

Republic of Nauru

Demographic and Health Survey

2007

by
the Nauru Bureau of Statistics,
the Secretariat of the Pacific Community,
and Macro International Inc.

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PREFACE

The 2007 Nauru Demographic and Health Survey (2007 NDHS) was one of four pilot demographic and health surveys conducted in the Pacific under an Asian Development Bank ADB/ Secretariat of the Pacific Community (SPC) Regional DHS Pilot Project. The primary objective of this survey was to provide up-to-date information for policy-makers, planners, researchers and programme managers, for use in planning, implementing, monitoring and evaluating population and health programmes within the country. The survey was intended to provide key estimates of Nauru's demographics and health situation.

The findings of the 2007 NDHS are very important in measuring the achievements of family planning and other health programmes. To ensure better understanding and use of these data, the results of this survey should be widely disseminated at different planning levels. Different dissemination techniques will be used to reach different segments of society.

The Nauru Bureau of Statistics Office would like to acknowledge the efforts of a number of organisations and individuals who contributed immensely to the success of the survey. The Government Statistician chaired the Steering Committee, which offered guidance on the implementation of the survey; Mr Jonathan Kirkby, Secretary for Finance; Ms Maree Bacigalupo, Secretary for Health; Dr Sithu Wentin, Director of Public Health; Isabella Dageago, Officer in Charge of family planning; Mrs Eva Gadabu, counterpart at the Diabetes Centre; Mr Nelson Tamakin and Mr Samuel Grundler, Development of Policy and Planning division; Ms Ella Cain, Ministry of Education; Mr Manfred Depaune, Nauru Islands Association of NGOs (NIANGO); Ms Peta Gadabu, Nauru Women's Council; and Mrs Lyn Teleni, DHS Project Manager. .

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SUMMARY OF FINDINGS

The 2007 Nauru Demographic Health Survey (2007 NDHS) is a nationally representative survey of 655 eligible women (aged 15–49) and 392 eligible men (aged 15 and above). The 2007 NDHS is the first such survey for the country and one of four demographic health surveys conducted in the Pacific as part of the Asian Development Bank/Secretariat of the Pacific Community Demographic and Health Surveys Pilot Project. The primary purpose of the 2007 NDHS was to furnish policy-makers and planners with detailed information on fertility, family planning, infant and child mortality, maternal and child health, nutrition, and knowledge of HIV and AIDS and other sexually transmitted infections.

FERTILITY

Survey results indicate that Nauru's total fertility rate is 3.4 births per woman. This means that, on average, every Nauruan woman has 3.4 children by the end of her reproductive period if the current age-specific fertility rate remains constant at the level observed in the three-year period before the survey. This is lower than the fertility rate calculated from the 2002 census (4.0 children per woman).

Childbearing starts early and is nearly universal. Women in Nauru have an average of 2.3 children by the time they are in their late twenties, and more than four children by the time they reach age 50.

Initiation of childbearing in Nauru has not changed much over time, although it appears that there has been a slight increase in age at first birth in recent years. The median age at first birth is 22.1 years for women aged 25–29, the youngest cohort for whom a median age can be estimated, as opposed to a median age at first birth of 21.6 for women aged 45–49.

Marriage patterns are an important determinant of fertility levels within a population. The age at first marriage for women shows little change over time. The results show that the median age at first marriage is 22 years among old women (age group 45–49) while the median age at first

marriage is 21.1 years among women aged 25–29. Women in Nauru tend to initiate sexual intercourse about four years before marriage, as evidenced by the median age at first intercourse among women aged 20–49 (17.6 years) compared with the median age at first marriage (21.2 years). Similarly, age at first sexual intercourse among Nauruan women also shows a very slow increasing trend. For example, the percentage of women who had sexual intercourse by exact age 15 is the same or similar among younger cohorts of women, except for those in the 25–29 age category. The percentage of women who first had sexual intercourse by exact age 18 is higher among younger cohorts of women than older women in the 40–49 age group.

