



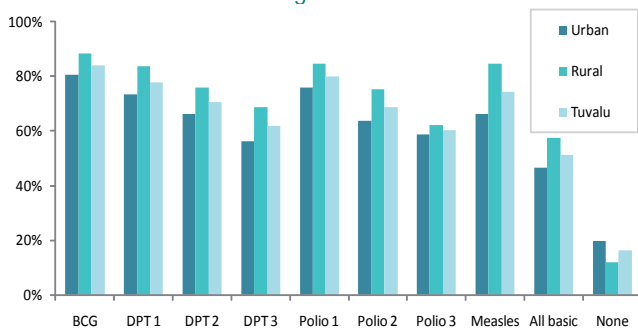
Many childhood deaths can be prevented by immunising children against certain diseases and ensuring they receive prompt and appropriate treatment when they become ill.

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.

## Vaccinations

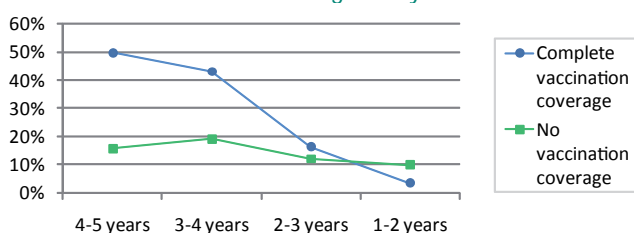
According to the Tuvalu 2007 DHS, around half of Tuvaluan children aged between 18 and 29 months had complete vaccination coverage at the time of the survey. Children living in the outer islands were more likely to have been vaccinated than those living in Funafuti. A significant difference in the vaccination rates of boys and girls was reported, with around 4 in 10 females having all basic vaccinations, compared with 6 in 10 males.

Coverage by type of vaccination  
Children age 18-29 months



There has been little improvement in vaccination coverage during the past four years in Tuvalu. It also appears that children are being immunised late. According to World Health Organisation guidelines, children are considered fully immunised when they have received a vaccination against BCG, three doses of DPT and polio, and a measles vaccination by the age of twelve months. For children aged between one and five years, there is a marked difference in vaccination rates with less than 4% of children aged between one and two years having all basic vaccinations by the time they turned one, compared with close to half of all four and five years olds surveyed. This suggests that immunisation rates are declining, although fewer one and two year olds had no vaccinations (10%) than four and five year olds (16%).

Vaccination coverage first year of life



## Birth weight

Almost all births in Tuvalu took place in a health facility and 97.5% of children were weighed. About 6% weighed less than 2.5 kilos at birth. Children were more likely to have a low birth rate if they were born to: mothers aged 35-49 years; mothers with lower educational attainment and mothers living in Funafuti.

## Acute Respiratory Infections (ARI)

The incidence of ARI in Tuvalu is low, with only 3% of children under age five having shown symptoms in the two weeks preceding the survey. A higher rate of ARI was observed in children whose: mothers smoke cigarettes; household has electricity as the main cooking source; and amongst children living in the urban area.

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.

## Fever

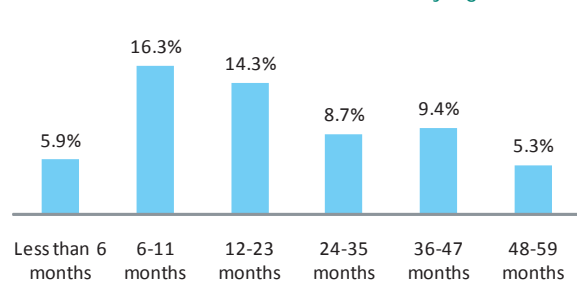
One in five children under age five was reported to have had a fever in the two weeks prior to the survey. Almost 80% of those children were taken to a health facility or health provider for treatment. More than half of the children with fever were treated with antibiotics.

## Diarrhoea

During the two weeks prior to the survey, around 10% of children under five years were reported to have had diarrhoea. This rate is similar to the incidence recorded in the 2007 Demographic and Health Surveys for the Solomon Islands and the Marshall Islands, and considerably lower than the rate recorded in neighbouring Nauru (21%).

