

CHILDREN IN SOLOMON ISLANDS: 2011 AN ATLAS OF SOCIAL INDICATORS



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Children in Solomon Islands : 2011 atlas of social indicators / UNICEF Pacific Office. – Suva, Fiji : UNICEF Pacific Office, 2012.

80p. ; 21 x 30 cm.

ISBN : 978-982-9033-04-8

1.Children--Solomon Islands--Social conditions. 2. Children-- Health and hygiene-- Solomon Islands.

3. Solomon Islands - Education, 4. Solomon Islands - protection, child rights. UNICEF Pacific.

HQ792.S6C54 2012

305.23099593

Foreword

At one time in our lives, we were all children in the land where our mothers gave birth to us. The world was natural, the population scarce, villages were farther from each other and the sound of a drum beat or breath through a cone shell would herald either good or bad news.

Life has changed greatly. The population has increased, communication and transportation have improved and our world has grown smaller; we are now part of a global village and can communicate with anyone in any part of the world.

But modern-day Solomon Islands, though blessed with many opportunities, also presents us with serious challenges that we must face for the good of the nation.

Our children, who form half the population of Solomon Islands, bring us joy because we have the human resources for the development of our country, but we must also work hard to guide and nurture them so they can realise their full potential.

This Children's Atlas of Social Indicators is a snapshot of where our children are now.

While our nation has progressed in health, education, economic development, communication and transportation, we still have a great deal to do.

We are obliged to provide for the citizens of this country and to meet our international targets under the Millennium Development Goals, the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination Against Women.

Our children are our future and it is through our care and guidance that they will be well equipped with the tools they need to build a brighter future.



Barnabas Anga
Permanent Secretary
Ministry of Development Planning and Aid Coordination

Introduction

Children in Solomon Islands: An Atlas of Social Indicators provides a snapshot of the situation of children throughout the nation, with a particular emphasis on the most vulnerable children and sub-national patterns of equity. The report also examines progress made towards achieving the UN Millennium Development Goals (MDGs), in particular those goals and targets with special relevance to children.

The Atlas is based on core social indicators provided by UNICEF and Government partners and builds on a range of survey and administrative data sources, such as the Census 2009, Demographic and Health Survey 2007, statistics from the Ministries of Education and Health, UNGASS and UNICEF Child Protection baselines.

In mapping areas of deprivation and disparity for children and women, the Atlas lays the foundation for an effective response to such inequities. The information it contains is designed to inform the choices made by decision-makers in allocating resources and determining policy priorities.

Ongoing research and analysis confirms that impoverished child populations suffer from the highest concentrations of disease, ill health, illiteracy and abuse and face a much higher risk of dying before the age of five. In this context, a recent UNICEF study found that an equity-based approach to improving the situation of children and women could move us more quickly and cost-effectively towards meeting MDGs 4 and 5 by the 2015 MDG deadline.¹

An equity-based model focuses on strengthening services for all children; removing barriers that prevent the poorest from using services; and making greater use of community-based workers to deliver essential services.

It is hoped that the Government of Solomon Islands, civil society and development partners will use the information brought to light in this Atlas to inform policies and programmes that reduce child disadvantage and give all children an equal opportunity to grow and develop their full potential, no matter where they live.

¹ UNICEF, *Narrowing the Gaps to Meet the Goals*, 2010

Acknowledgements

Ministry of Development Planning and Aid Co-ordination: Daniel Rove

Solomon Islands National Statistics Office: Nick Gagahe

Ministry of Health and Medical Services: Dr Lester Ross

Ministry of Education and Human Resources Development: Mylin Kuve

Ministry of Women, Youth, Children and Family Affairs: James Rizu

UNICEF Pacific: Dr Isiye Ndombi, Samantha Cocco-Klein, Asenaca Vakacegu, Bjorn Gelders, Joseph Hing

UNICEF Solomon Islands Office: Anika Kingmele, Yun Jong Kang

Save the Children: Aldrin Peloko

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome	IP	Incidence of Poverty
ART	Antiretroviral Therapy	JSS	Junior Secondary School
BNPL	Basic Needs Poverty Line	LBW	Low Birth Weight
CBN	Cost of Basic Needs	MDG	Millennium Development Goal
CEDAW	Convention of the Elimination of all forms of Discrimination Against Women	MEHRD	Ministry of Education and Human Resources Development
CHS	Community High School	MHMS	Ministry of Health and Medical Services
CRC	Convention on the Rights of the Child	MMR	Maternal Mortality Ratio
CWD	Children with Disabilities	MWYCFA	Ministry of Women, Youth, Children and Family Affairs
DHS	Demography Health Survey	NER	Net Enrolment Rate
EA	Education Authority	NFBN	Non-Food Basic Need items
ECE	Early Childhood Education	NSS	National Secondary School
EPI	Expanded Programme on Immunization	PAF	Performance Assessment Framework
FPL	Food Poverty Line	PRI	Primary School
GER	Gross Enrolment Rate	PSS	Provincial Secondary School
Guad	Guadalcanal Province	PWD	Persons living with Disabilities
HDI	Human Development Index	RAMSI	Regional Assistance Mission to Solomon Islands
HIS	Health Information System	SINCP	Solomon Islands National Children's Policy
HIV	Human Immunodeficiency Virus	SSS	Senior Secondary School
ICESCR	International Convention on Economic, Social, and Cultural Rights	UNDP	United Nations Development Programme
IMR	Infant Mortality Rate	UNICEF	United Nations Children's Fund

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1 DEMOGRAPHY



Demography

Overview

The Solomon Islands is one of four Melanesian countries situated to the north-east of Australia in the Pacific Ocean. It comprises an estimated 1000 islands with a land area of 27,556 square kilometres spread over 1.5 million sq kms of ocean. Its six major islands are Choiseul, New Georgia, Santa Isabel, Guadalcanal, Malaita and San Cristobal (Makira).

There are nine provinces, each with its own administrative centre. They are Choiseul, Western, Isabel, Rennell and Bellona, Central Islands, Guadalcanal, Malaita, Makira, and Temotu. The national capital, Honiara, has the status of an administrative area. The urban areas referred to in this atlas are the capital, Honiara, and provincial towns such as Gizo, Auki, Taro, Kirakira, Lata, Buala, Tulagi and Tigoa.

The sex ratio for boys and girls is 106:100. This is within the normal range; the global natural average for sex ratio at birth estimated at 105:100. Over time the sex ratio evens out in Solomon Islands in line with global trends.

Nationally, the population density is 17 people per square kilometre. Honiara is the most densely populated administrative area with 2937 persons per square kilometre, while Choiseul is the least populated province with only five people per square kilometre.

In 2009, the population was 515,870. A striking feature of its composition is the large proportion of youth. The national child population (0-19 years) as a percentage of the total population is 50.5%. Malaita has the highest proportion of children at 53.2 % and Honiara, the lowest at 43.0%. In rural areas, the composition is almost even: males (50.1%) and females (49.9%), while in the urban areas, the gender divide is more pronounced with males accounting for 52.5% and females, 47.5% of the population.

Most of the population (about 95%) is Melanesian, although there are small Polynesian, Micronesian, Chinese and European communities. There are 63 distinct languages and numerous local dialects in the Solomon Islands. While English is the official language, Solomons Pijin is the Lingua Franca for most people.

The majority of people (80.3%) live outside urban areas and lead a subsistence lifestyle, fishing and gardening to produce food for their own consumption. The remaining population of 19.7% are urban dwellers. Females make up almost half (49%) of the Solomons population and many fulfill the traditional roles expected of them: being a housewife, mother and largely responsible for agriculture as well as collecting firewood, fishing, fetching water, domestic chores, child-rearing and caring for the elderly.

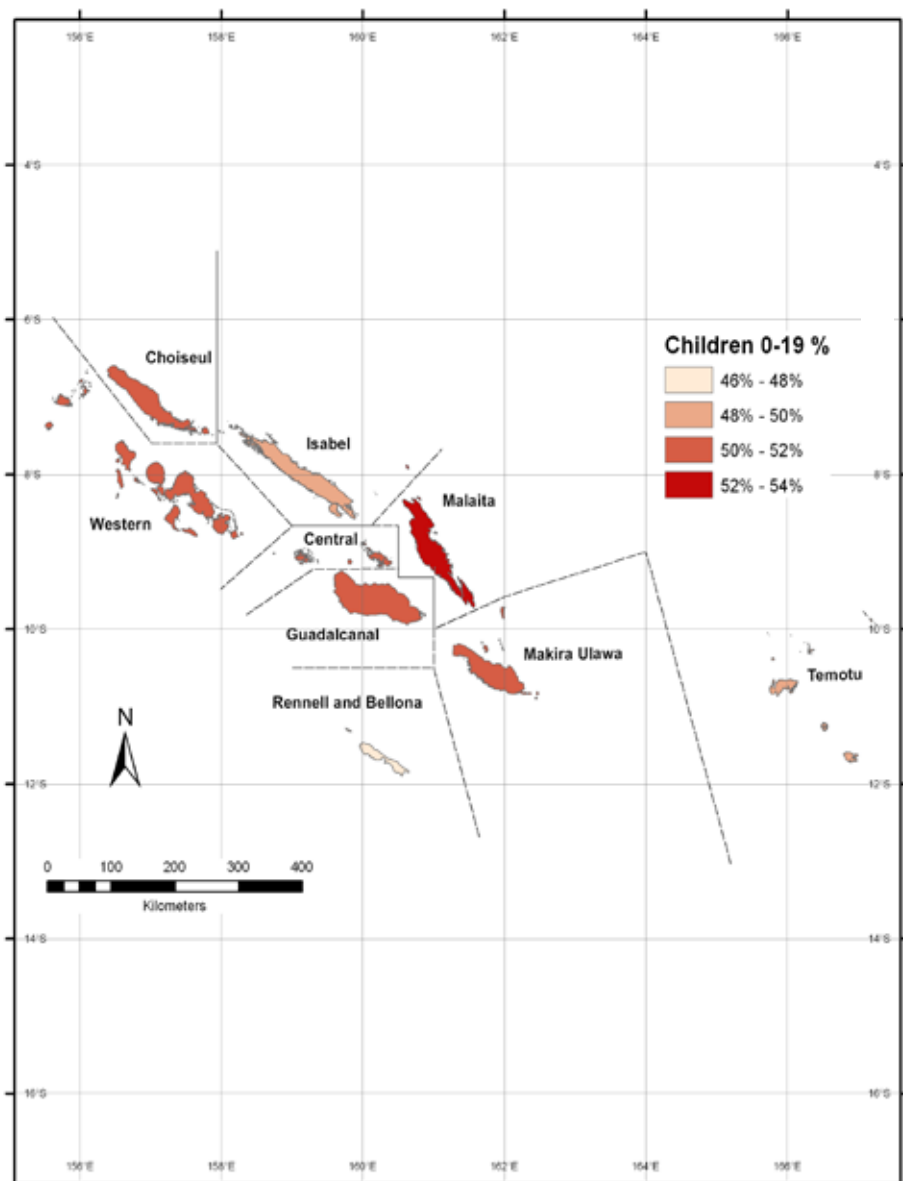
Table 1.1 Child population by province

Age Group	Solomon Island	Honiara	Choiseul	Western	Isabel	Central	Rennell & Bellona	Guadalcanal	Malaita	Makira	Temotu
0 - 4 years	76,505	7,692	4,044	11,080	3,764	3,915	382	14,764	21,075	6,866	2,923
5 - 9 years	71,071	6,736	3,839	10,400	3,623	3,702	403	13,113	20,325	5,834	3,096
10 - 14 years	61,890	6,323	3,259	9,202	3,057	3,131	440	11,153	17,976	4,782	2,567
15 - 19 years	51,172	7,080	2,511	7,830	2,419	2,329	258	9,243	13,928	3,537	2,037
Total Child Population	260,638	27,831	13,653	38,512	12,863	13,077	1,483	48,273	73,304	21,019	10,623
Total Population	515,870	64,602	26,376	76,649	26,158	26,051	3,041	93,613	13,928	40,419	21,362
Child pop. as a % of total population	50.5%	43.1	51.8	50.2	49.2	50.2	48.8	51.6	53.3	52.0	49.7

Source: National Statistics Office, Statistical Bulletin 06/2011

Solomon Islands' 261,000 children are a major part of society, constituting over 50% of the total population

Map 1.1 Children (0-19 years) as a percentage of total population



Source: National Statistics Office, Statistical Bulletin 06/2011

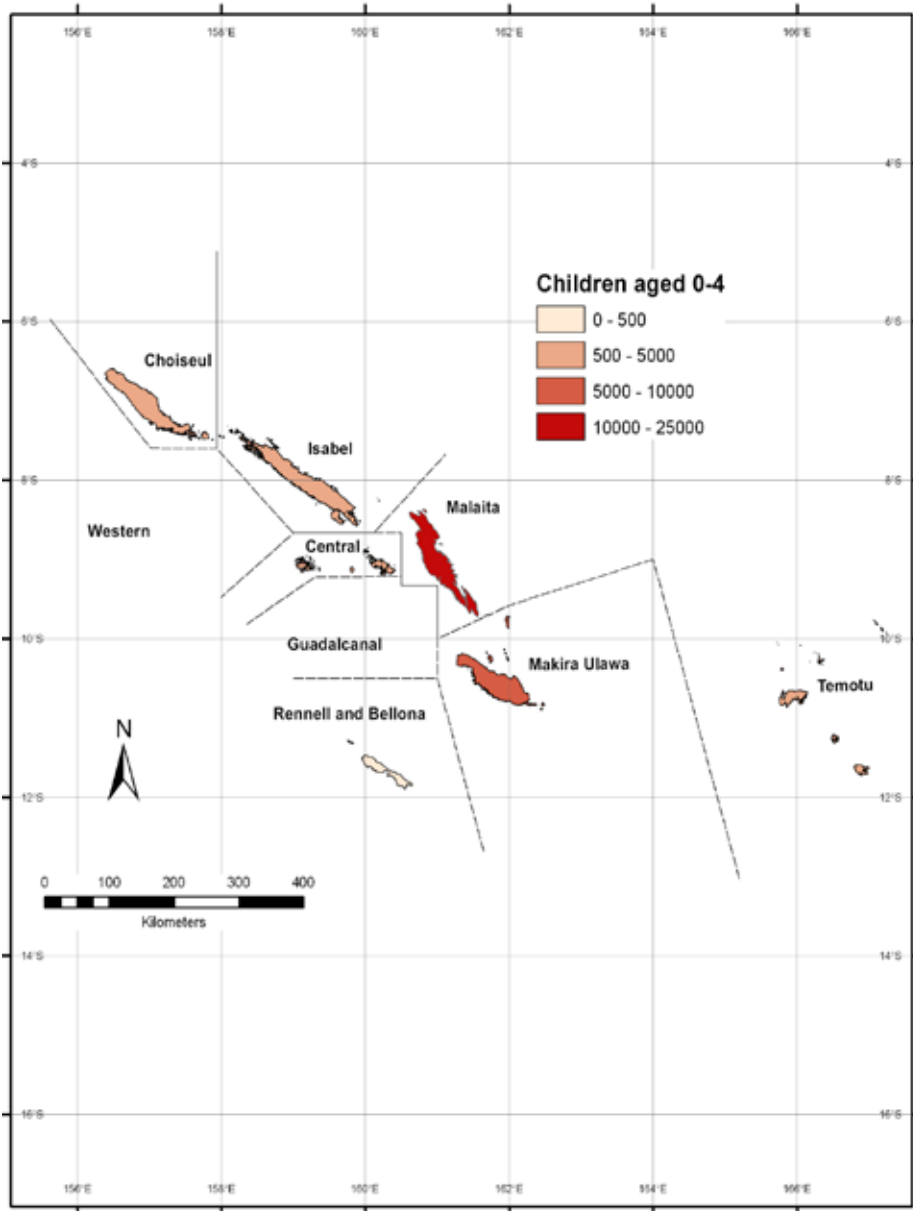
The national child population (0-19 years) as a percentage of the total population is 50.5%. Proportionally, Malaita has the largest child population (53.2%) while Honiara has the smallest (43%). However, in absolute numbers, Malaita has the largest child population (73,304) while the province of Rennell & Bellona has the smallest number of children (1,483).

Large child populations place a great deal of pressure on national and provincial governments to meet the health, education and general welfare needs of children. Both provincial and national governments need to ensure appropriate strategies and policies exist to provide adequate, sustainable funding from Government, private and donor sources.

The geography and scattered population of the Solomons means there are high capital costs for transport, communication and infrastructure development. Thus, while some children may have easy access to goods and services, others are deprived due to their remote location.

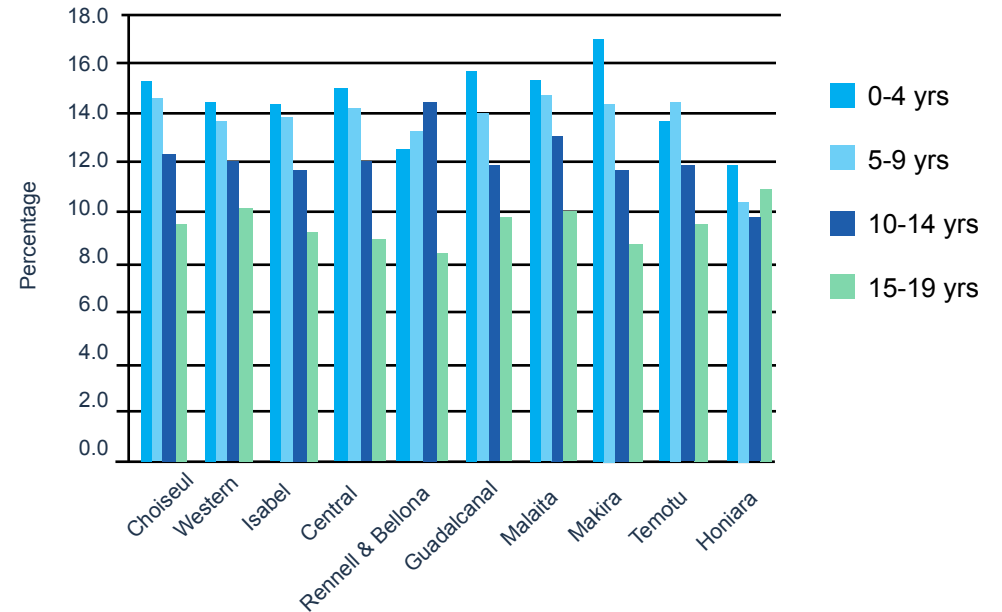
The number of children per province ranges from a low of 1,483 in Rennell & Bellona to a high of 73,304 in Malaita

Map 1.2 Number of young children (0-4 years) by province



Source: National Statistics Office, Statistical Bulletin 06/2011

Figure 1.1 Distribution of children by age group (%)



Source: National Statistics Office, Statistical Bulletin 06/2011

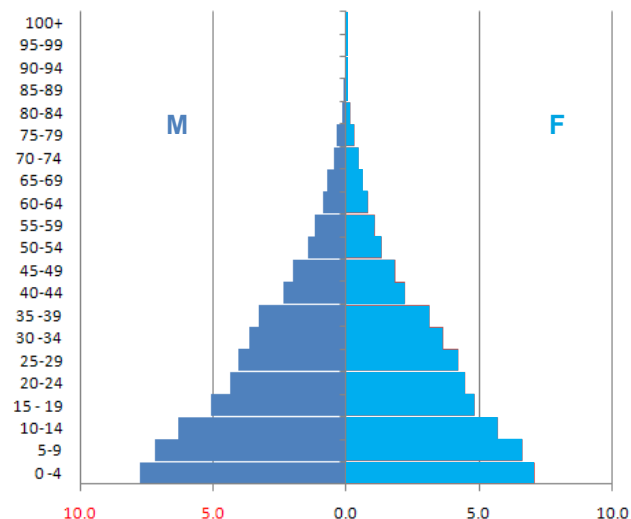
The child population is skewed towards very young children under 5 years of age. When comparing age groups in provincial populations, the 15-19 years cohort is smaller than the 0-4 group in all provinces except Malaita. The 15-19 age group ranges in number from 258 in Rennell & Bellona (lowest) to 13,928 in Malaita (highest).

The lowest numbers of children in the 0-4 age group are in Rennell & Bellona (382) and Temotu (2,923). Malaita province has the highest number with 21,075.

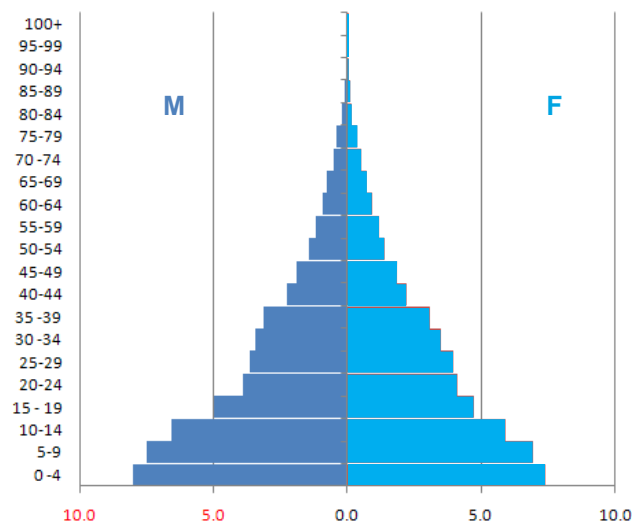
Clearly, the challenge for this youngest age group is survival. If they are to live to their fifth birthday, they must have access to necessary basic health and social services.

Figure 1.2 Population Pyramid: proportional age-sex structure of the total, rural and urban population

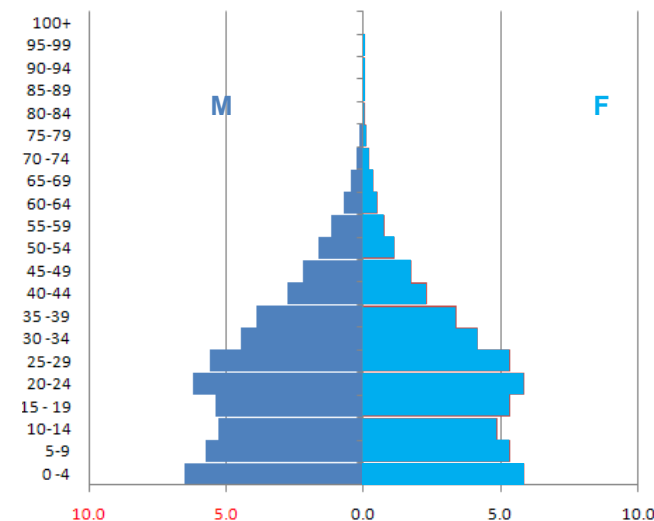
(a) Total country



(b) Rural



(c) Urban

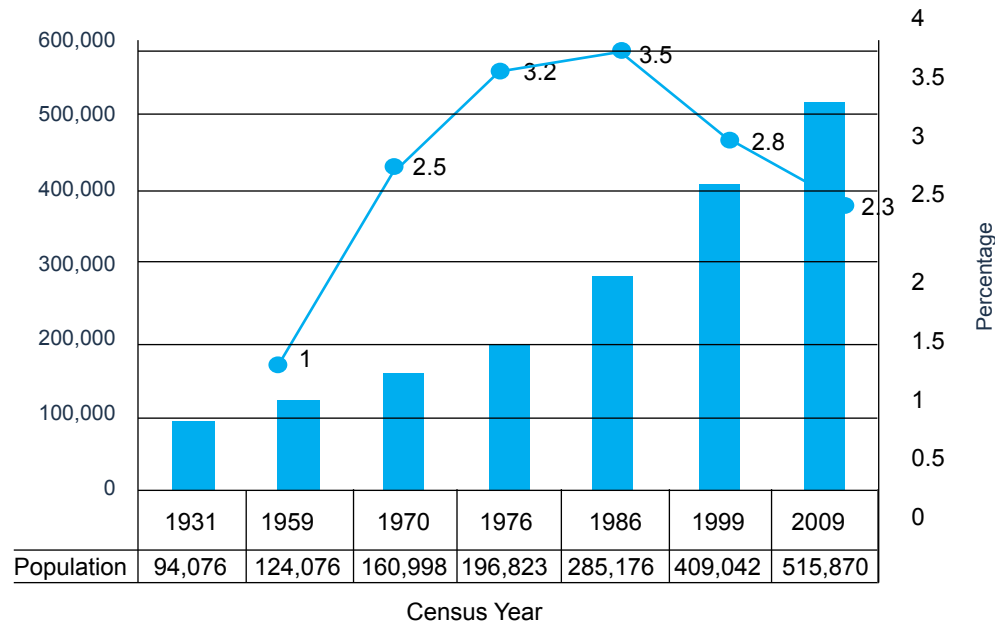


Source: National Statistics Office, Statistical Bulletin 14/2010

The age pyramids show the composition of the total national, urban and rural populations. Rural/urban drift is a phenomenon that's evident in all developing countries. In the pyramids above, this migration is particularly pronounced in the 20-34 age groups. There are clearly more children in rural areas than urban and this reflects the largely rural nature of the Solomons. It may also indicate that most children stay in the villages while their parents move to the urban areas to work. There is greater likelihood of children in the provinces being brought up by grandparents or in single-parent households when one or both parents migrate in search of work.