Men, in contrast, tend to marry several years later than women and initiate sexual activity around the same time as women. The median age at marriage among men aged 20–49 is 22.8 years, while the median age at first sexual intercourse is 16.6 years. The age at first sex for men has remained relatively constant over the years.

Birth intervals in Nauru are generally short as shown by the median birth interval of 28.5 months. About 37 percent of non-first births in Nauru occur at least 24 months after the birth of the previous sibling. The median birth interval is substantially longer for mothers aged 30–39, and for birth orders 4–6.

FAMILY PLANNING

Overall, knowledge of family planning is very high in Nauru with 93 percent of all women and 99 percent of all men aged 15–49 having heard of at least one method of contraception. Pills, injectables, condoms and female sterilisation are the most widely known modern methods among women and men.

About 64 percent of currently married women have ever used a family planning method at least once in their lifetime. The modern methods commonly ever used for family planning by married women are male condom, female sterilisation, injectables and pills, with withdrawal as the commonly used traditional method.

Modern methods are more widely used than traditional methods, with 51.5 percent of currently married women using a modern method, and 37 percent using a traditional

method. The most popular modern method is male condom. About one out of five (23.1 percent) currently married women reported to have ever used this method of contraception.

Approximately 36 percent of currently married women reported that they were using contraception at the time of the survey. About one-quarter used a modern contraceptive method.

Overall, 24 percent of currently married women have an unmet need for family planning services. The need for spacing births (16.4 percent) is higher than the need for limiting births (7.1 percent).

MATERNAL HEALTH

Ninety-five percent of women who had a live birth within the five years preceding the survey received antenatal care from a skilled health professional. Two in five women (40 percent) made four or more antenatal care visits during their entire pregnancy. The median duration of pregnancy for the first antenatal visit was 5.7 months, indicating that Nauruan women started antenatal care at a relatively late stage in their pregnancy.

Among women who received antenatal care, about two in five women (39.6 percent) reported that they were informed about how to recognise signs of problems during pregnancy. Weight and blood pressure measurements (97.3 percent and 97.9 percent, respectively) were taken for these women. Urine and blood samples were taken from over 90 percent of pregnant women. Only 19 percent of women received two or more tetanus toxoid injections during their last pregnancy. In the case of an additional 24 percent of women, the baby was protected against neonatal tetanus because of previous immunisations the woman had received.

Over nine in ten births occurred in a health facility. Overall, 97 percent of births were delivered with the assistance of a trained health professional; that is, a doctor, nurse, midwife, medical assistant, or clinical officer. Only 3 percent of births were attended by a relative or some other person, while 8 percent of births were delivered by caesarean section.

Postpartum care was extremely high in Nauru. Only 18 percent of women who had a live

birth in the five years preceding the survey received no postnatal care at all, and 66 percent of mothers received postnatal care within the critical first two days after delivery. Eighty-one percent of women received their first postnatal care from trained health professionals, while less than 1 percent were cared for by others.

Common problems cited in accessing health care in Nauru included no drugs, no provider and no transport to health centres .

CHILD HEALTH

Eighty-six percent of children aged 18–29 months were fully vaccinated at the time of the survey. About 98 percent had received the BCG vaccination, and 95 percent had been vaccinated against measles. Because DPT and polio vaccines are often administered at the same time, their coverage rates are expected to be similar. However, differences in coverage of DPT and polio result, in part, from stock-outs of the vaccines. Ninety-eight percent of children received the first doses of DPT and of polio. However, 89 percent of children received the third dose of DPT and 91 percent received the third dose of polio.

The occurrence of diarrhoea in children varied by age. Young children aged 12–23 months were more prone to diarrhoea than children in other age groups. There was little variation in the prevalence of diarrhea by child's sex. Diarrhoea was more common among children who in the middle and highest wealth quintile households, and diarrhoea was common among children who in households with no improved source of drinking water.

