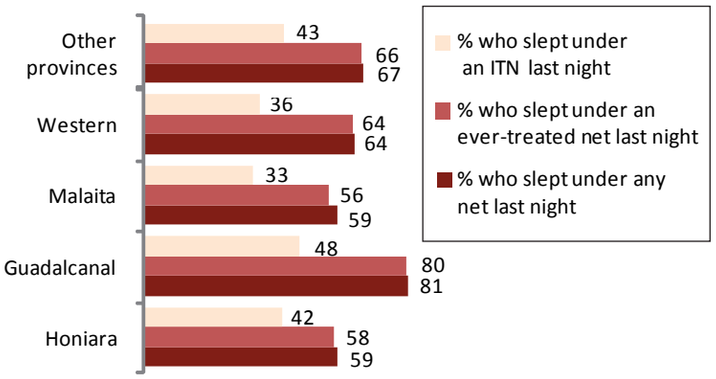


The low proportion of currently treated nets in relation to overall net ownership indicates that nets are not being re-treated as often as recommended.

Use of mosquito nets

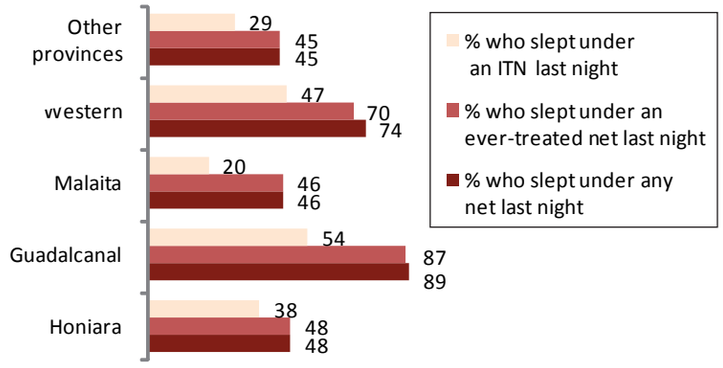
Two thirds of children under five slept under a net the night before the survey. The highest rate of net use was reported for Guadalcanal, where 81 per cent of children slept under a net the night before the survey. Use of ITNs was significantly lower, with less than half of children under five (40.4%) having slept under an ITN.

Use of mosquito nets by children



A greater proportion of children under five slept under a mosquito net compared to women. Only 35 per cent of all women and 36.5 per cent of pregnant women slept under an ITN the night before the survey.

Use of mosquito nets by pregnant women

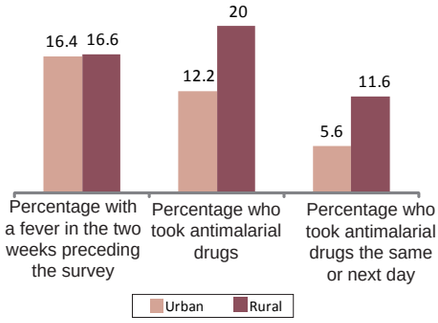


Higher rates of net use were reported among women living in rural households; 58.3 per cent of women in rural areas slept under a net compared with only 44.8 per cent of their urban counterparts. The highest rates (as was observed for children), were recorded for Guadalcanal, with 75 per cent of women aged 15–49 having slept under a net the night before the survey.

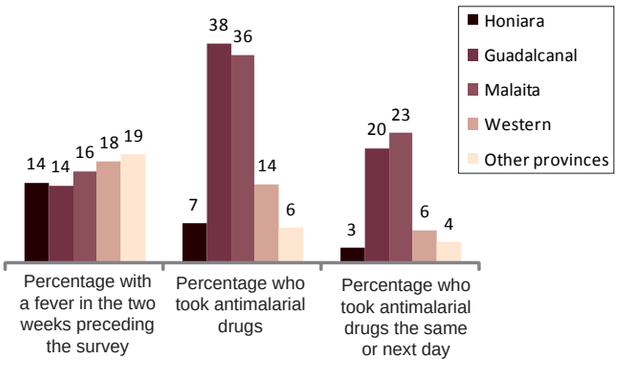
Treatment of children with fever

One in 6 children under five had a fever in the two weeks preceding the survey. Nineteen per cent of these children were given antimalarial drugs.

Rural children with fever are more likely to receive antimalarials as a presumptive treatment for malaria than their urban counterparts. This is because of lower coverage of microscopy services for diagnosis in rural areas.