Rural/urban migration is most common
in the 20-34 age range

Figure 1.3 Annual growth rate and increase in population from 1931-2009



When the first Solomon Islands Census was conducted in 1931, the population was 94,076. By 2009, it had increased more than five-fold to reach 515,870.

From 1931 to 1959, the population growth rate was only 1%. It reached its peak of 3.5% between 1976 and 1986. The following censuses in 1999 and 2009 showed a decline in the population growth rates to 2.8% and 2.3% respectively. This could be due to greater awareness among younger people of the costs associated with raising families and more knowledge of and access to family planning.

However, children still account for more than half the population and providing access to quality education, health and social services will continue to be a challenge.

Source: National Statistics Office, Statistical Bulletin 14/2010

The annual population growth rate increased from 1% in 1959 to 2.3% in 2009

Table 1.2 Growth in population and number of households

	Population and households in census year						Annual population increase			2009		Area in Km ²
	1986		1999		2009					Population density	Average HH size	
	Popul'n	HHs	Popul'n	HHs	Popul'n	HHs	1976-'86	1986-'99	1999-'09			
Solomon Islands	285,176	43,738	409,042	65,014	515,870	91,251	3.5	2.8	2.3	17	5.7	30,407
Choiseul	13,569	1,889	20,008	3,142	26,372	4,712	2.8	3	2.8	7	5.6	3,837
Western	41,681	5,962	62,739	9,992	76,649	13,762	3.1	3.2	2	10	5.6	7,509
Isabel	14,616	2,362	20,421	3,556	26,158	5,143	3.2	2.6	2.5	6	5.1	4,136
Central Island	16,655	2,768	21,577	3,625	26,051	4,905	3.4	2	1.9	42	5.3	615
Rennell - Bellos	1,802	311	2,377	432	3,041	688	-0.5	2.2	2.5	5	4.4	671
Guadalcanal	49,831	8,072	60,275	10,399	93,613	17,163	4.3	1.5	4.4	18	5.5	5,336
Malaita	80,032	12,417	122,620	18,606	137,596	24,421	2.7	3.3	1.2	33	5.6	4225
Makira Ulawa	21,796	3,271	31,006	4,926	40,419	7,173	3.6	2.7	2.6	13	5.6	3,188
Temotu	14,781	2,370	18,912	3,415	21,362	4,303	2.8	1.9	1.2	25	5.0	868
Honiara	30,413	4,316	49,107	6,921	64,609	8,981	6.8	3.8	2.7	2937	7.2	22

Source: National Statistics Office, Statistical Bulletin 06/2011

The number of households more than doubled between 1986 and 2009, from 43,738 to 91,25.² However, the number of people living in a household decreased in the same period.

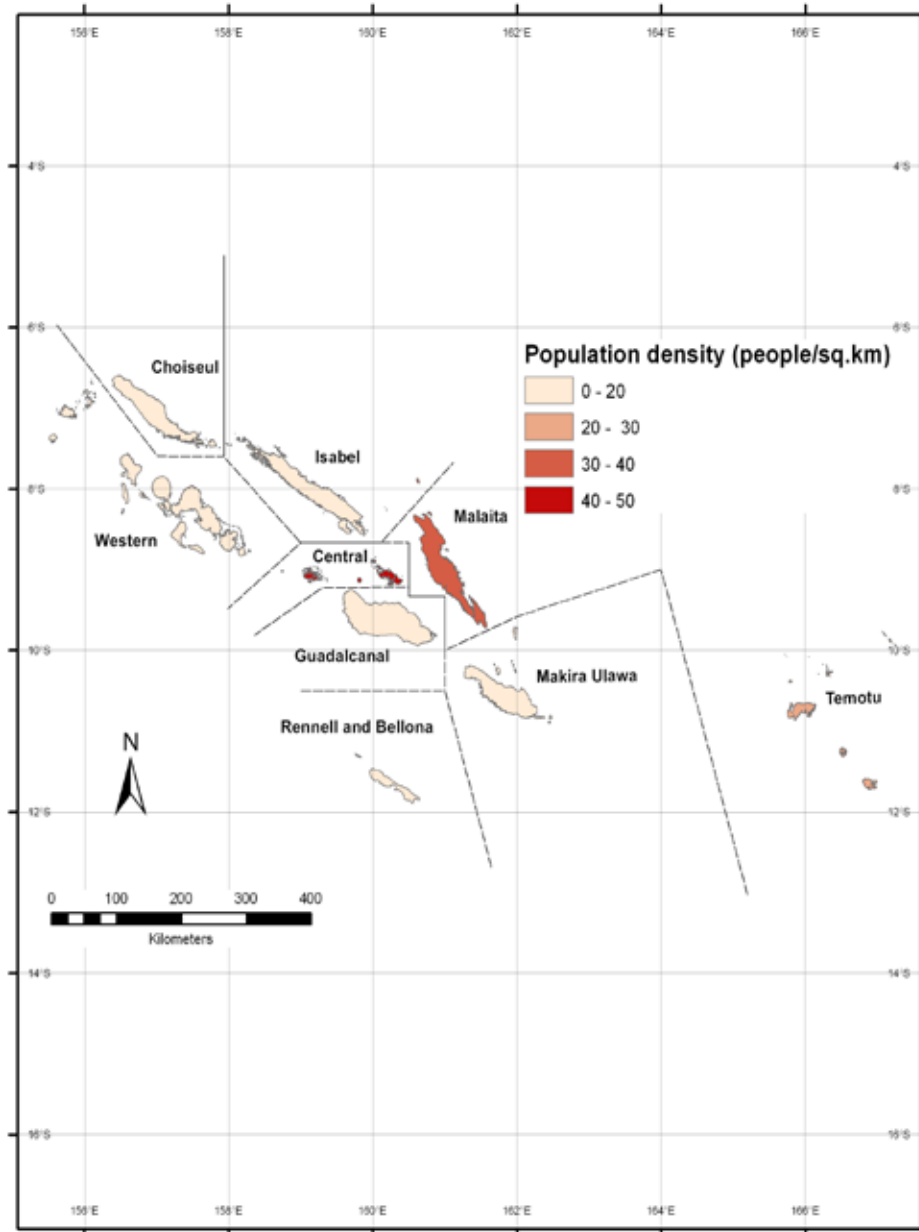
In 1986, the average household size was 6.5 people, but this decreased to 6.2 in 1999 and 5.7 in 2009. Despite the reduction in household size, children would still be adversely affected as a result of the high dependency ratio and the lack of housing in urban areas.

While household sizes in the provinces have decreased, in Honiara the household size remains high. This is indicative of the growing number of people coming into town looking for work and staying with wantoks (relatives and/or people of the same language groups).

The number of households more than doubled between 1986 and 2009

²Average household figures calculated from Table 1.2 using total population divided by the number of households for each of the census years.

Map 1.3 Population density by province



The average population density in Solomon Islands is 17 people per square kilometre while provincial population densities range from 5 (lowest) in Rennell & Bellona to 42 (highest) in Central Islands province.

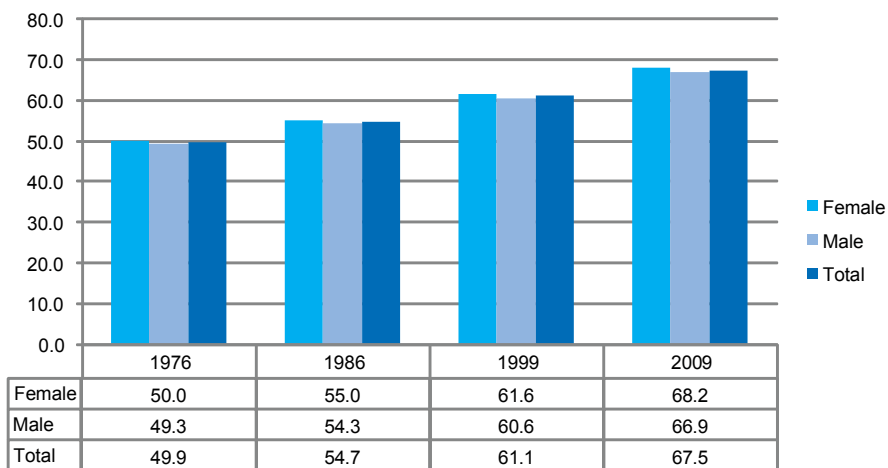
Rennell & Bellona is small in size and because of transport difficulties and its distance from the capital, most people who go to Honiara find it difficult to return. Central Islands province is similar to Rennell & Bellona in size, but is closer to Honiara so people move easily to and from the province and its population density remains high.

The Malaita province is the next most densely populated with 33 people per square kilometre, followed by Temotu with 25. These two provinces usually provide workers for major palm oil and coconut plantations. Other provinces with low population densities are Isabel with 6 and Choiseul with 7 square kilometre. Both have minimal tourism infrastructure and undeveloped natural resources such as minerals.

Population density ranges from 5 people per km² in Rennell & Bellona to 42 in Central Islands

Source: National Statistics Office, Statistical Bulletin 06/2011

Figure 1.4 Trend in average life expectancy by gender



Source: National Statistics Office, Statistical Bulletin 06/2011

Average life expectancy for males and females improved dramatically between 49.9 years 1976 and 67.5 years 2009. These improvements could be attributed to better access to health care and wider immunisation coverage.

When comparing the life expectancy of males to females, it has been consistent over the past 33 years that, on average, females live longer than males.

In 1976, males had a life expectancy of 49.3 and females, 50 years. In the 1986 Census, the gap continued with males reaching 54.3 and females, 55 years. The gap further widened in 2009 with the male average increasing to 66.9 while females rose to 68.2 years.

The reasons for this growing disparity are unclear, but it's quite possible that exposure to non-traditional lifestyles that include alcohol consumption, processed and fast food could be having an adverse affect on men's health.

An increasing rate of lifestyle diseases in the South Pacific, resulting in the illness and possible death of family income-earners places greater stress on mothers and children.

**Average life expectancy has risen
from 49.9 years in 1976 to 67.5 in 2009**

2 SOCIO - ECONOMIC DEVELOPMENT



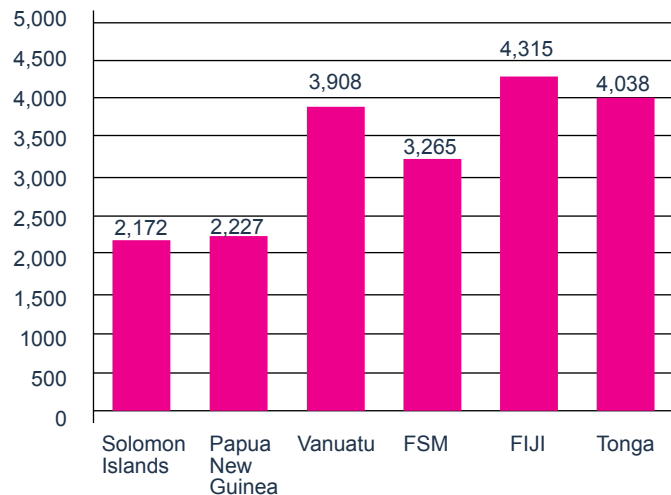
Socio-economic development

Overview

According to the Central Bank of Solomon Islands 2010 Annual Report, the domestic economy grew by 7.1% compared to a decline of 1.2% in 2009. Real GDP per capita rose by 4.6% after a drop of 3.9% in 2009. However, this was experienced by the formal sector (those in formal employment) implying uneven distribution of growth in the domestic economy because most people live in the rural areas. “That is to say, the informal sector (the majority of whom live in the rural villages and account for about 80% of total population) does not directly reap the benefits of economic prosperity.”³

The major exports of Solomon Islands are gold, forestry products, fish, copra, cocoa, coconut oil and palm oil. Other income sources are mineral exports, energy and tourism. The country continues to miss out on much of the potential income from the logging industry. “The Forestry Act requires that 20% of felled logs must be milled locally. However, this mandatory requirement has never been complied with, indicating weaknesses in the execution agency.”⁴

Figure 2.1 Gross National Income (\$US) per capita



Source: UNDP, 2009 Human Development Report

Solomon Islands' Gross National Income stood at US\$2,172, which is lower than its neighbouring Pacific islands countries such as Vanuatu (\$3,908), PNG (\$2,227), Fiji (\$4,315) and Tonga (\$4,038). This lower GNI is likely to be a reflection of the predominance of the subsistence economy.

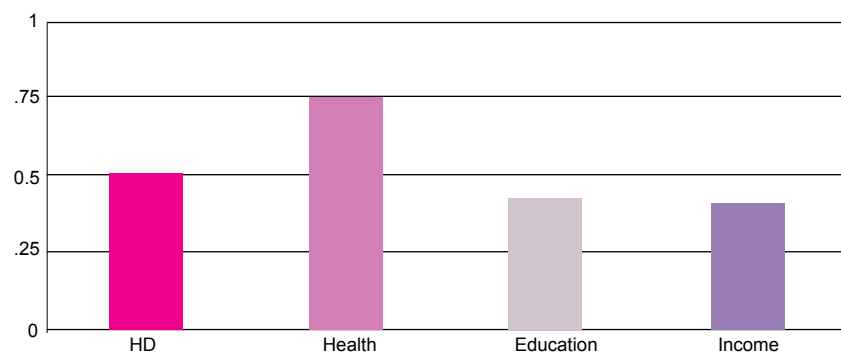
The informal sector has not benefited much from economic growth

³ Central Bank of Solomon Islands 2010 Annual Report.

⁴ Ibid.

Gross National Income

Figure 2.2 Human Development Index: Solomon Islands



Source: UNDP, 2011 Human Development Report

The Human Development Index (HDI) is an alternative to conventional measures of national development, such as Gross Domestic Product or Gross National Income. The HDI provides a composite measure of three basic dimensions of human development: health, education and income. The HDI trends tell an important story about overall well-being and life chances for children in the Solomon Islands.

Table 2.1 Pacific Island Countries Human Development Index and rank

Pacific Island Countries	HDI	Rank
Tonga	0.704	90
Samoa	0.688	99
Fiji	0.688	100
Solomon Islands	0.510	142
Vanuatu	0.617	125
PNG	0.466	153
Federated States of Micronesia	0.636	116

Source: UNDP Human Development Report 2011

Most of the Pacific Island countries appear in the 'medium human development' category except for Solomon Islands and PNG who are in the 'low human development' category. According to Human Development Report (2011), Solomon Islands was ranked 142nd out of 187 countries worldwide — ahead of PNG (153), but behind Samoa (99), Fiji (100), FSM (116) and Vanuatu (125).

Low education and income constrain human development in the Solomon Islands

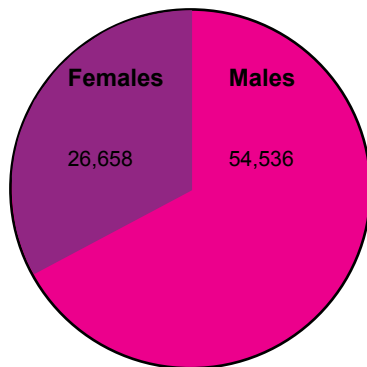
Work and Employment

According to the Central Bank of Solomon Islands 2010 Annual Report, the National Provident Fund saw an increase in total active contributors from 30,747 in 2009 to 41,096 in 2010. This implies an employment increase of 33.7%. The largest employment sectors were manufacturing (22%), agriculture (20%), public administration (15%), educational services (12%), and wholesale and retail (10%).

The Solomon Islands 2009 Census showed an increase in employment of 81,194 up from 57,472 in the 1999 Census. It also revealed a significant portion of children engaged in labour; children aged 12-19 years represent 18% of the total national employment figures. There are considerable disparities between provinces, with Malaita having nearly 40% of 12-19 year olds engaged in labour.

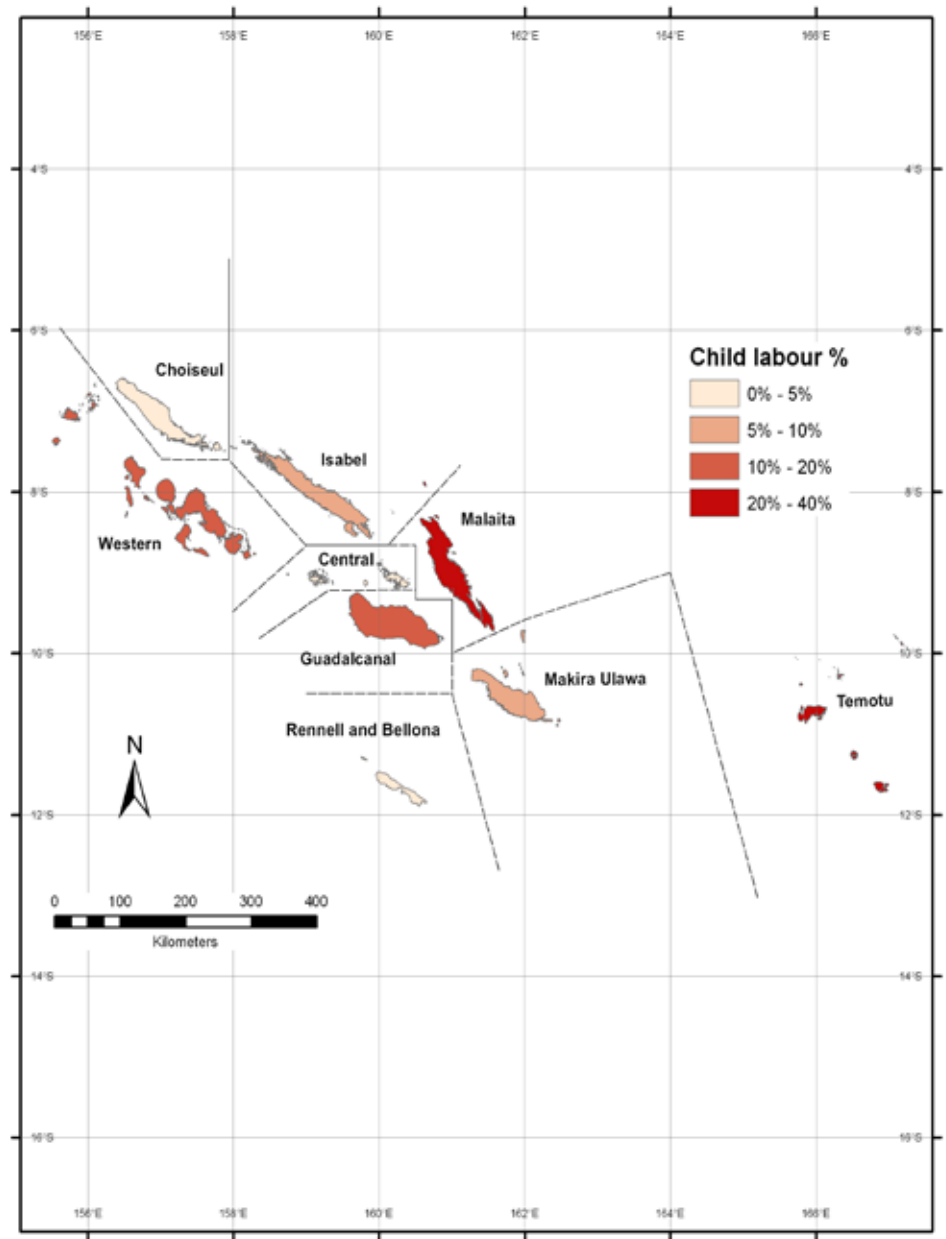
Children 12-19 years represent 18% of the total employment figures

Figure 2.3 Numbers of males and females employed



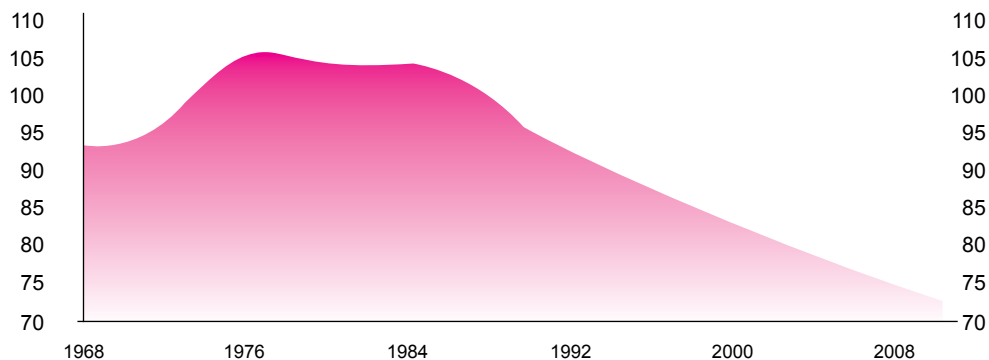
Source: National Statistics Office, Statistical Bulletin 06/2011

Map 2.1 Children aged 12-19 years engaged in employment by province



Source: National Statistics Office, Statistical Bulletin 06/2011

Figure 2.4 Dependency Ratio of working age population



Source: World Bank Development Indicators

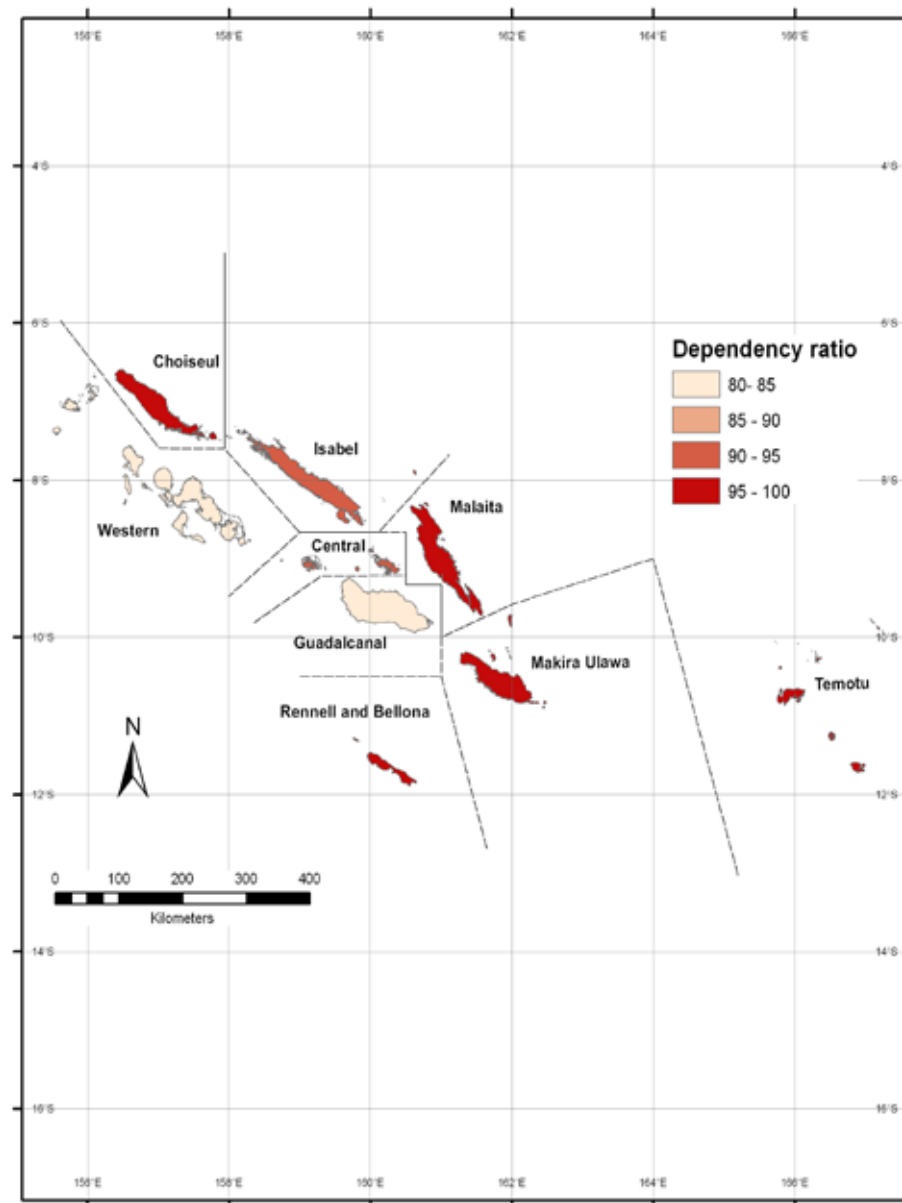
Although the age dependency ratio has been decreasing since 1984, it is still high at an estimated 75 to 85.⁵

A high dependency ratio indicates that the economically active population and the overall economy face a greater burden to support and provide the social services needed by the economically dependent.

