Nutrition

Good nutrition is essential to good health, and good health positively affects a person's physical growth, educational outcome and general productivity in the workforce (to name a few), and reduces the risk of diseases related to over-nutrition and under-nutrition.

The causes of double burden malnutrition include poor food choices, eating less nutritious food, inappropriate infant feeding practices, parasitic infections, poor sanitation, and other socioeconomic factors that influence food choices and feeding practices.

Nutritional status of children

Adequate nutrition is critical to child development, and the period from birth to age 2 years 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 infection.

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

Stunting in children (height-for-age)

On average, Solomon Islands children under age 5 years achieve linear growth potential (i.e. grow taller) compared with children of the same age in the international reference population. Overall, 32% of children under age 5 years are identified as having short stature for their age, with 10% being severely stunted.

Wasting in children (weight-for-height)

The prevalence of wasting in children is low, with only 3% being severely wasted. Solomon Islands children have achieved normal weight for age in relation to the World Health Organization (WHO) growth reference.

Underweight in children (weight-for-age)

About 16% of Solomon Islands children are underweight, with more children being underweight and undernourished in all provinces than those children that are overweight.

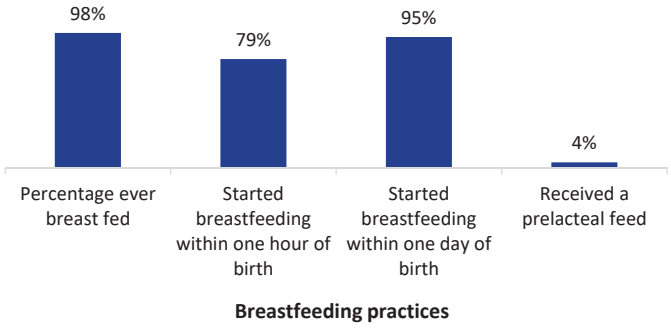
Infant and young child feeding practices

The survival, growth, development and health of children are closely linked to infant and young child feeding practices. The WHO and the United Nations International Children's Emergency Fund recommend that solid food should only be given after a child reaches six completed months of age, and that breastfeeding should continue into the second year of life and beyond.

Feeding practices

About 98% of children born in the five years preceding the 2015 Solomon Islands Demographic and Health Survey (SIDHS) were breastfed at some point, with 95% receiving their first breast feed within one day after birth.

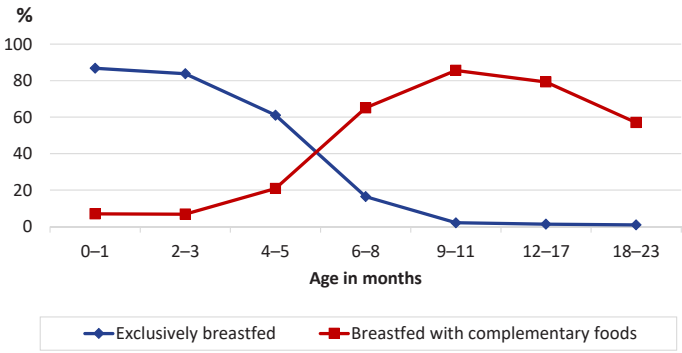
Fig. 1: Breastfeeding practices in Solomon Islands, 2015 SIDHS



Exclusive breastfeeding of babies declines rapidly when they reach age 4 to 7 months, with 65% introduced to complementary foods at age 6 completed months, which is a slight improvement in the adherence to the WHO's recommended infant and young child feeding practices.

The median duration of exclusive breastfeeding is 4.5 months, which is short of the recommended 6 completed months of exclusive breastfeeding recommended by the WHO.

Fig. 2: Feeding practices and complementary foods



Micronutrient intake in children

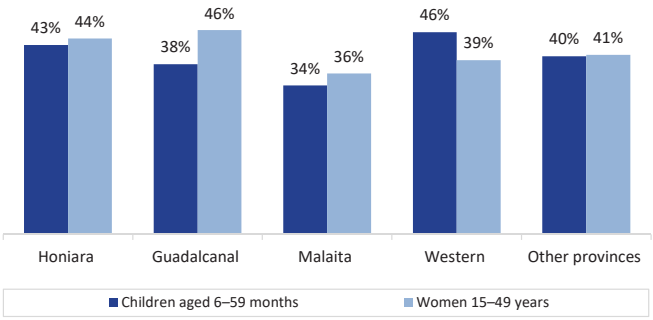
Around 84% of children consume vitamin A-rich foods while 37% receive vitamin A supplements. Iron intake from food is much lower, at 46%, while only 11% receive iron supplements. In addition, the 2015 SIDHS suggests there has been an improved uptake of supplements, as opposed to what was reported in the 2006–2007 SIDHS.