The number of children with a fever in the two weeks preceding the survey does not differ that much across provinces; the treatment, however, is very different. Children in Malaita and Guadalcanal in particular are treated with antimalarials for a fever much more frequently than in any other province.



Prophylactic use of antimalarial drugs

In the two years preceding the survey 93 per cent of pregnant women took some form of antimalarial drug for prevention of malaria during pregnancy for their last live birth.

Policy note:

Malaria remains one of the biggest killers in Solomon Islands. Some areas appear better protected against vector borne diseases than others. However, treated bed nets are not used universally, and pregnant women and children do not appear to be taking the benefit of the nets that are in households.

Bed nets are a proven cost effective way of preventing malaria. In line with the Solomon Islands Vector Borne Disease Control Program (VBDCP), continued distribution of ITNs and perhaps a re-treatment programme, are needed to compliment this strategy, carried out in conjunction with comprehensive community education and awareness programmes.

Improvements are needed in the reliability and quality of diagnostic services , and they must be accessible for all, particularly in rural areas.

* For more information on malaria see chapter 12 in the full 2007 SI DHS report

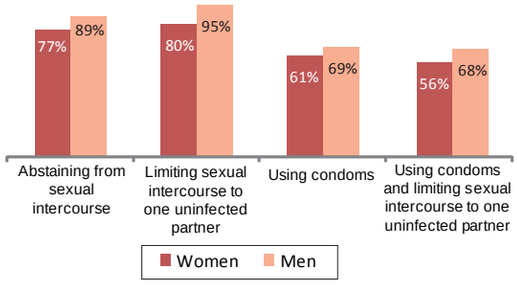
HIV and AIDS

Human immunodeficiency virus (HIV) is a virus that causes Acquired Immune Deficiency Syndrome (AIDS) and weakens the immune system, making the body susceptible to and unable to recover from other opportunistic diseases that lead to death through these secondary infections. The predominant mode of HIV transmission is through heterosexual sexual contact, followed in magnitude by perinatal transmission, where the mother passes the virus to the child during pregnancy, delivery or breastfeeding. Other modes of transmission are through sexual contact, infected blood and unsafe injections.

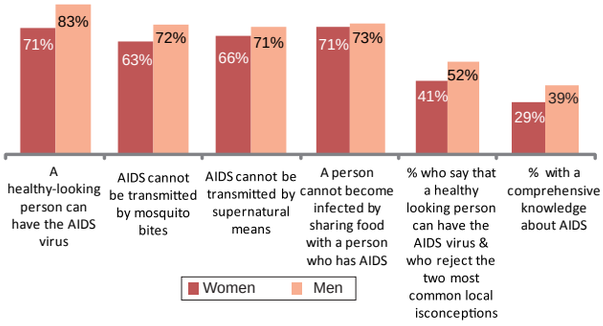
Knowledge of HIV and AIDS is widespread but not universal among the adult Solomon Islands population (94% of women and 98% of men aged 15–49). However, while general knowledge of HIV and AIDS is quite high, more comprehensive knowledge is much lower (29% of women and 38.6% of men).

Consistent condom use was the least known way of preventing HIV transmission.

Knowledge of HIV and AIDS prevention methods



Comprehensive knowledge of HIV and AIDS



Mother to child transmission

Sixty nine per cent of all Solomon Islands women and 53 per cent of all men were aware that HIV can be transmitted via breastfeeding or during pregnancy, and only 8 per cent of women and 9.2 per cent of men were aware of the potential benefits of anti-retroviral medicines during pregnancy for HIV positive mothers. Knowledge appears to be slightly lower among currently pregnant women.

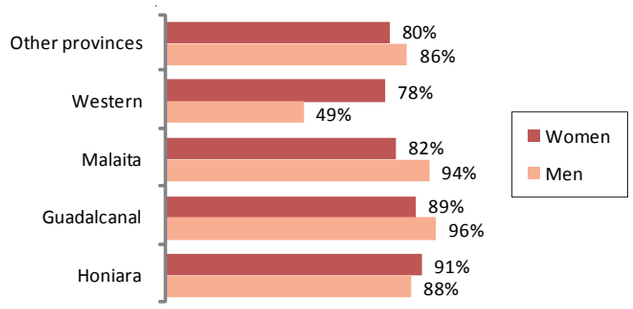
Stigma and attitudes associated with HIV & AIDS

