

CHAPTER 4 FERTILITY

This chapter presents the analysis of fertility data obtained from the 2006/2007 SIDHS, and includes differences in fertility levels and trends, fertility by background characteristics, data on lifetime fertility (children ever born and living), age at first birth, and birth intervals. Adolescent fertility is also covered to indicate the incidence of early pregnancy among young women in Solomon Islands. These data are important because they indicate the beginning of a woman's reproductive life.

Fertility data were collected in the 2006/2007 SIDHS using the women's questionnaire. This questionnaire contained the birth history of every eligible woman. The birth history captures the total number of all living and dead children a woman has given birth to, the children's date of birth, current age (if alive) and age at death (if dead), and whether the children are living with the mother or not. Although birth history tries to capture all births, the data that are obtained might be subject to various types of errors such as:

- Under-reporting of births, particularly the omission of children living elsewhere and those births that died very young (at birth or several hours after birth), which could result in underestimating the number of births.
- Misreporting of date of birth and/or age, in particular, the tendency in rounding off dates of birth or ages, which could result in under- or over-estimating fertility at certain ages and/or certain periods of time.
- Selective bias: questions were posed only to women who survived. Assuming that the fertility level of women who died prior to the survey differed from the level of survivors, the fertility level obtained from the survey might be slightly biased.

Other types of possible data errors include:

- Very young women (teenagers) who did not state the birth of their child.
- Unmarried women who did not state the birth of their child.
- Women whose child died shortly after birth and who did not state the birth of the child.
- Women who did not state the birth of a child from a different father than their present husband.
- Women who had multiple births (either twins or triplets), or had two births during the 12-month period before the census, and only recorded 1 birth.
- Women who were temporarily absent from their permanent household were counted, but their fertility status was not recorded, and/or was wrongly assumed to be zero.
- Older women (who already had many children) who did not remember the exact date of birth of their last child.
- Inclusion of adopted or foster children as own biological child(ren).
- Errors during data recording and/or processing.

4.1 CURRENT FERTILITY

Measures of current and cumulative fertility for Solomon Islands for the three-year period preceding the survey are shown in Table 4.1. The age-specific fertility rate (ASFR) provides the age pattern at each different age group, and is the number of births to women in each specific age group. The total fertility rate (TFR) refers to the average number of births a woman would have had by the time she ended her childbearing years if she experienced the prevailing ASFR of a given year. The TFR sums the fertility of all women in a given point in time. Another refined measure of fertility is the general fertility rate (GFR). The GFR is the number of births to women in the 15–49 age group. The crude birth rate (CBR) is a crude measure of fertility because it relates to births of the whole population regardless of their sex and age.

According to the 2006/2007 SIDHS, the TFR for Solomon Islands is 4.6 as indicated in Table 4.1. This implies that on average a woman in Solomon Islands during her childbearing years would give birth to 4.6 children by the end of her reproductive period, if fertility levels remained constant at the observed level in the three-year period preceding the survey. Table 4.1 and Figure 4.1 show the current fertility level and pattern by urban-rural residence of women. The TFR of women residing in rural areas (4.8 births) is considerably higher than the TFR of women living in urban areas (3.4 births). Differences in fertility rates are observed for all age groups of women in rural and urban areas. For instance, among all young women aged 15–19 in rural areas, there are 75 births per 1,000 women compared with 41 births per 1,000 women in urban areas. The results show that the GFR in Solomon Islands is 160 per 1,000 women.

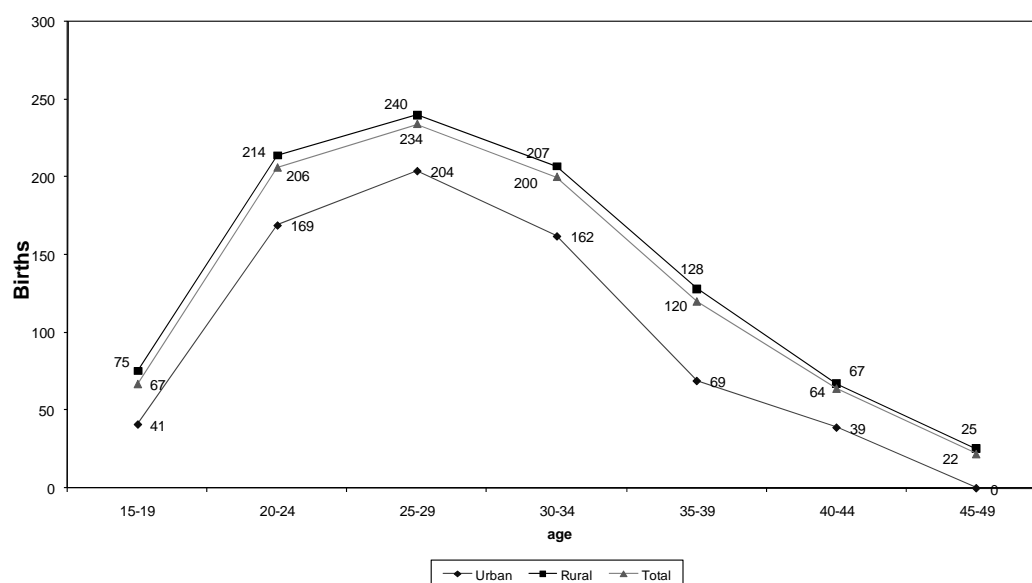
Table 4.1: Current fertility

Age-specific and total fertility rates, the general fertility rate, and the crude birth rate for the three years preceding the survey, by residence, Solomon Islands 2007

Age group	Residence		Total
	Urban	Rural	
15–19	41	75	67
20–24	169	214	206
25–29	204	240	234
30–34	162	207	200
35–39	69	128	120
40–44	39	67	64
45–49	0	25	22
TFR	3.4	4.8	4.6
GFR	124	168	160
CBR	31.9	34.4	34.1

Notes: Age-specific fertility rates are per 1,000 women. Rates for the 45–49 age group may be slightly biased due to truncation. Rates are for the period 1–36 months prior to interview.
TFR = total fertility rate expressed per woman
GFR = general fertility rate expressed per 1,000 women
CBR = crude birth rate, expressed per 1,000 population

Figure 4.1: Age-specific fertility rate by residence, Solomon Islands 2007



4.2 FERTILITY BY BACKGROUND CHARACTERISTICS

Fertility is known to vary with a woman's socioeconomic background characteristics. Table 4.2 indicates the TFR for the three-year period preceding the survey, the percentage of women aged 15–49 currently pregnant, and the mean number of children ever born to women aged 40–49, by background characteristic. The mean number of children ever born to women aged 40–49 is an indicator of complete fertility, which reflects the performance of childbearing of women who are nearly reaching the end of their reproduction period. Fertility level is known to be stable when the TFR and the number of children ever born (CEB) are almost the same. When the fertility level has been declining, the TFR will be lower than the mean CEB among women aged 40–49. The comparison between the two fertility measures of TFR and completed fertility provides an indication of fertility change in the country.

Table 4.2: Fertility by background characteristics

Total fertility rate (TFR) for the three-year period preceding the survey, percentage of women aged 15–49 currently pregnant, and the mean number of children ever born (CEB) to women aged 40–49 years, by background characteristics, Solomon Islands 2007

Background characteristic	TFR	Percentage women aged 15–49 currently pregnant	Mean CEB to women aged 40–49
Residence			
Urban	3.4	5.1	4.9
Rural	4.8	6.1	5.0
Region			
Honiara	3.4	5.1	4.7
Guadalcanal	(5.1)	8.2	5.2
Malaita	(5.5)	(5.5)	5.6
Western	*	(7.1)	4.6
Other provinces	4.2	(5.1)	4.8
Education			
No education	*	*	5.0
Primary	4.9	6.0	5.1
Secondary	3.8	7.1	4.9
More than secondary	*	*	*
Wealth quintile			
Lowest	(5.9)	8.6	5.0
Second	(5.1)	3.9	4.9
Middle	(4.2)	(5.1)	4.9
Fourth	(4.0)	(8.0)	5.4
Highest	3.6	(4.5)	4.6
Total	4.6	6.0	5.0

Note: With the exception of the TFR, figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. For the TFR only, figures in parentheses are based on 500–750 unweighted cases. TFRs replaced with asterisks indicate a figure based on fewer than 500 unweighted cases and have been suppressed.

TFRs are for the period 1–36 months prior to interview.

Current fertility is higher in Malaita (5.5%) and Guadalcanal (5.1%) than the overall national level (4.6%) as shown in Table 4.2. As reported earlier, women in Honiara have fewer children (3.4%) than those in other provinces. Women with lower educational levels and in the lower wealth quintiles are likely to have more children than those women with higher education and in higher wealth quintiles. The table also indicates that the fertility level for women aged 40–49 who are almost reaching the end of their reproduction cycle in the Solomon Islands is estimated to be five births per woman.

4.3 FERTILITY TRENDS

Fertility trends and patterns are indicators of the availability, use and effectiveness of fertility control methods such as family planning, reproductive health programmes and policy intervention. Fertility decline is an indicator of women's empowerment and decision-making in controlling her fertility. The decline in fertility level also indicates customary and believes change in a society toward having small family size. Fertility decline is also the result of women's empowerment to make decisions in controlling the number of children they wish to have.

Fertility trends can be established using retrospective data from a single survey such as the 2006/2007 SIDHS. Women's birth history is the main source of data in producing fertility trends from the 2006/2007 SIDHS. The two main components of fertility trends — women's age at birth and the number of children ever born — are recorded for each woman in their respective birth history. Table 4.3 shows the ASFRs for the five-year period preceding the survey, by mother's age at the time of the birth. In interpreting the results, it is important to keep in mind some of the limitations in data capturing. For example, women can record adopted or foster children as their own children, which can lead to overstating the fertility trend. On the other hand, older women tend to under-report their fertility, especially children that died very young, which can lead to underestimating the fertility level.

Table 4.3: Trends in age-specific fertility rates

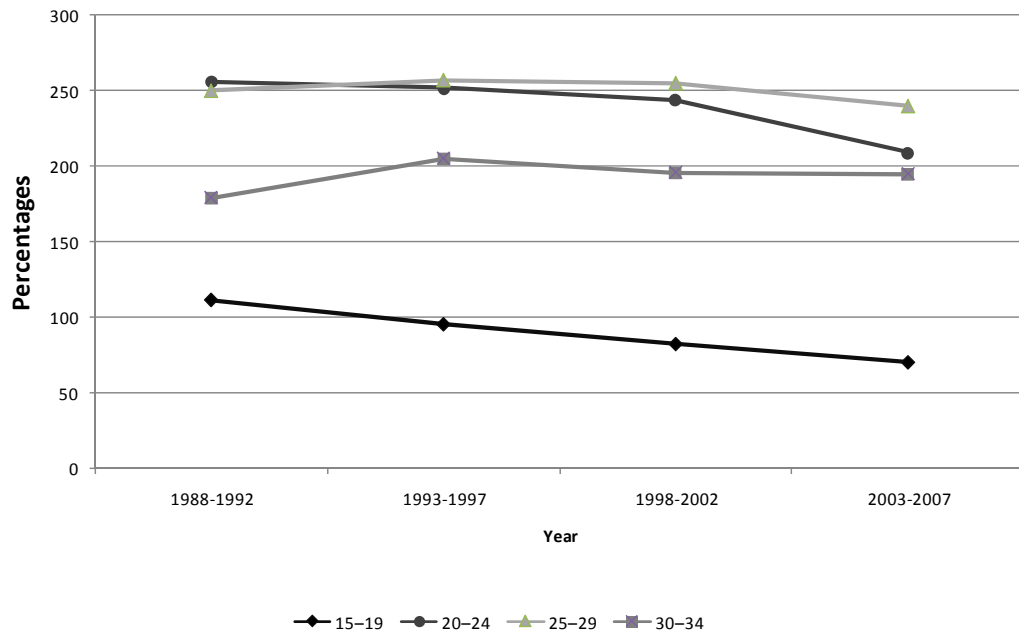
Age-specific fertility rates for the five-year period preceding the survey, by mother's age at the time of the birth, Solomon Islands 2007

Mother's age at birth	Number of years preceding survey			
	0-4	5-9	10-14	15-19
15-19	70	82	95	111
20-24	209	244	252	256
25-29	240	255	257	250
30-34	195	196	205	[179]
35-39	112	117	[129]	-
40-44	53	[54]	-	-
45-49	[22]	-	-	-

Note: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated. Rates exclude the month of the interview.

Table 4.3 and Figure 4.2 show a declining trend of fertility level at each age category in Solomon Islands for the past 20 years (1988–2007). However, fertility rates decline fairly steadily between the earliest periods (15–19 years prior to the survey) and the most current period, especially for the youngest age groups (15–19 and 20–24). For example, adolescent fertility decreased from 111 births per 1,000 women in the last 20 years to 70 births per 1,000 women in the last five years. The ASFR for women in the 25–29 age group is reported to be 250 births per 1,000 women in the period 1988–1992, while the ASFR for women in the same age group for the period 2003–2007 is about 240 births per 1,000 women.

Figure 4.2: Trends in age-specific fertility rates



4.4. CHILDREN EVER BORN AND LIVING

Data on children ever born (CEB) comprises information on the number of children born alive (lifetime fertility) and should include all children born alive during the life of the woman, up to the current date. Lifetime fertility information is useful in examining the momentum of childbearing in a population and also for estimating the proportion of childless women in a population. The age-specific mean number of CEB provides fertility level comparisons between different age groups in a population.

Table 4.4: Children ever born and living

Percent distribution of all women and currently married women by number of children ever born, mean number of children ever born, and mean number of living children, according to age group, Solomon Islands 2007

Age	Number of children ever born											Total	Number of women	Mean number of children ever born	Mean number of living children	
	0	1	2	3	4	5	6	7	8	9	10+					
ALL WOMEN																
Age																
15-19	90.1	8.2	1.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.00	687	0.12	0.11	
20-24	47.6	26.3	16.1	7.0	2.8	0.1	0.0	0.0	0.0	0.0	0.0	100.00	716	0.91	0.90	
25-29	17.9	18.1	27.7	17.1	10.4	6.2	2.3	0.3	0.0	0.0	0.0	100.00	729	2.14	2.05	
30-34	10.3	6.3	13.3	15.2	23.5	15.8	11.0	3.7	0.6	0.2	0.0	100.00	600	3.51	3.39	
35-39	4.4	5.2	5.8	14.0	23.5	15.8	14.3	7.0	6.9	0.9	2.3	100.00	482	4.53	4.36	
40-44	4.5	2.0	4.8	13.7	15.5	20.6	19.0	9.8	6.1	1.7	2.3	100.00	336	4.89	4.62	
45-49	6.2	6.7	4.2	6.1	13.0	13.8	20.6	13.7	8.5	4.6	2.7	100.00	273	5.12	4.85	
Total	31.5	12.2	12.1	10.4	11.5	8.5	7.1	3.4	2.1	0.6	0.7	100.00	3,823	2.52	2.41	
CURRENTLY MARRIED WOMEN																
Age																
15-19	53.6	32.7	13.4	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.00	86	0.60	0.58	
20-24	22.3	33.0	26.4	13.2	4.9	0.3	0.0	0.0	0.0	0.0	0.0	100.00	383	1.46	1.43	
25-29	8.0	17.5	30.4	20.4	12.6	7.7	2.9	0.4	0.0	0.0	0.0	100.00	588	2.49	2.40	
30-34	4.9	5.3	13.9	16.0	26.3	16.2	12.3	4.2	0.7	0.3	0.0	100.00	533	3.78	3.66	
35-39	3.8	3.4	5.0	13.4	24.1	17.6	15.6	7.8	5.9	1.0	2.5	100.00	433	4.68	4.50	
40-44	3.9	1.7	4.2	12.8	15.0	21.7	20.5	10.0	6.0	1.7	2.5	100.00	311	5.00	4.71	
45-49	4.0	4.5	1.0	6.5	13.8	13.4	22.8	16.3	9.1	5.4	3.2	100.00	226	5.55	5.29	
Total	9.5	12.3	15.7	14.4	16.2	12.0	10.4	4.9	2.7	0.9	1.0	100.00	2,560	3.49	3.35	

All women aged 15–49, regardless of their marital status, were asked questions about the total number of live births (CEB) they have had in their lifetime. Caution is required when interpreting the results for older age groups beyond 35 or 40 years as they could be less reliable than younger age groups. For instance, older women are more likely to exclude their children that died at a very young age. The inclusion of adopted and foster children can overestimate the CEB for all women.