According to the 2009 Census, the dependency ratio greatly varies across the country with the provinces of Choiseul and Malaita having the highest ratio (95-100) and Guadalcanal and Western provinces having the lowest (80-85). Honiara's dependency ratio is just 54, reflecting the migration of adults to the urban areas.

⁵ Statistical Bulletin 06/2011 Census 2009

Map 2.2 Dependency Ratio by province



Source: National Statistics Office, Statistical Bulletin 06/2011

Urbanisation

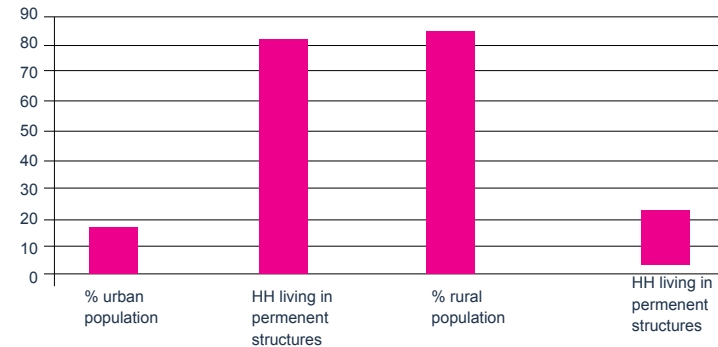
Honiara and Guadalcanal are the main destinations for migrants seeking employment, followed by the Western province.

The provincial capitals such as Gizo, Tulagi, Buala, Auki and the main commercial centres of Noro and Munda in Western province, the large plantations such as Kolombangara in Western province and Banika and Pavuvu in Central province show both high in-migration and high out-migration rates. This reflects the mobility of the population in seeking employment opportunities.

Though small, the provincial capitals attract migrants as short-term stayers and administrative workers in schools, hospitals or commercial businesses, for example the fish cannery in Noro or the copra/cocoa depots. While some migrants are short-term stayers, there are many who stay with relatives or wantoks for longer periods. Upon finding a job, they move out and build temporary houses and often accommodate a few extra people who are visiting a hospital, going to school or are involved in other activities. Such movement results in the growth of squatter settlements and in youth unemployment. At the national level, a significant number of people who migrated to various provinces and towns to find work now own and manage properties and businesses.

Urban children experience relatively higher rates of poverty

Figure 2.5 Percentage of permanent and temporary structures urban/rural



Source: National Statistics Office, Statistical Bulletin 06/2011

There is a clear disparity between the standard of housing for the rural population (84% of the total population) and the urban housing (16% of the total population). Some 82% of households in the urban areas live in permanent structures compared to only 19% in the rural areas.

There are 7,300 private permanent houses in the urban areas and 10,642 private permanent dwellings in rural areas. Of all the permanent dwellings, 42% are in the urban areas and 58% in rural areas.

Thus, children in urban areas are more likely to experience the benefits of having a permanent place to live. About 21% (116,206) of the total population live in private permanent dwellings.

Poverty

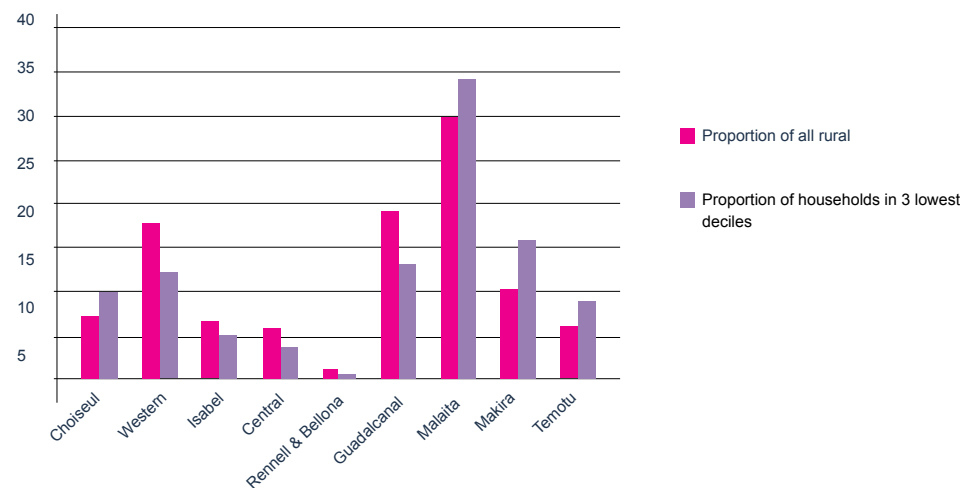
Poverty in the Solomon Islands is measured using a 'Cost of Basic Needs' approach. This method relies on two poverty measures or lines: the first is the cost of a minimally nutritious diet ('Food Poverty Line'); and the second includes costs for basic items such as shelter, health, clothing and education ('Non-Food Basic Needs'). The combination of these two lines creates the Basic Needs Poverty Line.

Analysis of the 2005/2006 Household Income and Expenditure Survey revealed that an estimated 22.7% of the population lived below the basic needs poverty line. Considerable disparities exist between urban and rural areas. In Honiara, 32.2% of the population experience poverty compared to 13.6% of the population living in urban areas in other provinces. For rural areas, the rate of basic needs poverty is estimated to be 18.8%. Analysis suggests that the rural provinces with the highest proportion of poor households are Choiseul, Malaita, Makira and Temotu.

In the Solomon Islands, as in the rest of the Pacific, poverty is generally not experienced as extreme deprivations of food and shelter, but instead as hardship and lack of opportunity. In both areas, children will experience poverty as a lack of access to education, health, nutrition, information and transportation, limiting their opportunities to excel in life. Analysis of the 2005/2006 HIES showed that 32.9% of children lived in households in the lowest three expenditure deciles. Children in Honiara are more likely to be living in the poorest households, with 38.7% in the three lowest income deciles. The analysis suggests that overall children are more likely to be living in households in the lowest expenditure quintiles than in the highest quintiles poverty, and that urban children experience proportionally higher rates of poverty.

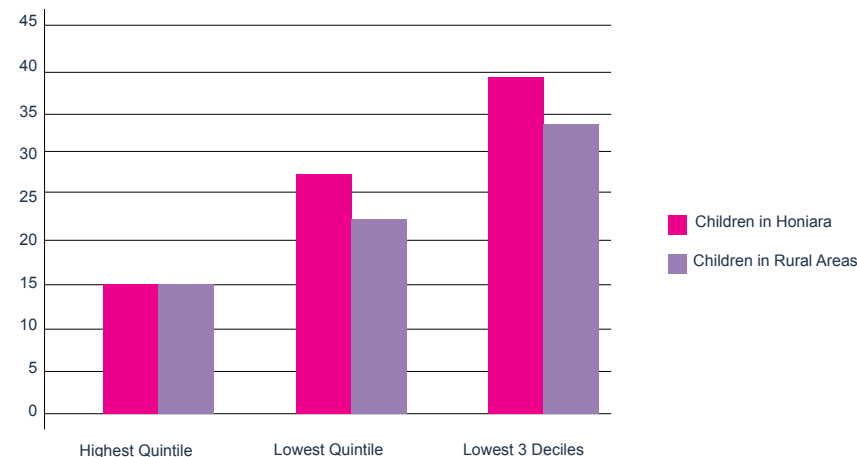
23% of the population live below the basic needs poverty line

Figure 2.6 Location of Rural Households in Lowest Three Deciles



Source: National Statistics Office and UNDP Pacific Centre, Analysis of Poverty from 2005/2006 HIES

Figure 2.7 Honiara and rural children: Proportion in top and bottom deciles



Source: National Statistics Office and UNDP Pacific Centre, Analysis of Poverty from 2005/2006 HIES

Gender

Women have not been able to break through gender barriers to play a part in national political leadership. There has been only one woman elected to the 50-seat national parliament since independence in 1978, despite the fact they have contested National General elections. At provincial government level, however, some women have been able to win seats.

The lack of representation in Government underlines the fact that the Solomon Islands remains a male-dominated society in which the status of women is low. Many men, particularly in the rural areas, see women's role as being primarily child and family carers. Women are bound by bride price and its associated social obligations.

Employment is heavily skewed towards men. Although women comprise 49% of the population, males make up 67% of the total people employed.⁶ The 2007 Demographic and Health Survey (DHS) reported that less than half as many married women (42.1%) as married men (87%) had been employed sometime in the previous year. More than half (56%) of women employed were not paid in cash or kind for their work.⁶

The working population of 16-59 years comprises 41% of the total population. Employment is heavily skewed toward men. Although women comprise 49% of the population, males make up 67% of the total people employed.

Employment represents economic power and the gender imbalance in this sphere is clearly not in favour of women. To address this significant disparity, the provision of equal opportunity needs to be given a much higher priority, along with vocational training for girls and women to improve their employment prospects.

The DHS survey found that only 28% of married women reported that they made decisions regarding their own health care independently and only 19.8% reported they had the main decision-making power regarding visits their family and friends. Seven per cent of men reported their wife had primary responsibility for such decisions. These responses suggested a significant level of controlling behaviour by men to limit access to women's support networks. This type of control makes women in violent situations more vulnerable.⁷

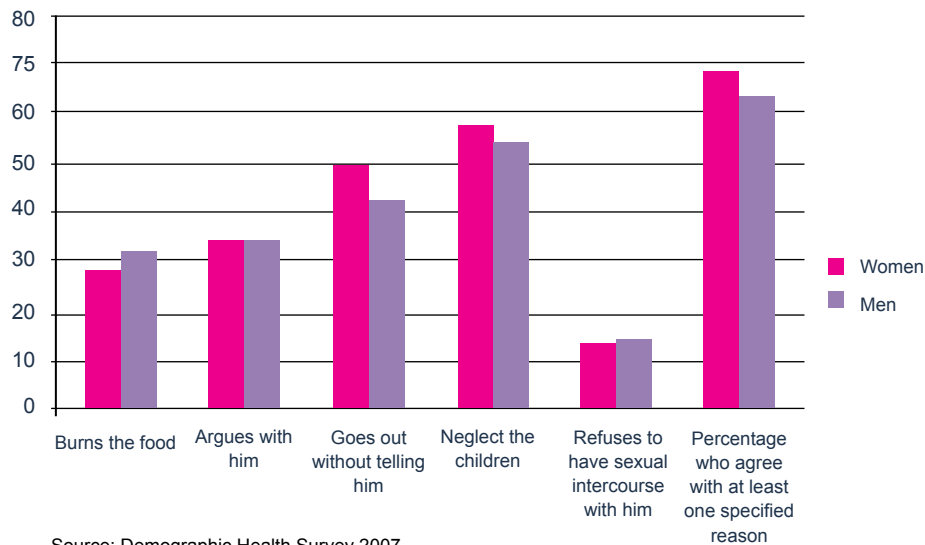
The women's networks and NGOs, including church groups, have been working to address issues that affect women through the National Council of Women and the Ministry of Women, Youth, Children and Family Affairs. The National Council of Women is the umbrella body for women's organisations in the Solomon Islands and promotes women's development and welfare including employment and income-generation, education, advocacy and rights. Financially, the women's network organisations generally have not been supported adequately to carry out programs that enable empowerment of women.

**Only one woman has been elected to
National Parliament since 1978**

⁶ Statistical Bulletin 06/2011 Census 2009

⁷ Solomon Islands 2007 Demographic and Health Survey

Figure 2.8 Percentage of all women and men aged 15–49 who agree that a husband is justified in hitting or beating his wife for specific reasons



Source: Demographic Health Survey 2007

Gender violence is widespread in Solomon Islands, with both women and children at risk of physical, emotional and sexual violence. There is a high prevalence of violence against women and this has serious repercussions for children.

In a survey of 3000 women, almost two-thirds (64%) of women aged 15 to 49 years who had ever been in a relationship reported experiencing physical or sexual violence, or both, from an intimate partner in the previous 12 months. The women were 4.5 times more likely to have children who were also abused and the children of abused women were more likely to have emotional and behavioural problems, which also affected their schooling.

Acceptance of wife-beating is culturally and socially prevalent in the Solomon Islands. The 2007 DHS asked women and men whether a husband is justified in beating his wife under a series of circumstances. Almost 70% of women agreed with at least one justification for a husband beating his wife, indicating that women generally accept a subordinate relationship within marriage. Some 65% of men also felt violence was justified. Acceptance of violence was equally high across age, income and geography for both men and women. Women with some education were somewhat less likely to accept violence than women with no education, but in contrast, levels of education did not decrease men’s belief that violence is justified. These findings underline the importance of education and communication for social change on gender equality and women’s rights for all women and men, boys and girls.

Almost two-thirds of adult women in a relationship reported experiencing physical or sexual violence



Education

Overview

Education is central to equitable development in the Solomon Islands. For children, access to quality education is the means to the fulfilment of their rights and full potential. For the country as a whole, building human capacity and skills is the means to sustained economic growth.

Over recent years, there have been gradual improvements in primary school enrolment and literacy rates. Better access to education has been a driver of increased gender equality and poverty reduction. However, progress needs to accelerate if the Solomon Islands is to meet MDG targets for education. Addressing the wide geographic dispersion of the population and reducing disparities in access to resources, including trained teachers, across the islands remains an on-going challenge.⁸

Schools in the Solomon Islands are owned by Education Authorities (EA) which includes the national and provincial governments, churches and a few individuals. The national government pays the salaries of all certified teachers and various grants depending on the types of schools, the number of students and the location of the school.

The tiers of education consist of: Early Childhood Education (ECE), Primary Schools (PRI), Junior Secondary Schools (JSS), Provincial Secondary Schools (PSS), National Secondary Schools (NSS) and Technical and Vocational Education and Training (TVET).

An introduction to formal education is provided by ECE centres, also known as kindergartens, which are run by the community or individuals. At the age of six, children are allowed to enter formal primary education, though under the Education Act, admission is extended to age nine.⁹

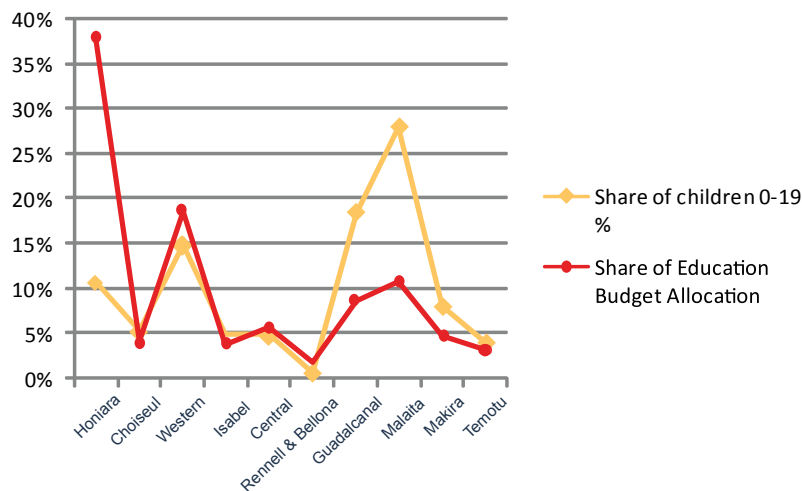
Community-based secondary education is provided through the JSS and Community High Schools (CHS). These day schools have developed from PRI schools and go through Year 9. They run concurrently with primary schools and share an administrative head.

The PSS are boarding schools owned by the provincial governments and are usually attended by students within the provinces. However, students from other provinces can be accepted into a PSS on the basis of higher marks. These schools offer Grades 7-12. The highest secondary education is provided by the NSS or Senior Secondary School, which offers enrolment from Grade 7 through 13. These are national schools and take students from all provinces in the Solomon Islands.

⁸ Solomon Islands National Development Strategy 2011-2020

⁹ Education Act Section 18 (2), p.250

Figure 3.1 Percentage of recurrent budget by province and share of children 0-19 years

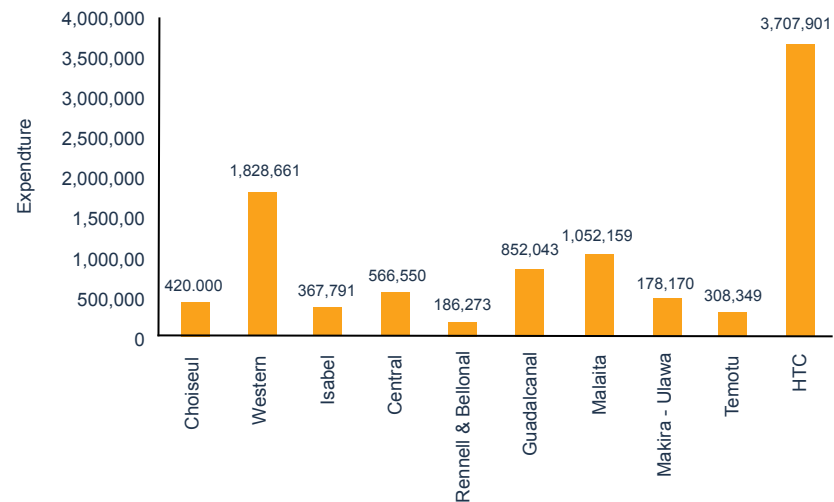


Source: MEHRD Performance Assessment Framework 207-2009, National Statistics Office, Statistical Bulletin 06/2011

The Ministry of Education and Human Resources Development (MEHRD) is responsible for 1,245 schools, employs over 6,500 personnel¹⁰ and provides education services and curricula to an estimated 180,000 students.¹¹ The overall Recurrent Budget for education in 2009 was 389 million Solomon Islands Dollars, representing 26% of the national budget.

Analysis of the 2009 Recurrent Budget estimates for education and subsequent allocations to provinces showed that Honiara and Western Provinces received the highest allocations, at 38% and 18.7% of the recurrent budget. Generally allocations reflect the proportion of children in each province. However, there are exceptions. Both Guadalcanal and Malaita, which have the highest percentage

Figure 3.2 2009 Recurrent budget for education by province



Source: MEHRD Performance Assessment Framework 2007-2009

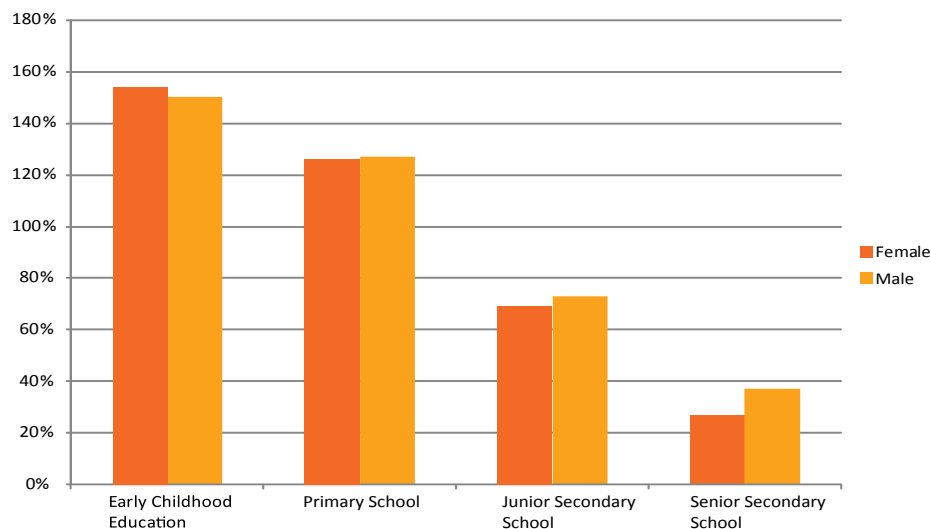
of Solomon Island's child population (18.5% and 28%) received a considerably smaller share of the education budget in proportion to their child populations (8.7% and 11%).

Financial management indicators, from the more recent 2008-2010 Performance Assessment Framework, show a different picture with Malaita Province receiving the largest overall school grant disbursement followed by Guadalcanal. Further analysis of the education budget is required to understand education disparities and boost student performance.

¹⁰ Solomon Islands National Development Strategy 2011-2020

¹¹ MEHRD Performance Assessment Framework 2008-2010

Figure 3.3 Gross Enrolment Rate (GER) by school levels and gender



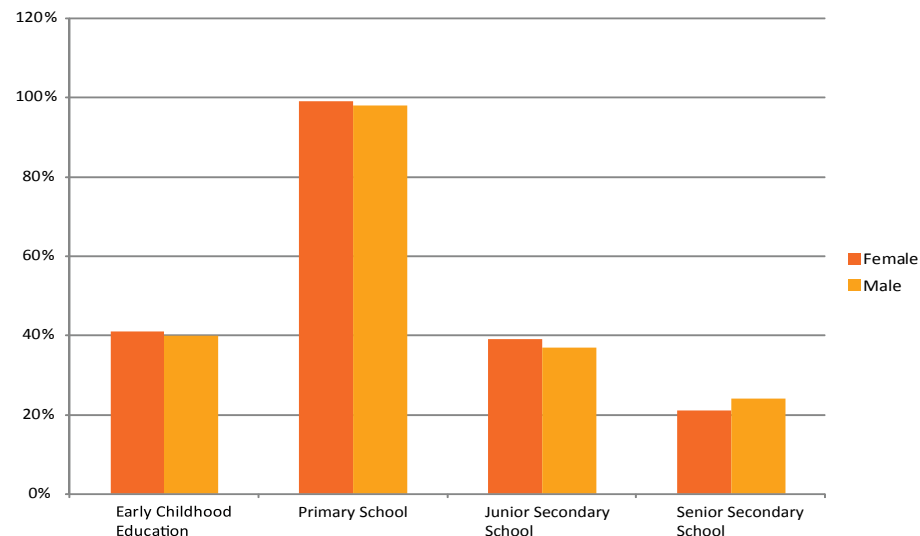
Source: MEHRD Performance Assessment Framework 2007-2009

Gross Enrolment Rates, which measure enrolment regardless of official age, show high GER for both ECE (152%) and Primary (126%). These figures can exceed 100% due to the enrolment of both official age and unofficial age children (including younger and older children). The high rates generally indicate that a substantial number of children are starting school late or repeating grades.

