



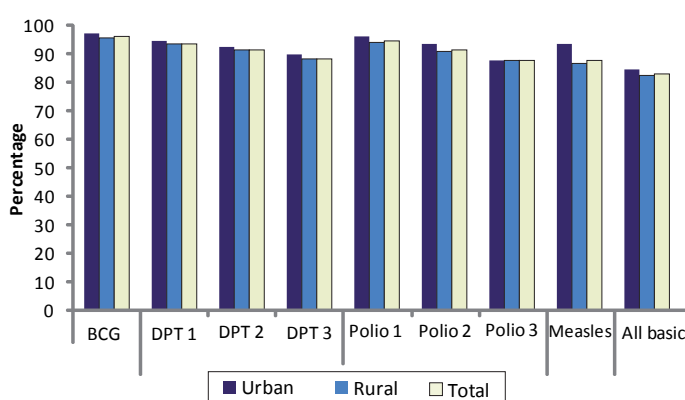
Many early childhood deaths can be prevented by immunising children against certain diseases and ensuring they receive prompt and appropriate treatment when they become ill.

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.

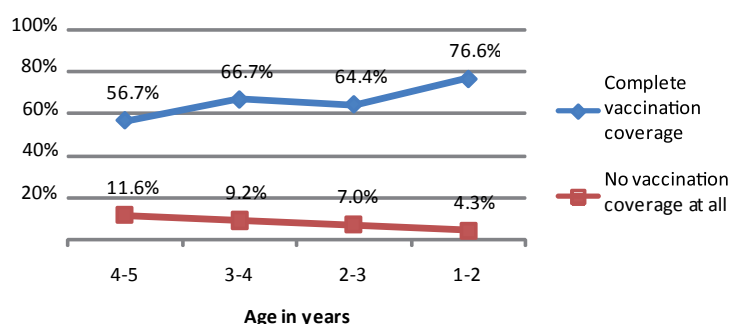
Universal immunisation of children against the eight vaccine-preventable diseases (tuberculosis, diphtheria, whooping cough [pertussis], tetanus, hepatitis B, Haemophilus influenzae, polio and measles) is crucial to reducing infant and child mortality. World Health Organization guidelines regard children 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 notable 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)

Generally, 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

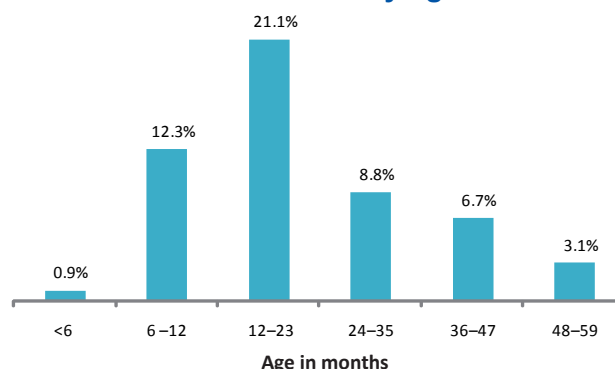
During the two weeks preceding the survey 9.4 percent of all children under five were reported to have had diarrhoea and less than 1 percent of them having diarrhoea with blood.

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





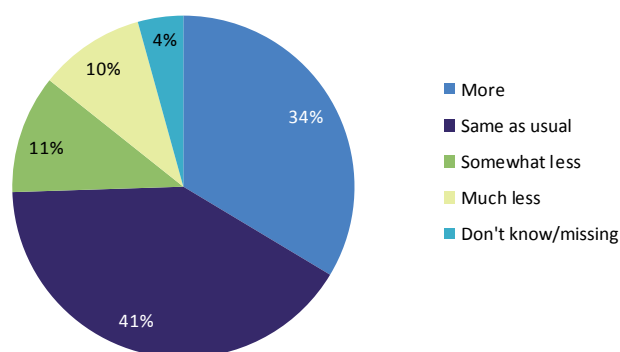
Feeding practices during diarrhoea

To help reduce dehydration and reduce the adverse consequences of diarrhoea on the child's nutritional 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 diarrhoea 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.

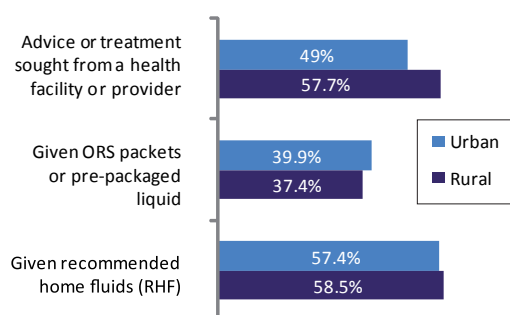
Amount of liquids given to children during diarrhoea



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 increased.

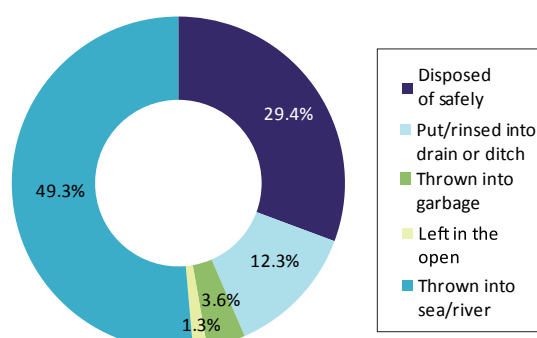


Disposal of excreta

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 disposed 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.