Table 4.4 presents the percent distribution of all women and currently married women by number of children ever born, mean number of children ever born, and mean number of living children, by age group. The results indicate that among all married women, about 90% have children. Among all women, about nine in every ten women reported having a child.

Table 4.4 also shows that on average women in Solomon Islands have given birth to about one child by their early 20s, 3.5 births by their early 30s and 5.1 births at the end of their reproductive period. Overall, the mean number of CEB is 2.4 children for all women and 3.5 children for married women. The difference between the mean number of CEB with mean number of living children provides an indication of the level of childhood and adult mortality in the country.

4.5 BIRTH INTERVALS

A birth interval is the length of time between two successive live births. Information on birth intervals provides insight into birth spacing patterns, which affect fertility as well as infant and childhood mortality. Studies have proven that children born too soon after a previous birth are at increased risk of dying at an early age, particularly when the interval between births is less than 24 months.

Table 4.5 presents the percent distribution of non-first births in the five years preceding the survey by number of months since the preceding birth, and median number of months since the preceding birth, according to mother's demographic and socioeconomic background characteristics. The median birth interval is about 34 months. This means that half of all non-first births occur before and half occur after 34 months from a preceding birth. The shortest birth interval of 25 months is observed among children where the preceding birth died. The longest birth interval (52 months) is among children with mothers almost reaching the end of their childbearing years.

About one in every five children (23%) is born within less than 24 months after the preceding birth. Data show that the shortest birth interval is observed among mothers from Guadalcanal and Malaita, among children whose mothers attain secondary levels of education, and among children whose mothers are in the second wealth quintile.

Table 4.5: Birth intervals

Percent distribution of non-first births in the five years preceding the survey by number of months since preceding birth, and median number of months since preceding birth, according to background characteristics, Solomon Islands 2007

Background characteristic	Months since preceding birth						Total	Number of non-first births	Median number of months since preceding birth
	7-17	18-23	24-35	36-47	48-59	60+			
Age									
15-19	*	*	*	*	*	*	100.0	10	25.7
20-29	9.5	22.6	35.0	17.7	8.7	6.5	100.0	908	29.1
30-39	4.9	11.8	31.3	21.0	12.1	18.8	100.0	1,005	36.6
40-49	1.0	5.2	23.4	16.1	19.9	34.3	100.0	164	52.4
Birth order									
2-3	7.7	17.4	32.3	16.5	10.6	15.4	100.0	985	32.8
4-6	5.8	14.2	31.0	21.9	11.9	15.2	100.0	883	35.6
7+	4.5	16.9	39.1	19.6	11.5	8.5	100.0	218	30.8
Sex of preceding birth									
Male	7.0	14.1	29.9	19.7	12.9	16.5	100.0	1,083	35.6
Female	6.1	18.1	35.3	18.6	9.4	12.6	100.0	1,005	31.4
Survival of preceding birth									
Living	5.6	16.0	32.9	19.6	11.4	14.5	100.0	1,987	34.0
Dead	25.0	16.5	25.0	9.9	8.2	15.5	100.0	100	24.9
Residence									
Urban	8.3	18.7	24.7	20.8	10.7	16.8	100.0	234	35.3
Rural	6.4	15.7	33.5	18.9	11.3	14.3	100.0	1,853	33.4
Region									
Honiara	7.3	18.3	24.8	19.5	11.9	18.1	100.0	179	35.8
Guadalcanal	5.8	13.5	34.7	22.6	10.5	12.9	100.0	395	33.4
Malaïta	9.5	17.5	35.0	15.7	11.1	11.2	100.0	522	30.2
Western	4.1	15.3	27.2	22.0	10.7	20.7	100.0	224	36.8
Other provinces	5.5	16.0	33.0	18.8	11.6	15.1	100.0	767	34.7
Education									
No education	6.8	14.5	34.9	17.9	12.8	13.0	100.0	318	33.8
Primary	5.1	16.7	30.9	20.7	10.9	15.6	100.0	1,398	34.6
Secondary	12.2	14.5	38.5	14.0	11.4	9.5	100.0	326	30.3
More than secondary	8.1	16.2	20.5	16.7	9.6	28.9	100.0	46	39.4
Wealth quintile									
Lowest	8.2	15.8	31.8	19.3	10.4	14.4	100.0	531	33.4
Second	3.8	17.4	37.5	17.3	12.0	12.0	100.0	432	31.1
Middle	5.5	10.9	36.1	21.3	9.7	16.4	100.0	381	35.1
Fourth	5.9	18.6	29.5	19.4	14.6	12.0	100.0	398	33.8
Highest	9.4	17.4	26.6	18.4	9.3	18.9	100.0	345	34.2
Total	6.6	16.0	32.5	19.1	11.2	14.6	100.0	2,087	33.6

Note: First-order births are excluded. The interval for multiple births is the number of months since the preceding pregnancy that ended in a live birth. An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 4.6: Age at first birth

Percentage of women aged 15–49 who gave birth, by exact ages, the percentage who have never given birth, and the median age at first birth, according to current age, Solomon Islands 2007

Current age	Percentage who gave birth by exact age					Percentage who have never given birth	Number of women	Median age at first birth
	15	18	20	22	25			
Age								
15–19	2.4	na	na	na	na	90.1	687	a
20–24	1.3	14.5	29.1	na	na	47.6	716	a
25–29	3.0	13.6	31.5	55.5	73.3	17.9	729	21.6
30–34	2.7	17.5	37.8	58.9	79.3	10.3	600	21.2
35–39	4.1	20.1	45.7	63.8	80.6	4.4	482	20.5
40–44	4.1	16.8	44.5	64.6	79.3	4.5	336	20.6
45–49	7.4	22.7	42.5	60.0	77.3	6.2	273	20.8
20–49	3.2	16.7	36.7	na	na	18.7	3,136	21.4
25–49	3.8	17.3	39.0	59.8	77.5	10.1	2,419	21.1

na = not applicable

a = Omitted because less than 50% of women had a birth before reaching the beginning of the age group

4.6 AGE AT FIRST BIRTH

Examining the age at first birth in the population is crucial because of its implications to fertility levels. Data on age at first birth also provide clear insights of women's first time to enter childbearing. Early age of childbearing provides women the opportunity to bear more children than those women who enter childbearing at later ages.

Table 4.6 shows the percentage of women aged 15–49 who gave birth, by exact age, percentage who have never given birth, and median age at first birth, according to current age at the time of the survey. The results show that the median age at first birth for women aged 20–49 is reported to be 21 years, and about 19% of these women stated not having given birth. The percentage of women aged 15–49 who reported to have given birth by their exact age increases from 3% at exact age 15 years to 37% at exact age 20 years. The results also show the close median age at first birth for each age group at about 21 years. Less than 10% of women in the 45–49 age category are childless.

Further insights into the onset of childbearing by exact age can be examined for various age groups of women by their different background characteristics. Table 4.7 shows the median age at first birth among women aged 25–49, according to their background characteristics. The median age at birth is slightly higher in urban areas than in rural areas, a difference of about 1.5 years. Across geographical regions, women's median age at birth is slightly lower in all regions compared with Honiara. The results also show that women's median age at birth increases with educational background.

Table 4.7: Median age at first birth

Median age at first birth among women aged 25–49, according to background characteristics, Solomon Islands 2007

Background characteristic	Age					Women aged 25–49
	25–29	30–34	35–39	40–44	45–49	
Residence						
Urban	23.6	22.6	22.1	21.3	22.8	22.5
Rural	21.4	20.9	20.3	20.5	20.6	20.9
Region						
Honiara	23.0	22.6	21.7	21.0	21.9	22.3
Guadalcanal	20.9	21.5	21.0	23.2	23.1	21.3
Malaita	23.1	22.1	21.1	20.0	21.7	21.8
Western	22.2	20.5	21.0	21.6	22.0	21.2
Other provinces	21.2	20.6	19.7	19.6	19.4	20.4
Education						
No education	21.4	22.0	19.3	20.6	21.7	20.7
Primary	20.7	20.8	20.3	20.5	20.4	20.6
Secondary	23.6	21.2	21.7	(20.0)	*	22.0
More than secondary	a	(24.5)	*	*	*	24.8
Wealth quintile						
Lowest	20.9	21.0	21.0	21.4	(20.8)	21.0
Second	21.8	20.7	20.2	(19.4)	(21.3)	20.9
Middle	21.4	20.7	19.3	(20.1)	(20.7)	20.6
Fourth	21.4	21.5	19.9	20.1	(19.1)	21.1
Highest	22.9	21.8	21.5	21.2	22.1	21.8
Total	21.6	21.2	20.5	20.6	20.8	21.1

a = omitted because less than 50% of the women had a birth before reaching the beginning of the age group.

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

4.7 TEENAGE PREGNANCY AND MOTHERHOOD

Teenage pregnancy and motherhood refers here to young women becoming pregnant and becoming mothers at less than 20 years of age. Teenage pregnancy is a major health concern because of its association with higher morbidity and mortality for both the mother and child, and also its association with unprotected sex for young women, which leads to unwanted fertility and higher risk of sexual transmitted diseases. Childbearing during teenage years also frequently has adverse social consequences, particularly on female educational attainment because women who become mothers in their teens are more likely to curtail education. Early childbearing is also associated with higher fertility levels.

Table 4.8 presents the percentage of women aged 15–19 who have had a live birth or who are pregnant with their first child, and the percentage who have begun childbearing, by background characteristics. The percentage of women who have begun childbearing is the combination of those who have had a live birth and those who are pregnant with their first child at the time of the survey. In Solomon Islands, about 12% of women aged 15–19 have begun childbearing, almost 10% had a live birth at the time of the survey, and only 2% reported that they are pregnant with the first child at the time of the survey.

More women who have begun childbearing reside in rural areas, have only a primary education, and live in the fourth, second and lowest wealth quintiles. Across the region, women from Guadalcanal are more likely to have begun childbearing earlier than those women from other regions.

Table 4.8: Teenage pregnancy and motherhood

Percentage of women aged 15–19 who have had a live birth or who are pregnant with their first child and the percentage who have begun childbearing, by background characteristics, Solomon Islands 2007

Background characteristic	Percentage who:			Number of women
	Have had a live birth	Are pregnant with first child	Percentage who have begun childbearing	
Age				
15	6.7	0.0	6.7	147
16	2.9	0.9	3.8	141
17	9.3	1.3	10.6	141
18	11.6	3.6	15.2	137
19	20.9	4.4	25.4	121
Residence				
Urban	7.8	1.3	9.0	135
Rural	10.5	2.1	12.6	552
Region				
Honiara	7.5	1.7	9.1	104
Guadalcanal	13.0	2.4	15.4	120
Malaita	5.6	0.0	5.6	134
Western	5.4	4.2	9.7	96
Other provinces	13.8	2.1	15.9	234
Education				
No education	(8.3)	(0.5)	(8.8)	54
Primary	12.7	2.0	14.6	305
Secondary	7.2	2.2	9.4	325
More than secondary	*	*	*	3
Wealth quintile				
Lowest	11.2	3.7	15.0	110
Second	13.0	2.5	15.5	157
Middle	10.1	0.0	10.1	125
Fourth	10.9	3.1	14.1	127
Highest	5.2	0.9	6.1	168
Total	9.9	2.0	11.9	687

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

4.8 KEY RESULTS

Fertility is one factor affecting the structure (size, growth and distribution) of the population in Solomon Islands. This section summarises the key findings of fertility levels and the differences that are important to consider in future development planning and policy decisions regarding population growth, distribution, and service delivery, including education and health, in Solomon Islands. Solomon Islands, like most Pacific Island countries, experiences high fertility levels, which is the main source of the country's high population growth. High population is always associated with socioeconomic problems, including high unemployment, urban growth with unplanned settlement practices, and poor sanitations among others.

The 2006/2007 SIDHS reported a fertility level of 4.6 births per woman, implying that on average a woman in Solomon Islands would have 4–5 children by the time she ended her childbearing years if she were to pass through her childbearing years conforming to the ASFRs observed during this period. This translates into a 4% decline in the overall fertility level of 4.8 children per woman, as estimated from the 1999 census. For the same eight-year period (1999 – 2007), the decline in teenage fertility was 15%, from 82 births to 70 births per 1,000 teenage girls. These results indicate a very slow fertility decline in Solomon Islands over this period. This indicates that Solomon Islands would continue to experience a high fertility level, which guarantees high population growth in the future.

The following findings are also highlighted to provide more insight into the fertility level, trend and pattern of fertility in Solomon Islands.

1. The fertility level is higher in rural areas (4.8 births per woman) than in urban areas (3.4 births per woman).
2. Women with a lower educational background are more likely to have higher fertility than those women with a higher educational background (4.9 births to 3.8 births).
3. The ASFRs show that teenage fertility is almost double in rural areas with about 75 births as compared with urban teenage fertility of 41 births.
4. Early childbearing occurs in Solomon Islands at the age of 15 years, with 7% of girls having begun childbearing. At age 17, teenage fertility peaks to 11%, and by age 19, about one in every four teenage girls have become mothers.
5. Age at first birth is lower in rural than in urban areas. Age at first birth increases with increased education level.
6. Birth intervals are shorter in rural areas than in urban areas. The interval between birth increases with increased education level.

The following are policy implications that could be considered to overcome and control the high fertility level in Solomon Islands:

1. Increasing public awareness on socioeconomic problems associated with high population, both in urban and rural areas. People should be well informed that high rates of fertility, which contribute to high population growth, can have several direct effects on a country's long-term development, such as contributing to a lower standard of living; reducing per capita land and resource availability; increasing under-employment; increasing pressure on social services such as education, health and housing among others. In this case, people should be well informed about their important role in planning the right number of their children for a better and healthy lifestyle.
2. Providing easy and free access to family planning services that can be accessed by every individual for use for birth control or birth limiting. To increase family planning use by providing advocacy and high-quality services of contraceptive methods at all levels.
3. Providing training and counselling to adolescents and youth on safe sex behaviour in order to assist them in protecting themselves from early and unwanted pregnancy, and also to protect them from sexually transmitted infections.