A more reliable picture of overall school enrolment can be attained through the use of Net Enrolment Rates (NER). Estimates from the education system on NER indicate that progress is being made in ensuring universal access to primary education in line with MDG targets. Based on 2007-2009 data from MEHRD, estimates of primary enrolment stood at 99%, with 87% of those starting primary finishing the last grade. Both GER and NER are calculated using administrative data from schools and census data.

Considerable disparities in overall net enrolment rates exist between the different levels of education. Only 40% of children are enrolled in ECE, meaning that the majority of children are not adequately prepared to enter primary education.

Figure 3.4 Net Enrolment Rate (GER) by school levels and gender



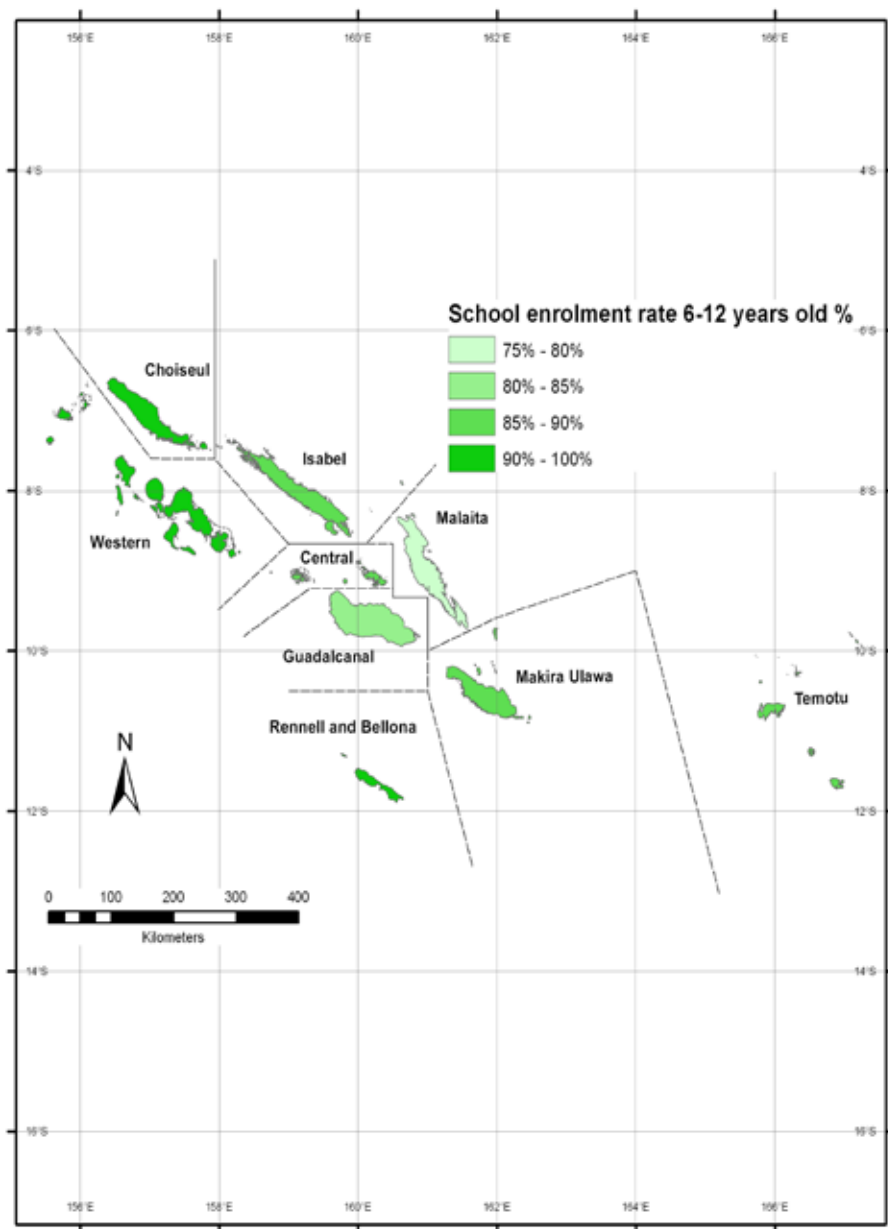
SOURCE: MEHRD PERFORMANCE ASSESSMENT FRAMEWORK 2007-2009

The enrolment rate drops alarmingly in the transition from primary to secondary levels, from 99% enrolment at the primary level to 38% enrolment in junior secondary (JSS) and 23% in senior secondary. Half of all children completing primary school do not progress into secondary school.

Generally girls have slightly higher enrolment rates than boys in early childhood, primary and junior secondary education. However, the ratio shifts at the senior secondary level, with boys' enrolment at 24% and girls' at 21%. This indicates an on-going need to support equal access to secondary education for girls.

The ECE net enrolment rate of 40% means that not all children are adequately prepared for primary education.

Map 3.1 School Enrolment Rate of 6-12 year olds

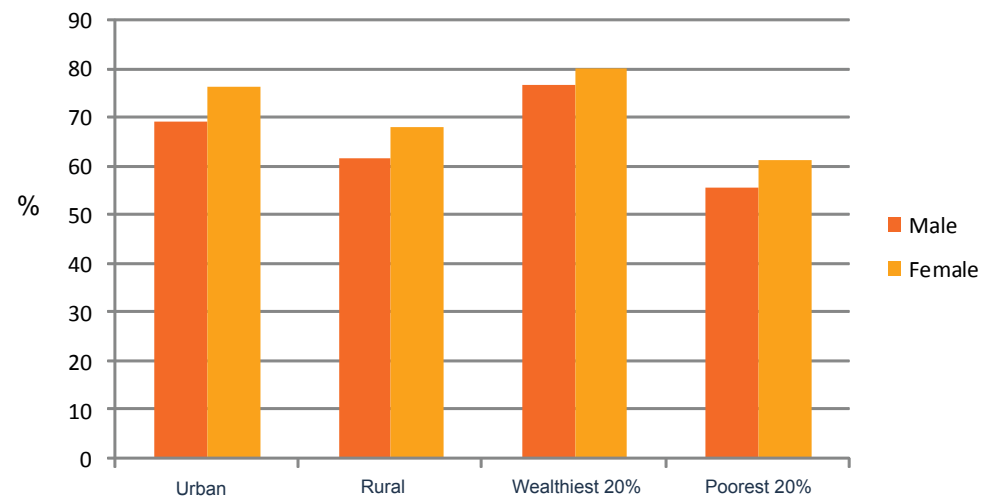


Survey-based estimates of school enrolment in the Solomon Islands indicate that there is still considerable progress to be made before universal primary education can be achieved. The 2009 Census found that enrolment for primary school age children (6 to 12 years old) was 83.3%. Net enrolment varied between provinces from more than 90% in Western and Choiseul Provinces to 75% in Malaita.

Estimated attendance ratios from the 2007 Demographic Health Survey are even lower. Attendance ratios capture the percentage of children (6-13) who are enrolled and in regular attendance. Only 65% of primary age children were estimated to be attending school according to DHS data. Urban children (72%) were more likely to attend than children in rural areas (65%) and girls were slightly more likely to be attending than boys. Income levels also appear to contribute to disparities.

At the secondary level, disparities in attendance based on income are more pronounced. Only 11% of children from the lowest income quintile, or the poorest 20% of the population, were attending school. This compares to 45% of children in the wealthiest quintile.

Figure 3.5 Primary school net attendance ratios



Source: DHS 2007

Source: National Statistics Office, Statistical Bulletin 06/2011

Table 3.1 Student/Certified teacher ratio

Province/ National	ECE	Primary	Secondary
Central	58.1	33.1	19.6
Choiseul	77.0	40.1	33.9
Guadalcanal	52.3	39.9	34.0
Honiara	46.7	41.5	46.6
Isabel	62.8	29.0	23.1
Makira & Ulawa	33.1	33.0	26.2
Malaita	135.4	35.4	33.8
Rennell Bellona	0.0	35.4	83.8
Temotu	49.9	31.7	30.0
Western	172.0	36.9	46.4
TOTAL	70.4	41.0	34.7

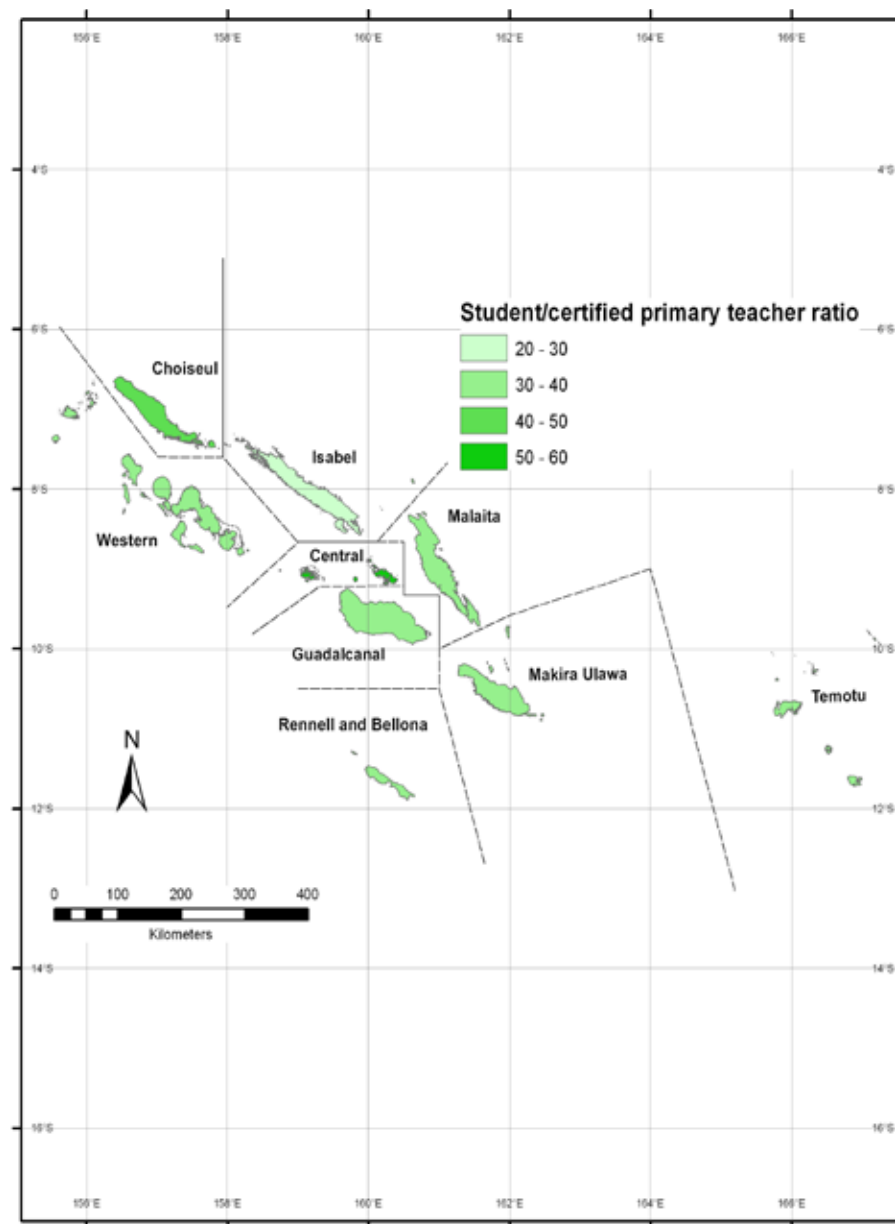
Source: MEHRD Performance Assessment Framework 2007-2009

The overall student/teacher ratio at the primary level in the Solomon Islands is 1:25. This number is well below the expected ratio of 1:35, a sign of adequate resourcing of the education sector. However, it varies strongly at the provincial level. Honiara has the highest ratio at 1:32 and Rennel and Belona the lowest at 1:13.¹²

An alternative measure, the student to certified teacher ratio, serves as a proxy for education quality. Certified teachers are defined as those who have teaching credentials. For ECE, the overall ratio for the Solomon Islands is 1:70, well above the norm and an indicator that there is an extreme shortage of teachers trained in early childhood education. It should be noted that the percentage of trained early childhood teachers increased by 63% in 2010 compared to 2009.

For primary education, the overall student to certified teacher ratio is 1:41, revealing that less than half of teachers have the appropriate training. Again, there are considerable disparities between provinces. At 1:42, Honiara has the highest ratio, indicating a need for increased resourcing of urban primary schools in line with urbanization trends.

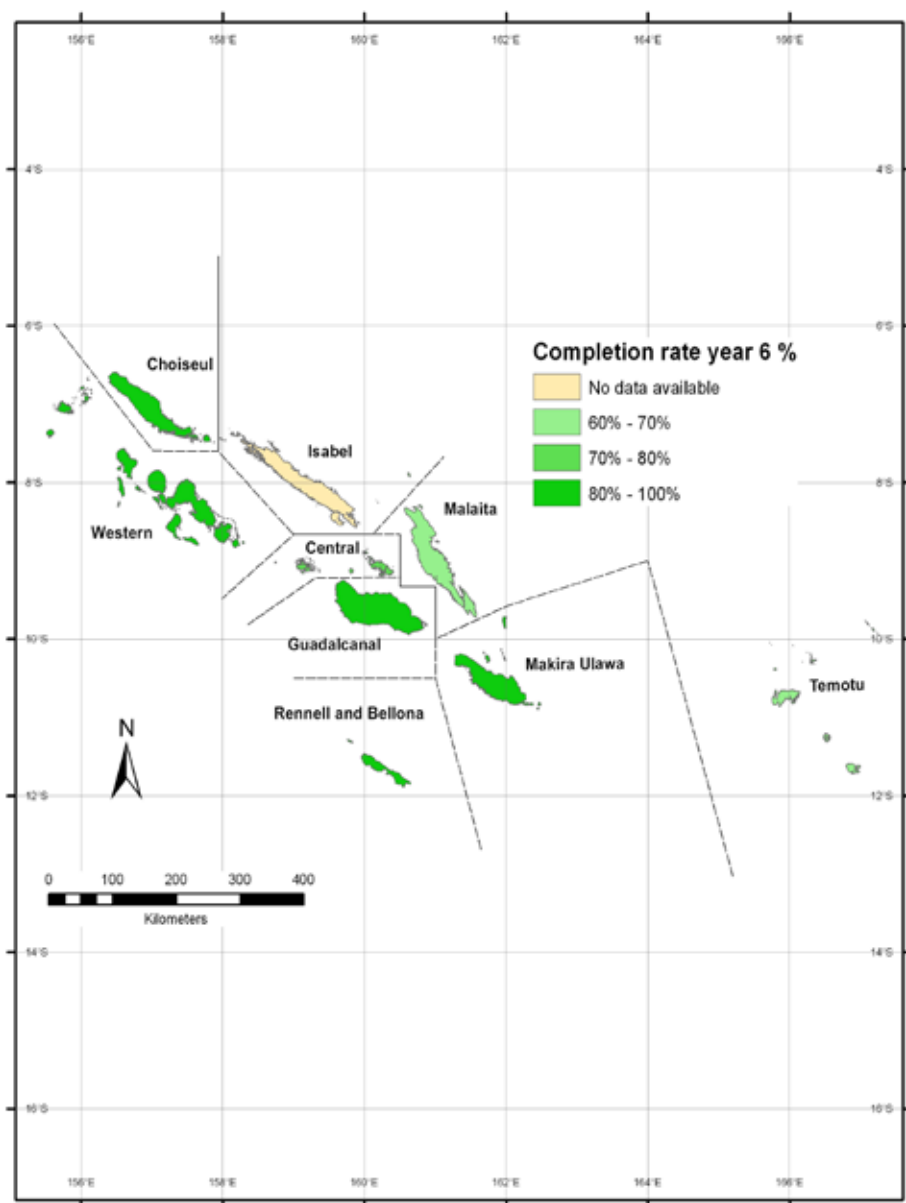
Map 3.2 Student/Certified primary teacher ratio levels



Source: MEHRD Performance Assessment Framework 2007-2009

¹² MEHRD Performance Assessment Framework 2008-2010

Map 3.3 Completion rate year 6 (%)



Source: MEHRD Performance Assessment Framework 2007-2009

Table 3.2 Exam completion rate by province (%)

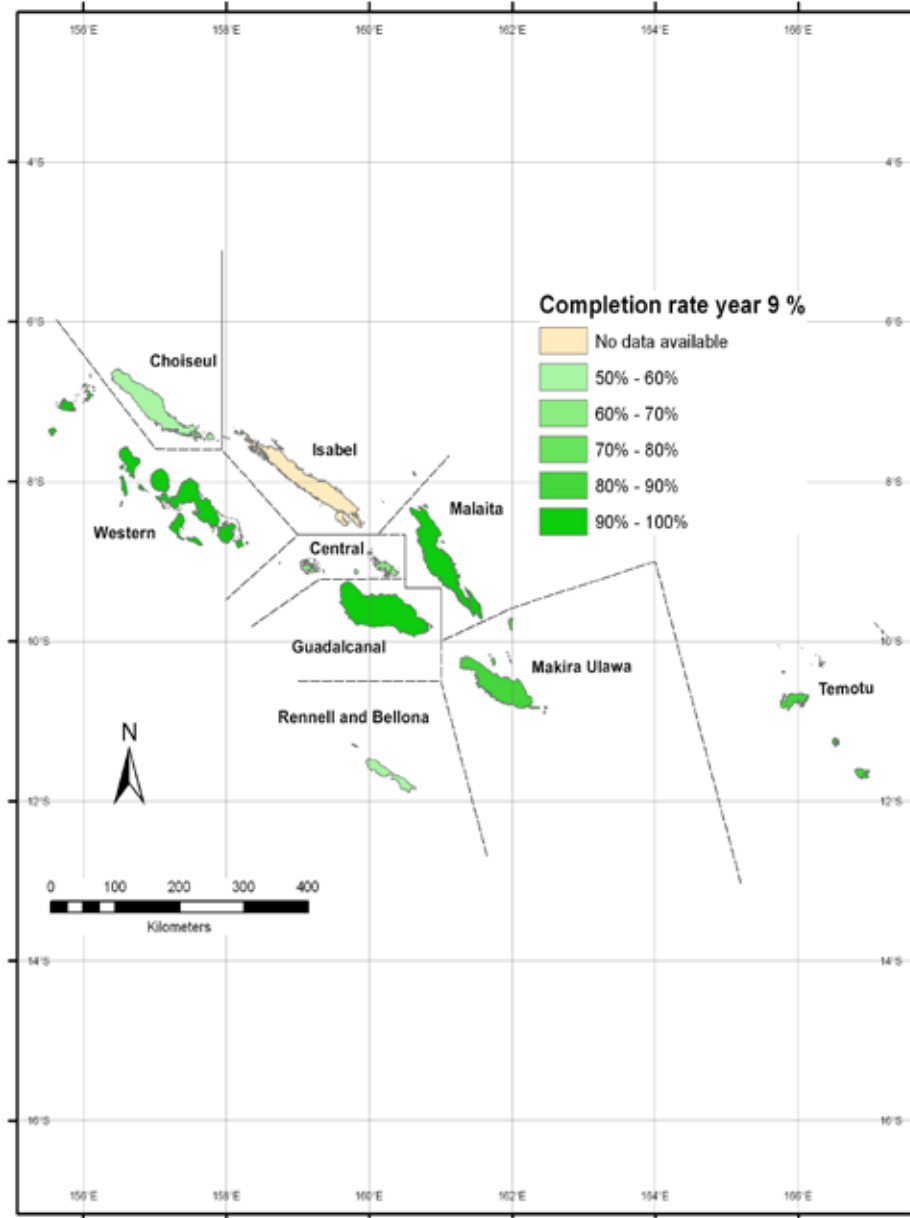
	Year 6	Year 9	Year 11	Year 12
TOTAL	80	100	37	26
Choiseul	81	55	8	-
Western	92	100	40	7
Isabel	-	-	-	-
Central	74	65	-	-
Rennell & Bellona	99	58	-	-
Guadalcanal	87	100	42	29
Malaita	69	95	23	26
Makira-Ulawa	86	86	42	-
Temotu	53	82	-	-
Honiara City Council	85	100	52	41

Source: MEHRD Performance Assessment Framework 2007-2009

Completion rates are indication of education efficiency for the system as a whole. The rates show how many students enrolled in year 1 of a particular education level will be able to complete that education cycle (primary or secondary), regardless of repetition.

The last year of primary, Year 6, is a critical milestone for students and schools. Across the Solomon Islands there is considerable disparity in reported completion rates, with the highest in Renbel Province (99%) and the lowest in Temotu (53%). It should be noted that high survival rates, particularly those at 100% and above, mean that there are children who have repeated years, and other children who were out of school may have re-entered.

Map 3.4 Completion rate year 9 (%)



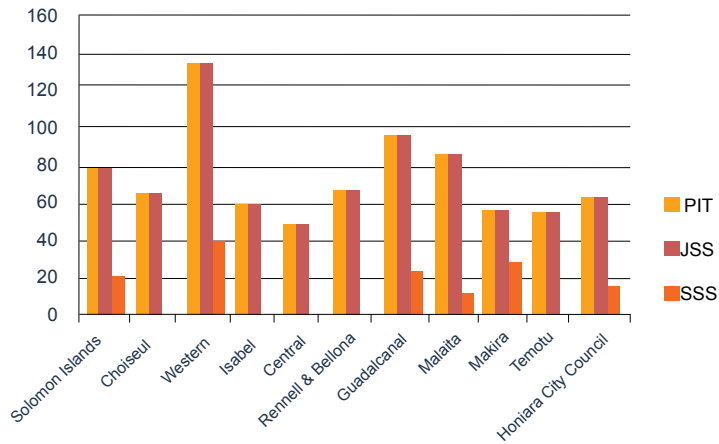
Completion rates for Year 9 (Form 3) were highest in Honiara, Guadalcanal and Western Province. The lowest performance was in Choiseul with 54%. Grade 9 appeared to have the overall highest completion rates in the education system.

Completion rates for Year 11 (Form 5) dropped significantly to less than 50% in all provinces except for Honiara, with a completion rate of 52.4%. The four provinces with Year 12 (Form 6) also had very low completion rates. Honiara had the highest at 40.9%. Overall completion rates at this level are only 28%. This indicates that a minority of students completes a full cycle of both primary and secondary education.

Only 28% of students complete primary and secondary education.

