



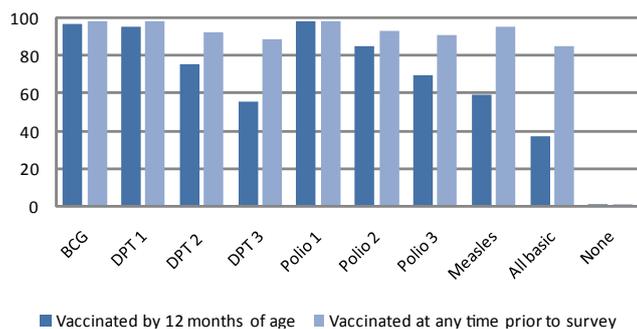
Many early childhood deaths can be prevented by immunising children against certain diseases and ensuring they receive prompt and appropriate treatment when they become ill.

Vaccinations

According to the 2007 Nauru DHS, 86% of children between 18 and 29 months of age were fully vaccinated at the time of the survey. Each single vaccination was given to more than 90% of children. Although the rate of total immunisation is quite high, there appears to be a pattern of delayed immunisation, with only 37.5% of children having all basic immunisations at the age of 12 months. Nauru plans to introduce a new vaccination programme, as recommended by WHO, in 2009.

Universal immunisation of children against the eight vaccine-preventable diseases (tuberculosis, diphtheria, whooping cough [pertussis], tetanus, hepatitis B, haemophilus influenza, polio and measles) is crucial in reducing infant and child mortality.

Coverage by type of vaccination



Birth weight

As most births in Nauru take place in a health facility, the majority of children were weighed. Data gathered on birth weight indicate that 27% of children weigh less than 2.5 kg at birth. This is a high proportion by international standards. The likelihood that a child will be born with low birth weight increases if the mother: is in the lowest wealth quintile (39%), has already had three or more children (38%), or smokes (29%).

Acute respiratory infection (ARI) is a leading cause of child morbidity and mortality worldwide and early diagnosis and treatment can prevent many of the deaths caused by ARI.

The 2007 Nauru DHS indicated a very high incidence of ARI. During the two weeks prior to the survey, 16% of children under the age of five showed symptoms of ARI (20% of boys; 12% of girls). Rates of ARI were much higher than those recorded in other Pacific demographic and health surveys. For example, in neighboring Marshall Islands, the 2007 DHS recorded only 2% of children under the age of five showing symptoms of ARI.

Fever

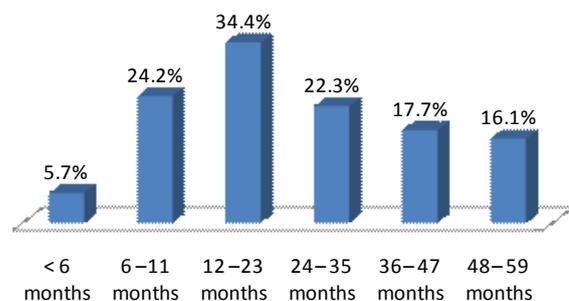
A high percentage (35%) of children under five were reported to have had a fever in the two weeks prior to the survey. Again, incidence was much higher in Nauru than that reported in other concurrent Pacific demographic and health surveys (Marshall Islands: 9%; Solomon Islands: 17%).

Male children were more likely than females to display symptoms of fever (39% and 32% respectively). Children in age groups 6–11 months and 12–23 months were most likely to have had a fever in this period. Treatment was sought in a health facility for half the children with a fever. Far more boys (62%) than girls (38%) were taken to a health facility. Antibiotics were given to 27% of the children treated.

Diarrhoea

During the two weeks prior to the survey one in five children under five were reported to have had diarrhoea. This is more than twice the prevalence rate reported in the Marshall Islands and Solomon Islands. Only one case of diarrhoea with blood was reported.

Prevalence of diarrhoea by age



About one third of children with diarrhoea were taken to a health facility. More than twice the number of boys than girls with diarrhoea were taken to a health facility.