CHAPTER 5 FAMILY PLANNING

Family planning is recognised as a national priority in the Solomon Islands National Health Strategic Plan 2006–2010. The plan's objectives in Strategic Area 7 — Family Planning and Reproductive Health — include:

- improving health worker counselling skills to discuss sexual health issues, including family planning with men, women and young people;
- improving uptake of contraceptive methods by empowering men, women and young people to exercise free choice;
- reducing teenage pregnancy; and
- allowing women a choice in family planning.

The National Health Strategic Plan recognises the right of everyone to have knowledge about and access to contraceptives of their choice. Improving access and knowledge requires changes in health staff skills and attitudes to contraceptive availability. The National Family Planning Programme is aimed at ensuring that all women and men at the community level have information and access to appropriate contraceptives to plan the number and spacing of their children. National Family Planning Guidelines have been updated, and service providers in all provinces are being trained in various methods of contraception and in how to optimise all opportunities to promote family planning for the individual. Non-governmental organisations and churches have been encouraged to play a more effective role in family planning.

This chapter examines information on contraceptive knowledge; current, past and future use of contraception; and attitudes pertaining to contraception. While the results primarily focus on women, some results from the male survey are discussed, because men play an important role in the reproductive health decision-making and realisation of reproductive health goals. Data on exposure to family planning messages through the media, sources and costs of contraception, contact with family planning providers and husbands' knowledge about their wives' contraceptive use are also presented.

These topics are of practical use to policy and programme administrators in formulating effective family planning strategies. One of the important indicators resulting from this survey is the percentage of currently married women, aged 15–49, who are currently using any methods of contraception (referred to as the contraceptive prevalence rate (CPR)).

5.1 KNOWLEDGE OF CONTRACEPTION

A major objective of the 2006/2007 SI DHS was to assess the level of knowledge of contraception methods among women and men. Individuals who have adequate information about the available methods of contraception are better able to develop a rational approach to planning their families. The ability to spontaneously name or recognise a family planning method when it is described is a simple test of a respondent's knowledge, but is not necessarily an indication of the extent of knowledge. Information on knowledge of contraception was collected in the survey by asking women and men to name ways or methods by which a couple could delay or avoid pregnancy. If the respondent failed to mention a particular method spontaneously, the interviewer described the method and asked whether the respondent had heard of it. Contraceptive methods are grouped into two types. Modern methods included: female sterilisation, male sterilisation, contraceptive pill, intrauterine contraceptive device (IUCD), injectables, implants, male condom, female condom, lactational amenorrhea and emergency contraceptives. Traditional methods included rhythm method (periodic abstinence), withdrawal, and folk methods.

In Table 5.1, information about knowledge of contraceptive methods is presented for all women and men as well as for currently married and sexually active, unmarried women and men by specific methods. Findings from the 2006/2007 SIDHS show that knowledge of at least one modern method of family planning in Solomon Islands is almost universal among both women and men. The most widely known modern contraceptive methods among currently married women are: male condoms (89%); injectables (87%); female sterilisation (79%); contraceptive pill (75%); male sterilisation (62%). Over 14% of married women have heard of implants, 59% have heard of

the IUCD, and 16% have heard of emergency contraception. This pattern is similar for all, currently married, and sexually active unmarried men except that men are more likely than women to have heard of male and female condoms, male and female sterilisation, emergency contraception, and are less likely to have heard of IUCD, injectables and pills.

Effective use of the lactational amenorrhea method (LAM) means that a woman is exclusively or predominantly breastfeeding, is less than 6 months postpartum, is postpartum amenorrheic, and knows to use another contraceptive method when any of the previous criteria do not hold. LAM was reported as one of the lowest known methods for all groups of married and unmarried females and males, with unmarried males having the least knowledge (6%).

Table 5.1: Knowledge of contraceptive methods

Percentage of all respondents, currently married respondents, and sexually active unmarried respondents aged 15–49 who know any contraceptive method, by specific method, Solomon Islands 2007

Method	Women			Men		
	All women	Currently married women	Sexually active unmarried women ¹	All men	Currently married men	Sexually active unmarried men
Any method	92.6	94.4	97.4	99.3	99.6	100.0
Any modern method	92.4	94.0	97.4	99.2	99.6	100.0
Female sterilisation	75.3	79.4	80.3	79.5	89.5	66.8
Male sterilisation	57.0	62.0	64.5	67.5	78.8	49.3
Pill	69.4	75.1	66.5	66.6	76.3	65.3
IUCD	52.8	58.5	52.2	47.0	59.3	38.0
Injectables	82.0	87.4	83.5	74.9	85.2	57.9
Implants	13.1	14.2	22.6	13.4	17.3	11.9
Male condom	87.8	88.8	96.6	98.5	99.1	99.7
Female condom	42.5	42.0	49.3	53.7	52.3	56.7
Lactational amenorrhea	15.5	18.0	13.2	9.9	13.1	5.8
Emergency contraception	15.8	16.2	25.3	17.2	23.2	8.0
Any traditional method	63.7	68.0	73.8	88.1	93.3	92.5
Rhythm	50.5	54.8	56.7	45.9	53.4	37.6
Withdrawal	50.4	54.0	68.5	85.1	90.1	90.9
Folk method	11.2	11.2	22.1	6.8	8.9	2.2
Mean number of methods known by respondents 15–49	6.2	6.6	7.0	6.7	7.5	5.9
Number of respondents	3,823	2,560	163	1,614	939	195
Mean number of methods known by respondents 15+	na	na	na	6.5	7.1	5.9
Number of respondents	na	na	na	2,056	1,314	196

¹ Had last sexual intercourse within 30 days preceding the survey.
na = not applicable

Among sexually active unmarried women, higher percentages of respondents with knowledge about sterilisation, implants, male and female condoms and emergency contraception were reported than among married women. Whereas among sexually active unmarried men, knowledge of most contraceptives was lower than for sexually active unmarried women and currently married men, with the exception of condoms. Of note was a higher percentage of currently married men who reported having knowledge of emergency contraception than currently married females, and a higher percentage of sexually active, unmarried women who had knowledge of emergency contraception than married women.

A greater proportion of women and men reported knowing a modern method than a traditional method. Knowledge of any traditional method among all three groups of women ranges from 64–74%. Reported knowledge of traditional methods is much higher among men (88–93%). One of the reasons for the lower reported knowledge of traditional methods may be that these methods are not included in the government family planning programme and women may be reluctant to mention them because they are not widely accepted.

The mean number of known contraceptive methods varies by marital status of women and men, with the lowest number of methods estimated for unmarried men being six, while the highest number of methods was eight for married men.

The high level of knowledge could be attributed to the successful dissemination of family planning messages through the mass media and the revitalised family planning programme. The higher levels of knowledge of emergency contraception among married men and sexually active unmarried women may be attributed to the Male in Reproductive Health and Adolescent Health and Development activities³. Wide knowledge of condoms may be due to increasing the activities of the STIs and HIV prevention programme.

5.2 KNOWLEDGE OF CONTRACEPTIVE METHODS BY BACKGROUND CHARACTERISTICS

Table 5.2: Knowledge of contraceptive methods by background characteristics

Percentage of currently married women and currently married men aged 15–49 who have heard of at least one contraceptive method and who have heard of at least one modern method by background characteristics, Solomon Islands 2007

Background characteristic	Women			Men		
	Heard of any method	Heard of any modern method ¹	Number	Heard of any method	Heard of any modern method ¹	Number
Age						
15–19	83.4	81.8	86	*	*	1
20–24	93.0	92.9	383	99.3	99.3	75
25–29	94.3	93.9	588	99.3	99.3	171
30–34	95.8	95.1	533	99.7	99.7	226
35–39	95.4	95.0	433	100.0	100.0	230
40–44	94.2	94.2	311	98.8	98.8	129
45–49	96.3	96.3	226	100.0	100.0	107
Residence						
Urban	92.0	91.6	372	100.0	100.0	162
Rural	94.8	94.5	2,187	99.5	99.5	778
Region						
Honiara	89.2	88.7	278	100.0	100.0	124
Guadalcanal	97.6	97.3	445	98.9	98.9	180
Malaïta	93.5	92.7	612	99.1	99.1	222
Western	98.3	98.3	303	100.0	100.0	94
Other provinces	93.7	93.6	922	100.0	100.0	320
Education						
No education	89.9	89.1	385	95.1	95.1	60
Primary	94.5	94.3	1,610	99.8	99.8	510
Secondary	97.2	96.7	493	100.0	100.0	268
More than secondary	97.1	97.1	72	100.0	100.0	102
Wealth quintile						
Lowest	93.7	93.1	499	98.7	98.7	185
Second	95.1	95.1	500	100.0	100.0	178
Middle	94.4	93.9	490	99.1	99.1	172
Fourth	94.9	94.3	546	100.0	100.0	209
Highest	93.9	93.7	524	100.0	100.0	196
Total 15–49	94.4	94.0	2,560	99.6	99.6	939
50+	na	na	0	96.4	95.3	375
Total men 15+	na	na	0	98.7	98.4	1,314

¹Female sterilisation, male sterilisation, pill, IUCD, injectables, implants, male condom, female condom, diaphragm, foam or jelly, lactational amenorrhoea method, and emergency contraception.

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

na = not applicable

³UNFPA country programmes and ongoing activities that support male and adolescents involvements in reproductive health programmes and also promote decision-making about the roles of men and adolescents in healthy reproductive health behavior.

Table 5.2 explores the level of knowledge about contraceptive methods for currently married women and men aged 15–49 who have heard of at least one contraceptive method or who have heard of at least one modern method, by background characteristics. The table is restricted to currently married women and men in order to facilitate comparison between subgroups, which may differ in their marital composition.

For all background characteristics subgroups, level of knowledge exceeded 80% for married women and men. However, the 15–19 age group of married women reported the lowest level of knowledge of any method or any modern method. Slightly lower levels of knowledge were reported for urban females and for females residing in Honiara. Females from Western Province reported the highest level of knowledge of at least one method. As expected those women and men with no education and those in the lowest wealth quintile had slightly lower levels of knowledge of at least one method.

5.3 EVER USE OF CONTRACEPTION: WOMEN AND MEN

Data on ever use of contraception has special significance because it reveals the cumulative success of programmes that promote the use of family planning among couples. Ever use refers to use of a method at any time, with no distinction between past and present use. In the 2006/2007 SIDHS, respondents who had heard of a method of family planning were asked if they had ever used a method.

Table 5.3.1 shows the percentage of all women and currently married women who have ever used family planning by specific method and age. Just under 59% of currently married women have used a method of contraception, and 48% have used a modern method. Among currently married women, less than one in three (29%) have ever used injectables, making it the most commonly used modern method. Approximately 13% of currently married women have had female sterilisation, about one in ten have used male condoms, 8% have used the pill in the past, and less than 1% reported male sterilisation. Negligible levels of use were reported for lactational amenorrhea, female condom and implants.

The 2006/2007 SIDHS collected information on ever use of contraception for men as well, but with respect to four male methods only: male sterilisation, condoms, rhythm method and withdrawal. As seen in Table 5.3.2, 77% of currently married men aged 15–49 have ever used a method in the past, with only 31% having used a modern method. Looking at specific methods, 68% of currently married men reported to have used withdrawal. Men are much more likely to report ever use of condoms than women. Slightly more than 1% of currently married men reported to have been sterilised. Ever use of any method among all men rises from 48% among those in the youngest age group, to a peak of 84% among men aged 25–29, and then steadily decreasing to 70% among men aged 40–49.

The proportion of currently married women aged 15–49 that have ever used any modern method is 48%, while the percentage for currently married men is 31%. Use of any traditional method was reported by 20% of all women and 68% of all men. About 41% of women who are categorised as sexually active unmarried women have ever used any modern family planning method compared with 62% of sexually active unmarried men.

Table 5.3.1: Ever use of contraception — Women

Percentage of all women, currently married women, and sexually active unmarried women aged 15–49 who have ever used any contraceptive method by method and according to age, Solomon Islands 2007

Age	Modern method											Traditional method			Number of women		
	Any method	Any modern method	Female sterilisation	Male sterilisation	Pill	IUCD	Injectables	Implants	Male condom	Female condom	LAM	Emergency contraception	Any traditional method	Rhythm		Withdrawal	Folk method
ALL WOMEN																	
15–19	17.2	12.4	0.0	0.2	0.0	0.1	2.2	0.0	10.2	0.1	0.1	0.0	10.1	4.2	7.3	0.1	687
20–24	42.1	28.2	0.2	0.2	2.1	1.1	11.5	0.0	15.7	0.2	0.1	0.0	25.7	15.9	19.6	2.6	716
25–29	48.2	38.0	2.8	0.1	5.6	1.8	23.5	0.0	14.4	0.1	0.2	0.1	22.8	13.4	11.4	2.7	729
30–34	59.6	49.5	11.8	0.6	8.3	4.3	33.4	0.1	11.0	0.1	0.5	0.0	25.4	18.6	13.7	0.8	600
35–39	61.2	51.6	21.0	1.0	8.1	2.4	32.3	0.0	7.7	0.4	2.8	0.0	21.1	13.0	11.6	1.8	482
40–44	61.9	54.0	20.7	1.0	12.8	2.1	33.4	0.3	7.8	0.0	0.0	0.0	19.3	14.1	9.6	0.1	336
45–49	59.9	55.8	33.8	0.8	9.8	4.5	21.5	0.0	2.3	0.0	0.0	0.0	14.6	11.4	4.1	1.3	273
Total	46.9	37.8	9.3	0.5	5.6	2.0	20.8	0.0	11.1	0.1	0.5	0.0	20.4	12.9	11.9	1.5	3,823
CURRENTLY MARRIED WOMEN																	
15–19	33.5	18.4	0.0	0.0	0.2	0.5	7.9	0.0	9.8	0.0	0.0	0.0	18.7	11.6	6.4	0.7	86
20–24	49.8	35.5	0.4	0.3	3.7	2.1	18.7	0.0	12.6	0.1	0.1	0.0	25.3	14.0	19.9	0.7	383
25–29	55.3	43.6	3.4	0.1	6.8	2.2	28.8	0.0	15.0	0.1	0.2	0.0	26.8	15.8	13.1	3.3	588
30–34	64.1	53.3	13.2	0.7	7.8	4.8	35.7	0.1	10.4	0.1	0.6	0.0	26.6	19.0	13.5	0.9	533
35–39	63.8	53.4	23.2	1.2	8.3	2.4	33.2	0.0	7.9	0.4	3.1	0.0	23.0	14.3	12.4	2.0	433
40–44	62.6	54.5	21.1	1.1	13.6	2.3	33.9	0.0	8.0	0.0	0.0	0.0	20.1	14.5	10.0	0.1	311
45–49	63.7	59.0	36.5	1.0	11.0	5.1	22.6	0.0	2.6	0.0	0.0	0.0	15.7	12.8	3.2	1.6	226
Total	58.7	47.9	13.3	0.6	7.8	3.0	28.8	0.0	10.4	0.1	0.7	0.0	23.8	15.4	12.6	1.6	2,560
SEXUALLY ACTIVE UNMARRIED WOMEN¹																	
Total	61.1	40.6	0.1	0.8	5.2	0.0	8.1	0.0	36.8	0.5	0.0	0.0	45.6	26.3	42.0	0.4	163

LAM = lactational amenorrhea method

¹ Women who had sexual intercourse within 30 days preceding the survey.

