



Sexual and reproductive health is essential to women's well-being, empowerment and gender equality, and family planning is key to maternal and child health. Reproductive health covers women's use of antenatal, delivery and postpartum care, and general access to health care services. This information helps to identify population groups who are underserved with respect to sexual and reproductive health care services.

## Antenatal care (ANC)

The survey reported almost full access to antenatal care, with 95 percent of Solomon Islands women receiving antenatal care from a skilled provider.

Attention is needed, however, on timing of visits and quality of ANC, especially education regarding signs of pregnancy complication and provision of medication and supplements.

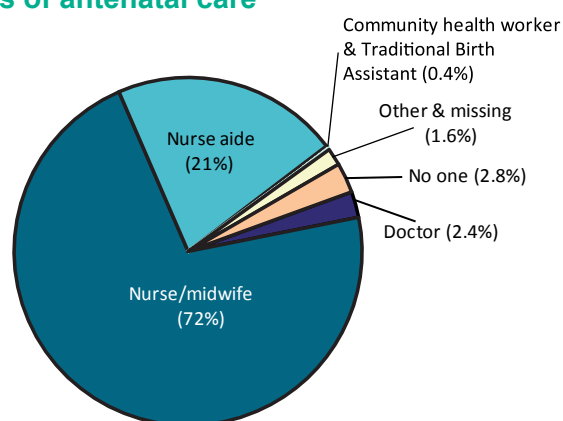
While almost two thirds of women (64.6%) made four or more visits, 18.1 percent **did not** make the recommended number of ANC visits, and 17.4 percent had no recall of how many visits they made.

Of those women who did attend ANC,

- 15% made their first ANC visit in the first 3 months,
- 43% made their first visit in the 4th or 5th month,
- 30% made their first visit during the 6th month or later.

The median gestational age at which women make their first visit is 5.6 months, when the opportunity may have passed to diagnose problems early, provide treatment, or prevent further complications.

## Providers of antenatal care

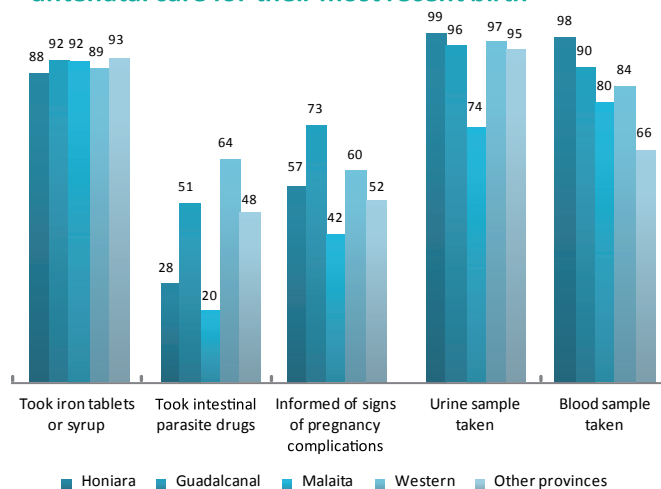


With reasonably high attendance rates for prenatal care, the high number of women reporting barriers to accessing health care is disconcerting. The concerns most often expressed related to unavailability of health care providers or drugs, indicating that the greatest problem in quality of service comes from a lack of resources.

## Quality of antenatal care

It is worrisome that only 55 percent of women attending antenatal care were informed how to recognise signs of problems during pregnancy, particularly for first time mothers (51.9%) and potential high-risk births to older women (51.8%). In addition, only 42 percent of women reported that they were given medication for treatment of intestinal parasites.

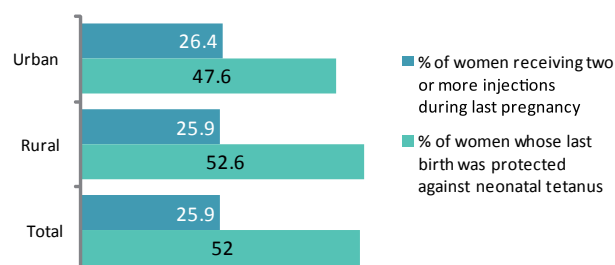
## Selected services received by women who attended antenatal care for their most recent birth



## Tetanus toxoid immunisation (TT)

Tetanus toxoid immunisation is given to pregnant women to prevent neonatal tetanus—one of the leading causes of neonatal death in developing countries. For full protection a woman needs two doses of TT during pregnancy.

Twenty six percent of all women claimed to have received two or more TT injections during their last pregnancy, and just over half had their last pregnancy protected against neonatal tetanus due to previous immunizations.