Source: MEHRD Performance Assessment Framework 2007-2009

Figure 3.6 Ratio of student to toilet facility by province

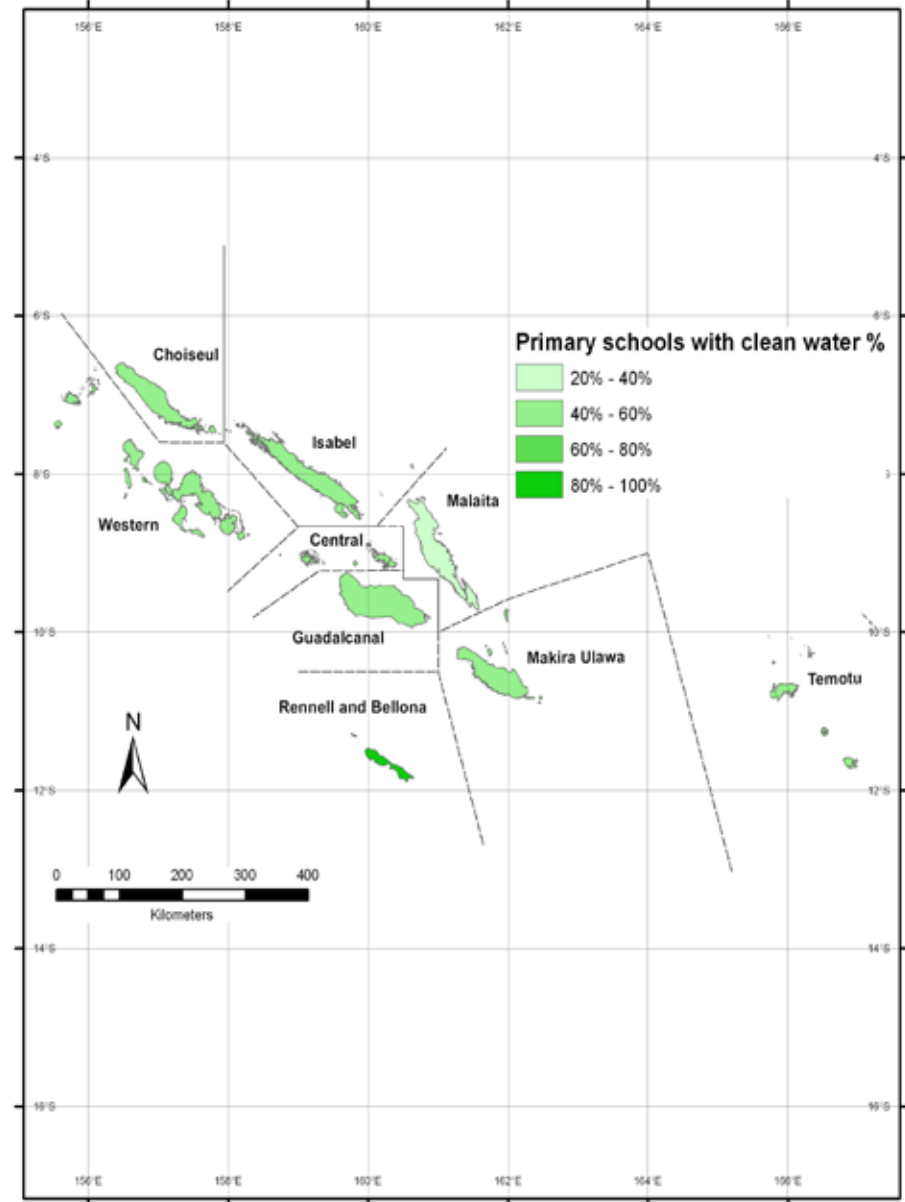


Source: MEHRD Performance Assessment Framework, 2007-09

Access to clean water and sanitation is a minimum quality standard for schools and basic requirement for student hygiene and health. School administrative data reveals that primary schools have limited access to sanitation facilities. The highest ratio is 133 students to one toilet facility in the Western Province for both primary and junior secondary schools. Comparing schools at different levels, senior secondary schools have the best access to sanitation facilities with an average ratio of 21.7 students per toilet.

Access to clean water, for drinking and washing, is similarly limited at the primary and junior secondary level, with considerable disparities between provinces. The state of water supplies in schools often reflects the availability of water supplies in the surrounding communities. Generally, senior secondary schools, which provide boarding facilities, have both water and sanitation facilities to meet student's everyday living requirements.

Map 3.5 Primary schools with clean water (%)



Source: MEHRD Performance Assessment Framework, 2007-09

4 HEALTH



Health

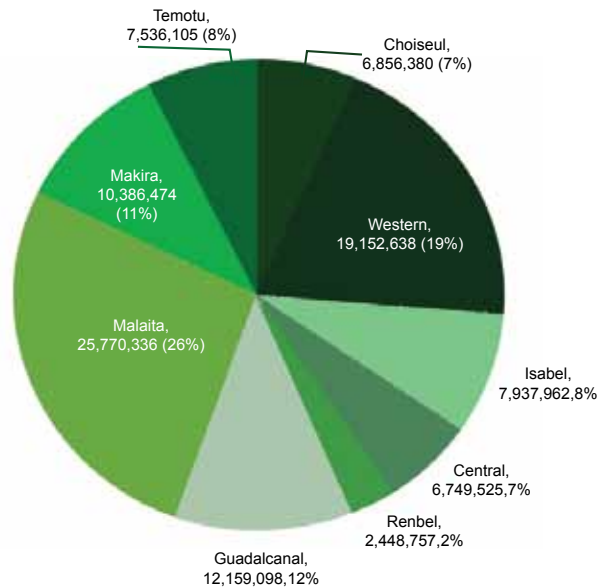
Overview

The health care system has seen some improvement and this is evident in lower infant and child mortality rates and in the Expanded Programme on Immunization, but population growth and financial constraints have impeded further progress. There has been a shift in focus to preventative health care rather than a purely curative approach in response to the increasing incidence of non-communicable 'lifestyle' diseases such as diabetes and high blood pressure. Maintaining an adequate number of health professionals has been difficult as doctors tend to move overseas where pay and conditions are more rewarding.

The 2010 budget shows the provincial allocation for the year. Malaita province received 26%, while the Western province was allocated 19% of the total budget. The province with the lowest allocation was Rennell & Bellona with only 2%. Rennell & Bellona is also the smallest province and has only a clinic at its provincial headquarters. Malaita and Western provinces, on the other hand, have hospitals, which require more funds to operate than the other provinces.

Figure 4.2 Health System Structure

Figure 4.1 Provincial health budget



Source: Solomon Islands Government 2010 Approved Recurrent Budget

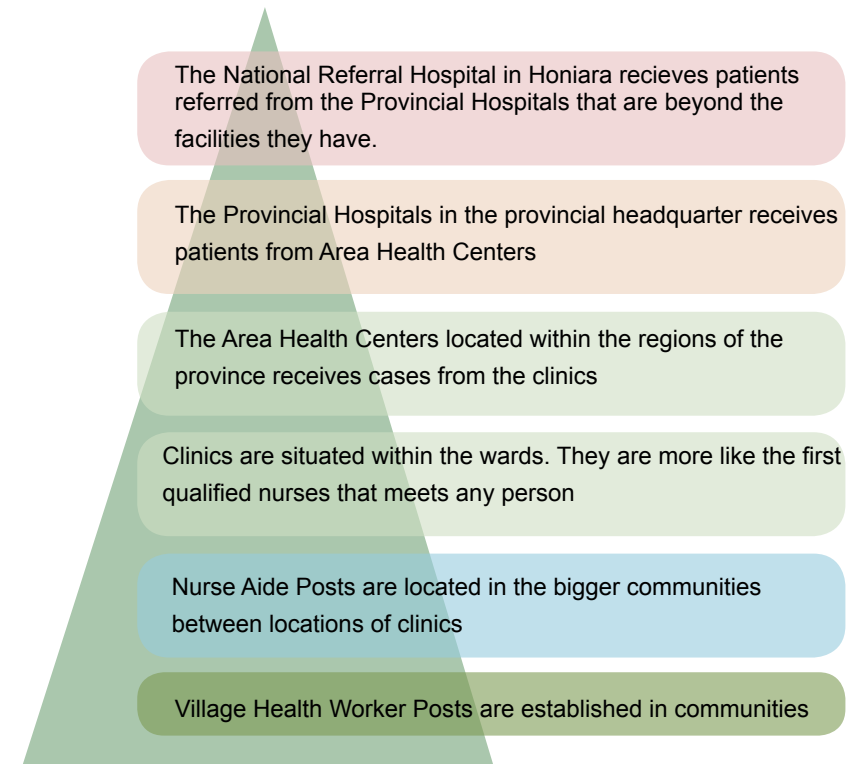
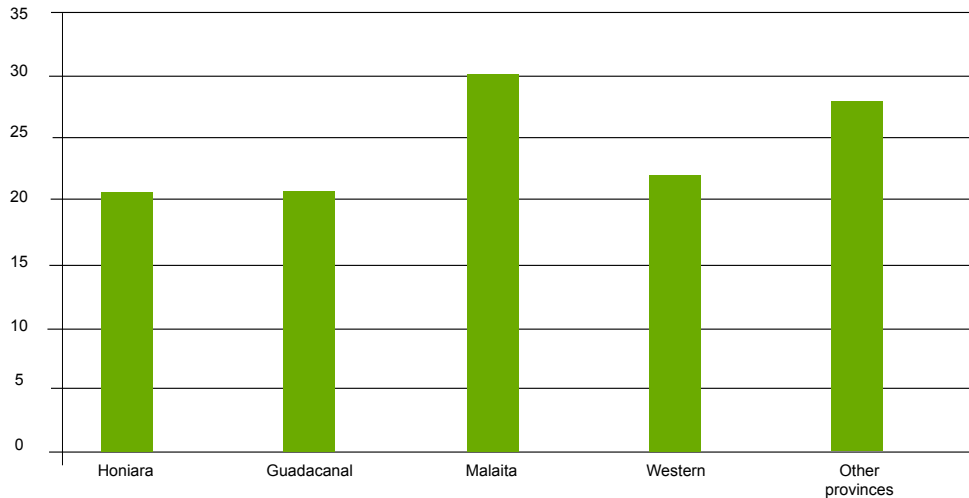


Figure 4.3 Infant Mortality Rate (IMR) by province



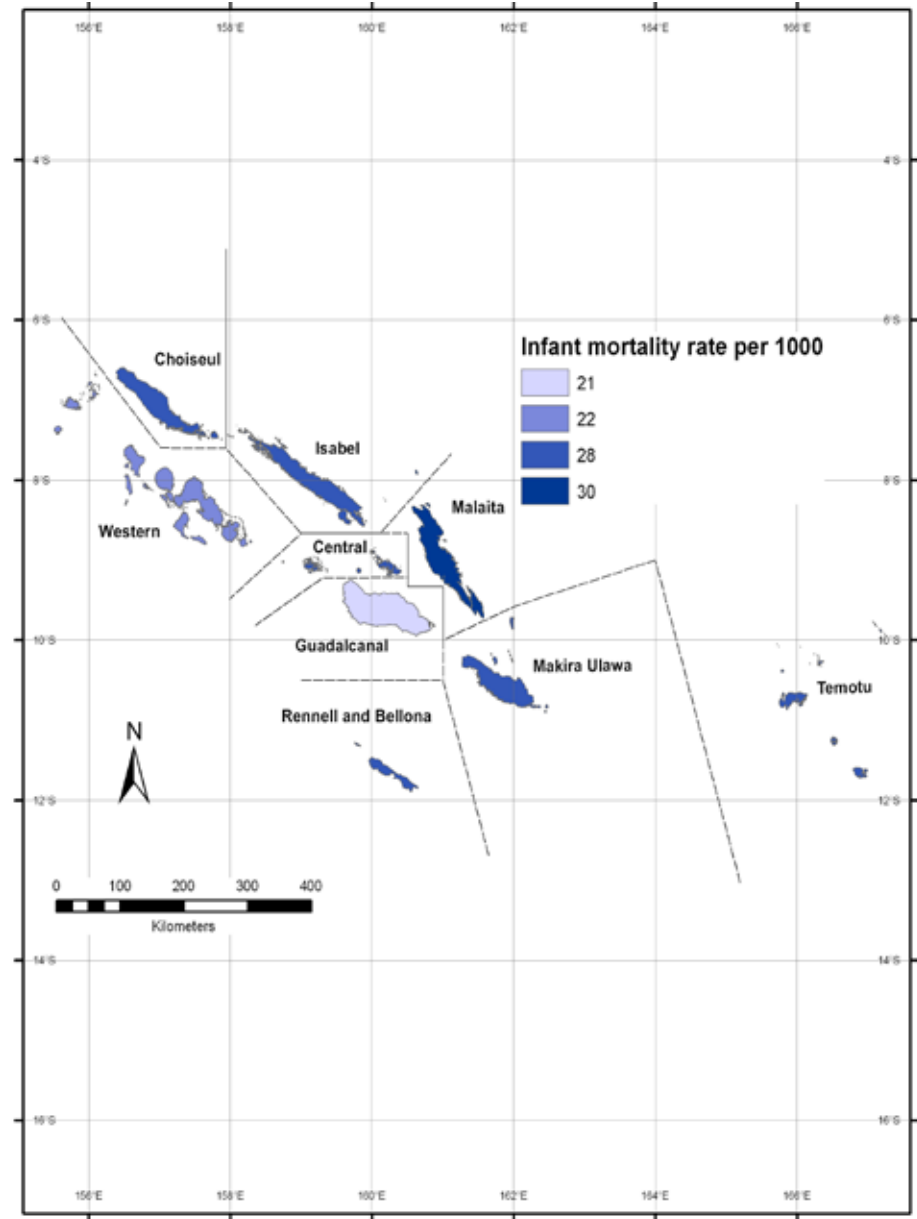
Source: Demographic Health Survey 2007

Infant Mortality Rate (IMR) is the probability of dying between birth and the first birthday. The 2007 DHS estimated an IMR of 24.3, meaning that 24 deaths occur per 1,000 live births. Of those who do reach their first birthday, 13 will not live up to their fifth birthday.

The highest IMR rate is in Malaita, while Guadalcanal province and Honiara administrative area have the lowest rates. Overall, IMR is higher in rural (27) than in urban (23) areas. Generally, income, mother's education and age correlate to stronger child survival, however, these differences are not clear in the Solomon Islands. (Due to the small number of overall cases sampling errors can be magnified, and as such, estimates need to be used with caution).

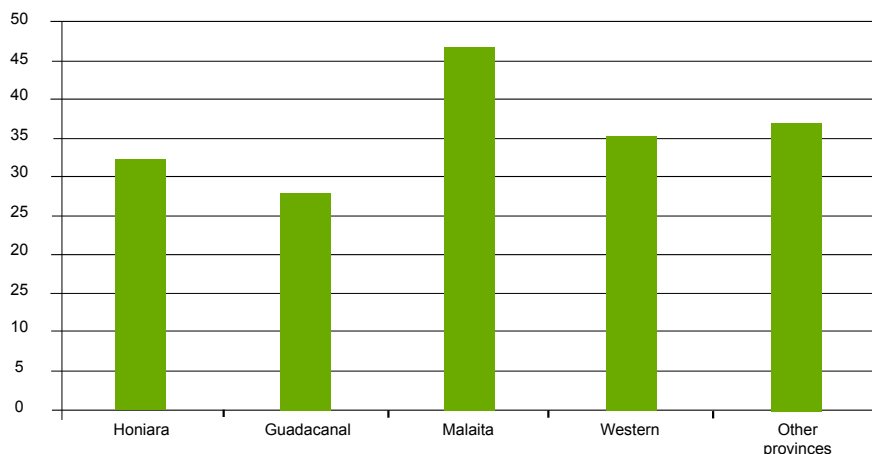
Birth and the first month of life are associated with the highest risk to survival. The neonatal mortality rate is 15 deaths per 1,000 live births. To accelerate reductions in IMR, greater investment in maternal and new born care is needed.

Map 4.1 Infant Mortality Rate (IMR) by province



Source: Demographic Health Survey 2007

Figure 4.4 Under-5 Mortality Rate (U5MR) by province



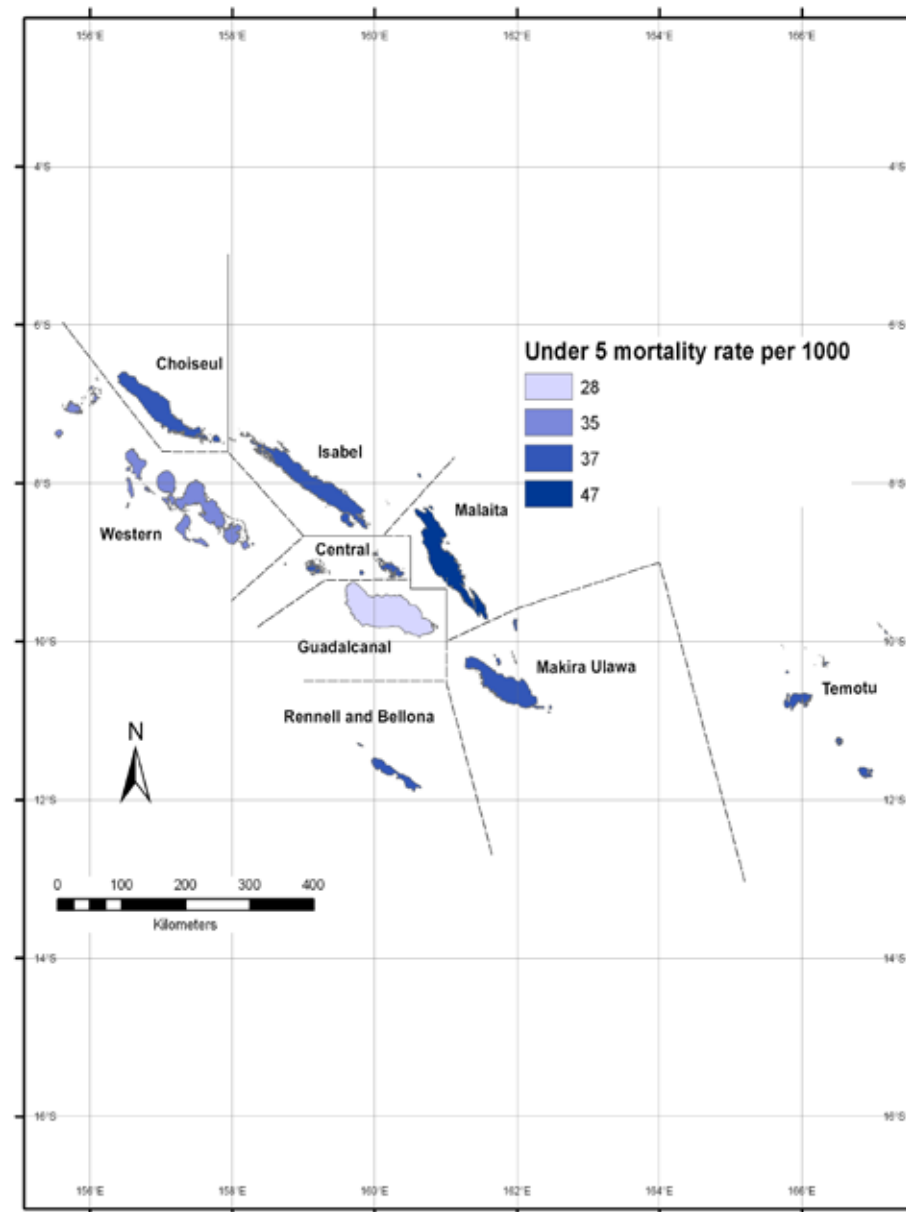
Source: Demographic Health Survey 2007

Under-5 Mortality Rate is the probability of dying between birth and the fifth birthday. In the period 2003-07, there were 37 deaths for every 1,000 live births. The graph above shows that the highest rate of 45 per 1,000 live births, is in Malaita province. However, the rate in Honiara is also high considering that is only a very small part of Guadalcanal.

In comparing the five-year period 2003-07 to the 10-year period, 1998-2007, the infant mortality rate fell from 26.1 to 24.3, which implies two less deaths per 1,000 live births. In comparing the same periods for under-5 mortality, the rate does not change much.

Solomon Islands has achieved the MDG 4 target of reducing under-five child mortality by two-thirds. It is critical that basic health services and facilities be made more accessible to mothers and children, therefore giving them a better chance of survival.

Map 4.2 Under-5 Mortality Rate (U5MR) by province



Source: Demographic Health Survey 2007

Table 4.1 Mortality rates; neonatal, post-neonatal, infant, child, under-5

Background Characteristics (NN)	Neonatal Mortality (PNN)	Post neonatal Mortality (1q0)	Infant Mortality (4q1)	Child Mortality (4q1)	Under 5 (5q0)
Residence					
Urban	15	8	23	31	8
Rural	17	9	27	38	12
Region					
Honiara	11	10	21	32	21
Guadalcanal	13	9	21	28	21
Malaita	17	14	30	47	30
Western	17	5	22	35	13
Other Provinces	20	8	28	37	10
Mother's Education					
No Education	17	15	32	42	11
Primary	18	7	25	38	13
Secondary	15	13	28	33	5
More than Secondary	-	-	-	-	-
Wealth Quintile					
Lowest	8	8	16	26	10
Second	31	5	37	49	13
Middle	8	13	21	41	21
Fourth	21	14	35	38	3
Highest	17	6	23	33	11

Source: Demographic Health Survey 2007

Table 4.2 Mortality rates: infant, under-5 and Maternal Mortality Rate

Indicators	Five Years 2003-2007	Ten Years 1998-2007
	Estimate /1,000 births	Estimate /1000 births
Infant Mortality	24.3	26.1
Under-5 Mortality	37.0	37.2
Maternal Mortality (2003-2008)	163.4/100,000 (2006)	

Source: Ministry of Health & Medical Services Health Information System 2006

Maternal Mortality Rate (MMR) refers to the number of maternal deaths per 100,000 live births. It is a measure of risk of death once a woman has become pregnant. The national rate is 163.4, which indicates that for every 100,000 live births, 163.4 mothers die.