Table 5.3.2: Ever use of contraception — Men

Percentage of all men, currently married men, and sexually active unmarried men aged 15 and older who have ever used any contraceptive method by method and according to age, Solomon Islands 2007

Age	Any method	Any modern method	Modern method		Any traditional method	Traditional method		Number of men
			Male sterilisation	Male condom		Rhythm	Withdrawal	
ALL MEN								
15–19	47.7	32.8	0.6	32.2	41.4	6.1	40.9	292
20–24	78.3	47.0	0.1	46.9	73.0	17.4	69.3	304
25–29	83.5	41.5	1.7	41.5	78.9	19.9	76.2	266
30–34	78.5	35.7	1.6	35.3	74.8	28.1	71.0	266
35–39	78.0	27.7	1.4	27.7	74.5	27.2	69.9	239
40–44	70.0	31.9	1.2	31.5	67.3	35.5	59.0	134
45–49	70.7	25.3	0.9	24.4	65.7	23.1	59.9	113
Total 15–49	72.4	36.0	1.0	35.8	67.8	20.9	64.2	1,614
50+	61.5	11.4	1.8	9.8	58.9	18.7	50.6	442
Total men 15+	70.1	30.7	1.2	30.2	65.9	20.4	61.2	2,056
CURRENTLY MARRIED MEN								
15–19	*	*	*	*	*	*	*	1
20–24	69.9	41.7	0.0	41.7	63.1	22.6	57.8	75
25–29	82.2	34.0	2.1	34.0	77.9	17.7	75.2	171
30–34	78.9	30.9	0.6	30.5	75.6	26.5	71.9	226
35–39	78.9	27.1	1.4	27.1	75.4	26.9	70.6	230
40–44	71.4	31.9	1.3	31.5	68.6	36.0	60.5	129
45–49	69.8	24.1	0.9	23.2	64.5	22.0	58.4	107
Total 15–49	76.7	30.8	1.1	30.5	72.7	25.5	67.9	939
50+	61.1	12.6	2.1	10.7	58.1	19.4	48.9	375
Total men 15+	72.3	25.6	1.4	24.9	68.5	23.7	62.5	1,314
SEXUALLY ACTIVE UNMARRIED MEN¹								
Total 15–49	88.7	61.7	0.6	61.7	83.5	27.4	78.5	195
Total men 15+	88.8	61.3	0.6	61.3	83.6	27.3	78.7	196

¹ Men who had sexual intercourse within 30 days preceding the survey.

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Figure 5.1: Proportion of currently married women and men who reported ever use of any method of contraception by age



Figure 5.1 shows the proportion of currently married women and men who ever used any family planning method by age at the time of the 2006/2007 SIDHS. Generally a higher proportion of currently married men have ever used any family planning methods for all ages. Ever use of contraception varies with age for men and women. The pattern of ever use is curvilinear, with use being lowest among women in the youngest age group (15–19), and increasing with age to a plateau among women in their 30s and 40s. The level of ever use of any method among currently married women rises to a high of 64% among those aged 30–39 and 45–49. Ever use of any modern method by age follows a similar pattern, regardless of marital status. Among all women aged 15–19, only 12% reported having ever used any modern method while 18% of currently married women of this age group reported having used any modern method. For men aged 15–19, 33% reported use of any modern method and 48% for any method. Differences between age groups may reflect lifetime effects and/or genuine cohort change.

5.4 CURRENT USE OF CONTRACEPTION BY AGE

Current use of contraception is defined as the proportion of women who reported the use of a family planning method at the time of interview. The level of current use — usually calculated among currently married women — is the most widely used measure of the success of family planning programmes (contraceptive prevalence rate). Furthermore, it can be used to estimate the reduction in fertility attributable to contraception. To collect information on current use of contraception among Solomon Islands women, respondents in their childbearing ages were asked whether they were currently using any methods, and if so which methods they were using. All current methods which were used and reported from all women were then recorded. Table 5.4 shows the percent distribution of all women and currently married women who are currently using specific family planning methods by age. Similar information on current use was also collected for men.

Table 5.4 shows that approximately 35% of currently married women are using a family planning method, with 27% using a modern contraceptive method. The proportion of women who are using a modern method is substantially higher than the contraceptive prevalence rate (CPR) reported by the Solomon Islands Ministry of Health and Medical Services Health Information System (CPR 10% for 2006). Approximately 7% of currently married women of all ages reported using a traditional method. The most commonly used method among currently married women was reported to be female sterilisation (13%), followed by injectables (9%), rhythm (5%); and IUCD and withdrawal (both at 2%). Use of other methods was reported as negligible.

Contraceptive use varies by age. Use is lower among younger women (because they are in the early stage of family building). Among older women (some of whom are no longer fecund), higher rates of use of any modern method were observed than among those at intermediate ages. For example, current use of a modern contraceptive method is 13% among currently married women aged 15–19, rising to 35% among women aged 35–39, and further increasing to 44% among women aged 45–49.

Injectables are popular among women of all ages and IUCDs are particularly popular among women aged 30–34. As expected, male condoms are most popular among those women in the youngest age group.

Women aged 45–49 had the highest levels of female sterilisation. This may be due to a cohort effect because about 10 years ago, more tubal ligations were performed. Due to the lack of family planning providers capable of performing this procedure, a high turnover of medical staff and the deterioration of health facilities in the provinces in recent years subsequent to national ethnic tension, tubal ligations are not performed as frequently as they were in previous years.

Table 5.4: Current use of contraception by age

Percent distribution of all women, currently married women, and sexually active unmarried women aged 15–49 by contraceptive method currently used, according to age, Solomon Islands 2007

Age	Modern method										Traditional method				Total	Number of women	
	Any method	Any modern method	Female sterilisation	Male sterilisation	Pill	IUCD	Injectables	Male condom	Female condom	LAM	Any traditional method	Rhythm	Withdrawal	Folk method			Not currently using
ALL WOMEN																	
15–19	7.2	5.2	0.0	0.0	0.0	0.1	2.1	3.0	0.0	0.0	2.1	1.0	0.9	0.1	92.8	100.0	687
20–24	19.9	13.6	0.2	0.0	0.9	0.8	8.5	3.2	0.0	0.0	6.3	2.8	2.6	0.8	80.1	100.0	716
25–29	21.8	15.7	2.8	0.0	2.0	1.4	7.0	2.5	0.0	0.0	6.2	2.9	2.6	0.7	78.2	100.0	729
30–34	33.5	26.6	11.8	0.0	1.1	3.5	8.3	1.6	0.0	0.3	6.9	5.2	1.6	0.1	66.5	100.0	600
35–39	41.9	33.3	21.0	0.5	1.2	2.1	7.9	0.7	0.0	0.0	8.6	6.5	1.9	0.3	58.1	100.0	482
40–44	38.6	31.2	20.7	0.6	0.6	1.1	7.2	0.9	0.0	0.0	7.4	6.3	1.2	0.0	61.4	100.0	336
45–49	43.4	40.8	33.8	0.8	0.0	0.9	5.1	0.1	0.0	0.0	2.6	1.8	0.6	0.3	56.6	100.0	273
Total	26.2	20.5	9.3	0.2	0.9	1.4	6.6	2.0	0.0	0.1	5.7	3.6	1.8	0.4	73.8	100.0	3,823
CURRENTLY MARRIED WOMEN																	
15–19	19.5	12.8	0.0	0.0	0.2	0.5	7.9	4.2	0.0	0.0	6.7	3.1	2.9	0.7	80.5	100.0	86
20–24	25.0	18.2	0.4	0.0	1.4	1.5	13.7	1.3	0.0	0.0	6.8	2.9	3.9	0.0	75.0	100.0	383
25–29	25.8	18.6	3.4	0.0	2.4	1.7	8.6	2.4	0.1	0.0	7.2	3.5	2.8	0.9	74.2	100.0	588
30–34	37.0	29.5	13.2	0.0	1.3	4.0	9.1	1.6	0.0	0.4	7.6	5.7	1.7	0.2	63.0	100.0	533
35–39	44.4	35.1	23.2	0.5	1.3	2.3	7.0	0.7	0.0	0.0	9.3	7.3	1.8	0.3	55.6	100.0	433
40–44	40.0	32.4	21.1	0.6	0.7	1.2	7.8	1.0	0.0	0.0	7.6	6.4	1.2	0.0	60.0	100.0	311
45–49	47.1	44.0	36.5	1.0	0.0	0.8	5.5	0.2	0.0	0.0	3.2	2.1	0.7	0.3	52.9	100.0	226
Total	34.6	27.3	13.3	0.3	1.3	2.1	8.8	1.5	0.0	0.1	7.3	4.7	2.2	0.3	65.4	100.0	2,560
SEXUALLY ACTIVE UNMARRIED WOMEN¹																	
15–19	21.5	14.1	0.0	0.0	0.0	0.0	0.0	14.1	0.0	0.0	7.4	2.6	4.8	0.0	78.5	100.0	75
20–24	28.4	16.4	0.0	0.0	0.0	0.0	2.1	14.3	0.0	0.0	12.0	5.9	6.1	0.0	71.6	100.0	59
25+	(27.4)	(21.2)	(0.7)	(0.0)	(0.0)	(0.0)	(7.3)	(13.2)	(0.0)	(0.0)	(6.2)	(0.0)	(6.2)	(0.0)	(72.6)	100.0	29
Total	25.0	16.2	0.1	0.0	0.0	0.0	2.1	14.0	0.0	0.0	8.8	3.3	5.5	0.0	75.0	100.0	163

Note: If more than one method is used, only the most effective method is considered in this tabulation.

Note: Figures in parentheses are based on 25–49 unweighted cases.

LAM = lactational amenorrhea method

¹ Women who have had sexual intercourse within 30 days preceding the survey.

5.5 CURRENT USE OF CONTRACEPTION BY BACKGROUND CHARACTERISTICS

The study of current contraceptive use by background characteristics is important because it helps identify subgroups of the population to target for family planning services. Table 5.5 presents the percent distribution of currently married women by their current use of family planning methods, according to background characteristics. This table allows comparisons of the level of current contraceptive use among major population groups. It also permits an examination of differences in the method mix among current users within the various subgroups.

Substantial differences in the use of contraceptive methods among subgroups of currently married women can be seen in Table 5.5. Women in rural areas are more likely to use a family planning method than urban women, reflecting the higher motivation of health providers in rural areas despite the higher accessibility to contraception in urban areas. The contraceptive prevalence rate for modern methods is 23% in urban areas, compared with 28% in rural areas. Female sterilisation and injectables are most popular in rural areas where 14% of currently married women have been sterilised and 10% use injectables. On the other hand, IUCD, male condoms and pills are most popular in urban areas.

Contraceptive use varies by region with much of the variation due to differences in female and male sterilisation and injectables. Use of a modern method among currently married women is highest in Western and other provinces (33%), followed by Malaita (25%) and Honiara and Guadalcanal (20%). Western and other provinces reported the highest levels of female sterilisation. Injectables are most common among currently married women living in Guadalcanal, Malaita and Western provinces (10%) and much less in Honiara than other provinces. IUCD use was most popular in Honiara and other provinces and least popular in Guadalcanal. The highest level of pill use was in Western Province (2%) but was negligible in all other provinces. There is less variation in the use of male condoms by provinces. The use of any traditional method was most popular in Guadalcanal and least popular in Honiara.

The effect of education on contraceptive use is mixed. Use of modern methods is highest among women with more than a secondary level of education (30%) and lowest among women with only some secondary education (22%). Contraceptive use is higher among women who have had more than a secondary education because a sizeable proportion of these women use IUCD, male condoms and injectables. The most popular modern method among women who have had more than a secondary education is injectables (12%), whereas the most popular modern method among women who have no education is female sterilisation (15%) followed by injectables (10%). In fact, female sterilisation and injectables are the most popular methods among all women who have less than a secondary level of education. In general, as women's level of education increases they are more likely to use modern contraceptive methods, especially injectables and IUCD.

There is a direct association between the use of modern family planning methods and the number of children women have. Only 3% of women with no living children use modern contraception; the percentage increases to 32% among women with three to four children, and to 38% among women with five or more children. As expected, permanent methods are popular among high-parity women. Use of female sterilisation increases with the number of living children a woman has. Approximately 27% of women with five or more children reported female sterilisation. Injectables, pills and IUCD are also more popular among women with one to four children. The popularity of injectables could be due to several reasons: injectables are more easily accessible because supplies are available at most health facilities; they work for a relatively longer duration; they are convenient to use; and their use can be kept private.

Contraceptive use varies with wealth quintiles. Women in the middle and fourth quintile reported highest use of a modern method. Women in the lowest quintile reported the highest use of any traditional method, especially the rhythm method. Women in the highest quintile reported the highest use of IUCDs and pills.

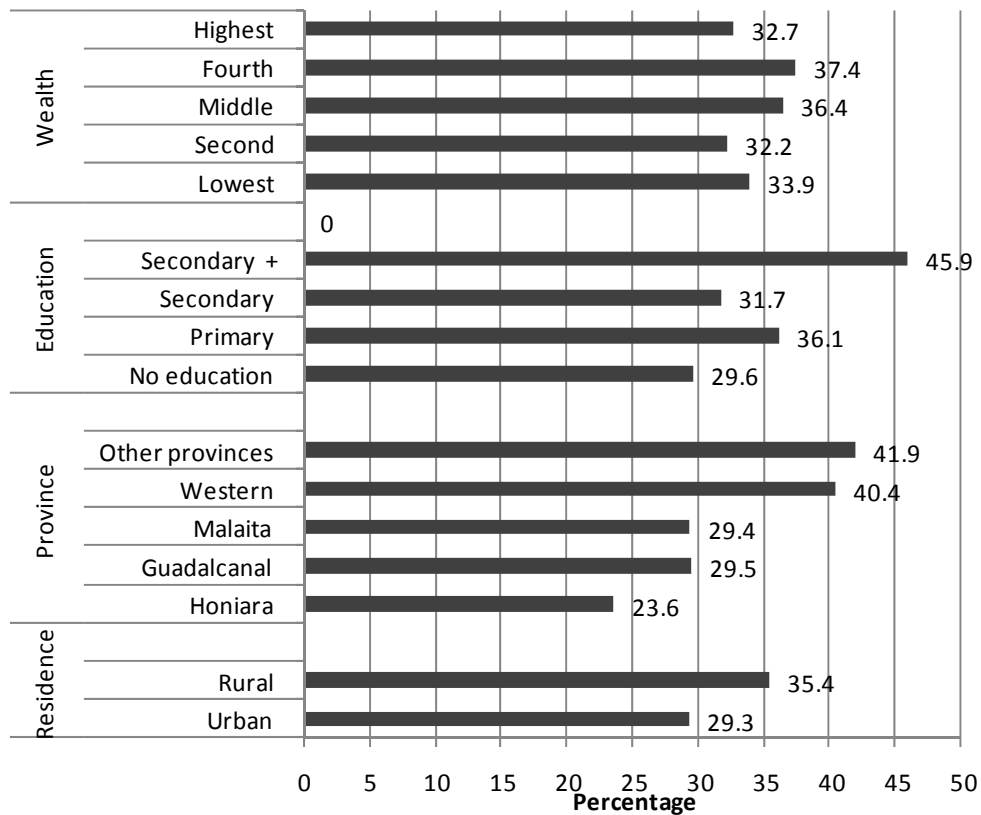
Table 5.5: Current use of contraception by background characteristics*Percent distribution of currently married women aged 15–49 by contraceptive method currently used, according to background characteristics, Solomon Islands 2007*