Female children, those living with poor toilet facilities and those in the urban area were most likely to have had diarrhoea.

Prevalence of diarrhoea by age



Around 60% of the children who had diarrhoea were treated at a health facility and almost 48% of children with diarrhoea were treated with oral rehydration salts (ORS) and increased fluids.



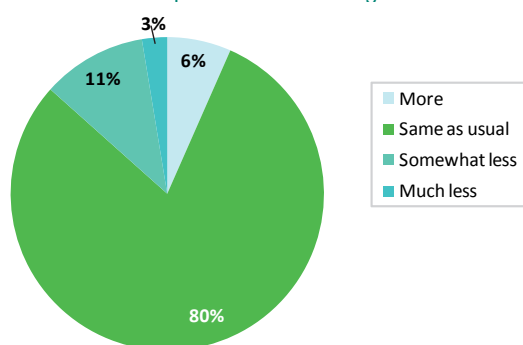


### Feeding practices during diarrhoea

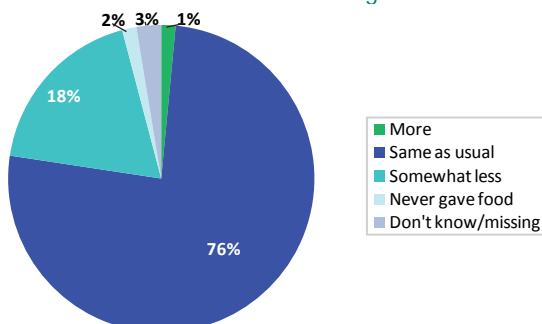
Mothers are encouraged to continue feeding children with diarrhoea normally and to increase the amount of fluids in order to reduce dehydration and minimise the adverse consequences of diarrhoea on the child's nutritional status.

Most children were offered the same amount of food and liquids during diarrhoea and only 7% were reported to have been given increased fluids and the same amount of food.

Amount of liquids offered during diarrhoea



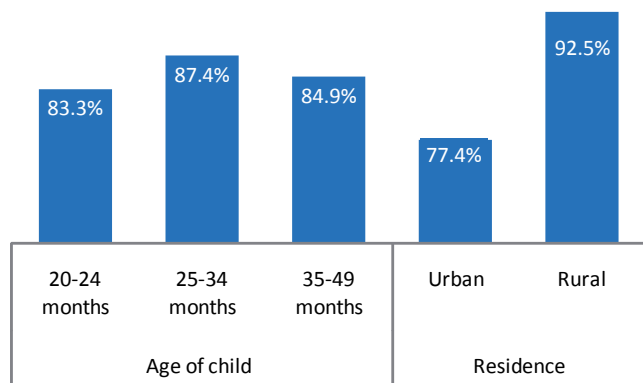
Amount of food offered during diarrhoea



### Oral rehydration salts (ORS)

The survey results indicate that most women know about ORS packets (85%). More women in rural areas knew about ORS than in urban areas.

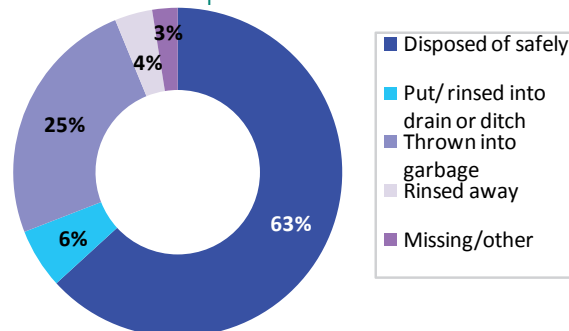
Percentage of women who know about ORS packets or pre-packaged liquids



### Disposal of excreta

Proper disposal of human faeces is extremely important in preventing diseases from spreading. Sixty three per cent of children's stools are reported to be disposed of safely. This compares favourably with other Pacific 2007 Demographic and Health Surveys. In Tuvalu, children living in rural areas are more likely to have their stool disposed of safely than those in urban areas (77% and 49%).

Disposal of children's stools



### Policy note:

To come

\*For more information on child health see chapter 10 of the Tuvalu 2007 DHS report