There was a marked difference in the MM Rate between giving birth at health facilities and in villages (99.3/100,000 vs. 551.4/100,000). Clearly, giving birth in villages where there are no facilities is much more risky.¹³

Maternal mortality is much higher in villages with no health facilities

¹³ MHMS HIS 2006

Nutrition

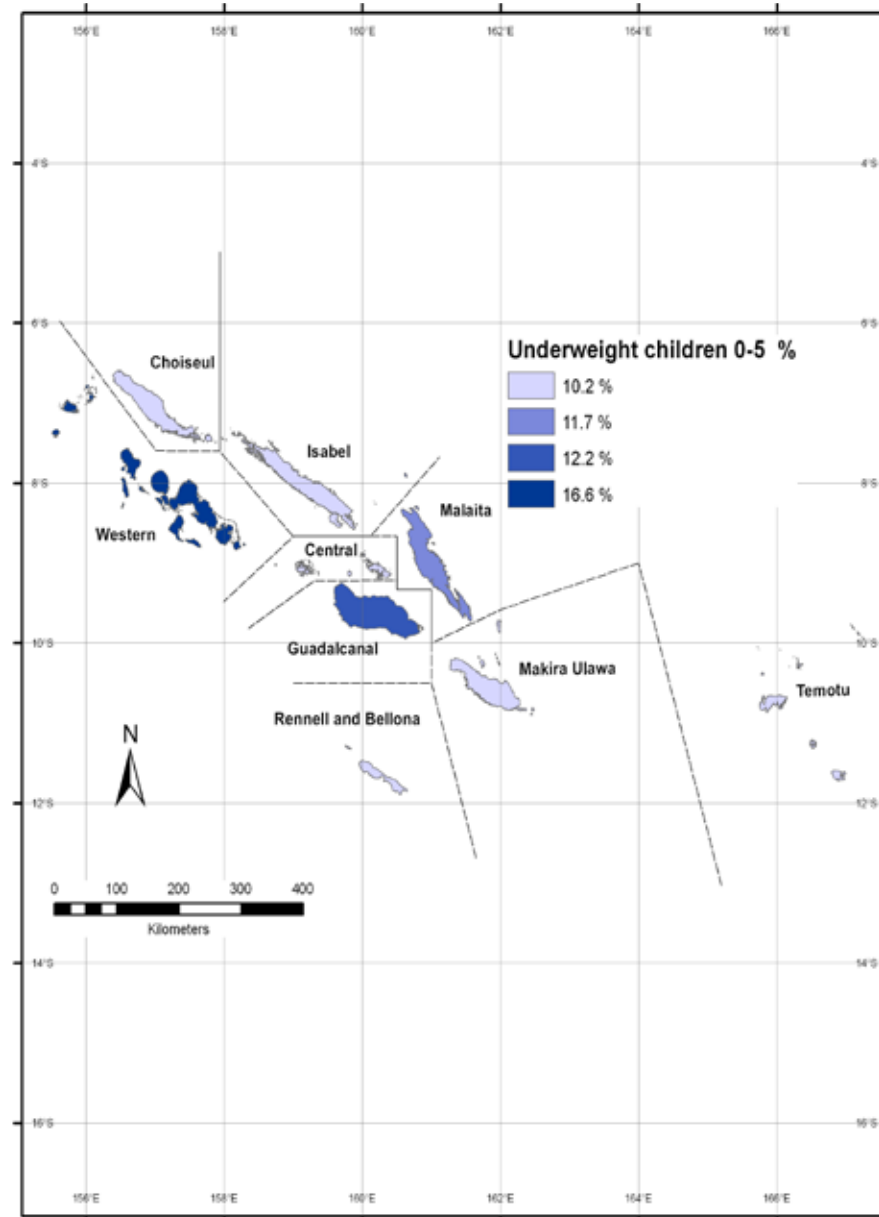
Table 4.3 Prevalence of low birth weight

Background characteristics	Less than 2.5 kg	More than 2.5 kg	Total
Mother's age at birth			
< 20	20.5	79.5	100%
20-34	10.6	89.4	100%
35-49	19.0	81.0	100%
Birth Order			
1	18.1	81.9	100%
2-3	10.8	89.2	100%
4-5	11.4	88.6	100%
6+	10.1	88.9	100%

Source: Demographic Health Survey 2007

Birthweight is a strong indicator of a birth mother's health and nutritional status as well as a newborn's chances for survival, growth, long-term health and psychosocial development. A low birthweight (less than 2,500 grams) raises grave health risks for children. According to the DHS 2007, 12.5% of children are underweight at birth. There is no association between low birth weight and the wealth quintile, but birth weight is lower among children born to younger women (less than 20 years), first-born babies and children of women with low levels of education. This points to a need for better education in family planning and child nutrition for all women, but particularly young, uneducated and first-time mothers.

Map 4.3 Prevalence of underweight in children under five years



Source: Demographic Health Survey 2007

Table 4.4 Nutritional status of children under five years by background characteristics

Background Characteristics (NN)	Stunting (low height)	Wasting (low weight for height)	Underweight (low weight for age)
Age in months			
<6	10.0	7.9	5.5
6-8	13.0	5.5	7.7
9-11	24.5	9.4	20.9
12-17	31.5	9.2	15.6
18-23	47.3	2.9	10.8
24-35	33.6	1.9	12.2
36-47	43.7	4.4	16.4
48-59	28.5	2.5	7.0
Sex			
Male	36.7	3.0	10.4
Female	28.8	5.7	13.4
Residence			
Urban	23.0	3.4	8.2
Rural	33.9	4.4	12.2
Mother's education			
No education	37.7	4.7	11.7
Primary	32.8	4.0	11.7
Secondary	25.4	6.3	13.4
More than secondary	29.9	2.6	11.1
Wealth quintile			
Lowest (poorest)	34.2	4.6	13.7
Second	39.4	3.7	12.3
Middle	31.6	5.1	13.4
Fourth	33.7	3.7	9.1
Highest (wealthiest)	22.0	4.6	9.8
TOTAL	32.8	4.3	11.8

Source: Demographic Health Survey 2007

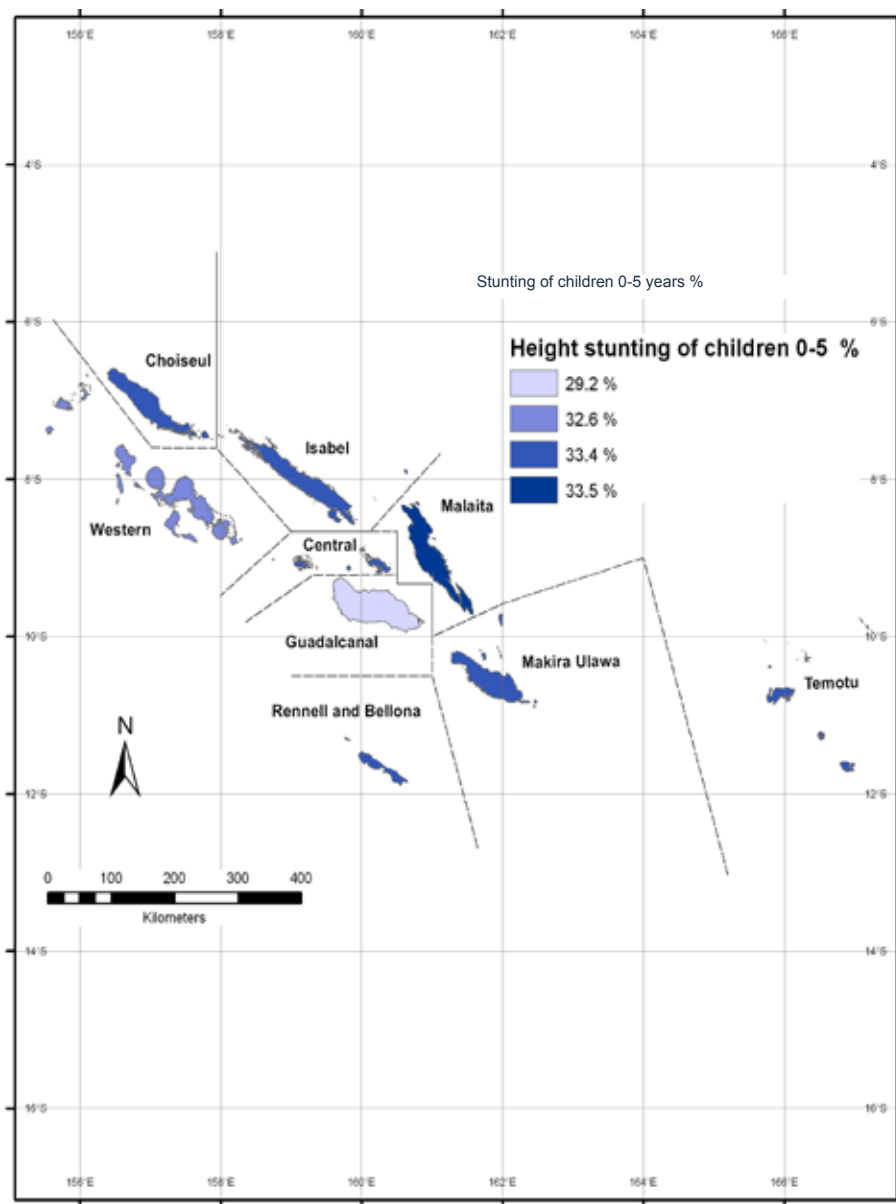
Stunting, or low height for age, is caused by long-term insufficient nutrient intake and frequent infections. Overall, 33% of children under-five years of age suffer from stunted growth, which will have a life-long effect on their size, health and productivity. The prevalence of stunting is higher in rural areas in Guadalcanal and Western Province than in Honiara and other provinces. Stunting is more likely to be observed in families where the mother has a low level of education and in lower wealth quintiles. Boys are more likely to be stunted than girls.

Wasting, or low weight for height, is a strong predictor of mortality among children under five. It is usually the result of acute significant food shortage and/or disease. Overall, the prevalence of wasting in Solomon Islands is relatively low with only 4.3% of under-five years of age affected. Girls are slightly more likely to be affected by wasting than boys, as are children living in rural areas in Guadalcanal and Western provinces.

Underweight, or low weight for age, is a composite form of undernutrition that includes elements of stunting and wasting. Whereas a deficit in height (stunting) is difficult to correct, a deficit in weight (underweight) can be recouped if nutrition and health improve later in childhood. Overall, nearly 12% of Solomon Island's children under five years are underweight. Children in rural areas, in less wealthy households and born to less educated mothers are more likely to be underweight.

One in three children suffer from stunted growth as a consequence of long-term insufficient nutrient intake

Map 4.4 Prevalence of stunting in children under five years



Micronutrient deficiencies are a serious public health problem and result primarily from diets lacking essential vitamins and minerals, such as iron, vitamin A, and zinc. Micronutrient deficiencies can occur even when people have enough to eat, but lack the resources to buy fresh fruits and vegetables, meat, milk products, and other foods rich in vitamins and minerals. Diets poor in micronutrients cause illness, blindness, premature death, impaired mental development, and susceptibility to infectious diseases, particularly among children.

Results from the DHS 2007 show a very low uptake of the supplementation programme for vitamin A and iron, with only 7.4% of all children receiving vitamin A supplements and 4.2% receiving iron supplements. Moreover, iron deficiency anaemia affects nearly half of all children under five years (49%). Prevalence of anaemia is high throughout the country with little differences between provinces, rural and urban areas, maternal education or wealth quintiles.

The implementation of the Baby Friendly Hospital Initiative (BFHI) and training on Growth Assessment and Infant and Young Child Feeding Counselling among health workers is expected to have a positive impact on children's nutritional status. It leads to reduced infections and ensures good nutrition among children at least in the first two years of life. Preventing malnutrition in childhood can break the inter-generational cycle of poverty.

Micronutrient deficiencies are a major public health problem affecting up to half of all children under five years

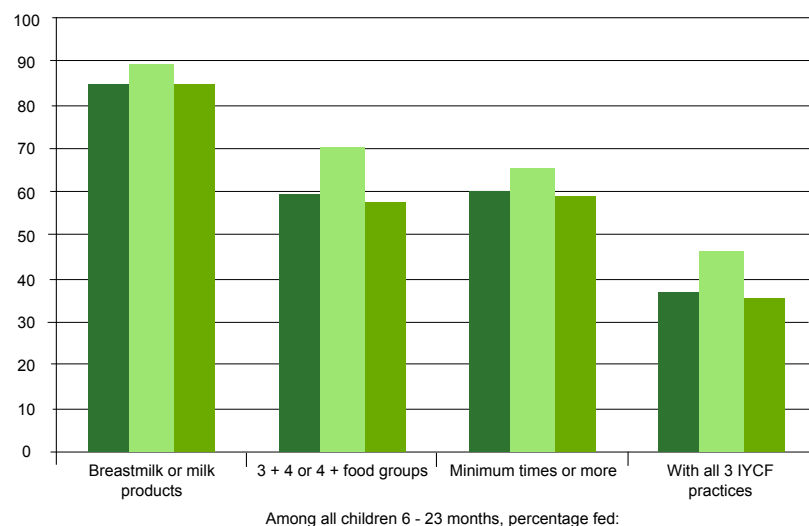
Source: Demographic Health Survey 2007

Table 4.5 Percentage of children under five years ever breastfed

Sex	Male	91.9
	Female	93.3
Residence	Urban	88.5
	Rural	93.2

Source: Demographic Health Survey 2007

Figure 4.5 Infant and young child feeding (IYCF) practices



Source: Demographic Health Survey 2007

According to the 2007 Demographic and Health Survey, 93.2% of mothers in rural areas and 88.5% of mothers in urban areas breastfed their children. This lower rate could be due to women who are employed in the urban areas being unable to combine breastfeeding and work. The law does allow mothers to have 12 weeks maternity leave (six weeks before birth and six weeks after) on full pay. In addition, they are permitted to leave the workplace to breastfeed their infants every two hours for 12 weeks.¹⁴

Exclusive breastfeeding is high for newborns, with 90% receiving only breast milk during the first months of life. Between 4 and 8 months the prevalence of exclusive breastfeeding rapidly declines due to the early introduction of complementary foods. The median duration of exclusive breastfeeding for infants in the Solomon Islands is 4.2 months. This figure is consistent across urban and rural areas and indicates a need to increase awareness among caregivers of the importance of providing only breast milk to infants in their first six months of life.

In addition, timely and appropriate introduction of complementary foods is essential to children's growth and development. The risk of malnutrition during this transition period is very high due to improper and unsafe food handling practices, a lack of knowledge on the amount and type of complementary foods required, and an inability to provide or afford high protein foods.

Infant and Young Child Feeding (IYCF) guidelines promoted by WHO recommend that children are breastfed (or given milk products for older children), receive food from three to four food groups and are fed at least three to four times per day. The 2007 DHS found that for breastfed children aged 6- 23 months, only 36.9% meet all three IYCF practices. For non-breast fed children, the figure drops to 2.7%. These findings indicate a need to promote appropriate complementary feeding as a key intervention to prevent malnutrition and stunting in young children.

¹⁴ Ministry of National Planning. 2002

Immunisation

Table 4.6 Percentage of children aged 12-23 months who are immunised

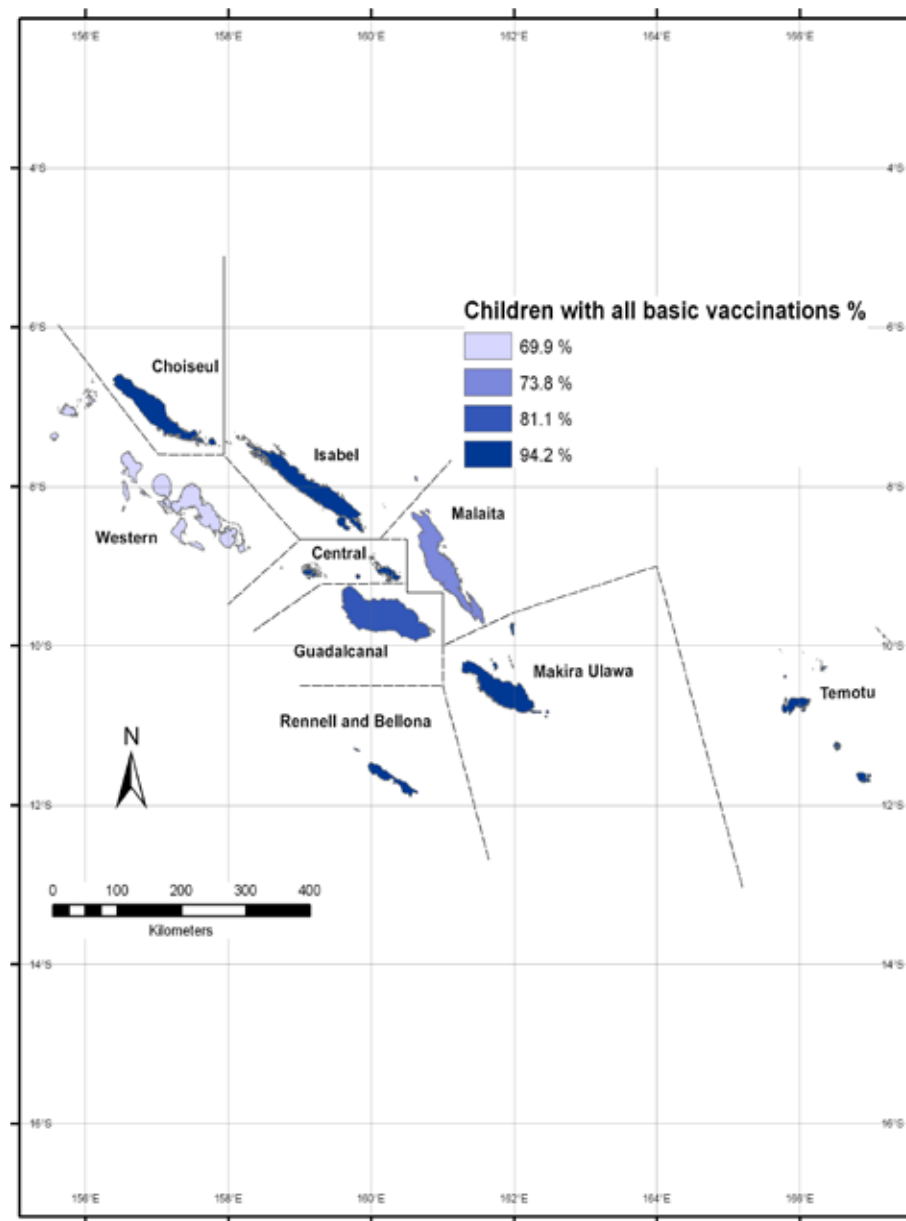
Background Characteristics		All Basic Vaccines	No Vaccine	% With Vaccine card seen
Sex	Male	90	2.6	88.1
	Female	75	6.2	82.7
Birth Order	1	80.5	0.3	80.9
	2-3	87.5	3.7	91
	4-5	77.9	7	79.5
	6+	81.3	5.6	86
Residence	Urban	84.4	3	77
	Rural	82.4	4.5	86.8

Source: Demographic Health Survey 2007

Immunisation is one of the most important and cost-effective public health interventions that protect children from illness and disability. There is a high percentage of coverage of all the basic vaccinations in accordance with the World Health Organization guidelines. Children are considered fully vaccinated if they have received BCG vaccinations (for tuberculosis), three doses each of DPT (diphtheria, pertussis and tetanus) and polio vaccines, and a measles vaccination by the age of 12 months.

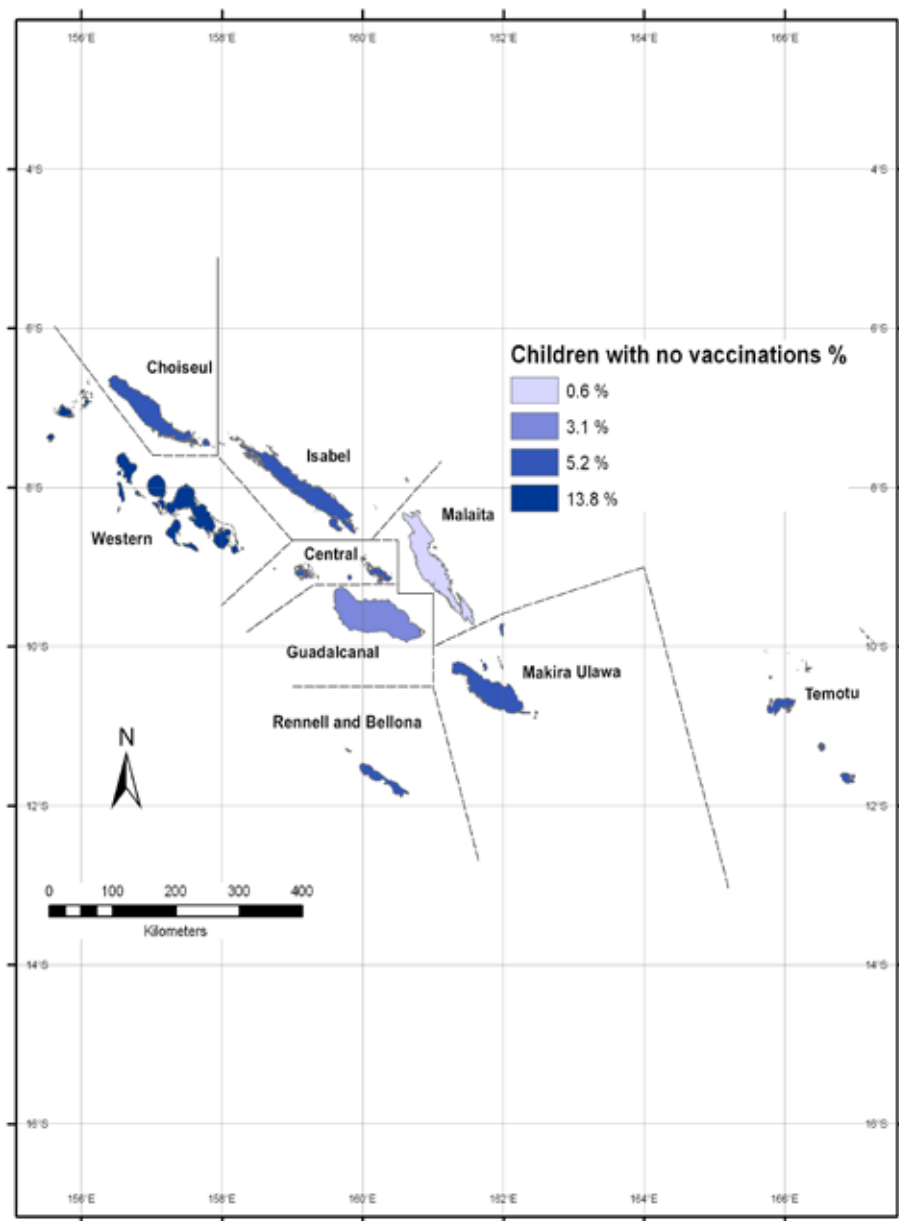
There is no significant difference between coverage of urban (84.4%) and rural areas (82.4%), though considerable disparities exist between provinces, with Western province showing the lowest rates of children with all basic vaccinations (69.9%) and the highest of rates of children with no vaccinations (13.2%). The percentage of children fully immunised varies by mother's education, from 67% for children whose mothers have no education to 86% for children whose mothers have a secondary level education. There is also a considerable disparity between vaccination rates for boys (90%) and girls (75%).

Map 4.5 Children aged 12-23 months with all basic vaccinations (%)



Source: Demographic Health Survey 2007

Map 4.6 Children aged 12-23 months with no vaccinations (%)



Immunization coverage is almost equal in urban and rural areas, though considerable disparities exist between provinces

Source: Demographic Health Survey 2007

HIV and AIDS

Table 4.7 No. of people infected with HIV and AIDS

Sex	Age	Total Number diagnosed with HIV	Total Number living with HIV	Total AIDS Death
Female	Adults	11	9	1
	Child under 15 years	0	0	0
Male	Adults	6	1	6
	Child under 15 years	0	0	0
Total		17	10	7

Source: UNGASS Country Progress Report 2012

While Solomon Islands still has an HIV prevalence of less than 1% in the general population, there are a number of factors contributing to increased risk of HIV infection. The country has a rapidly growing population, a high rate of internal and international migration of young people, low employment, growing poverty, increasing tourism and high numbers of foreigners working in the fishing and logging industries. These factors heighten the risk of young people becoming involved in the sex trade as a means of survival. The sexual abuse of children through this trade is a major problem in the Solomons and the victims also face physical and emotional abuse and a much greater risk of contracting STIs through unprotected sex. High levels of Sexually Transmitted Diseases (STI) and close proximity to Papua New Guinea (PNG) are other risk factors.

The results of a 2010 baseline report on HIV and AIDS risk among most at-risk young people in the Solomon Islands revealed a high level of vulnerability among adolescents who were engaging in unprotected and transactional sex. Of the 604 people aged 15-24 who were interviewed for the study, almost 19 per cent of female and 7 per cent of male respondents reported engaging in commercial sex for money, food, drugs and alcohol. Close to half of them reported alcohol use with

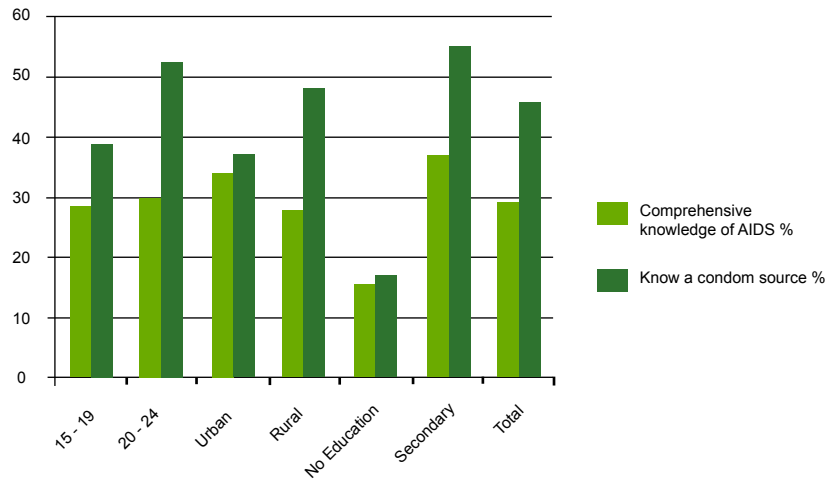
Adolescence and early adulthood is a critical window for establishing safe behaviors in sexual relationships. This is particularly true for young people in Solomon Islands who face an increasing risk of HIV/AIDS. Comprehensive knowledge about AIDS as well as knowledge about where to get condoms are two key indicators in preventing the transmission of STIs.