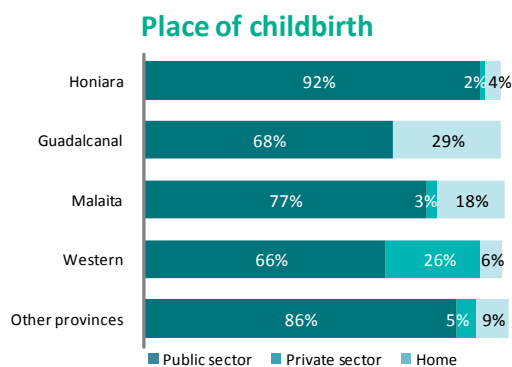




### Childbirth care

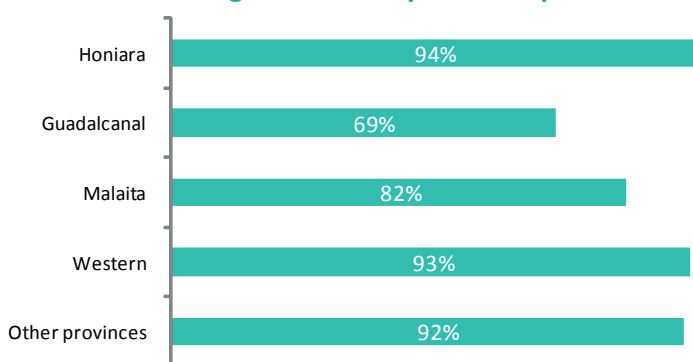
Overall, 85 percent of births took place at health facilities and 14 percent of births took place at home.

The proportion of births taking place in a health facility is higher in urban areas (94%) than rural areas (83%)



Eighty six percent of births were attended by a skilled provider. A larger proportion of urban women (95%) had a skilled provider assist them during childbirth compared with rural women (84%).

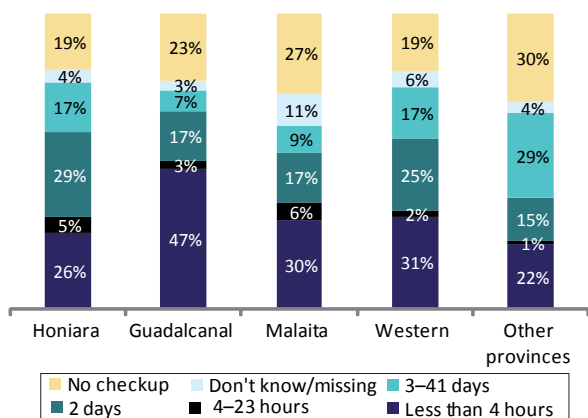
### Assistance during childbirth by a skilled provider



### Postpartum care

Postpartum care is important to follow up on any complications from the delivery, as well as give the mother important information on caring for herself and her child.

### Timing of first postpartum checkup

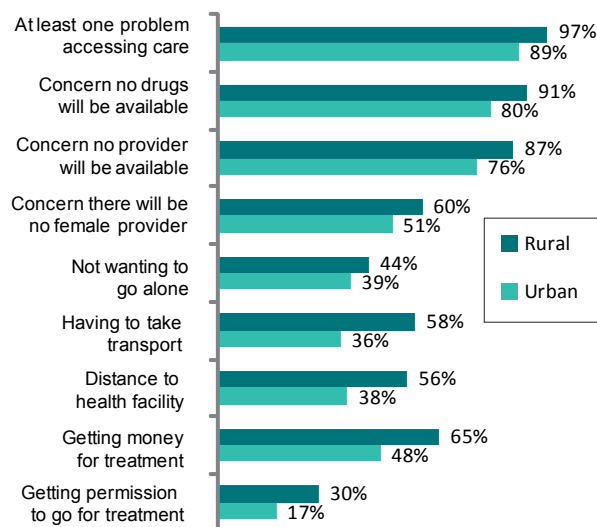


Among women who gave birth in the five years preceding the survey, over one quarter did not receive any postpartum care, 57 percent were seen for their first postpartum checkup by a doctor, nurse or midwife, 14 percent were seen by an auxiliary nurse or midwife and less than 2 percent were seen by other health providers including Traditional Birth Assistants (TBAs).

### General problems accessing health care

Almost all women (96%) reported some problem in accessing health care. The most commonly reported problems were that no drugs (89%) or health care providers (85%) were available.

Over 97 percent of women in Guadalcanal, Malaita and other provinces reported at least one problem in accessing health care, with women in Guadalcanal reporting at least one as a serious problem.



### Policy note:

With the vast majority of Solomon Islands women reporting some problem in accessing health care, it appears prudent to take note of reported service deficiencies.

Guadalcanal reported the highest proportion of women noting problems in accessing services, as well as the lowest number with skilled providers assisting during childbirth.

Attention is needed on timing and quality of ANC. With the median gestational age at first visit almost in the third trimester, a more proactive approach encouraging women to attend earlier is needed. In addition, TT coverage is quite low, with just over half of women reported to have had their last pregnancy protected.

With a quarter of women reporting no postpartum service coverage, it is unclear from the survey whether this is due to a lack of access or a lack of service uptake; however, it would be good sexual and reproductive health practice to bring coverage closer to 100 percent.

\* For more detailed information on reproductive health see chapter 9 In the full 2007 SI DHS report.

