



Good nutrition is essential to good health. Poor nutrition can impact general productivity, as well as pose a significant burden on public health care systems through associated noncommunicable diseases.

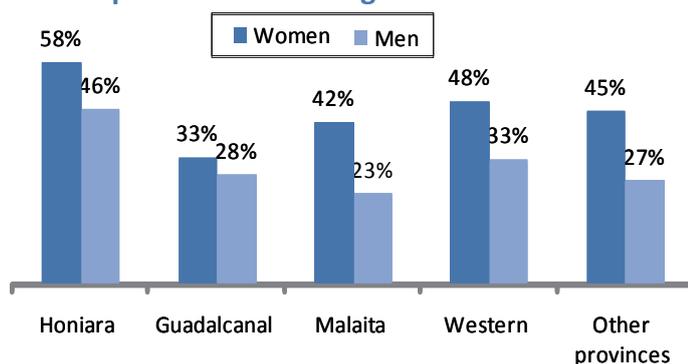
The causes of malnutrition include not eating enough nutritious food, poor food choices and feeding practices, parasitic infections, poor sanitation and other socio-cultural factors that influence food choices and feeding practices.

Nutritional status of adults

With malnutrition not representing a major health issue affecting adults (less than 3% of men, less than 2% of women), obesity and being overweight is of much greater significance to Solomon Islanders.

Thirty per cent of women were reported as overweight and 14.5 per cent obese, while 24 per cent of men were overweight and 5 per cent obese. Being overweight or obese was more pronounced in Honiara (58% of all women and 46% of all men) than anywhere else in the country.

Proportion of overweight and obese adults



Foods consumed by mothers

The quality and quantity of foods consumed by mothers influence their health and, for those breastfeeding, their children as well.

Mothers with more varied and healthy diets were those living in urban areas in Honiara and Western, and in wealthier households.

Micronutrient intake among mothers

Iron supplementation during pregnancy protects the mother and infant against anaemia. Vitamin A deficiency is also related to a number of adverse pregnancy outcomes.

The results of the 2007 SI DHS indicate that 88 per cent of women were consuming Vitamin A rich foods such as pawpaw, sweet potato, pumpkin and green leafy vegetables; however, less than 50 per cent were consuming protein rich foods high in iron.

The results also showed that 67.4 per cent of women were consuming foods high in fat and 18.6 per cent were consuming foods high in sugar, contributing to high levels of obesity among women in Solomon Islands.

Nutritional status of children

Adequate nutrition is critical to child development, and the period from birth to two years of age 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 infections (ARI).

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

Children in Solomon Islands were observed to be at both ends of the weight spectrum, with 2.5 per cent observed to be overweight and 2.4 per cent severely underweight.

Overall, 90.6 per cent of children were reported to have consumed foods rich in vitamin A, but only 31.6 per cent consumed foods rich in iron in the 24 hour period preceding the survey.

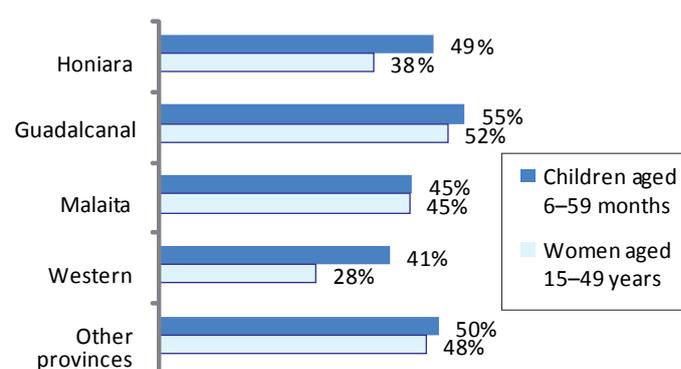
In addition, results suggested a very low uptake of supplementation programs, with only 7.4 per cent receiving vitamin A supplements and 4.2 per cent receiving iron supplements.