The findings indicate that stigma associated with HIV and AIDS is high in Solomon Islands, with very few people showing accepting attitudes towards people living with HIV/AIDS even if the infected person is a family member. Only 56 per cent of men and 36 per cent of women stated that they would be willing to care for a family member who is infected with HIV. Very few respondents expressed accepting attitudes on all indicators (10% of men and 5% of women)

Attitudes toward negotiating safer sex

A similar proportion of women and men (83% and 86% respectively) agreed that a woman is justified in refusing to have sex with her husband or asking that he use a condom if she knows he has a sexually transmitted disease. While there is no substantial difference in the proportion of women and men overall, it is of note that less than 50 per cent of men in Western Province think it is justifiable for a wife to refuse sex or to negotiate safer sex.

Agreement with a woman's right to either refuse sex or ask that her husband wear a condom



Payment for sex

The results showed that about 2 per cent of all men aged 15–49 years paid for sex in the 12 months prior to the survey.

Male circumcision

Recent studies have indicated that male circumcision may reduce the risk of HIV transmission. Overall, 4.4 per cent of men reported to have been circumcised. There is a significant difference between ethnic groups, with only 3 per cent of Melanesian men reporting to have been circumcised compared with 45 per cent of Polynesian men.

Multiple sex partners and high risk sex

Overall, 15 per cent of women and 32 per cent of men reported to have had higher-risk sex in the past 12 months.

While the survey revealed a strong belief that both husband and wife should be faithful to one another, only one in five women and men stated that they know a husband and/or wife who only has sex with his or her spouse.

HIV and AIDS knowledge and sexual behaviours among young men and women (15—24 years)		
	Women	Men
Comprehensive knowledge of AIDS	29.3%	35.1%
Knows consistent condom use can reduce the risk of HIV transmission	61.4%	67.9%
Knowledge of a condom source	46.0%	81.0%
Used a condom during first sex	14.1%	14.8%
Had high-risk sex in the past 12 months	43.4%	78.9%
Used condoms during high-risk sex	16.5%	25.6%
Had sex before 18 years of age	51.1%	54.8%

Premarital sex and condom use

About 36 percent of never-married women and 55 per cent of never-married men (aged 15–24 years) reported having had sex in the past 12 months. Of these young men and women reporting premarital sex, 17 per cent of young women and more than a quarter of never married young men reported using a condom during last sexual intercourse.

High-risk sex among youth

Almost four in five young men (78.9%) and two in five young women (43.4%) who had sexual intercourse in the past 12 months had high-risk sex.

Of those that had high-risk sex, only one in four young men (25.6%) and 16.5 per cent of young women reported using a condom during their last high-risk sex.

Of the young women who had high-risk sex, 6.2 per cent of those aged 15–19 had sex with a man about 10 years older than them.

Alcohol consumption and sexual intercourse

Sex under the influence of alcohol can impair judgement, compromise power relations and increase risk taking behaviour. Only a small proportion of young women and men 15–24 years (0.6% and 5%, respectively) reported that they were drunk during their last sexual intercourse.

Sexually transmitted infections

The 2007 incidence rate of sexually transmitted infections (STIs) in Solomon Islands was reported to be on the rise, with an increased number of cases treated during the year. While the numbers are relatively small compared with other reasons for clinical attendance during the year, STI trends are monitored as they are closely associated with HIV; they share similar risk factors, and increase the likelihood of contracting HIV.

Slightly fewer women (2.6%) than men (3.5%) reported that they had an STI or symptoms of an STI in the 12 months preceding the survey. Of those reporting having an STI or symptoms, 40 per cent of women and 35 per cent of men sought treatment from a clinic/hospital/ private doctor or other health professional, while 33 per cent of women and 26 per cent of women did not seek any advice or treatment.

Policy note:

There appears to be a gap in knowledge particularly around condoms in the reduction of exposure to HIV. While 80 per cent of respondents know that condoms could be used as a contraceptive, many fewer knew that they could be used to prevent HIV. This may explain the high reported levels of unprotected sex, in particular among those having higher-risk sex.

Several of the survey findings, that half of Solomon Islands young men and women have already had sex before they turned 18, only 14 and 15 per cent of 15–24 year old men and women respectively, reported using a condom during their first sexual intercourse, less than half of young women know where to get a condom, and over three in four young men had high-risk sex in the 12 months prior to the survey indicates that 'safe sex' messages are not getting through, which should be of considerable public health concern.