Almost three in four children (70 percent) with diarrhoea were treated with some kind of oral rehydration therapy (ORT) or increased fluids. More than one in five children (23 percent) were treated with ORS prepared from an ORS packet, 30 percent were given recommended home fluids, and 45 percent were given increased fluids.

FOSTERHOOD AND ORPHANHOOD

In Nauru, about 65 children aged less than 18 years live with both parents, while 11 percent live with a mother but not with father even though the father is alive.

About 13 percent of children do not live with either parent. These children are likely to be between the ages of 15 and 17 years in the second wealth quintile households. There is very little variation by sex.

Overall, about one-fifth of children (15 percent) between the ages of 15 and 17 do not live with their biological parents. Eight percent of these children have either one or both parents dead.

BREASTFEEDING AND NUTRITION

Breastfeeding is nearly universal in Nauru, with 95 percent of children born in the five years preceding the survey having been breastfed at some time. There is very little difference in whether children were ever breastfed by most background characteristics, except for the fourth wealth quintile with 89 percent of children having ever been breastfed.

Between the ages of 6 and 23 months, children tended to consume foods made from grains more often than any other food group. Over 70 percent of breastfeeding children and 97 percent of non-breastfeeding children in this age group ate foods made from grains in the day and night preceding the interview. The next most commonly consumed food group was meat, fish, poultry and eggs. Around 61 percent of breastfeeding children and 88 percent of non-breastfeeding children ate meat, fish, poultry and eggs. The third most commonly consumed food group was fruits and vegetables rich in vitamin A, which were consumed by 52 percent of breastfeeding children and 70 percent of non-breastfeeding children).

Ninety-six percent of children aged 6–23 months living with their mother received breast milk, other milk or milk products during the 24-hour period before the survey; 81 percent had a minimally diverse diet (i.e. they had been fed foods from the minimum number of food groups depending on their age and breastfeeding status), and 43 percent had been fed the minimum number of times appropriate for their age. In summary, about two in five Nauruan children (37.7 percent) aged 6–23 months met the minimum standard with respect to all three infant and young child feeding practices

About 91 percent of children aged 6–35 months living with their mother consumed

foods rich in vitamin A in the 24-hour period before the survey. Consumption of foods rich in vitamin A decreased with children's age. For example, all children were reported to consume foods rich in vitamin at ages 18–23 months but then dropped to 98 percent by ages 24–35 months.

The staple diet of young Nauruan mothers consisted of foods made from grains (96 percent) and those from the meat, fish, shellfish, poultry and eggs group (97 percent). Almost four in five women (76.9 percent) consumed fruits and vegetables rich in vitamin A. Half the number of women (51.5 percent) consumed *other solid or semi-solid foods*. More than 60 percent of mothers drank milk, 85 percent drank tea and coffee, and 66 percent drank other liquids.

About 5 percent of children under age 5 were reported to be underweight, and these children tended to be in the lowest, middle and fourth wealth quintile households. One in every eight women (80 percent) aged 15–49 were overweight and obese, and the proportion increased with age from 50 percent of women aged 15–19 to 92 percent of women aged 40–49. Among men aged 15–49, 77 percent were reported to be overweight and obese. The prevalence of overweight and obese increased at ages 20–29 and increased with men's age.

The prevalence rate of anaemia among Nauruan women aged 15–49 was 34 percent. Anaemia was common among young Nauruan women aged 15–19, among women who had two to three children, among women who smoked, and among women in the lowest wealth quintile. More than half of the 255 children aged 6–59 months were reported to have any anaemia during the survey. The prevalence of anaemia showed a declining trend with children's increasing age.

HIV, AIDS AND STIS

In Nauru, knowledge about AIDS is not as high as in the Marshall Islands. In Nauru, men are more knowledgeable (83 percent) than women (73 percent) about the disease. The results show that the level of knowledge increased with age, level of education and level of living status.