Background characteristic	Any method	Any modern method	Modern method								Traditional method			Not currently using	Total	Number of women	
			Female sterilisation	Male sterilisation	Pill	IUD	Injectables	Male condom	Female condom	LAM	Any traditional method	Rhythm	Withdrawal				Folk method
Residence																	
Urban	29.3	23.2	10.2	0.8	2.2	3.5	4.2	2.3	0.1	0.0	6.1	3.2	2.7	0.2	70.7	100.0	372
Rural	35.4	28.0	13.8	0.2	1.2	1.8	9.6	1.3	0.0	0.1	7.5	5.0	2.1	0.4	64.6	100.0	2,187
Region																	
Honiara	23.6	19.7	9.1	0.3	1.3	3.0	4.5	1.3	0.1	0.0	3.8	1.8	2.0	0.0	76.4	100.0	278
Guadalcanal	29.5	19.5	6.1	0.2	0.7	0.5	10.3	1.9	0.0	0.0	9.9	2.9	6.1	0.9	70.5	100.0	445
Malaita	29.4	24.6	10.5	0.8	0.9	1.4	10.1	0.9	0.0	0.0	4.8	2.0	2.6	0.2	70.6	100.0	612
Western	40.4	32.5	17.1	0.0	2.3	2.2	9.9	0.9	0.0	0.0	7.9	6.2	1.1	0.6	59.6	100.0	303
Other provinces	41.9	33.4	18.7	0.0	1.6	2.9	8.1	1.9	0.0	0.2	8.4	7.8	0.4	0.2	58.1	100.0	922
Education																	
No education	29.6	28.2	14.6	0.9	1.0	1.8	9.8	0.2	0.0	0.0	1.3	0.4	1.0	0.0	70.4	100.0	385
Primary	36.1	28.7	15.1	0.1	1.1	1.9	8.9	1.5	0.0	0.1	7.4	5.3	1.7	0.4	63.9	100.0	1,610
Secondary	31.7	21.7	7.5	0.2	2.3	2.1	7.4	2.2	0.0	0.0	10.1	5.7	3.8	0.6	68.3	100.0	493
More than secondary	45.9	29.5	6.1	0.0	0.3	7.3	12.1	3.6	0.0	0.0	16.4	8.9	7.6	0.0	54.1	100.0	72
Number of living children																	
0	11.7	3.4	1.6	0.0	0.0	0.0	0.0	1.8	0.0	0.0	8.3	3.5	4.8	0.0	88.3	100.0	247
1–2	24.5	19.4	1.9	0.0	2.3	2.5	10.5	2.2	0.0	0.0	5.0	2.5	2.5	0.1	75.5	100.0	742
3–4	42.5	32.4	14.9	0.3	1.4	2.8	11.1	1.5	0.0	0.2	10.1	7.3	1.9	0.9	57.5	100.0	837
5+	43.4	37.5	26.9	0.5	0.6	1.5	7.4	0.6	0.0	0.0	5.9	4.5	1.3	0.1	56.6	100.0	734
Wealth quintile																	
Lowest	33.9	23.8	10.0	0.0	1.9	0.5	9.7	1.6	0.0	0.0	10.1	7.4	2.4	0.2	66.1	100.0	499
Second	32.2	25.5	15.9	0.0	0.1	1.1	7.4	0.9	0.0	0.0	6.7	3.9	2.5	0.2	67.8	100.0	500
Middle	36.4	31.7	17.1	0.7	0.8	2.2	10.0	0.5	0.0	0.4	4.7	2.1	2.6	0.0	63.6	100.0	490
Fourth	37.4	30.0	11.7	0.1	1.6	2.5	11.3	2.9	0.0	0.0	7.4	5.8	0.8	0.8	62.6	100.0	546
Highest	32.7	25.4	12.1	0.5	2.2	3.8	5.6	1.3	0.1	0.0	7.3	4.2	2.6	0.4	67.3	100.0	524
Total	34.6	27.3	13.3	0.3	1.3	2.1	8.8	1.5	0.0	0.1	7.3	4.7	2.2	0.3	65.4	100.0	2,560

Note: If more than one method is used, only the most effective method is considered in this tabulation.

LAM = lactational amenorrhea method

Figure 5.2: Contraceptive use among currently married women by background characteristics



5.6 NUMBER OF CHILDREN AT FIRST USE OF CONTRACEPTION

To examine the timing of initial family planning use during the time when couples are having their children, the 2006/2007 SIDHS asked all women about the number of living children they had at first use of contraception. Table 5.6 shows the distribution of women aged 15–49 by age group and number of living children at the time of first use of contraception. This table permits an analysis of cohort changes in parity at first use of contraception.

Ten percent of all women first used a family planning method when they already had four or more children. Just over 12% of all women first used family planning at the time they had no children, and 11% first used contraception after the birth of their first child.

An important point of this table is to examine cohort change in parity at first use of contraception. Younger women reported first use of contraception at lower parities than older women, suggesting a shift toward the early use of contraception and the desire to delay childbearing among Solomon Islands women. For example, 23% of women aged 20–24 initiated use before having any children compared with 6% among women aged 35–39. This may be because young women are more likely to use contraceptives to space births, whereas older women use them to limit births after they have reached high parities (4+children).

Table 5.6: Number of children at first use of contraception

Percent distribution of women aged 15–49 by number of living children at the time of first use of contraception, according to current age, Solomon Islands 2007

Current age	Never used	Number of living children at time of first use of contraception						Total	Number of women
		0	1	2	3	4+	Missing		
Age									
15–19	82.8	14.1	2.9	0.1	0.0	0.0	0.0	100.0	687
20–24	57.9	23.0	12.0	3.8	2.0	0.7	0.6	100.0	716
25–29	51.8	11.0	16.4	12.8	4.7	2.9	0.4	100.0	729
30–34	40.4	8.7	16.4	14.8	9.0	9.9	0.8	100.0	600
35–39	38.8	5.5	6.4	11.9	9.1	27.7	0.7	100.0	482
40–44	38.1	7.2	10.0	10.6	8.6	25.0	0.6	100.0	336
45–49	40.1	8.4	14.3	3.5	4.5	28.7	0.5	100.0	273
Total	53.1	12.2	11.2	8.2	4.9	10.0	0.5	100.0	3,823

5.7 KNOWLEDGE OF FERTILE PERIOD

An elementary knowledge of reproductive physiology provides a useful background for the successful practice of coitus-associated methods such as withdrawal, condoms, and vaginal methods. As shown in Tables 5.1, 5.3.1 and 5.4, respectively, 51% of all women have heard of the rhythm method, 13% have ever used it in the past, and 4% are currently using the method. Table 5.7 shows respondents' knowledge about the time during the menstrual cycle when a woman is most likely to get pregnant.

Overall, only 16% of women correctly reported that the most fertile time during the menstrual cycle is halfway between two menstrual periods. Among users of the rhythm method, 33% were able to correctly identify when during a woman's cycle she is most likely to get pregnant and about 43% reported that a woman's most fertile period is right after menstruation has ended. About 46% of non-users did not know any specific time or about the fertile period, and 31% of them stated that a woman is most susceptible to becoming pregnant just after her period has ended. Approximately 16% of non-users reported the fertile period as being halfway between the two menstrual periods.

Table 5.7: Knowledge of fertile period

Percent distribution of women aged 15–49 by knowledge of the fertile period during the ovulatory cycle, according to current use of the rhythm method, Solomon Islands 2007

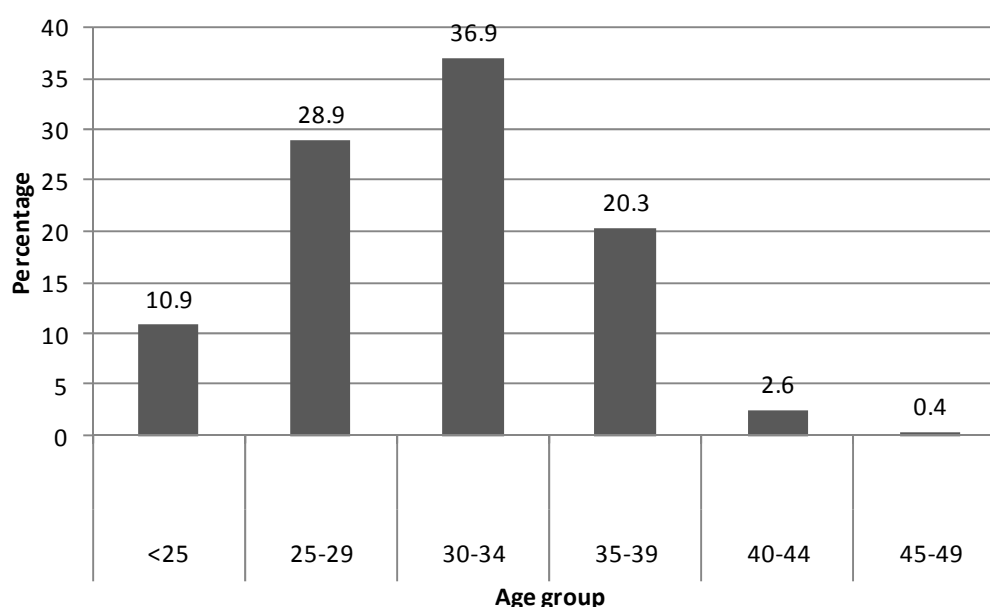
Perceived fertile period	Users of rhythm method	Non-users of rhythm method	All women
Just before her menstrual period begins	2.5	3.8	3.7
During her menstrual period	1.5	2.8	2.8
Right after her menstrual period has ended	43.0	31.1	31.5
Halfway between two menstrual periods	33.3	15.6	16.2
Other	0.0	0.2	0.2
No specific time	11.0	16.5	16.3
Don't know	8.3	29.8	29.0
Missing	0.3	0.3	0.3
Total	100.0	100.0	100.0
Number of women	137	3,686	3,823

5.8 TIMING OF FEMALE STERILISATION

Figure 5.3 shows the percent distribution of sterilised women aged 15–49 by age at the time of female sterilisation in Solomon Islands. In countries where female sterilisation is prevalent, there is an interest in the trends in adoption of the method and the age at the time of sterilisation. During the 2006/2007 SIDHS, to minimise the problem of censoring, the median age at the time of sterilisation is calculated only for women sterilised at less than 40 years of age. The median age at sterilisation was reported to be 30.9.

The results indicate that most women (77%) were sterilised before age 35, with 11% sterilized before age 25. Thus, female sterilisation in Solomon Islands occurs primarily between ages 25 and 35. The median age at sterilisation (for women sterilised before age 40) is 30 years.

Figure 5.3: Timing of female sterilisation



5.9 SOURCE OF CONTRACEPTION

Table 5.8 documents the main sources of contraception for users of different modern methods of contraception. Information on where women obtain their contraception is important for programme managers and implementers who design family planning policies and programmes. All current users of modern contraceptive methods were asked the most recent source of their contraception. The government sector remains the major source of contraceptive methods in Solomon Islands, providing methods to more than four in five current users. The share of the government sector has remained steady over the past two to three decades. Approximately 8% get their contraceptive supplies from the church hospital or rural health clinics. Only 2% of users reported getting their methods from the non-government sector, mostly from the Solomon Islands Planned Parenthood Association (SIPPA) Clinic and Save the Children Fund. Approximately 1% reported obtaining their methods from the private medical sector, mostly pharmacies.

However, only 50% of users reported obtaining condoms from the public sector, 10% reported obtaining condoms from private pharmacies, and 12% from SIPPA. It was notable that 20% of users reported obtaining condoms from other organisations and 12% from other private entities.

Table 5.8: Source of modern contraception methods

Percent distribution of users of modern contraceptive methods aged 15–49 by most recent source of method, according to method, Solomon Islands 2007

Source	Female sterilisation	Pill	IUCD	Injectables	Male condom	Total ¹
Public sector	91.8	(81.7)	79.2	81.8	50.1	82.9
Public government hospital	91.8	(16.7)	19.4	9.9	9.1	48.5
Rural health centre	0.0	(14.2)	15.5	5.7	2.8	3.8
Rural health clinic	0.0	(44.3)	33.8	56.4	37.8	26.3
Nurse aide	0.0	(0.0)	5.8	9.1	0.0	3.3
Satellite clinic	0.0	(3.3)	0.7	0.0	0.0	0.2
Other public	0.0	(3.2)	4.0	0.8	0.4	0.8
Private medical sector	0.0	(0.0)	3.1	0.2	9.7	1.3
Private hospital/clinic	0.0	(0.0)	3.1	0.0	0.0	0.2
Private pharmacy	0.0	(0.0)	0.0	0.0	9.7	1.0
Private doctor	0.0	(0.0)	0.0	0.2	0.0	0.1
Other private	0.0	(2.8)	1.9	0.6	12.0	1.6
Church	5.6	(7.0)	15.8	11.3	0.0	7.6
Church hospital	5.6	(3.5)	10.4	4.9	0.0	5.0
Church rural health clinic	0.0	(3.5)	5.4	6.5	0.0	2.6
Non-governmental organisations						
SIPPA clinic	0.0	(2.8)	1.9	0.6	11.8	1.6
Save the children fund	0.0	(0.0)	0.0	0.0	0.2	0.0
Other	0.9	(7.7)	0.0	1.0	20.1	3.1
Missing	1.7	(0.8)	0.0	5.2	8.2	3.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	355	35	53	252	78	782

¹ Total includes other modern methods but excludes lactational amenorrhea method (LAM).

Note: Figures in parentheses are based on 25–49 unweighted cases.

5.10 COST FOR MODERN CONTRACEPTIVE METHODS

Table 5.9: Cost of modern contraceptive methods

Percentage of current users of modern contraception aged 15–49 who did not pay for the method and who do not know the cost of the method and the median cost of the method by current method, according to source of current method, Solomon Islands 2007

Source of method/cost	Female sterilisation	Pill	IUD	Injectables	Male condom	Total
Total						
Percentage free	86.7	(100.0)	95.7	94.3	85.4	90.1
Do not know cost	5.1	na	4.3	4.7	10.0	5.3
Number of women	355	35	53	252	78	782

Note: Table excludes lactational amenorrhea method (LAM). Costs are based on the last time current users obtained method. Costs include consultation costs, if any. For condom, costs are per package; for pills, per cycle. For sterilisation, data are based on women who received the operation in the five years before the survey.

Note: Figures in parentheses are based on 25–49 unweighted cases.

As Table 5.9 shows, the vast majority of users (90%) in Solomon Islands do not pay for contraception. Approximately 5% of current users stated that they did not know the cost. In Solomon Islands, contraceptives are provided free of charge at all public sector facilities and at NGOs. UNFPA has provided contraceptives free of charge to the Solomon Islands Government for the past three decades. NGOs also receive contraceptives from UNFPA through MOH supplies or directly. The International Planned Parenthood Association also supplies contraceptives to

SIPPA. Female sterilisation is usually conducted at public hospitals at no costs to clients. Similarly, IUCD and injectables are provided at no cost to clients at all public facilities. Some IUCD and injectables are provided by doctors in private practice.

