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, haemophilius influenza, polio and measles) is crucial in reducing infant and child mortality.

Coverage by type of vaccination

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<tr>
<th>Vaccinated by 12 months of age</th>
<th>Vaccinated at any time prior to survey</th>
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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%).

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

- More: 45%
- Same as usual: 26%
- Somewhat less: 13%
- Much less: 9%
- Don’t know/missing: 7%

Amount of food offered during diarrhoea

- More: 24%
- Same as usual: 23%
- Somewhat less: 6%
- Much less: 21%
- Didn’t give food: 1%
- Don’t know/missing: 25%

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

- Advice or treatment sought from health facility: 34.3%
- Given ORS or pre-packaged liquid: 23.3%
- Given recommended home fluids: 30.1%

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

Disposal of children’s stools

- Disposed of safely: 47%
- Put/rinsed into drain or ditch: 43%
- Thrown into garbage: 3%
- Rinsed away: 3%
- Missing/other: 4%

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 reported 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.*