Anaemia in women and children

Overall, about one-quarter of all children (24%) surveyed were identified as having mild iron deficiency anaemia, 14% having moderate anaemia and less than 1% suffered severe anaemia. More urban children identified as being anaemic than rural children. Children in Western Province are more likely to suffer with anaemia.

About 41% of all women have any anaemia, with a higher proportion (54%) found among pregnant women, breastfeeding mothers (49%), and women living in Guadalcanal (46%).

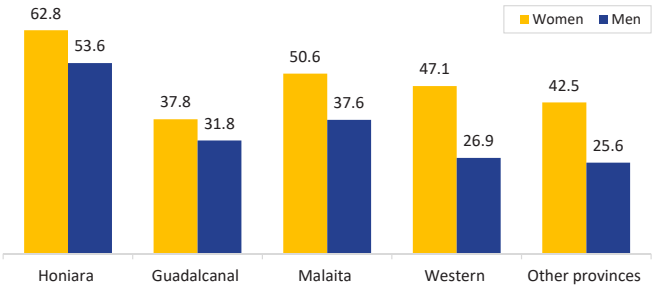
Fig. 3: Percentage of Solomon Islands children and women with anaemia, 2015 SIDHS



Nutritional status of adults

Nutritional status is assessed using the body mass index (BMI), where a low BMI (<18.5) indicates underweight, normal BMI (18.5–24.9) indicates a healthy weight, and a high BMI (≥ 25) indicates overweight or obesity. In Solomon Islands, underweight (or low BMI) affects few of the adult population of both men (3%) and women (2%). High BMI is a significant health issue that affects 47% of women (30% overweight, 18% obese) and 34% of men (26% overweight, 9% obese). High BMI levels are predominant among women in Honiara.

Fig. 4: Proportion of women and men who are overweight and obese by region, 2015 SIDHS



Micronutrient intake in women aged 15–49

Vitamin A supplements are given to mothers after childbirth to increase their vitamin A stores, which protect against infections and blindness. About 33% of mothers take vitamin A supplements after childbirth, with the highest proportion among those living in Guadalcanal.

Iron supplements are also given to pregnant mothers to increase their iron stores to prevent adverse pregnancy outcomes from iron deficiency. About 31% of pregnant mothers take iron supplements at <60 days during pregnancy but the percentage decreases to 25% at >90 days. A few pregnant women do not recall whether they took iron supplements. Vitamin A and iron intake from food sources were not compiled during the 2015 SIDHS.

Presence and use of iodised salt

Salt was tested for iodine in 88% of households (HH). Among HHs that were tested, 98% used iodised salt, indicating that iodised salt is widely available and used in Solomon Islands.

Policy note

Breastfeeding is nearly universal in Solomon Islands, with 98% of mothers having breastfed their child at some time. Almost three in four children are exclusively breastfed for the recommended six completed months. However, there is need to bring the proportion of children who are exclusively breastfed until six completed months of age closer to 100%, which has the potential to make substantive contributions to children's health, which in turn has health implications in adulthood and places less strain on the country's health budget.

The prevalence of malnutrition among children under age 5 years in Solomon Islands is broken down as follows: 32% have low height for age, 10% are severely stunted, and about 16% are underweight. In particular, children who are not breastfed and those who do not eat varied and nutritious food do not meet the minimum international nutritional requirements for infant and child feeding practices. There is a need for educational support to parents and the community about the importance of nutritious foods for their children's physical and intellectual development.

Healthy lifestyle promotion should be prioritised for adults, particularly those in urban centres, as overweight and obesity is a significant risk in non-communicable diseases.

Vitamin A and iron supplement intake among postpartum mothers and pregnant women could be improved. Continual education of both health professionals and mothers about micronutrients is a priority for strengthening supplementation programmes and to increase compliance.

Iodine is vital for a body's metabolism, including foetal bone and brain development. Severe iodine deficiency in pregnant and lactating mothers leads to brain damage in the foetus and infant. Although 98% of households have access to iodised salt, there is a need for qualitative and quantitative iodine analyses.

**For more detailed information on nutrition, see chapter 11 in the 2015 SIDHS report.*