Men and women were specifically asked if one could reduce the risk of acquiring HIV through consistently using condoms, limiting

sexual intercourse to one uninfected partner who has no other sex partners, and abstaining from sexual intercourse. About 56 percent of women and 67 percent of men agreed that using a condom at every sexual intercourse could reduce the risk of getting the AIDS virus, and 55 percent of women and 68 percent of men agreed that limiting sexual intercourse to one uninfected partner is a way to avoid contracting HIV and AIDS.

Generally, most women and men are aware that the chances of getting HIV can be reduced by the following specified prevention methods: limiting sex to one uninfected partner (55 percent of women, 68 percent of men), abstaining from sex (54 percent women, 65 percent men), using a condom (56 percent women, 67 percent men).

About 50 percent of women and 59 percent of men know that a healthy-looking person can have the AIDS virus. Knowledge that people cannot get the AIDS virus by sharing food with an infected person was lower (44 percent of women, 42 percent of men) than the knowledge that the AIDS virus cannot be transmitted by supernatural means (55 percent women, 59 percent men). Respondents were also asked if they thought that people could get the AIDS virus because of witchcraft or other supernatural means; the majority of respondents rejected this idea.

Less than one in five women (18 percent) and one in five men (17 percent) had a comprehensive knowledge about HIV and AIDS. Married women with more than a secondary level education and those in the second and fourth wealth quintile were more likely to have comprehensive knowledge than other women. Like women, comprehensive knowledge was more common among men who are currently married and with those with in the higher wealth quintiles.

Knowledge of mother-to-child transmission of HIV (by breastfeeding) was almost the same for women (40 percent) and men (39 percent). A very low proportion of women (16 percent) and an even lower percentage of men (8 percent) knew that there are special drugs that can be given to a pregnant woman infected with the AIDS virus to reduce the risk of transmitting the virus to the baby. More than one in ten women (12 percent) and less than one in ten men (7 percent) aged 15–49 knew that HIV can be transmitted

through breastfeeding and that the risk of transmission can be reduced by special drugs.

Few women and men expressed positive attitudes and opinions towards family members with AIDS. For example, 47 percent of women and 45 percent of men reported that they would not want to keep secret that a family member had the AIDS virus, while only 28 percent of women and 26 percent of men reported that they would buy vegetables from a shopkeeper who had the AIDS virus. However seven in ten women and men (both about 66 percent) reported that they would be willing to care for a family member with the AIDS virus.

More women than men (87 percent and 78 percent, respectively) in the 15–49 age group agreed that a wife was justified in refusing to have sexual intercourse with her husband if she knows that he has a sexually transmitted disease. Married men and those in a living together union were more likely to agree that a wife was justified in refusing to have sexual intercourse with her husband if she knows that he has a sexually transmitted disease.

Among women and men who had sexual intercourse in the past 12 months, 10 percent of women had multiple partners (2+ partners) compared with 36 percent of men with multiple partners. Having multiple sexual partners is more likely among younger women and men who have never been married. About 24 percent of women and 52 percent of men had had higher-risk sex during the same 12 months period. Among those women and men who had had higher-risk sex in the past 12 months, about 14 percent of men and 9 percent of women used a condom.

About 42 percent of Nauruan women and 53 percent of Nauruan men were likely to know where to go for an HIV test. About 12 percent of women and 16 percent of men had an HIV test compared with over-three quarters of women and men who never had an HIV test.

Only 4 percent of women had received HIV counseling during antenatal care, 7 percent were offered HIV testing during antenatal care and received results. Overall, only 2 percent of women were counseled, offered an HIV test and received HIV test results. This indicates that low numbers of women were tested for HIV during their antenatal care.

More than 2 percent of women and men reported that they had an STI or symptoms of an STI in the 12 months preceding the survey. Women aged 20–24 and men aged 15–29 had the highest likelihood of reporting symptoms of an STI. Never-married women were less likely to report symptoms of an STI.

About 15 percent of young women and 31 percent of young men in the 15–24 age group had their first sex very early in life (i.e. before age 15). About 64 percent of young women and 76 percent of young men had sex before they turned age 18. Early sexual initiation is more likely among young adults who know where to obtain condoms compared with those who do not know a source of condoms.