In addition, very few Solomon Islanders know where they can get an HIV test done (26% of women and 38.9% of men), and while most people surveyed expressed a belief in being faithful, only one in five reported that people they knew actually practiced this.

It appears that basic awareness of HIV and AIDS is reasonable, while comprehensive knowledge and corresponding behaviour is still poor, despite many years of sexual and reproductive health education. Different strategies, and a more pronounced focus on behaviour change are needed as well as greater targeting of women living in rural area.

* For more information on HIV/AIDS related knowledge, attitudes and behaviours see chapter 13 in the full 2007 SI DHS report.

Gender refers to the socially constructed roles, behaviours, activities and attributes that a particular society considers appropriate for men and women. Gender roles and responsibilities are learned, change over time and vary within and between countries and cultures according to social, religious, historical, and economic factors. Gender constructs give rise to gender inequalities (i.e., the systematic favouring of one group over another in the access to opportunities, resources and services such as land, education, employment and political participation). In turn, such inequalities can lead to inequities between men and women including in health status and access to health care.

The study of women's status, and empowerment in particular, is important as it provides insight into their impact on demographic and health outcomes for women.

Education levels

In terms of basic education and literacy there is a gap between Solomon Islands men and women. Women have slightly lower levels of educational attainment, particularly in attainment of more advanced education.

Among women and men aged 15–49, 21 percent of women and 11 percent of men cannot read at all.

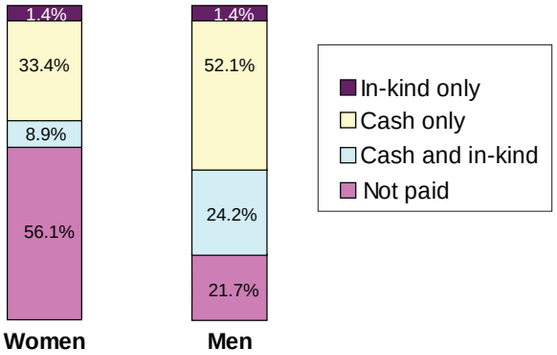
Employment

Like education, employment can also be a source of empowerment for both men and women. This is particularly important for women's empowerment where it puts women in control of income.

A much smaller number of currently married women (42.1%) than currently married men (87.1%) were employed some time in the year prior to the DHS, indicating a gender disparity in the employment sector.

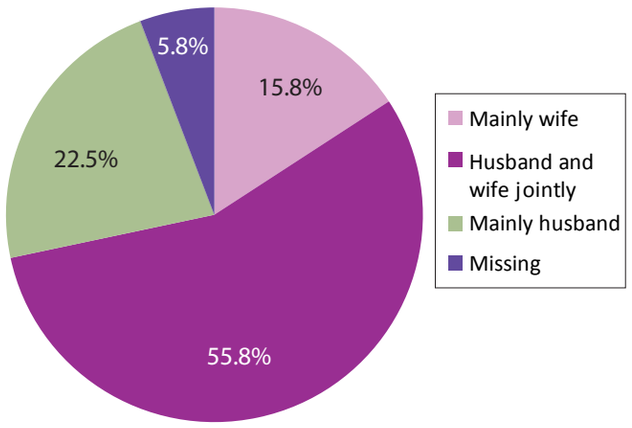
The economic vulnerability of women was exacerbated by the fact that more than half (56.1%) of those women who were employed were not paid, either in cash or in kind, for their work.

Employment and cash earnings of currently married respondents



The results show that women have a significant amount of control over how earnings are spent including their husband's earnings. Almost one quarter reported that their husband has sole control over how his earnings are spent.

Control over men's cash earnings
Currently married women 15–49



Participation in household decision-making

Women were asked about their participation (i.e., having the final say either solely or jointly) in decisions on major household purchases and for daily needs, their own health care and visits to their family.

The majority of women in Solomon Islands participate in all four types of household decisions asked about. Only 6.4 percent of women in Solomon Islands do not participate in any of the four decisions. However, there is still room for improvement as more than 40 percent of women do not participate in all household decision making.

Only 28.1 percent of married women reported that they make their own health care decisions independently; and 16.6 percent reported that their husbands/partners make their health care decisions for them.