Survey data reveals that only one-third of young women, aged 15 to 24, have comprehensive knowledge about AIDS (29.3%) and half would not know where to procure condoms (46%). The most glaring disparities among young women are between those with no education (16% with comprehensive knowledge on AIDS) and those with secondary or higher (37%), demonstrating the value of girls' education in reducing vulnerability to STIs and HIV. Young men in the same age group demonstrate better knowledge in both areas, with 81% knowing where to get condoms, and much lower disparities across education levels. Urban young men have better knowledge about AIDS, but their rural counterparts show better knowledge about condom sources.

Healthcare utilisation by most-at-risk young people is common, though there are considerable disparities between provinces and between males and females. Overall, 54% of the boys and young men surveyed had ever talked with a health worker about HIV/AIDS, compared to 60% of girls and young women.

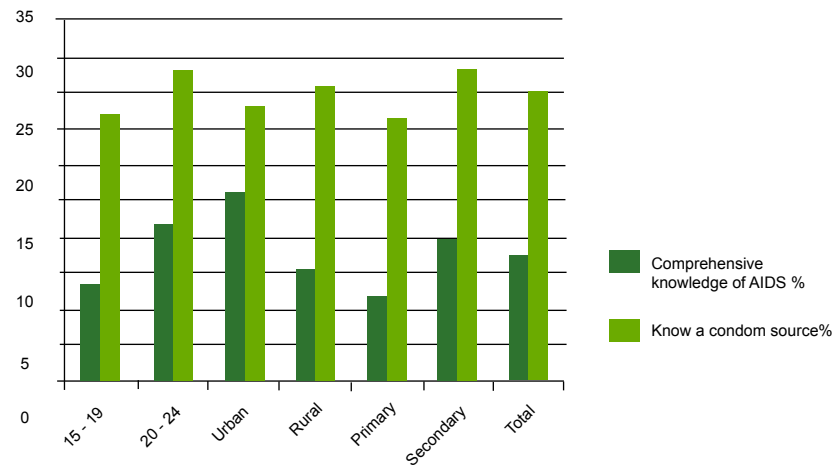
Almost 19% of female and 7% of male respondents reported engaging in commercial sex for money, food, drugs and alcohol

Figure 4.6 Comprehensive knowledge about AIDS and sources of condoms among young women (15-24)



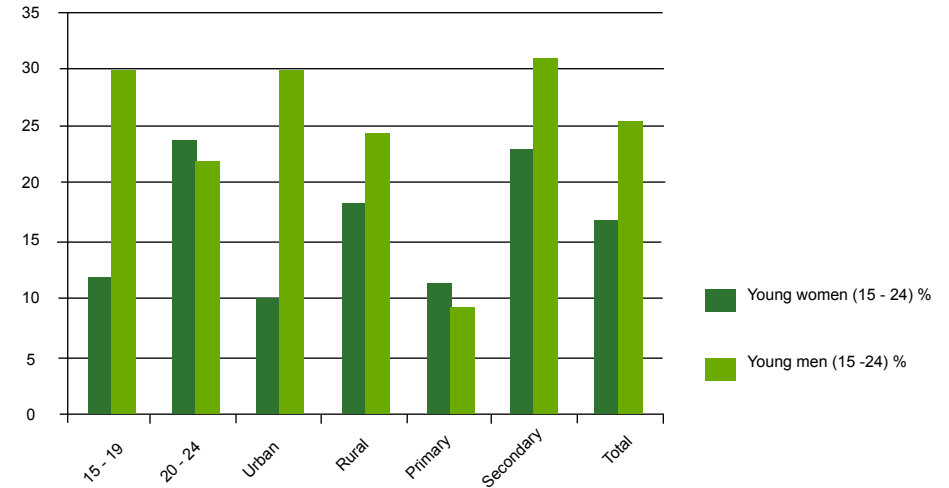
Source: DHS 2007

Figure 4.7 Comprehensive knowledge about AIDS and sources of condoms among young men (15-24)



Source: DHS 2007

Figure 4.8 Percentage of young people who used a condom at last sexual intercourse



Source: DHS 2007

Delaying the start of sexual intercourse and use of condoms among young adults are a critical to preventing the transmission of HIV and other STIs, as well as preventing unplanned pregnancies. Suvey data shows that premarital sex among young people aged 15- 24 is relatively high, with the majority of unmarried young men (70%) and young women (55%) reporting that they had engaged in sexual intercourse. Young people in urban areas reported modestly higher rates of premarital sex than their counterparts in rural areas (DHS 2007).

Condom use is very low for all unmarried young people, but particularly so for the youngest women. Only 12% of girls aged 15-19 reported use of condoms the last time they had sex. Condom use among young women aged 20-24 doubled to 24%, a number that still puts young women at high risk. For unmarried young men, use of condoms is also low (25% for 15-24 year olds). Levels of education are strongly correlated with increased condom use for both young men and women, indicating that this is important channel for information and behavior change (DHS 2007).

Low use of condoms by young women and men puts them at risk of STI and HIV infection

Table 4.8 Percentage of respondents with correct knowledge of prevention of mother-to-child transmission of HIV by age group and major province

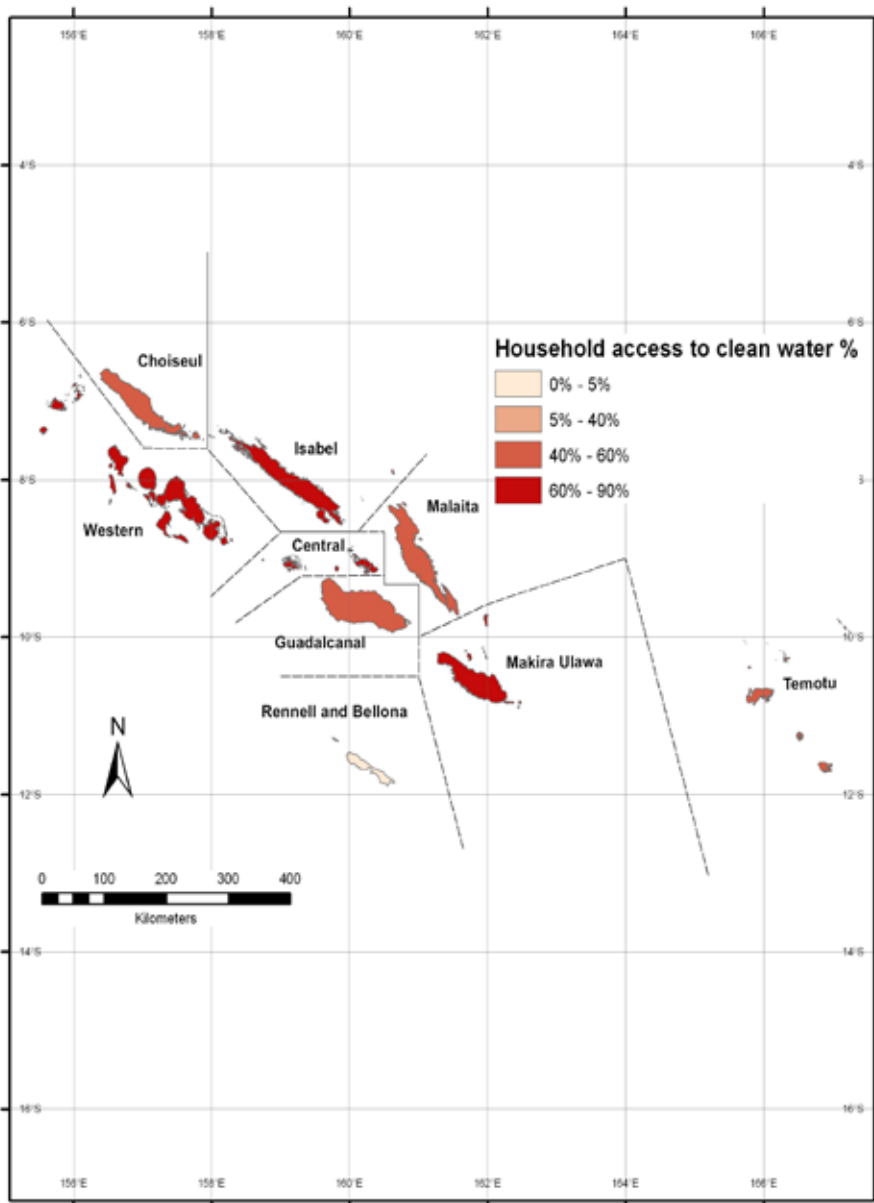
Female			Male			
Age	HIV can be transmitted by breastfeeding	Risk of MTCT can be reduced by mother taking special drug during	HIV can be transmitted by breastfeeding and risk of MTCT can be reduced by mothers taking special drug during pregnancy	HIV can be transmitted by breastfeeding	Risk of MTCT can be reduced by mother taking special drug during pregnancy	HIV can be transmitted by breastfeeding and risk of MTCT can be reduced by mothers taking special drug during pregnancy
15-19	70.7	5.2	3.6	44.6	7.9	5.5
20-24	70.6	7.6	7.2	55.9	10.0	8.8
25-29	68.8	12.0	9.7	56.6	12.9	8.2
30-39	68.8	6.8	5.9	54.6	7.5	6.0
40-49	65.4	8.8	7.3	52.8	9.0	5.5
Region						
Honiara	79.0	11.5	10.2	61.0	10.6	7.6
Guadalcanal	75.3	8.9	8.0	81.8	13.7	12.4
Malaita	67.8	2.4	2.4	27.1	0.4	0.4
Western	56.6	4.5	3.0	63.4	18.8	15.1
Other provinces	67.3	10.8	8.6	49.8	8.8	5.1

Source: Demographic Health Survey 2007

Knowledge about how HIV/AIDS can be transmitted from mother to child during pregnancy and breastfeeding, and how it can be prevented through antiretroviral therapy, are critical for reducing the risk of transmission. The 2007 DHS found that, overall women (69%) tend to have better knowledge than men (53%) that HIV can be transmitted through breastfeeding. However, only a small percentage of both men (9%) and women (8%) know that the risk can be reduced by mothers taking special drugs during pregnancy.

Water and sanitation

Map 4.7 Household access to clean water (%)



Source: National Statistics Office, Statistical Bulletin 06/2011

Table 4.9 Access to clean drinking water by province, 2009

Provinces	Total	Inside dwelling	Outside dwelling private	Outside dwelling shared	No piped water	Not reported	Not applicable
Solomon Islands	66,540	6,975	4,785	28,199	25,432	1,102	47
Choiseul	3,172	40	99	1,653	1,365	9	6
Western	10,135	767	597	4,786	3,754	229	2
Isabel	3,627	108	374	2,656	463	21	5
Central	3,695	260	209	1,775	1,436	14	1
Rennell Bellona	438	1	3	4	425	0	5
Guadalcanal	10,890	642	531	3,244	6,169	284	20
Malaita	18,734	527	1,122	8,964	7,778	340	3
Makira-Ulawa	5,033	159	238	2,870	1,738	27	1
Temotu	3,437	56	244	1,175	1,951	11	0
Honiara	7,379	4,415	1,368	1,072	353	167	4

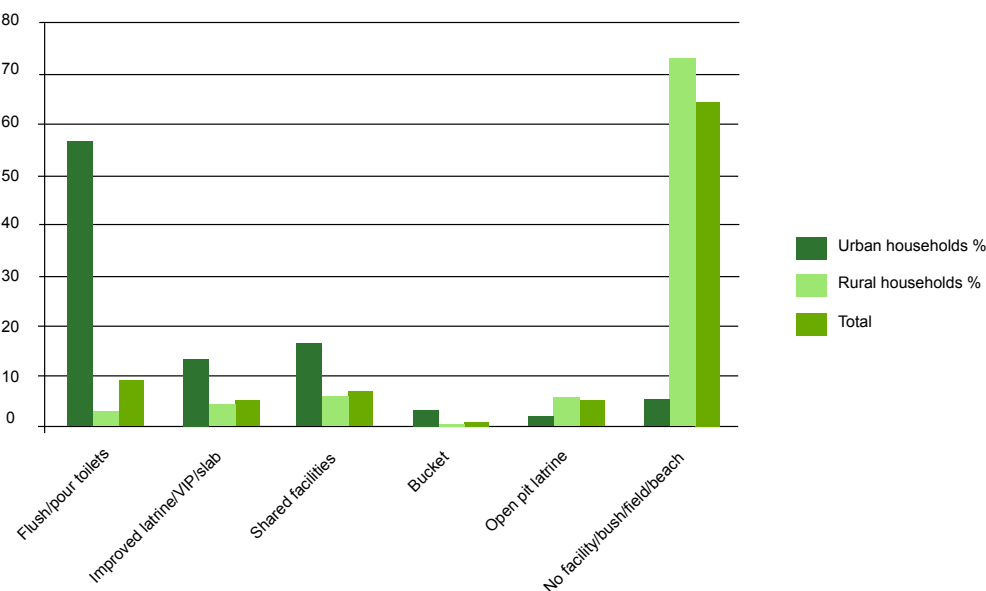
Source: National Statistics Office, Statistical Bulletin 06/2011

Of the 66,540 dwellings surveyed in the 2009 Census, only 39,959 have piped water. In Malaita, the most populated province, 26.6% of households have access to clean piped water, while in Honiara the figure is 17.2% and in Western, 15.4%. In Guadalcanal, however, which has the second largest population, only 11.1% of households have access to a piped water supply. In Rennell & Bellona, the smallest province, less than 1% have access to pipeds water. Other provinces such as Makira, Isabel, Choiseul and Temotu have less than 10% access to clean, piped water.

Sanitation

Poor sanitation exposes children and their families to a higher risk of illnesses such as dysentery, diarrhea and typhoid fever, which in turn contribute to childhood mortality and lower overall child health and development. In the Solomon Islands the majority of households (62%) have no toilet facilities of any kind. These households rely on bushes, fields and the beach for defecation. The problem is most pronounced in rural areas, where 74% of households lack toilet facilities, compared to just 5% of urban households (DHS 2007). Increased access to improved sanitation facilities, particularly in rural areas, is critical to improving the survival and well-being of children in the Solomon Islands.

Figure 4.9 Percent distribution of households by type of toilet/latrine facilities



Source: DHS 2007

74% of rural households have no toilet facilities of any kind

5 DISABILITY



Disability

Overview

The Solomon Islands Government endorsed a national disability policy in 2005, which to date, has not been widely implemented. A draft Disability Bill is yet to be tabled before Parliament.¹⁵ Solomon Islands has signed, but not ratified, the United Nations Convention on the Rights of Persons with Disabilities (CPRD) in September 2008, and the Optional Protocol in September 2009.

The 2009 Solomon Islands Census recorded a total of 30,111 people with disabilities related to hearing, seeing, remembering and walking.¹⁶ The provinces with the largest number of people with disabilities are Guadalcanal and Malaita (each accounting for more than 20% of the total disabled population). Disability was almost evenly distributed between males and females, 49.8% and 50.2% respectively.¹⁷

The most common type of disability is visual impairment. Few Solomon Islanders wear spectacles, and there is generally no eye testing in schools. Regular eye testing in schools and the provision of visual correction where necessary could reduce both learning difficulties and the numbers reporting as visually impaired.

A 2004/2005 national disability survey found that persons with disabilities in Solomon Islands were are very marginalised. They faced discrimination in many forms including not being respected, being denied their rights to food, clean water and clothing, decent housing, education, employment and health as well as their right to take part in community activities. This often resulted in economic poverty and poverty of opportunity.¹⁸

The perception that having a child with disabilities is a punishment or a curse is still strong in Solomon Islands. Most children with disabilities do not attend school. Many people believe that such children are incapable and so do not encourage them to seek education or learn independent living skills. Parents of children with disabilities often keep their children out of school to protect them from ridicule or teasing.

The Ministry of Education and Human Resource Development has proposed an Inclusive Education policy in its strategic plan (NEAP II 2010-2012), however, other areas have taken priority and this policy is expected to be developed at a later stage.

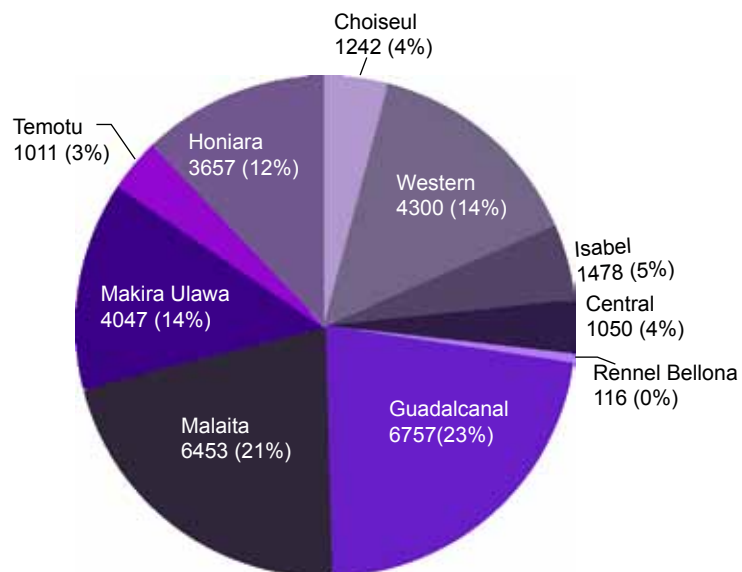
¹⁵ Office of the High Commissioner for Human Rights, 2011

¹⁶ The Census disability questions did not follow the International Classification of Functioning, Disability and Health (ICF) by WHO.

¹⁷ Statistical Bulletin 06/2011 Census Report 2009

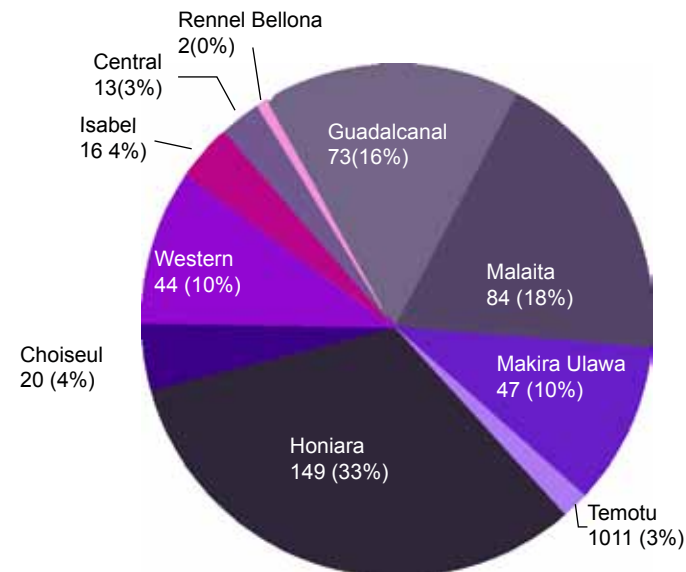
¹⁸ Solomon Islands Nationwide Disability Survey, 2005

Figure 5.1 Distribution of persons with disabilities by province 2009



Source: National Statistics Office, Statistical Bulletin 06/2011

Figure 5.2 Distribution of disabled students in schools by province



Source: National Statistics Office, Statistical Bulletin 06/2011

Data on school enrolment recorded by the Ministry of Education suggests that Honiara has the largest share of learners with disabilities (33%), followed by Malaita with 18%. Rennell & Bellona has the lowest proportion with 0.4% or 116 people. However, those who are enrolled in schools make up only 2 per cent of the total number of disabled people in Solomon Islands. The Ministry of Education acknowledges that the number of children with disabilities enrolled in school remains too low.¹⁹

¹⁹ Ministry of Education and Human Resource Development, Performance Assessment Framework Report 2008-2010, 2012.



6

CHILD PROTECTION

Child Protection

Overview

The Solomon Islands National Children’s Policy (SINCP) is guided by the principles and values of equality, a healthy environment, protection of the law and support for children.

As stated in the SINCP, “Every child in Solomon Islands is entitled to the protection of fundamental rights and freedom of the individual enshrined in our Constitution. Every child shall enjoy all the rights in the Convention on the Rights of the Child (CRC).” The policy also aspires to have an independent and effective national mechanism to investigate and deal with complaints from or concerning children.

One of the key strategic areas of the SINCP is the protection of children, as stated in its objectives: “... legislation compatible with CRC will be put in place to protect children under the age of 18 from all forms of abuse, neglect and exploitation...an independent and effective national mechanism will be established to monitor the implementation of the CRC, to investigate and deal with complaints from or regarding children and to provide remedies for violations under the convention.”²⁰

While the objectives promise much, in practice, they are often insufficient and/or ineffective. Children who suffer abuse, neglect and exploitation are often unable to access help. To date, no report has been compiled that lists all cases of child abuse and provides analysis of the challenges and opportunities involved in improving the plight of children in Solomon Islands. Further, there is a need to ensure that children and women are protected in accordance with international conventions that Solomon Islands has ratified such as the CRC, Convention of the Elimination of all forms of Discrimination Against Women (CEDAW) and the International Covenant on Economic, Social and Cultural Rights (ICESCR). The Government has either ratified or is a signatory to the following human rights instruments: Convention on The Rights of the Child (ratified on 10 April 1995); Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict (signatory: 24 Sept 2009); Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography (signatory: 24 Sept 2009).

In 2009, UNICEF and the Government of Solomon Islands completed the first-ever Baseline Report on abuse and exploitation of children in the country. The research covered 30 communities in 8 provinces and included 274 questionnaires with children, 273 questionnaires with adults, 278 group activities with children and young people, as well as a review of policies, laws and regulations in the Solomon Islands and 187 interviews with key informants from government and other organisations. Information was also collected through the observations and diaries of field researchers. The Baseline Report confirmed that abuse and exploitation of children in the Solomon Islands is widespread and common and that it cuts across boundaries of culture, faith, race and provincial borders.

²⁰ Solomon Islands National Children’s Policy, 2010

Table 6.1 Physical abuse against children by adults in the home

	Responses from children		Responses from adults	
	In the past 1 month, has an adult at home hit, smacked, pinched, kicked, flicked you or pulled or twisted your ears		Do you hit, smack, pinch, kick, flick or pull or twist children's ears?	
Yes	46	17%	195	72%
No	224	81%	74	27%
Don't know	1	0%	-	-
Refused	4	1%	3	1%
Total (respondents)	275	100%	272	100%

Source: UNICEF, "Protect Me with Love and Care" – Baseline Report for creating a future free from violence, abuse and exploitation of girls and boys in Solomon Islands, 2009

Overall, 72% of adult respondents admitted to physically hurting children in their household by hitting, smacking, pinching, kicking, flicking or pulling or twisting children's ears. Close to one in five child respondents (17%) reported having been physically hurt by an adult in the household within the past month. This demonstrates a high level of corporal punishment in general.