MORTALITY

In the zero to four years before the survey (i.e. 2003–2007), the infant mortality rate was 38 deaths per 1,000 live births. This means that about 4 in every 100 babies born in Nauru do not live to their first birthday. Those surviving to their first birthday, will also survive until reaching their fifth birthday. The overall under-five mortality rate 38 deaths per 1,000 live births, which implies that 4 in every 100 babies do not survive to the fifth birthday.

The first month of life is associated with the highest risk to survival. The neonatal mortality rate is 27 deaths per 1,000 live births, implying that nearly 3 out of every 100 infant deaths occur during the first month of life. As childhood mortality declines, post-neonatal mortality usually declines faster than the neonatal mortality because neonatal mortality is frequently caused by biological factors that are not easily addressed by primary care interventions. In Nauru, post-neonatal mortality is 11 per 1,000 births.

Nauru's infant mortality rate during the 10 years before the 2007 NDHS was 40 deaths per 1,000 births, while the under 5 mortality rate was reported to be 44 deaths per 1,000 births.

About 21 percent of births in Nauru were not in any high-risk category and another 20 percent of births were in an unavoidable risk category. The remaining 59 percent of births were in at least one of the specified avoidable high-risk categories. About two in five births (43 percent) were in one of the

high-risk categories (i.e. 19 percent for birth orders > 3 and 18 percent for short birth intervals of < 24 months), while 16 percent were in multiple high-risk categories. The births in multiple high-risk categories were mostly found in two combinations: birth order higher than three with birth interval < 24 months (8 percent of births).

DHS INDICATORS REQUIRED BY INTERNATIONAL AGENCIES

INDICATOR	NATIONAL	DIFFERENTIALS	
		URBAN	RURAL
Millennium Development Goal/United Nations Population Fund			
Net enrolment ratio in primary education (net attendance ratio)	88.1	na	na
Net enrolment ratio in primary education (net attendance ratio – males)	83.3	na	na
Net enrolment ratio in primary education (net attendance ratio – females)	93.5	na	na
Literacy rate of women aged 15–49 (in %)	99.3	na	na
Literacy rate of men aged 15–49 years (in %)	95.9	na	na
Literacy rate of women aged 15–24 (in %)	99.2	na	na
Literacy rate of men aged 15–24 (in %)	92.8	na	na
Ratio of girls to boys in primary, secondary, and tertiary education	1.12	na	na
	1.32	na	na
	-	na	na
Ratio of literate women to men aged 15–24	1.07	na	na
Ratio of literate women to men 15–49	1.04	na	na
Under-five mortality rate (per 1,000)	38	na	na
Infant mortality rate (per 1,000)	38	na	na
Percent of children aged 18–29 months who are immunised against measles	95.4	na	na
Percent of children aged 18–29 months who are immunised against measles by age 12 months	59.9	na	na
Percent of births attended to by skilled health personnel	97.4	na	na
Contraceptive prevalence rate (in %)	35.6	na	na
Percent of population using solid fuels	8.3	na	na
Percent of population with sustainable access to an improved water source, urban and rural	90.1	na	na
Percent of population with access to improved sanitation, urban and rural	72.2	na	na