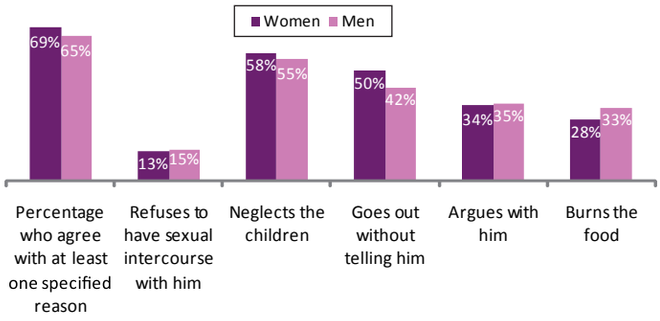
Only 19.8 percent of women reported that they had the main decision-making power regarding visits to their family and friends, while 7 percent of men reported that their wife has primary responsibility for this decision. This is significant, as controlling behaviour often takes on the form of limiting access to support networks and isolating victims, making those in violent situations particularly vulnerable.

Attitudes towards violence against women

Violence against women has serious consequences for their mental and physical well-being. One of the most common forms of abuse worldwide is abuse by a husband or partner.

Sixty nine percent of women agreed with at least one of the reasons asked as justification for violence against women. It is worrisome that the majority of women believe that intimate partner violence is justified under some circumstances, indicating that women themselves generally accept subordinate status within a relationship.

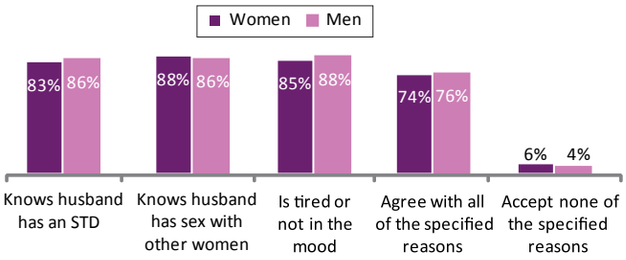
Justification of violence against women (age 15-49)



For both women and men the most commonly accepted reason for violence was neglecting the children.

Younger men were more likely to justify partner violence against women than older men, highlighting a need to include gender equality in education programs particularly for young men.

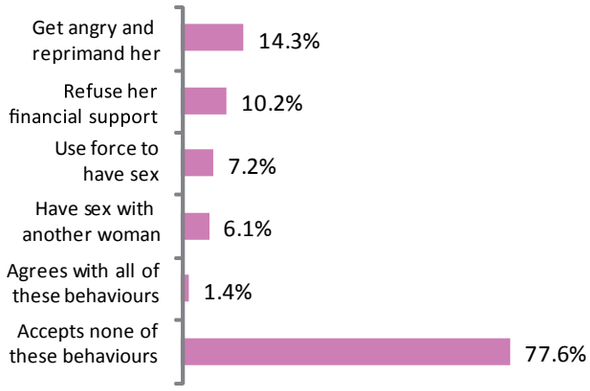
Attitudes toward a woman's right to refuse sex with her husband (age 15-49)



The majority of women report a high level of sexual autonomy, with three in four women agreeing with all of the reasons for a wife refusing to have sex with her husband, and only 6.4 percent not accepting any of the specified reasons for refusing sex.

Among men, 4.1 percent believed that women were not justified in refusing sex under any of the specified circumstances, which is lower than the number of women who did not accept any of the reasons, possibly indicating a greater respect for women's sexual autonomy than women have themselves.

Men's attitudes toward a husband rights when his wife refuses to have sex (age 15-49)



It is encouraging that a significant majority (77.6%) of men do not agree with any of these behaviours relating to a husband's rights.

Policy note:

Where women are financially dependent on men their control over their own lives and bodies can be greatly diminished. The high proportion of women not being paid at all for their work is particularly worrisome as domestic work such as caring for children, cooking and cleaning is also predominantly carried out by women, creating a double burden. It is encouraging that over half of the women reported joint control over household spending; however, there is still room for improvement with a quarter reporting to have no say in how their husbands' earnings are spent.

There is a clear need for women to be empowered regarding their own health. This should involve greater emphasis on health education and awareness for women and girls in both urban and rural areas, including information on both general and reproductive health issues, and on accessing health care advice, facilities and services.

Both women and men expressed that partner violence was justified under some circumstances, with younger men more likely to condone violence against women. Steps need to be taken to abolish the traditional attitudes held by both women and men which condone violence against women, limit women to stereotypical roles or are based on the inferiority of women vis-a-vis men. This could be accomplished through media campaigns, community awareness initiatives and inclusion of gender equality programs in educational curricula.

* For more information on gender and development see chapter 14 in the full 2007 SI DHS report.