Smacking and hitting are the most common forms of child abuse reported in homes, reported by 78% of adults and 66% of children. Children also reported a relatively high incidence of kicking (16%), while adult respondents claim to practice slightly more pinching and hurting ears. The main reasons given by adults for physically hurting children are 'discipline' and 'education', even though the vast majority of adults acknowledged that corporal punishment is not a good way to discipline children.

Table 6.2 Types of physical abuse against children by adults in the household

Types of physical abuse	Responses from children		Responses from adults	
	Which of these did the adults do in the past 1 month?		Which of these do you do in general?	
	Numbers	Percent	Numbers	Percent
Smack	18	32%	137	57%
Hit	19	34%	51	21%
Pull or Twist ears	5	9%	28	12%
Pinch	3	5%	17	7%
Kick	9	16%	-	-
Knock	2	4%	2	1%
Flick	-	-	4	2%
Tie up child with rope	-	-	1	0%
Total (Relevant Responses)	56	100%	240	100%

Source: UNICEF, "Protect Me with Love and Care" – Baseline Report for creating a future free from violence, abuse and exploitation of girls and boys in Solomon Islands, 2009

72% of parents and caregivers admit to physically hurting children in their households

Table 6.3 Verbal abuse in school: types of inappropriate names teachers used

Type of inappropriate name	Number of Relevant Responses	% of relevant Responses
Stupid	8	19%
Other	7	17%
General swearing	7	17%
Animal Name	6	14%
Lazy	4	10%
Made fun of my appearance	3	7%
Made fun of my name	2	5%
Worthless	1	2%
Boys name or girls name (Opposite sex)	1	2%
Made fun of where I come from	1	2%
Prostitute	1	2%
Useless	1	2%
Total (relevant responses)	42	100%

School-going child survey respondents also reported experiencing physical harm and verbal insults from both teachers and other children at school and inappropriate touch by other children and adults, including teachers. Bullying, poor physical environment and lack of understanding about child abuse also features as things that make children feel unsafe inschools.

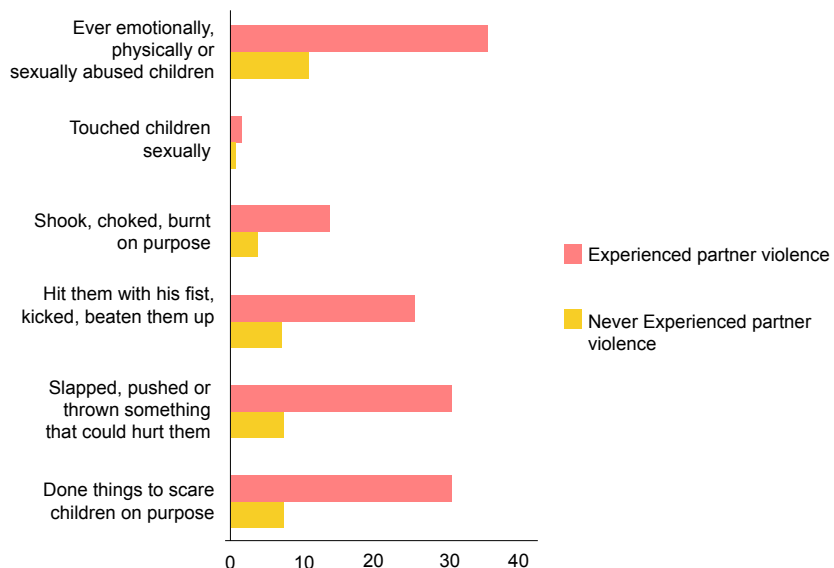
For example, overall 16% of school-going child respondents indicated having been called an inappropriate name by a teacher within the past month. Common hurtful words used in schools are stupid (19%); others such as devil, tindao and ura head (17%); and general swear words such as bastard (17%). The negative words used by teachers and peers against students can have long-lasting, damaging effects on a child's self-esteem. Teachers may be unaware of the impact of such words.

In addition to verbal abuse, 70% of education key informants admitted that teachers in the school used physical abuse. Both verbal and physical abuse affects children's well-being and sense of safety at school. The majority of children assume that they experience violence for punishment or 'education' but teachers place an emphasis on frustration, stress, anger or ignorance on the part of the perpetrator.

Children report experiencing physical harm and verbal insults from both teachers and other children at school and inappropriate touching

Source: UNICEF, "Protect Me with Love and Care" – Baseline Report for creating a future free from violence, abuse and exploitation of girls and boys in Solomon Islands, 2009

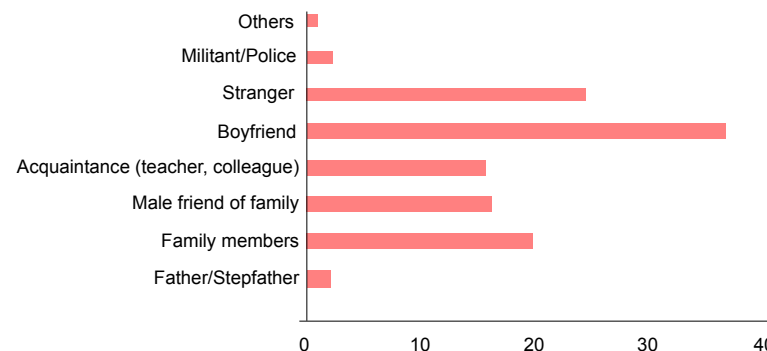
Figure 6.1 Women reporting that their partner had abused their children, by respondent's experience of partner violence (%)



Source: MWYCFA, Solomon Islands Family Health & Safety Study, 2009

Domestic violence and violence against women (VAW) is closely interlinked with child abuse in the home. The 2009 Family Health & Safety Study showed that women who experienced domestic violence were significantly more likely to report that their children had been abused by current or previous partners. Overall, children whose mothers were abused are 4.5 times more likely to also suffer abuse than children whose mothers do not experience partner violence.

Figure 6.2 Perpetrators of sexual abuse



Source: MWYCFA, Solomon Islands Family Health & Safety Study, 2009

Of the women who reported sexual abuse before the age of 15, 88.5% said they had been abused by someone they knew such as a family member, male friend of family, father/stepfather, acquaintance or boyfriend. Only about 24% of cases involved strangers and 2% police or militants.

Women who had been sexually abused as girls, also reported that their mothers had been beaten (40%). The risk of sexual abuse increases for children who are exposed to domestic violence and they are more likely to experience intimate partner violence later in life.²¹

Children exposed to domestic violence have a higher risk of being sexually abused

²¹ MWYCFA Solomon Islands Family Health & Safety Study 2009

Table 6.4 Percentage of children whose births are registered

Background Characteristics		Had a birth Certificate	Did not have a birth certificate	Total Registered
Age	< 2yr	79.2	1.7	80.9
	2-4	77.3	1.7	79.1
Sex	Male	77.4	1.7	79.1
	Female	78.8	1.7	80.4
Residence	Urban	68.7	1.1	69.8
	Rural	79.4	1.8	81.1

Source: Demographic and Health Survey 2007

Birth registration refers to the permanent and official recording of a child's existence by the State and is considered a fundamental human right under article 7 of the UN Convention on the Rights of the Child. It represents the starting point for the recognition and protection of every child's fundamental right to identity and existence. According to the 2007 Demographic and Health Survey, birth registration is relatively high at 79% for children less than two years old and 77% for two-to-four year olds, with slight disparities between boys and girls and rural and urban areas.

However, these numbers are likely to highly overestimate true birth registration because parents and caregivers tend to confuse officials records from the civil registration office with other documents such as birth notifications issued by Ministry of Health and Medical Services (MHMS) or baptism certificates issued

Table 6.5 Proportion of respondents with children under 5 who are allegedly registered who are able to show birth certificates

Yes - Child Record or Book/Baby Clinic Book 48%
Yes - Birth Certificate 32%
Yes - Civil Registration - Register of Births: 4%
Other: 4%
Yes - Baptism Certificate: 3%
No: 8%
Refused: 1%

Source: UNICEF, 'Protect Me with Love and Care' – Baseline Report for creating a future free from violence, abuse and exploitation of girls and boys in Solomon Islands, 2009

by churches. The 2007 Child protection Baseline Study found that although 88% of parents and caregivers said their children had been registered, only 32% of respondents were able to show birth notifications for these children, while only 4% were able to show proof of true civil registration.

The only central civil registration office in the country is in Honiara. As 80% of the population lives in rural and remote areas, the cost and logistical issues involved in travelling to Honiara to register a birth are prohibitive. There is also a lack of information and awareness on the importance of birth registration. The Government should make facilities and services available at provincial level if it is to improve birth registration. Partnerships and data sharing between Civil Registry Office, MMHS and churches can also help increase birth registration dramatically.



7 CHILDREN'S
PERSPECTIVE ON
THEIR RIGHTS

Children's perspective on their rights

Overview

A national survey asked young people in the Solomon Islands how implementation of the UN Convention on the Rights of the Child (CRC) had affected their lives and what they believed were the most pressing concerns and rights in their communities. The survey results showed that young people aged 12 to 17 years had a high awareness of rights, with 87% being aware of the existence of child rights.

Eight hundred and seventy-seven children responded to the survey. Responses came from eight of the 10 provinces, from both urban and rural settings, and from equal numbers of boys and girls.

Young people overwhelmingly valued their right to education (Article 28) and showed considerable insight into its benefits. However, they felt that there were still many barriers to education access. Major financial barriers remained and young people would also like to see awareness of the importance of education raised within their communities.

Young people saw sexual abuse (Article 34) as a problem they wish to have addressed. They were also well aware of the dangers of underage sex and how it could spoil the life chances of young women. They saw it as the responsibility of the police, Government, medical workers and parents to deal with this problem. Those surveyed expressed their views regarding the right to be protected from dangerous drugs as in Article 33, mainly by highlighting the importance of having this right.

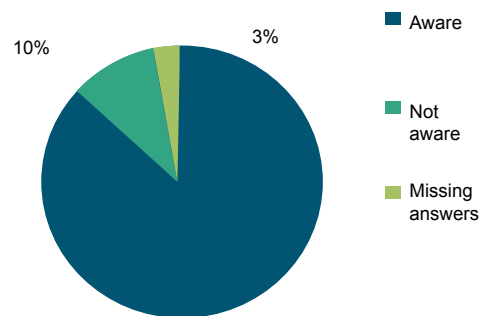
For Article 3, doing what is best for the child, they acknowledged that there needs to be a greater level of awareness of the CRC at community level to help parents and adults understand the rights of children. They believed that this would gradually address some of the barriers preventing the fulfillment of their rights at all levels.

In relation to Article 5, the right to be given guidance by your family, young people valued a safe and nurturing environment and showed awareness and gratitude for what their parents did for them. They also expressed their wish to be respected and to be able to influence their parents. Young people said they are prepared to care for their parents later in life as they had been cared for in their childhood. Some were able to express their concern over poor parenting and the abuse and neglect it involved.

Article 31 covers the right to play and relax. Young people were clear about the benefits of play and relaxation for physical and mental well-being and as a balance to their working lives. They wanted more awareness-raising of this right among parents and other community members and for facilities to be made available.

For Article 6, the right to life, young people showed that they value their lives and were positive and constructive about their future.

Figure 7.1 Solomon Islands children’s awareness on child rights



Source: MWYCFA and UNICEF Pacific, 2011

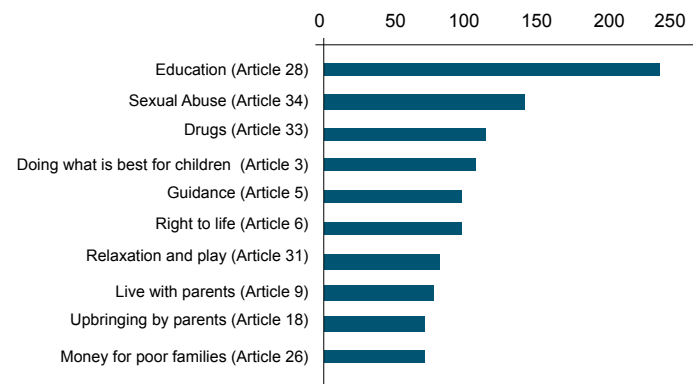
The majority of survey respondents were able to articulate child rights in a meaningful way (72%). However, only slightly more than half of the children (53%) were aware specifically of the Convention on the Rights of the Child. The survey found that more females had heard about CRC and were aware of their rights as compared to males.

There was consensus among young people aged 12 to 17 about the top 10 CRC rights, with some variations by gender, urban and rural settings.

Education was by far the most valued right, with protection from sexual abuse and dangerous drugs also regarded as important.

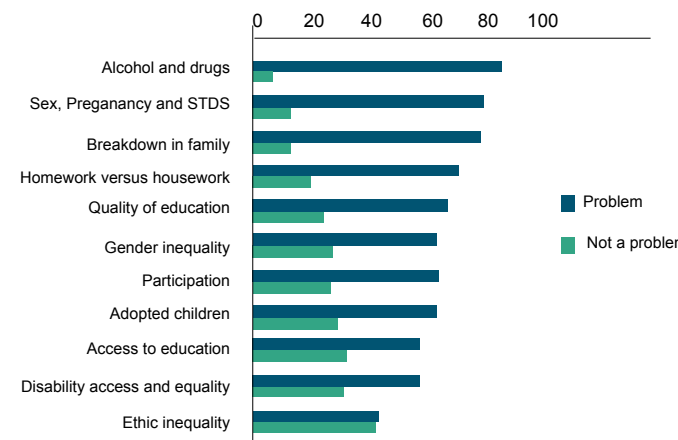
Girls identified ‘abduction and selling’ as a concern, while boys introduced ‘protection from harmful work’ and ‘kidnapping’. These rights represent a growing area of anxiety for young people.

Figure 7.2 Children’s ranking of the most important rights



Source: MWYCFA and UNICEF Pacific, 2011

Figure 7.3 Young people’s ranking of problems in their communities



Source: MWYCFA and UNICEF Pacific, 2011



Key indicators national level 2009

Indicator	Solomon Islands	Urban	Rural	Choiseul	Western	Isabel	Central	Rennell & Bellona	Guadalcanal	Malaita	MAKULA	Temotu	Honiara
Total population	515,870	101,798	414,072	26,372	76,649	26,158	26,051	3,041	93,613	137,596	40,419	21,362	64,609
Males	264,455	53,478	210,977	13,532	39,926	13,328	13,261	1,549	48,283	69,232	20,789	10,466	34,089
Females	251,415	48,320	203,095	12,840	36,723	12,830	12,790	1,492	45,330	68,364	19,630	10,896	30,520
Average annual population growth rate (%)	2.3	4.7	1.8	2.8	2.0	2.5	1.9	2.5	4.4	1.2	2.6	1.2	2.7
Population density (number of people/km2)	17	-	-	7	10	6	42	5	18	33	13	25	2,953
Urbanization													
Urban population	101,798	-	-	810	9,755	971	1,251	-	15,241	5,105	2,074	1,982	64,609
Per cent urban (%)	19.7	-	-	3.1	12.7	3.7	4.8	-	16.3	3.7	5.1	9.3	100.0
Urban growth rate (%)	4.7	-	-	6.1	4.1	7.7	-0.6	-	16.2	11.6	7.5	17.0	2.7
Households													
Number of private households	91,251	15,335	75,916	4,712	13,762	5,143	4,905	688	17,163	24,421	7,173	4,303	8,981
Average household size (# of people/hh)	5.5	6.5	5.3	5.5	5.3	4.9	5.3	4.4	5.4	5.6	5.5	4.9	7.0
Number of institutions	990	261	729	28	236	69	19	21	216	135	138	28	100
Population structure													
Number of children (<15 years)	209,463	34,198	175,265	11,144	30,683	10,446	10,748	1,219	39,025	59,374	17,483	8,586	20,755
Youth population (15-24 years)	96,542	23,237	73,305	4,502	13,962	4,347	4,241	476	17,959	25,025	6,879	3,572	15,579
Population aged 25-59 years	182,816	41,346	141,470	9,261	27,787	9,581	9,526	1,044	32,594	45,029	13,953	7,555	26,486
Older population (60 years and older)	27,049	3,017	24,032	1,472	4,217	1,784	1,536	302	4,035	8,168	2,104	1,649	1,782
Median age	19.7	22.3	18.9	19.1	19.9	20.6	19.9	21.0	19.2	18.4	18.9	20.2	22.6
Dependency ratio (15-59)	85	58	93	92	84	88	89	100	85	96	94	92	54
Sex ratio	105	111	104	105	109	104	104	104	107	101	106	96	112
Mean age at first marriage (SMAM)	25.2	26.5	24.8	24.4	25.7	24.7	24.6	26.1	24.7	24.6	24.9	25.8	26.8
Males	27.1	28.1	26.8	26.5	27.9	26.8	26.7	29.0	26.9	26.4	26.8	27.7	28.3
Females	23.3	24.7	22.9	22.1	23.6	22.8	22.6	23.2	22.5	23.0	23.0	24.1	25.3
Child-Woman Ratio (CWR)	608	439	658	663	611	609	619	624	644	652	727	552	415
Labour force													
Employed population (number)	81,194	27,665	53,529	3,402	17,025	3,233	4,120	416	15,674	14,118	3,680	2,101	17,425
Males	54,536	17,908	36,628	2,581	11,191	2,379	2,745	250	10,308	9,672	2,691	1,431	11,288

Indicator	Solomon Islands	Urban	Rural	Choiseu	Western	Isabel	Central	Rennell & Bellona	Guadalcanal	Malaita	MAKULA	Temotu	Honiara
Females	26,658	9,757	16,901	821	5,834	854	1,375	166	5,366	4,446	989	670	6,137
Subsistence workers (number)	87,913	1,707	86,206	6,077	10,594	7,200	5,041	660	14,644	33,774	6,365	3,222	336
Males	35,248	594	34,654	2,157	4,323	2,808	1,952	385	5,936	13,438	2,612	1,531	106
Females	52,665	1,113	51,552	3,920	6,271	4,392	3,089	275	8,708	20,336	3,753	1,691	230
Unpaid workers	41,191	6,642	34,549	1,146	5,677	1,532	1,668	209	7,759	10,616	5,270	4,302	3,012
Males	17,861	1,835	16,026	821	2,488	911	750	39	3,362	4,797	2,601	1,388	704
Females	23,330	4,807	18,523	325	3,189	621	918	170	4,397	5,819	2,669	2,914	2,308
Unemployed (number)	4,331	2,507	1,824	136	456	184	101	13	594	493	397	51	1,906
Males	2,490	1,442	1,048	83	300	82	52	7	366	308	192	33	1,067
Females	1,841	1,065	776	53	156	102	49	6	228	185	205	18	839
Labour force participation rate	62.7	52.3	65.6	62.8	65.7	69.4	63.7	62.8	63.3	66.7	61.3	67.9	47.7
Males	63.3	56.2	65.4	65.0	68.5	69.9	63.9	64.7	63.8	64.6	62.1	65.0	52.2
Females	62.1	48.1	65.8	60.5	62.6	68.9	63.5	60.9	62.8	68.8	60.4	70.4	42.6
Employment–population ratio	23.7	37.6	19.9	19.8	33.1	18.5	24.0	20.1	25.7	16.0	14.4	14.7	36.6
Males	31.4	46.2	27.1	29.7	41.9	26.9	31.9	23.7	32.9	22.1	20.7	21.2	44.8
Females	15.8	28.0	12.7	9.7	23.7	9.9	16.1	16.4	18.0	9.9	7.8	8.9	27.5
Unemployment rate (%)	2.0	6.5	1.0	1.3	1.4	1.5	0.9	1.0	1.5	0.8	2.5	0.5	8.4
Males	2.3	6.6	1.2	1.5	1.6	1.3	0.9	1.0	1.8	1.1	2.4	0.8	8.1
Females	1.8	6.4	0.9	1.0	1.0	1.7	0.9	1.0	1.2	0.6	2.7	0.3	8.8
Education													
School enrolment rates, 6–12 year-olds (%)	83.3	86.9	82.6	92.0	90.6	88.5	86.5	97.3	80.5	75.3	87.2	87.8	86.4
Males	82.8	86.4	82.1	90.9	89.5	87.2	85.9	95.9	80.5	74.9	86.2	87.5	86.1
Females	83.9	87.5	83.3	93.1	91.7	89.9	87.2	98.9	80.5	75.8	88.4	88.2	86.7
Proportion of pop aged 12 and older with (%):													
no school completed	16.1	6.7	18.7	4.6	4.2	17.9	19.3	5.1	20.0	26.9	13.4	24.0	5.9
primary education	56.8	44.6	60.1	73.4	69.8	50.7	60.2	68.2	55.2	55.0	60.7	56.5	40.4
secondary education	18.9	32.5	15.2	16.6	18.8	25.0	16.3	16.6	17.9	12.2	17.3	14.3	34.8
tertiary education	4.4	10.9	2.7	2.9	4.2	3.0	2.3	7.6	3.6	2.2	3.1	2.7	12.8
vocational/professional qualification	1.0	1.1	0.9	1.3	1.6	0.7	0.5	1.7	0.8	0.5	1.7	0.6	1.1
Literacy rate, 15+ (%)	84.1	93.6	81.4	95.9	96.3	84.0	80.6	99.1	82.8	70.4	90.1	71.3	94.5
Males	88.9	96.3	86.7	95.7	96.3	88.9	87.5	99.1	87.4	78.8	93.1	82.8	96.9

Indicator	Solomon Islands	Urban	Rural	Choiseul	Western	Isabel	Central	Rennell & Bellona	Guadalcanal	Malaita	MAKULA	Temotu	Honiara
Females	79.2	90.7	76.2	96.2	96.4	79.1	73.7	99.0	78.1	62.4	87.1	61.1	91.8
Literacy rate, 15-24 (%)	89.5	95.6	87.6	95.8	96.2	89.3	87.7	98.3	88.8	79.9	93.9	89.8	96.1
Males	90.5	96.4	88.7	94.1	95.3	89.3	89.9	98.0	90.5	82.3	93.6	91.4	96.9
Females	88.4	94.9	86.4	97.5	97.2	89.2	85.6	98.7	87.1	77.5	94.1	88.4	95.3
Language ability, 5+ (%)													
English	69.0	-	-	74.7	79.5	68.8	58.7	81.7	66.7	56.0	74.7	66.1	85.6
Pidgin	66.6	-	-	73.8	78.5	66.5	60.7	77.4	65.9	51.8	72.0	53.8	84.0
Local language	66.1	-	-	80.0	80.0	67.0	61.6	91.9	66.2	52.4	73.8	36.0	78.0
Other language	66.1	-	-	80.0	80.0	67.0	61.6	91.9	66.2	52.4	73.8	36.0	78.0
Number of people with a disability													
Blindness	907	-	-	57	159	75	62	5	139	248	60	71	31
Males	411	-	-	22	77	36	27	4	52	110	26	36	21
Females	496	-	-	35	82	39	35	1	87	138	34	35	10
Deafness	1,398	-	-	94	220	105	111	11	226	397	84	79	71
Males	729	-	-	54	115	53	55	9	102	217	48	39	37
Females	669	-	-	40	105	52	56	2	124	180	36	40	34
Lameness	2,975	-	-	204	509	174	208	22	460	826	206	160	206
Males	1,491	-	-	97	254	83	128	11	223	406	103	76	110
Females	1,484	-	-	107	255	91	80	11	237	420	103	84	96
Senile and/or amnesic	3,293	-	-	228	586	217	160	13	571	872	242	151	253
Males	1,635	-	-	108	293	97	67	7	286	439	129	71	138
Females	1,658	-	-	120	293	120	93	6	285	433	113	80	115
Children Ever Born, CEB (45-49)	5.1	4.4	5.3	5.2	4.9	5.6	4.9	4.1	5.3	5.5	5.5	4.7	4.2

Source: National Statistics Office, Statistical Bulletin 06/2011



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