INDICATOR	NATIONAL	DIFFERENTIALS	
		URBAN	RURAL
HIV/UN GENERAL ASSEMBLY SPECIAL SESSION			
Condom availability, quality and use among youth			
Condom use at first sexual intercourse among young people: Women and men (in %)	10.7	na	na
	7.1	na	na
Knowledge of a formal source of condoms among young people (aged 15–24): Women and men (in %)	58.8	na	na
	69.8		
Accepting attitudes toward those living with HIV – composite of four components (in %)			
Willing to care for family member: Women and men (in %)	9.3	na	na
	6.4		
Would buy fresh vegetables from a shopkeeper with AIDS: Women and men (in %)	65.9	na	na
	65.7		
Female teacher who is HIV+ but not sick should be allowed to continue teaching in school: Women and men (in %)	27.9	na	
	26.4	na	na
Not secretive about family member's HIV status: Women and men(in %)			na
	29.0	na	na
	20.2	na	na
	45.1	na	na
	47.0	na	na
Heard of HIV/AIDS: Women and men			
	73.1	na	na
	83.2	na	na
Knowledge of HIV prevention methods: Women and men (in %)			
Use of condoms: Women and men	56.2	na	na
	66.7	na	na
Only one/limiting partner: Women and men	54.8	na	na
	68.4	na	na
Abstain from sex: Women and men	54.1	na	na
	65.1	na	na
No incorrect beliefs about AIDS (in %)			
Healthy-looking person can have the AIDS virus: Women and men	49.8	na	na
	58.5	na	na
AIDS cannot be transmitted by supernatural means: Women and men	55.3	na	na
	59.0	na	na
Cannot become infected by sharing food with someone who has AIDS: Women and men	43.9	na	na
	42.2	na	na
Knowledge of MTCT by transmission during pregnancy and through breastfeeding: Women and men (in %)			
	40.2	na	na
	39.3	na	na
Voluntary counseling and testing (in %)			
HIV testing behavior among young people sexually active in the last 12 months: Women and men	5.9	na	na
	4.5	na	na
Mother-to-child transmission(in %)			
Pregnant women counseled and tested for HIV	1.7	na	na
Pregnant women counseled for HIV during ANC visit	4.4	na	na
Pregnant women tested for HIV during ANC visit	7.3	na	na

INDICATOR	NATIONAL	DIFFERENTIALS	
		URBAN	RURAL
HIV/UN General Assembly Special Session			
Sexual negotiation and attitudes (in %)			
Women's ability to negotiate safer sex with husband	86.5	na	na
Sexual behavior(in %)			
Higher-risk sex in the last year: Women and men	23.9	na	na
	51.5	na	na
Multiple partners in the last year among sexually active respondents aged 15–49: Women and men	10.5	na	na
	35.7	na	na
Condom use at last higher-risk sex (in %)			
Last sex with anyone: Women and men	8.6	na	na
	14.4	na	na
Commercial sex in last year: Men aged 15–49	0.4	na	na
Condom use at last commercial sex, reported by client	Na	na	na
Young people's sexual behavior(in %)			
Abstinence of never-married young women and men	25.1	na	na
	17.3	na	na
Sex before the age of 15: Women and men aged 15–24	14.8	na	na
	31.3	na	na
Sex before the age of 18: Women and men aged 15–24	64.2	na	na
	76.1	na	na
Young people having premarital sex in last year: Women and men	42.8	na	na
	59.8	na	na
Young people using a condom during premarital sex: Women and men	9.6	na	na
	14.7	na	na
Young people (aged 15–24) having multiple partners in last year: Women and men	16.7	na	na
	53.3	na	na
Young people using a condom at last higher-risk sex: Women and men	9.8	na	na
	16.7	na	na
Condom use at first sex: Young women and men	10.7	na	na
	7.1	na	na
Age-mixing in sexual relationships: Women (in %)			
Young women aged 15–19, non-marital, non-cohabiting partner in the last 12 months	Na	na	na
Young women aged 15–24, any partner in the last 12 months	na	na	na
Forced sex among young people (in %)			
Sex among young people while they are intoxicated: Women and men	26.6	na	na
	67.7	na	na
Sex with commercial sex workers among young people: Men	0.0	na	na
Appropriate diagnosis and treatment of STIs (in %)			
Seeking treatment for STIs: Women and men	23.3	na	na
	na	na	na
Social impact			
Birth registration (in %)	82.6	na	na
Prevalence of orphans under age 18 (single & double)(in %)	7.8	na	na
Prevalence of orphanhood among children under age 15 (single & double) (in %)	7.2	na	na

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