Anaemia

Overall, almost one third of all children surveyed were identified as having mild iron deficiency (anaemia).

Among women aged 15–49, 44.3 per cent were found to be anaemic, and prevalence was found to be highest among pregnant women (60%).

Anaemia among women and children





Stunting in children

On average, Solomon Islands children under five were shorter compared with children of the same age in the international reference population. Overall, 32.8 per cent of the children under five were identified as having low height for age, with 8.5 per cent being severely stunted.

Wasting in children

The prevalence of wasting in children is low, with less than 2 per cent severely wasted. Solomon Islands children however, were slightly underweight in relation to the WHO growth reference.

Underweight children

11.8 per cent of children were observed to be underweight, with more children observed to be underweight or undernourished than overweight in all provinces.

Infant and young child feeding practices (IYCF)

The nutritional status of the mother during pregnancy and lactation also has an important impact on the health and nutritional status of the child.

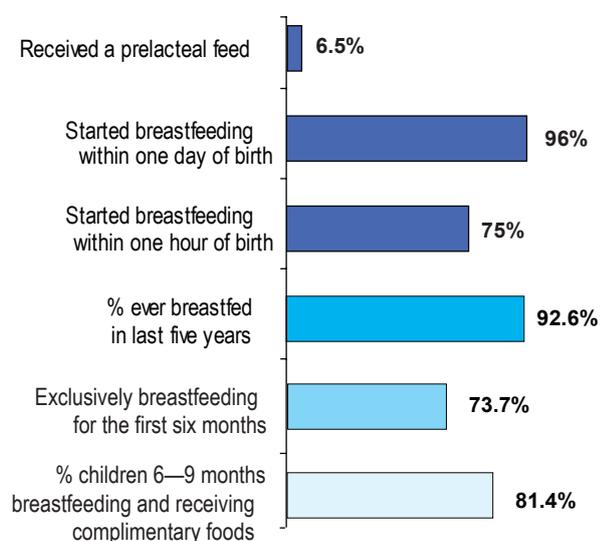
Feeding practices

92.6 per cent of children born in the five years preceding the survey were breastfed at some point.

Exclusive breastfeeding of babies declines quickly between four and eight months of age, with the introduction of complimentary foods at the age of four months a common practice in Solomon Islands.

The median duration of exclusive breastfeeding is 4.2 months, which is short of the WHO recommended 6 months of exclusive breastfeeding.

Breastfeeding practices



* For more information on nutrition see chapter 11 in the full 2007 SI DHS report.

Policy note:

The survey showed a large proportion of adults were overweight, and women in particular. While a wide variety of Vitamin A rich foods were consumed, so was a large amount of fatty and sugary foods contributing to this problem. Obesity and associated noncommunicable diseases can pose a significant burden on a public health system.

Almost half of all women showed some degree of anaemia. Consumption of iron rich foods was low, perhaps due to the cost and availability of such foods, and while iron tablets are provided routinely for pregnant women, few other women reported being given iron tablets.

Breastfeeding is nearly universal in Solomon Islands, with 93 per cent of mothers reporting to have breastfed their child at some time, and almost three in four children were exclusively breastfed for the recommended six months. There is still room for improvement in bringing the proportion of children exclusively breastfed until six months of age closer to 100 per cent, which has the potential to make substantive contributions to child health with minimal implications for the health budget.

A third of all children were reported to have low height for age, with 8.5 per cent being severely stunted, and 1 in 10 children were observed to be underweight. Children not breastfed, in particular, were not meeting the required minimum nutritional requirements for IYCF standards; they were not eating varied and nutritious foods. In addition, only 7.8 per cent of children were given vitamin A supplements, and only 4.2 per cent were given iron supplements.

A more focused effort on complete supplementation programs and education of mothers to ensure compliance alongside improved eating habits would potentially reduce levels of obesity in the adult population and malnutrition of children.

