

# Infant and Child Mortality



Infant and child mortality data are important not only for demographic assessment but also for design and evaluation of health programmes and policies. Primary and preventative health services target improving the quality of life for the Nauruan people; this includes the reduction of infant and childhood mortality and the incidence of high risk pregnancies.

Given the small sample size in Nauru, care must be taken when interpreting the results of the Nauru DHS 2007, which collected birth histories of 588 women.

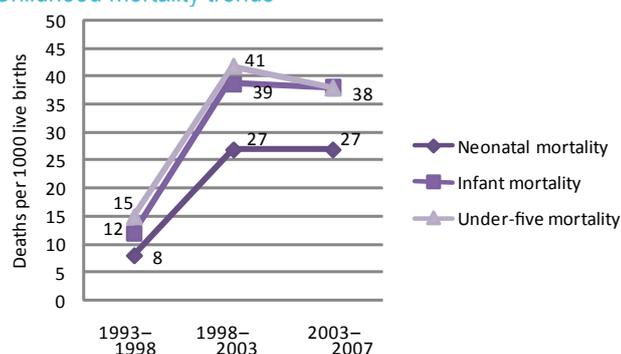
Neonatal mortality	probability of dying within the first month of life
Infant mortality	probability of dying before the first birthday
Under-five mortality	probability of dying before the fifth birthday

For the period measured during the 2007 Nauru DHS, the infant mortality rate is 38 deaths per 1,000 live births. This means that slightly less than 4 in every 100 children born in Nauru do not live until their first birthday. The under-five mortality rate is also 38 deaths per 1,000 live births. This suggests that all children under five who were included within the sample and died within the five years prior to the survey, died before their first birthday.

The trends in neonatal, infant and under-five mortality show a marked increase in the number of childhood deaths since 1993–1998: a sharp increase was recorded between 1993–1998 and 1998–2003. The situation has stabilised since then and a modest improvement in child mortality has been recorded recently.

When estimates from the 2007 Nauru DHS are compared with the vital registration system in Nauru, there is a significant difference in mortality levels and trends. The vital registration system indicates that early age mortality is significantly higher than shown in the 2007 Nauru DHS. This discrepancy highlights the fact that great care that must be taken when interpreting the survey results, especially given the very low number of respondents and the scope for sampling errors with a small number of childhood deaths.

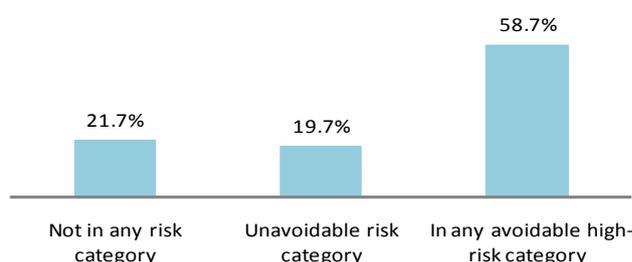
## Childhood mortality trends



## High-risk fertility behavior

Generally, infants and children have a greater probability of dying if they are born to mothers who are ‘too old’ (over 34 years) or ‘too young’ (under 18 years), born after a short birth interval (<24 months after a previous birth), or of a high birth order (i.e. the mother has previously given birth to three or more children).

Only 22% of births in Nauru were not in any high-risk category. An additional 20% of births are first order births to mothers aged 18–34 years – considered an unavoidable risk category. The remaining 59% of births in Nauru are in at least one of the specified avoidable high-risk categories. About 43% are in just one of the high-risk categories, while 16% of births are in multiple high-risk categories.



## Policy note:

Unlike most other Pacific Island countries, Nauru experienced a reversal of infant mortality since the early 1990s; it increased from 12/1000 in the early to mid-1990s to 38/1000 over the past five years. The main driver of this development is neonatal mortality, which reached 27/1000 in 1998–2003 and stabilised at this level during the past 10 years.

On the positive side, child mortality has improved, with no DHS reported death for children aged 1–4 during the past five years.

This development, and the fact that three out of four infant deaths occur during the first month of a child’s life, send two clear health policy messages: pay greater attention to neonatal health (which will dramatically reduce infant mortality) and consolidate achievements regarding child health.

An obvious starting point could be stepped-up reproductive health education, considering that only one in five births on Nauru take place outside any known risk category for mothers, with the vast majority of births (59%) representing an ‘avoidable high-risk nature’.

\*For more detailed information on infant and child mortality see chapter 8 in the full Nauru 2007 DHS report.