5.11 INFORMED CHOICE

Informed choice is an important tool for monitoring the quality of family planning services. Current users of modern methods who are well informed about the side effects and problems associated with methods, and know of a range of method options, are better placed to make an informed choice about the method they would like to use. All providers of sterilisation must inform potential users that the operation is a permanent, irreversible procedure; potential users also must be informed of alternate methods that could be used. Users of temporary methods also should be informed about choices they have and other available methods. Family planning providers also should inform all method users of potential side effects and what to do if they experience a problem. This information assists users in coping with side effects and decreases unnecessary discontinuation of temporary methods.

Table 5.10 presents information on informed choice by type and source of method. The data show that 66% of current users were informed about possible side effects or problems associated with use, about 61% of users were informed about what to do if they experienced side effects, and 59% were informed of other methods that could be used.

Table 5.10: Informed choice

Among current users of modern methods aged 15–49 who started the last episode of use within the five years preceding the survey, percentage who were informed about possible side effects or problems of that method, the percentage who were informed about what to do if they experienced side effects, and the percentage who were informed about other methods that could use, by method and initial source; and among sterilised women, the percentage who were informed that the method is permanent, by initial source, Solomon Islands 2007

Method/source	Among women who started last episode of modern contraceptive method within five years preceding the survey:				Among women who were sterilised:	
	Percentage who were informed about side effects or problems of method used	Percentage who were informed about what to do if experienced side effects	Percentage who were informed by a health or family planning worker of other methods that could be used	Number of women	Percentage who were informed that sterilisation is permanent ¹	Number of women
Method						
Female sterilisation	70.8	63.7	47.2	143	91.6	143
Pill	(50.1)	(46.9)	(61.1)	33	na	0
IUD	(85.4)	(75.4)	(76.9)	46	na	0
Injectables	60.7	57.6	62.9	223	na	0
Initial source of method²						
Public sector	64.6	58.6	59.1	375	95.1	129
Public govt hospital	65.7	56.0	53.6	160	95.1	129
Rural health centre	(49.6)	(47.3)	(58.0)	30	na	0
Rural health clinic	63.8	60.0	61.1	157	na	0
Church	(78.0)	(77.2)	(55.4)	47	*	7
Total	65.7	60.6	58.9	448	91.6	143

Note: Table excludes users who obtained their method from friends/relatives.

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. na = not applicable

¹ Among women who were sterilised in the five years preceding the survey.

² Source at start of current episode of use.

It is encouraging to note that 92% of women who were sterilised were informed that the method is permanent. More than 95% of women who were sterilised at a public government hospital were informed that sterilisation is permanent, 65% were informed about side effects or problems of

method used, and 59% were informed about what to do if side effects were experienced or about other methods.

5.12 FUTURE USE OF CONTRACEPTION

An important indicator of the changing demand for family planning is the extent to which non-users of contraception plan to use family planning in the future. Currently, married women who were not using contraception at the time of the survey were asked about their intention to use family planning in the future. The results are shown in Table 5.11. Among currently married women who are not using contraception, 24% reported that they intend to use a family planning method in the future, 48% said that they do not intend to use a method in the future, and 25% were unsure of their future intention. There are minor differences in the percentage of women who intend to use family planning according to their number of living children. The proportion of women intending to use family planning peaks at 29% among non-users with one child, and declines to 21% among women with four or more children.

Table 5.11: Future use of contraception

Percent distribution of currently married women aged 15–49 who are not using a contraceptive method by intention to use one in the future, according to number of living children, Solomon Islands 2007

Intention	Number of living children ¹					Total
	0	1	2	3	4+	
Intend to use	27.1	28.5	25.7	26.9	20.6	24.4
Unsure	26.3	21.9	26.0	21.2	27.1	25.1
Does not intend to use	46.7	47.6	46.9	49.7	48.5	48.1
Missing	0.0	2.0	1.4	2.3	3.8	2.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	190	248	286	277	675	1,675

¹ Includes current pregnancy.

Intention to use contraception in the future provides a forecast of potential demand for services and acts as a convenient summary indicator of disposition toward contraception among current non-users. Respondents may or may not adhere to their intentions for future use.

5.13 REASONS FOR NON-USE OF CONTRACEPTION

An understanding of the reasons women give for not using family planning methods is critical to designing programmes that could improve the quality of services. Table 5.12 shows the percent distribution of currently married women who are not using a contraceptive method and who do not intend to use one in the future, by the main reasons for not intending to use.

Approximately 20% of women do not intend to use contraception in the future because of fertility-related reasons. A number of these women (15%) reported themselves to be subfecund or infecund. Fifteen percent of women do not intend to use because of opposition to use, with most respondents opposed to using any method. Just under 45% percent of women also cited method-related reasons; primarily fear of side effects (37%), as a major reason for non-use in the future. Over 9% of women reported a lack of knowledge as the reason for not intending to use contraception in the future; of which 7% cited lack of knowledge about methods.

Overall, these data suggest that there is substantial scope for family planning programmes to increase contraceptive use by providing advocacy and high-quality services. Improved information and educational activities will play an important role in dispelling fears and misconceptions about specific contraceptive methods and contraceptive use in general.

Table 5.12: Reason for not intending to use contraception in the future

Percent distribution of currently married women aged 15–49 who are not using contraception and who do not intending to use in the future by main reason for not intending to use, Solomon Islands 2007

Reason	Percent distribution
Fertility-related reasons	
Infrequent sex/no sex	1.8
Menopausal/had hysterectomy	1.0
Subfecund/ infecund	15.2
Wants as many children as possible	2.1
Opposition to use	
Respondent opposed	6.0
Husband/partner opposed	3.1
Others opposed	1.0
Religious prohibition	4.9
Lack of knowledge	
Knows no method	6.9
Knows no source	2.5
Method-related reasons	
Health concerns	5.7
Fear of side effects	37.2
Lack of access/too far	0.8
Cost too much	0.5
Inconvenient to use	0.3
Interfere with body's normal process	2.8
Other	2.2
Don't know	5.6
Missing	0.5
Total	100.0
Number of women	805

5.14 PREFERRED METHOD OF CONTRACEPTION FOR FUTURE USE

Future demand for specific family planning methods can be assessed by asking non-users who intend to use in the future which methods they prefer to use. Table 5.13 provides some indication of currently married women's preferences for the method they might use in the future. However, the information should be interpreted with caution since two conditions are implied here: intent to use and method preferred if intent is followed. Most currently married women would prefer to use injectables (39%) and periodic abstinence (13%) in the future. About 12% of women mentioned male condoms as a potential future method, and 8% mentioned female sterilisation.

Table 5.13: Preferred method of contraception for future use

Percent distribution of currently married women aged 15–49 who are not using a contraceptive method but who intend to use in the future by preferred method, Solomon Islands 2007

Preferred method	Percent distribution
Female sterilisation	8.2
Male sterilisation	0.3
Pill	6.9
IUCD	6.0
Injectables	38.6
Implants	0.3
Male condom	11.5
Female condom	1.0
Diaphragm	0.0
Lactation amenorrhoea method (LAM)	0.1
Periodic abstinence	13.4
Withdrawal	2.1
Other	3.2
Unsure	8.1
Missing	0.1
Total	100.0
Number of women	409

5.15 EXPOSURE TO FAMILY PLANNING MESSAGES

Electronic media such as radio and television are important for communicating messages about family planning. Information on the level of exposure to such media is important for programme managers and planners to effectively target population subgroups for information, education and communication (IEC) campaigns. To assess the extent to which media serve as a source of family planning messages, respondents were asked if they had heard or seen a message about family planning on the radio, television or in the print media (e.g. newspaper, magazine, poster) in the months preceding the survey. The results are shown in Table 5.14.

In Solomon Islands, the most common media source is the radio. Television is mostly found in urban areas, while print media are accessed mostly by the educated. The majority of women (60%) and men (78%) aged 15–49 have heard a family planning message recently on the radio, whereas only 4% of women and men have heard family planning messages on television. Sixteen percent of women and 34% of men have read about family planning in the newspaper or a magazine. Approximately 38% of women and 19% of men have not been exposed to family planning messages in any of the specified media sources.

In general, respondents' exposure to media messages on family planning by various methods differ with age. Younger women and men aged 15–19 are least likely to have been exposed to family planning messages on the radio than other ages. On the other hand, older women aged 45–49 are less likely to get media messages through the newspaper or a magazine and television. Men aged 40–44 are more likely to get media messages through the newspaper or a magazine than men of other ages.

Table 5.14: Exposure to family planning messages

Percentage of women and men aged 15–49 who heard or saw a family planning message on the radio or television or in a newspaper in the past few months, according to background characteristics, Solomon Islands 2007

Background characteristic	Women					Men				
	Radio	Television	Newspaper/ magazine	None of these three media sources	Number of women	Radio	Television	Newspaper/ magazine	None of these three media sources	Number of men
Age										
15–19	50.3	3.2	16.8	47.7	687	69.9	3.3	23.6	26.2	292
20–24	63.1	3.7	20.7	33.7	716	70.1	3.6	28.0	27.5	304
25–29	62.9	3.5	14.9	35.6	729	83.2	4.7	38.0	12.3	266
30–34	57.5	3.9	14.5	39.8	600	84.0	4.7	35.5	13.8	266
35–39	60.5	2.4	15.5	38.6	482	79.7	3.5	40.0	17.2	239
40–44	61.7	5.1	16.0	37.0	336	83.2	3.8	43.8	14.1	134
45–49	67.4	2.1	8.6	31.9	273	81.4	4.0	35.9	18.6	113
Residence										
Urban	67.7	13.6	30.7	26.7	636	78.6	11.0	58.5	14.7	301
Rural	58.1	1.4	13.1	40.6	3,187	77.6	2.3	28.1	20.3	1,313
Region										
Honiara	63.5	14.6	28.8	31.0	481	78.2	10.5	57.4	15.2	240
Guadalcanal	72.8	3.9	16.5	26.6	637	80.1	9.2	36.2	18.3	249
Malaita	51.1	1.4	6.5	47.4	840	67.2	0.0	11.4	32.5	345
Western	74.1	1.0	37.9	23.4	458	72.6	1.9	56.1	20.5	181
Other provinces	53.0	1.5	10.0	45.6	1,407	84.4	2.0	29.3	13.2	599
Education										
No education	45.6	1.2	1.6	54.3	520	46.5	0.0	0.5	53.5	88
Primary	57.9	1.5	9.9	41.2	2,114	77.0	3.5	25.6	21.0	794
Secondary	69.4	7.7	31.0	26.6	1,067	81.3	4.5	47.1	14.1	593
More than secondary	68.6	11.0	52.2	22.6	122	87.2	6.8	44.2	9.3	138
Wealth quintile										
Lowest	44.4	0.5	7.8	54.8	696	67.8	2.8	13.2	31.5	281
Second	53.8	0.3	9.8	45.4	755	82.7	0.3	24.1	16.6	291
Middle	65.4	1.6	12.5	33.2	738	74.8	0.7	30.8	21.6	323
Fourth	62.3	2.4	13.7	35.9	769	83.6	4.8	34.5	14.0	353
Highest	70.2	11.1	33.1	25.4	864	78.7	9.8	59.1	14.8	366
Total 15–49	59.7	3.5	16.0	38.3	3,823	77.8	3.9	33.7	19.2	1,614
50+	na	na	na	na	0	66.5	4.1	26.4	31.8	442
Total men 15+	na	na	na	na	0	75.4	4.0	32.1	21.9	2,056

na = not applicable

Not surprisingly, women and men residing in urban areas are much more likely to have been exposed to family planning messages in any media than those in rural areas. This is especially true for messages on television and in the print media.

Female residents of Western and Guadalcanal provinces are more likely to have heard family planning messages on the radio than residents in Honiara, Malaita and other provinces. Men from Guadalcanal and other provinces are more likely to have heard family planning messages on the radio than men from Malaita and Western provinces. Residents of Honiara are more likely to report having heard family planning messages on the television than those of other provinces.

Education influences media exposure positively. For example, only 46% of uneducated women had exposure to family planning information on the radio compared with just 69% of women with a secondary and higher education. A similar pattern is observed for men. Not surprisingly, 52% of women and 44% of men in the highest education group reported receiving family planning information through the newspaper or a magazine compared with 2% of women and 1% of men in the uneducated group.

Similarly, exposure to family planning messages varies by wealth quintile. In general, the percent of women and men getting family planning messages through the media is highest among respondents in the wealthiest quintile.

5.16 CONTACT OF NON-USERS WITH FAMILY PLANNING PROVIDERS

When family planning providers visit women in the field or when women visit health facilities, family planning fieldworkers and health providers are expected to discuss family planning issues, to discuss contraception options available, and to motivate non-users to adopt a method of family planning. To get insight into the level of contact between non-users and health workers, women were asked if a family planning fieldworker had visited them during the 12 months preceding the survey and discussed family planning. In addition, women were asked if they had visited a health facility in the 12 months preceding the survey for any reason and whether anyone at the facility had discussed family planning with them during the visit.

Table 5.15 shows that fieldworkers discussed family planning with only 9% of non-users during the 12 months preceding the survey. At the same time, only 17% of non-users discussed family planning at a health facility. One of the reasons for the low exposure to family planning from field workers could be the lack of emphasis on home visits by family planning fieldworkers. This low level of contact of non-users with family planning providers varies by background characteristics. Higher percentages of older women, women residing in rural areas, women from Guadalcanal and other provinces, women with only a secondary education and women in the middle and lowest wealth quintiles were visited by a field worker who discussed family planning. The highest percentages of women who neither discussed family planning with fieldworkers nor at a health facility were noted among the youngest age group, women residing in urban areas or Honiara, women with no education and those in the highest wealth quintile.

Overall, 79% of women who could have been exposed to family planning information did not discuss family planning during a field visit or at a health facility, indicating numerous missed opportunities to inform and educate women about family planning. This situation is surprisingly more pronounced in urban (88%) areas than in rural areas (77%).

Table 5.15: Contact of nonusers with family planning providers

Among women aged 15–49 who are not using contraception, the percentage who during the last 12 months were visited by a fieldworker who discussed family planning, the percentage who visited a health facility and discussed family planning, the percentage who visited a health facility but did not discuss family planning, and the percentage who neither discussed family planning with a fieldworker nor at a health facility, by background characteristics, Solomon Islands 2007

Background characteristic	Percentage of women who were visited by fieldworker who discussed family planning	Percentage of women who visited a health facility in the past 12 months and who:		Percentage of women who neither discussed family planning with fieldworker nor at a health facility	Number of women
		Discussed family planning	Did not discuss family planning		
Age					
15–19	5.6	5.4	24.0	90.6	637
20–24	8.3	16.8	26.9	79.4	574
25–29	13.5	18.2	27.4	73.6	570
30–34	8.5	26.5	20.8	71.7	399
35–39	9.2	19.4	25.6	77.8	280
40–44	13.2	25.2	23.1	69.6	206
45–49	10.2	11.5	25.7	83.7	154
Residence					
Urban	3.9	9.8	15.4	88.1	509
Rural	10.5	17.9	27.1	77.0	2,311
Region					
Honiara	4.1	7.0	16.1	91.0	406
Guadalcanal	11.2	21.3	33.6	74.3	488
Malaita	5.4	12.1	22.3	85.4	655
Western	8.9	12.7	7.2	84.0	303
Other provinces	13.3	22.2	31.8	70.5	968
Education					
No education	7.7	11.1	20.8	84.3	394
Primary	9.0	18.0	26.9	77.8	1,481
Secondary	10.5	15.1	24.6	80.1	862
More than secondary	9.8	27.2	14.6	66.1	83
Wealth quintile					
Lowest	14.1	23.3	25.5	71.0	505
Second	7.0	23.2	28.3	73.0	556
Middle	11.9	11.2	29.1	82.6	543
Fourth	9.2	15.0	24.4	80.6	546
Highest	5.6	11.2	19.1	85.8	669
Total	9.3	16.5	25.0	79.0	2,820

5.17 HUSBAND'S KNOWLEDGE OF WIFE'S USE OF CONTRACEPTION

Use of family planning methods is facilitated when couples discuss and agree on the issue. To assess the extent to which women use contraception without telling their partners, the 2006/2007 SIDHS asked married women whether their husbands or partners knew that they were using a family planning method.