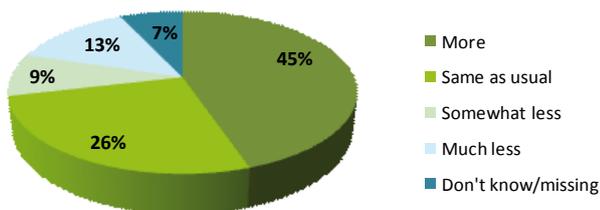




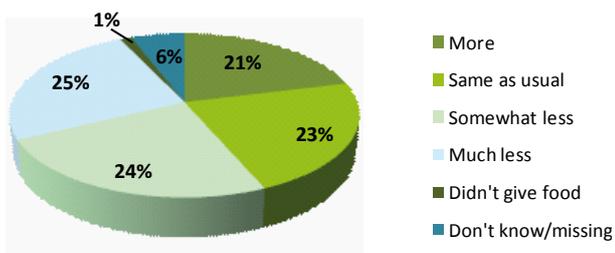
Feeding practices during diarrhoea

Mothers are encouraged to continue feeding children with diarrhoea normally and to increase the amount of fluids in order to reduce dehydration and minimise the adverse consequences of diarrhoea on the child's nutritional status. Slightly more than one in three children (36%) were treated with the recommended food and liquid routine. This includes children who were fed more, the same as usual or somewhat less and received more liquids during the diarrhoea episode.

Amount of liquids offered during diarrhoea



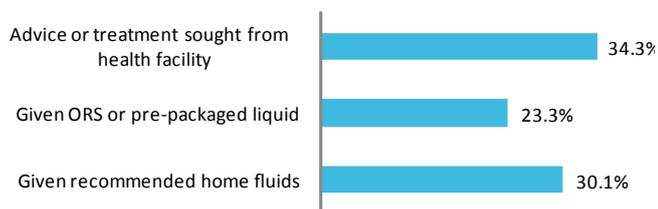
Amount of food offered during diarrhoea



Oral rehydration salts (ORS)

Most women (82%) who had given birth in the five years preceding the survey knew about ORS packets. Knowledge increased with the age of the mother, from 74% in the youngest age group to 92% in the oldest age group.

Diarrhoea treatment

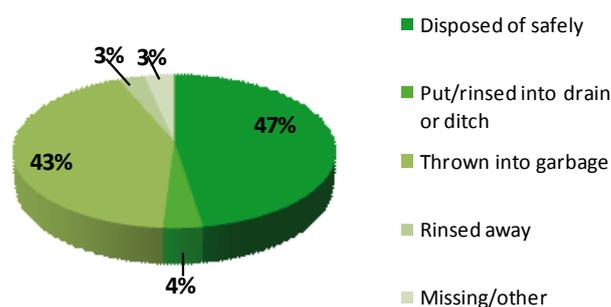


Disposal of excreta

To prevent the spread of disease, it is important that children's stools are disposed of hygienically.

The survey indicates that the most common way of disposing of children's stools in Nauru was to throw them into the garbage, most likely when nappies are thrown away. This is not considered a safe disposal method. Less than half (47.5%) of the mothers in the survey reported that they disposed of their youngest child's stools safely. The highest incidence (54%) of stools being thrown into the garbage was recorded in the richest quintile, possibly an indication of disposable nappies being more readily available and frequently used in this socio-economic group.

Disposal of children's stools



Policy note:

The reported absence of child deaths during the five years preceding the DHS survey can at least partially be explained by high immunisation rates across Nauru, with 9 out of 10 children fully vaccinated between 18 and 29 months. Widespread delays in the timing of vaccination, however, should give rise to some policy concern, with only one in three children reportedly fully vaccinated prior to their first birthday. Considering the very high infant mortality rate reported for Nauru, improved immunisation coverage for infants ought to be a policy priority outcome for Nauru.

The absence of child deaths, however, does not mean all is well with regard to child health, as reflected in high morbidity rates, such as experiencing a general fever in the two weeks preceding the survey (35%), diarrhoea (one in five children) and symptoms of ARI (16%). Compared to much lower rates reported in three other Pacific Island countries having also recently done a DHS, all three of which experience far greater challenges regarding accessibility of health services, access to health facilities and services does not appear to be sufficient to provide for and sustain good child health. A greater focus on community outreach programmes may be worth exploring, as well as more explicit consideration of cultural factors, which may well contribute to some notable differences in reported illnesses and treatment coverage between boys and girls.

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