Table 5.16 shows that the vast majority of women (92%) say their husbands know that they are using contraception. Differences by background characteristics are not large.

Table 5.16: Husband/partner's knowledge of women's use of contraception

Among currently married women aged 15–49 who are using a method, percent distribution by whether they report that their husbands or partners know about their use, according to background characteristics, Solomon Islands 2007

Background characteristic	Knows ¹	Does not know	Unsure whether knows/missing	Total	Number of women
Age					
15–19	*	*	*	100.0	17
20–24	93.1	3.6	3.3	100.0	96
25–29	90.6	2.6	6.9	100.0	152
30–34	85.6	6.0	8.4	100.0	197
35–39	93.8	2.7	3.4	100.0	192
40–44	96.7	2.0	1.3	100.0	125
45–49	96.9	0.4	2.7	100.0	106
Residence					
Urban	89.7	3.1	7.2	100.0	109
Rural	92.6	3.1	4.3	100.0	775
Region					
Honiara	89.6	3.0	7.5	100.0	65
Guadalcanal	89.6	3.1	7.3	100.0	131
Malaita	88.4	4.9	6.6	100.0	180
Western	88.3	6.5	5.1	100.0	122
Other provinces	96.6	1.2	2.2	100.0	386
Education					
No education	93.9	2.6	3.5	100.0	114
Primary	91.9	3.7	4.4	100.0	582
Secondary	92.7	2.1	5.3	100.0	156
More than secondary	(91.0)	(0.0)	(9.0)	100.0	33
Wealth quintile					
Lowest	92.0	2.0	6.0	100.0	169
Second	92.8	4.5	2.7	100.0	161
Middle	94.9	2.8	2.3	100.0	179
Fourth	90.0	2.8	7.2	100.0	204
Highest	91.8	3.6	4.5	100.0	171
Total	92.2	3.1	4.6	100.0	885

¹ Includes women who report use of male sterilisation, male condoms or withdrawal.

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

5.18 KEY RESULTS

Family planning is one factor that directly impacts on the fertility level and health of both mother and child. In Solomon Islands, family planning has been recognised as one of the national priorities as announced in the Solomon Islands National Health Strategic Plan 2006–2010. The main objective of the strategic plan is to promote free access to family planning services and to increase the use of family planning methods in the country. One of the important indicators presented here is the percentage of current married women, aged 15–49 who are currently using any methods of contraception — also known as the contraceptive prevalence rate. This indicator is the most widely used measure of the success and effectiveness of family planning programmes in the country. This section also summarises other key findings on family planning issues that are important to consider in future planning of family planning services.

The results from the 2006/2007 SIDHS show that the contraceptive prevalence rate of 35% — that is, about two in every five currently married women — reported using any family planning method at the time of the survey. This result shows an increasing level of family planning usage compared with only 10% in the 2006 Islands Ministry of Health and Medical Services Health Information System. This trend indicates that family planning services have been somehow improved, although considerably more effort is required to make family planning services universal to all users.

Below are other findings that may explain why the contraceptive prevalence rate is not as expected, and can be considered in future family planning strategies to help improve the use of family planning methods in Solomon Islands.

1. About 70% of currently married women not currently using any method of contraception.
2. Women with little education are more likely to not use any contraceptive method.
3. A lower proportion of currently married women in urban areas use any family planning method than those in the rural areas.
4. Approximately one in every two non-users (women) reported not knowing any specific time for the fertile period or knew about the fertile period.
5. The source of modern contraceptive methods is concentrated in public government hospital only, providing little access for rural women.
6. Among current users of modern methods, not all of them are informed about possible side effects and problems associated with use of any method.
7. The results show that 50% of currently married women are not intending to use any family planning methods in the future. About 40% of these women reported a fear of side effects as the reason for not intending to use contraception in the future.
8. There is also an indication of women having no knowledge of any family planning methods and the source of obtaining such methods.
9. Among modern contraception methods, injectables, male condoms and female sterilisation are the most preferred methods to be used in the future.

Policy implications for health services and especially family planning programmes are:

1. Increase contraceptive use by providing advocacy and high-quality services of family planning methods.
2. Improve information and education activities that will play an important role in dispelling fears and misconceptions about specific contraceptive methods and contraceptive use in general.
3. Expand free and easy access to family planning methods so that individuals can obtain them when required.
4. Maintain the supply of methods at all levels in order to meet current and future use of methods.
5. Provide training and counselling at the community and individual level on the importance and advantage of family planning.

CHAPTER 6 OTHER PROXIMATE DETERMINANTS OF FERTILITY

This chapter discusses factors other than contraception that affect a woman's risk of becoming pregnant. These proximate (or direct) determinants of fertility include marriage, sexual intercourse, breastfeeding, postpartum abstinence from sexual relations and menopause. Marriage and sexual behaviour mark a woman's exposure to the risk of childbearing, postpartum amenorrhea and postpartum abstinence affect the length of birth intervals, and menopause marks the end of a woman's reproductive period. These factors are important to examine because they help determine the length and pace of a woman's reproductive behaviour, and provide clear understanding of fertility level and trend.

6.1 MARITAL STATUS

The 2006/2007 SIDHS asked respondents about their marital status, whether they were currently married, living with a partner as if married, widowed, divorced, separated or never married. Married in this context refers to those couples who are formally married, while living together refers to informal marriages. Table 6.1 shows the percent distribution of women and men aged 15–49 by current marital status, according to age at the time of the survey. The proportion of those respondents who are currently in a union refers to those who are married and living together.

Marriage is more common among women than men in Solomon Islands. The proportion of women currently in a union is 67.0% compared with 58.2% of men. Among women who are currently in a union, the majority (62%) are legally married. For men currently in a union, only 46.1% consider themselves to be in a formal marriage. Data show that 9.7% of young women aged 15–19 are formally married.

The proportion of women and men who are never married declines as age increases. However, there are more men than women reported to be remain single. For example, 97% of never married men are in the 15–19 age group compared with 88% of women in the same age group. However, the proportion of men who are single drops sharply to 1.3% when they are in their late 40s compared with 9.0% of women.

Another interesting finding is that the proportion of widowed men aged 15–49 is much lower (0.3%) than for widowed women (1.1%). The discrepancy between the proportion of widowed men and widowed women at ages 35 and older increases. Between ages 35 and 44, less than 1% of males are widowed, compared with 2–3% of females. At ages 45–49, only 3.7% of men are widowed, compared with 5.7% of women.

The higher proportion of widowed women is explained by lower female mortality rates (and therefore longer life expectancies of female spouses), and men marrying at older ages than women.

Table 6.1: Current marital status

Percent distribution of women and men aged 15–49 by current marital status, according to age, Solomon Islands 2007

Age	Marital status						Total	Percentage of respondents currently in union	Number of respondents
	Never married	Married	Living together	Divorced	Separated	Widowed			
WOMEN									
15–19	87.5	9.7	2.8	0.0	0.0	0.0	100.0	12.5	687
20–24	45.6	45.6	7.8	0.2	0.7	0.0	100.0	53.5	716
25–29	14.2	74.7	6.0	1.7	3.0	0.4	100.0	80.7	729
30–34	8.0	85.4	3.4	0.6	2.3	0.2	100.0	88.8	600
35–39	2.8	85.3	4.5	1.2	3.0	3.2	100.0	89.8	482
40–44	2.4	87.4	5.4	1.3	1.3	2.2	100.0	92.8	336
45–49	8.8	78.3	4.3	1.3	1.5	5.7	100.0	82.6	273
Total	29.4	62.0	5.0	0.8	1.7	1.1	100.0	67.0	3,823
MEN									
15–19	99.6	0.0	0.4	0.0	0.0	0.0	100.0	0.4	292
20–24	74.7	17.0	7.8	0.0	0.5	0.0	100.0	24.8	304
25–29	35.3	50.3	13.9	0.0	0.5	0.0	100.0	64.2	266
30–34	13.5	65.9	19.1	0.6	0.8	0.1	100.0	85.0	266
35–39	2.8	81.8	14.6	0.6	0.2	0.1	100.0	96.4	239
40–44	3.1	77.7	18.7	0.0	0.2	0.2	100.0	96.4	134
45–49	1.3	74.2	20.2	0.3	0.3	3.7	100.0	94.4	113
Total 15–49	40.9	46.1	12.1	0.2	0.4	0.3	100.0	58.2	1,614
50+	2.9	68.9	15.8	0.1	2.1	10.1	100.0	84.8	442
Total men									
15+	32.7	51.0	12.9	0.2	0.7	2.4	100.0	63.9	2,056

6.2 POLYGAMY

Polygamy is defined as any form of marriage in which a person has more than one spouse. Polygamy is not part of Solomon Islands custom, although some marriages are arranged in this way. The 2006/2007 SIDHS asked women who were currently married about whether their husband had any other wives besides them. If the husband had more than one wife, then women asked to rank themselves in that marriage (i.e. whether they are the first wife, second wife, etc.). Men were asked whether they had more than one wife or woman that they lived with.

Table 6.2.1 shows the percent distribution of currently married women aged 15–49 by number of co-wives, according to their background characteristics at the time of the survey.

Although the results indicate that polygamy is not very common in Solomon Islands, 4.2% of currently married women report that their husband has one more wife beside them. According to background characteristics, young, currently married women aged 15–19 and the older women aged 44–49 report that their husband has at least one more wife (11.3% and 5.6%, respectively). Women in Honiara and in the provinces, and those with a secondary education and living in the highest wealth quintile are more likely to be affected.

Table 6.2.1: Number of co-wives

Percent distribution of currently married women aged 15–49 by number of co-wives, according to background characteristics, Solomon Islands 2007

Background characteristic	Number of co-wives				Total	Number of women
	0	1	2+	Missing		
Age						
15–19	86.1	7.8	3.5	2.6	100.0	86
20–24	91.1	3.5	0.5	4.9	100.0	383
25–29	93.6	5.1	0.4	1.0	100.0	588
30–34	93.9	3.4	0.3	2.5	100.0	533
35–39	92.6	3.7	0.6	3.0	100.0	433
40–44	94.8	4.3	0.1	0.8	100.0	311
45–49	91.2	4.2	1.4	3.2	100.0	226
Residence						
Urban	91.0	6.5	0.9	1.5	100.0	372
Rural	93.1	3.8	0.5	2.6	100.0	2,187
Region						
Honiara	91.5	5.5	1.3	1.7	100.0	278
Guadalcanal	92.1	4.5	0.6	2.7	100.0	445
Malaita	92.4	4.5	0.2	2.9	100.0	612
Western	93.7	3.1	1.2	2.0	100.0	303
Other provinces	93.5	3.7	0.4	2.4	100.0	922
Education						
No education	92.1	4.4	0.7	2.9	100.0	385
Primary	93.9	2.8	0.5	2.8	100.0	1,610
Secondary	89.0	8.8	1.0	1.2	100.0	493
More than secondary	96.8	1.3	0.0	1.9	100.0	72
Wealth quintile						
Lowest	95.4	3.2	0.4	1.0	100.0	499
Second	93.5	4.0	0.4	2.2	100.0	500
Middle	91.7	3.8	0.0	4.5	100.0	490
Fourth	92.7	3.8	0.6	2.9	100.0	546
Highest	90.8	5.9	1.5	1.8	100.0	524
Total	92.8	4.2	0.6	2.5	100.0	2,560

Table 6.2.2 presents the percent distribution of currently married men aged 15–49 by number of wives, according to background characteristics. Overall, more than 2% of currently married men aged 15–49 claim that they have more than two wives. Of the proportion of currently married men with more than two wives, most reside in urban areas.

The results reveal some inconsistency in the data. For example, 4.8% of women report that their husbands have at least one more co-wife, while only 2.0% of men reported to have 2 or more wives. This could be due to the sample size of men in the survey.

Table 6.2.2: Number of men's wives

Percent distribution of currently married men aged 15–49 by number of wives, according to background characteristics, Solomon Islands 2007

Background characteristic	Number of wives		Total	Number of men
	1	2+		
Age				
15–19	*	*	100.0	1
20–24	98.5	1.5	100.0	75
25–29	99.4	0.6	100.0	171
30–34	99.0	1.0	100.0	226
35–39	95.6	4.4	100.0	230
40–44	98.5	1.5	100.0	129
45–49	97.2	2.8	100.0	107
Residence				
Urban	99.0	1.0	100.0	162
Rural	97.7	2.3	100.0	778
Region				
Honiara	98.7	1.3	100.0	124
Guadalcanal	96.8	3.2	100.0	180
Malaïta	98.9	1.1	100.0	222
Western	100.0	0.0	100.0	94
Other provinces	97.0	3.0	100.0	320
Education				
No education	98.4	1.6	100.0	60
Primary	97.2	2.8	100.0	510
Secondary	98.8	1.2	100.0	268
More than secondary	98.9	1.1	100.0	102
Wealth quintile				
Lowest	98.4	1.6	100.0	185
Second	99.2	0.8	100.0	178
Middle	98.4	1.6	100.0	172
Fourth	95.7	4.3	100.0	209
Highest	98.3	1.7	100.0	196
Total 15–49	97.9	2.1	100.0	939
50+	98.3	1.7	100.0	375
Total men 15+	98.0	2.0	100.0	1,314

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

6.3 AGE AT FIRST MARRIAGE

Marriage marks a woman's exposure to childbearing especially in societies where childbearing is practiced within marriage. A woman's age at first marriage is crucial to examine because of its effect on fertility levels and patterns. When age at first marriage is observed to be early, then the probability of having many children is higher because women have a longer reproductive period before reaching menopause.

Table 6.3: Age at first marriage

Percentage of women and men aged 15–49 who were first married by specific exact ages and median age at first marriage, according to current age, Solomon Islands 2007

Current age	Percentage first married by exact age:					Percentage never married	Number	Median age at first marriage
	15	18	20	22	25			
WOMEN								
Age								
15–19	2.6	na	na	na	na	87.5	687	a
20–24	3.1	22.4	36.3	na	na	45.6	716	a
25–29	6.4	24.7	43.4	61.1	80.7	14.2	729	20.6
30–34	8.8	30.9	49.9	66.0	82.4	8.0	600	20.0
35–39	10.6	32.6	58.0	74.1	84.5	2.8	482	19.1
40–44	8.0	32.2	52.9	70.8	84.7	2.4	336	19.7
45–49	9.1	34.6	56.5	68.8	81.9	8.8	273	19.6
20–49	7.2	28.3	47.4	na	na	16.7	3,136	20.3
25–49	8.4	30.0	50.7	67.1	82.6	8.2	2,419	19.9
MEN								
Age								
15–19	0.0	na	na	na	na	99.6	292	a
20–24	0.0	3.9	9.6	na	na	74.7	304	a
25–29	0.0	6.2	9.5	23.3	48.5	35.3	266	a
30–34	0.0	7.8	15.2	30.4	47.5	13.5	266	25.3
35–39	0.0	12.3	20.6	31.6	58.6	2.8	239	24.0
40–44	0.0	8.1	22.8	38.3	57.2	3.1	134	23.8
45–49	0.0	3.5	16.1	28.4	59.3	1.3	113	23.8
20–49	0.0	7.1	14.6	27.4	46.6	27.9	1,322	25.6
25–49	0.0	8.0	16.1	29.7	52.9	14.0	1,018	24.5
20+	0.0	6.0	13.0	na	na	21.7	1,764	a
25+	0.0	6.5	13.8	26.7	49.3	10.6	1,460	a

Note: The age at first marriage is defined as the age at which the respondent began living with her/his first spouse/partner
na = not applicable due to censoring
a = omitted because less than 50% of women (and/or men) married for the first time before reaching the beginning of the age group.

Table 6.3 indicates the percentage of women and men aged 15–49 who were first married by specific exact ages and median age at first marriage, according to their current age during the time of the survey. The data show that women in the 20–49 age group marry earlier — at the exact age of 15 — than men. About 8% of these women report that they entered marriage at the exact age of 15. Less than 50% of women (47.4%) in the 20–49 age group are married by age 20 compared with 14.6% of men in the same age group. The median age of first marriage is higher for men (25.6) than for women (20.3) in the 20–29 age group.

6.4 MEDIAN AGE AT FIRST MARRIAGE

Table 6.4.1 presents the median age at first marriage among women 20–49 and 25–49, according to their background characteristics. The data show that the median age at first marriage among women aged 25–29 is 20.6, and among women aged 30–34 it is 20.0, and among women aged 45–49 it is 19.6. The results indicate an increase in the median age at first marriage in Solomon Islands.

Table 6.4.1: Median age at first marriage — Women

Median age at first marriage among women by five-year age groups, aged 20–49 and 25–49, according to background characteristics, Solomon Islands 2007

Background characteristic	Age						Women age	Women age
	20–24	25–29	30–34	35–39	40–44	45–49	20–49	25–49
Residence								
Urban	a	22.6	21.3	20.3	19.9	22.2	a	21.3
Rural	a	20.4	19.8	19.0	19.7	19.5	a	19.8
Region								
Honiara	a	22.0	21.3	20.6	19.6	21.1	a	21.0
Guadalcanal	a	20.6	19.4	19.3	21.0	(21.6)	a	20.3
Malaita	19.6	21.1	19.9	18.9	18.7	(19.8)	19.9	19.9
Western	a	22.0	20.2	20.4	21.3	(19.9)	a	20.9
Other provinces	a	19.9	19.8	18.7	18.9	19.1	19.9	19.3
Education								
No education	(19.7)	20.1	20.1	18.3	19.2	20.3	19.2	19.2
Primary	19.8	19.6	19.8	19.4	19.5	19.4	19.6	19.6
Secondary	a	22.4	19.5	19.8	(21.2)	*	a	20.9
More than secondary	a	(24.6)	(24.0)	*	*	*	a	23.7
Wealth quintile								
Lowest	19.7	20.3	20.0	19.5	20.8	(19.9)	20.0	20.1
Second	0.9	20.7	19.6	19.6	(18.3)	(20.2)	a	19.9
Middle	a	19.9	19.3	18.4	(19.4)	(18.8)	19.6	19.1
Fourth	a	20.4	20.2	19.0	20.2	(18.7)	a	20.0
Highest	4.9	21.6	21.0	19.4	19.4	21.1	a	20.6
Total	a	20.6	20.0	19.1	19.7	19.6	a	19.9

Note: The age at first marriage is defined as the age at which the respondent began living with her/his first spouse/partner

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

a = omitted because less than 50% of women married for the first time before reaching the beginning of the age group.

When looking at the median age at first marriage across women's socio-economic background characteristics, the age at marriage of married women in urban areas is higher than for women in rural areas. This applies to all women in all age groups, implying that urban women enter marriage later than the rural women. Median age increases with education level while wealth quintile does not show any consistency.

Table 6.4.2 present the median age at first marriage for men in different age groups. The results show that the median age at first marriage is higher in urban areas for men in the 25–39 age group, although a different pattern is seen for men in the 40–44 age group and those aged 50 and over.

Table 6.4.2: Median age at first marriage — Men

Median age at first marriage among men by five-year age groups, age 20–54 and age 25–59, according to background characteristics, Solomon Islands 2007

Background characteristic	Age							Men age 25+
	20–24	25–29	30–34	35–39	40–44	45–49	50+	
Residence								
Urban	a	a	25.5	25.1	22.6	(24.5)	25.4	a
Rural	a	24.5	25.2	23.8	24.0	23.7	26.5	a
Region								
Honiara	a	a	25.5	25.3	(23.1)	(24.7)	25.8	a
Guadalcanal	a	(22.7)	25.2	(24.0)	(23.1)	(27.4)	26.6	24.7
Malaita	a	23.6	(24.5)	(23.7)	*	*	26.4	24.0
Western	a	a	(27.5)	*	*	*	(25.9)	a
Other provinces	a	a	24.8	(23.8)	(26.0)	(22.7)	26.6	a
Education								
No education	a	*	*	*	*	*	26.9	a
Primary	a	23.2	25.0	22.8	23.7	23.5	25.8	24.3
Secondary	a	a	25.6	25.3	(24.9)	(25.3)	(27.3)	a
More than secondary	a	a	(25.6)	(24.6)	*	*	(25.9)	a
Wealth quintile								
Lowest	(10.3)	(22.1)	(25.0)	(24.7)	*	*	25.7	23.9
Second	(10.4)	a	(25.3)	(22.4)	*	*	28.2	24.5
Middle	(5.0)	(4.4)	(25.3)	(25.5)	(24.0)	*	29.1	a
Fourth	8.5	a	25.2	(22.6)	(24.0)	*	25.6	a
Highest	12.1	a	25.6	25.1	24.0	(25.8)	26.3	a
Total	a	a	25.3	24.0	23.8	23.8	26.4	a

Note: The age at first marriage is defined as the age at which the respondent began living with her/his first spouse/partner

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

a = omitted because less than 50% of men married for the first time before reaching the beginning of the age group.

6.5 AGE AT FIRST SEXUAL INTERCOURSE

Marriage marks the beginning of sexual activity among married couples, sexual relations and behaviours are most common outside marriage in most societies as well as in Solomon Islands. The 2006/2007 SIDHS collected information about the age at first sexual intercourse, regardless of respondents' marital status. Table 6.5 shows the percentage of women and men aged 15–49 who had first sexual intercourse by specific exact ages, percentage who never had intercourse, and median age at first intercourse, according to their current age at the time of the survey.

The median age at first sexual intercourse is estimated at 18.2 years, lower than that the estimated median age at first marriage of 20.3 years, a difference of 2.1 years. Women are more likely than men to have had their first sexual intercourse at an early age (11.6% women and 6.4% men by exact age 15). About one in every two women have their first sexual intercourse by the age of 18, while 67% report that their first sexual intercourse occurred when they were at the exact age of 20.

By comparing the estimated mean age at first sexual intercourse with the mean age at first marriage (Table 6.3) it is noted that the age of women and men at first sexual intercourse is younger than that at marriage. However, in the context of marriage as a process, rather than a single event, the notion of 'premarital sexuality' is problematic. The median age of first sexual intercourse indicates that sexuality tends to precede formal marriage. This may be because the process of moving from the initial coupling through community recognition, and on to formal and/or religious recognition implies that there is no single 'age' of marriage, but rather a band of ages encompassing the whole process.

Table 6.5: Age at first sexual intercourse

Percentage of women and men aged 15–49 who had their first sexual intercourse by specific exact ages, the percentage who never had intercourse, and the median age at first intercourse, according to current age, Solomon Islands 2007

Current age	Percentage who had first sexual intercourse by exact age:					Percentage who never had intercourse	Number	Median age at first intercourse
	15	18	20	22	25			
WOMEN								
15–19	14.9	na	na	na	na	46.9	687	a
20–24	9.9	49.0	69.3	na	na	13.3	716	18.1
25–29	11.3	43.9	64.8	75.6	86.0	4.3	729	18.5
30–34	12.6	47.1	65.7	78.2	84.1	2.8	600	18.2
35–39	12.7	52.2	72.1	82.5	86.7	0.1	482	17.8
40–44	11.5	49.5	66.3	77.8	83.6	0.4	336	18.0
45–49	12.3	44.1	58.0	70.9	78.6	1.2	273	19.0
20–49	11.6	47.6	66.7	77.9	84.0	4.7	3,136	18.2
25–49	12.1	47.1	65.9	na	na	2.2	2,419	18.2
15–24	12.3	na	na	na	na	29.8	1,404	18.3
MEN								
15–19	16.0	na	na	na	na	46.8	292	a
20–24	8.1	53.3	82.5	na	na	6.5	304	17.8
25–29	4.8	46.6	72.5	87.0	96.2	1.8	266	18.2
30–34	4.6	48.4	74.9	91.4	93.6	0.1	266	18.1
35–39	5.9	33.1	70.2	83.2	87.3	1.2	239	18.6
40–44	7.2	34.0	67.0	83.5	95.7	0.1	134	18.8
45–49	10.4	34.1	59.3	78.1	89.4	0.5	113	19.2
20–49	6.4	43.7	73.2	87.2	92.6	2.2	1,322	18.3
25–49	5.9	40.9	70.4	na	na	0.9	1,018	18.5
15–24	12.0	na	na	na	na	26.3	596	17.9
20+	6.0	37.2	64.1	na	na	1.8	1,764	18.7
25+	5.6	33.9	60.3	77.5	87.8	0.8	1,460	19.0

na = not applicable due to censoring

a = omitted because less than 50% of respondents had intercourse for the first time before reaching the beginning of the age group.

6.6 MEDIAN AGE AT FIRST SEXUAL INTERCOURSE

Table 6.6.1 presents the median age at first sexual intercourse among women by five-year age groups, 20–49 and 25–49, according to their background characteristics. Overall, the data show that there was not much difference in the median age at first sexual intercourse between age groups. However differences are obvious when looking at background characteristics. For example, the median age at first intercourse is earlier for women in rural areas than for women in urban areas. The median age at first intercourse is increasing with education level and wealth quintile for women aged 25–49.

Table 6.6.2 shows the median age at first intercourse is 19 years for men aged 25 and older. Overall, the median age at first intercourse is almost the same across all six given age groups. However, there are differences in the median age at first intercourse by men's background characteristics. For example, men aged 25 and over, residing in rural area have a slightly higher median age at first intercourse than men in urban areas. Men with no education are more likely to have a higher median age at first intercourse than men with a higher education level. The median age at first intercourse decreases with an increase in men's wealth quintile.

Table 6.6.1: Median age at first intercourse — Women

Median age at first sexual intercourse among women by five-year age groups, 20–49 and 25–49, according to background characteristics, Solomon Islands 2007

Background characteristic	Age						Women age	Women age
	20–24	25–29	30–34	35–39	40–44	45–49	20–49	25–49
Residence								
Urban	19.0	19.6	19.9	19.7	19.3	19.8	19.5	19.6
Rural	17.8	18.3	18.0	17.4	17.9	18.8	17.9	18.0
Region								
Honiara	19.6	19.2	20.2	19.5	19.1	18.9	19.5	19.5
Guadalcanal	17.4	17.5	18.1	18.0	18.1	(20.6)	18.0	18.1
Malaita	18.4	20.0	18.9	18.5	18.6	(18.9)	18.9	19.0
Western	16.9	18.8	18.5	18.0	18.3	(17.5)	18.0	18.2
Other provinces	17.8	18.1	17.5	16.6	17.6	19.0	17.5	17.5
Education								
No education	(19.6)	18.4	18.2	17.6	19.1	18.3	18.2	18.0
Primary	16.9	17.6	18.2	17.5	18.0	19.1	17.8	18.0
Secondary	18.6	19.7	17.8	18.5	(17.5)	*	18.7	18.8
More than secondary	(19.3)	(22.0)	(20.5)	*	*	*	a	20.9
Wealth quintile								
Lowest	17.1	17.6	17.2	17.6	18.8	(19.3)	17.7	17.8
Second	18.0	18.3	18.8	16.8	(17.8)	(18.2)	17.9	17.9
Middle	18.4	19.2	18.0	17.3	(17.0)	(19.0)	18.2	18.1
Fourth	17.6	18.1	18.4	18.1	18.0	(18.9)	18.0	18.1
Highest	18.8	19.9	19.4	18.7	18.8	19.0	19.1	19.2
Total	18.1	18.5	18.2	17.8	18.0	19.0	18.2	18.2

a = omitted because less than 50% of women had intercourse for the first time before reaching the beginning of the age group

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 6.6.2: Median age at first intercourse — Men

Median age at first sexual intercourse among men by five-year age groups, 20+ and 25+, according to background characteristics, Solomon Islands 2007

Background characteristic	Age							Men age	Men age
	20–24	25–29	30–34	35–39	40–44	45–49	50+	20+	25+
Residence									
Urban	17.7	18.1	18.6	18.7	19.0	(20.2)	20.5	18.7	18.9
Rural	17.8	18.2	17.9	18.6	18.7	19.0	20.9	18.8	19.0
Region									
Honiara	17.5	18.0	18.2	18.8	(19.0)	(20.4)	20.4	18.5	18.8
Guadalcanal	(16.5)	(16.8)	17.5	(18.4)	(17.2)	(18.8)	19.4	18.2	18.3
Malaita	(18.5)	18.2	(19.1)	(20.1)	*	*	23.4	a	20.3
Western	(17.5)	*	(18.6)	*	*	*	(20.5)	18.5	18.7
Other provinces	17.4	(19.1)	16.8	(18.6)	(19.4)	(18.3)	20.7	18.8	19.2
Education									
No education	a	*	*	*	*	*	22.5	a	21.6
Primary	18.1	18.1	18.0	18.5	18.6	18.7	20.2	18.6	18.8
Secondary	17.4	18.0	18.2	18.3	(18.7)	(19.4)	(23.1)	18.1	18.4
More than secondary	*	(19.5)	(18.5)	(20.2)	*	*	(21.6)	19.6	19.8
Wealth quintile									
Lowest	(18.0)	(17.1)	(16.9)	(19.0)	*	*	21.2	18.8	19.2
Second	(18.2)	(18.8)	(18.4)	(18.2)	*	*	21.1	19.0	19.2
Middle	(17.8)	(18.5)	(17.6)	(18.8)	(19.3)	*	21.3	18.8	18.9
Fourth	17.4	18.5	18.2	(18.6)	(19.2)	*	20.6	18.6	18.9
Highest	17.4	18.2	18.2	18.7	18.6	(19.9)	20.1	18.6	18.8
Total	17.8	18.2	18.1	18.6	18.8	19.2	20.8	18.7	19.0

a = omitted because less than 50% of men had intercourse for the first time before reaching the beginning of the age group.

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

6.7 RECENT SEXUAL ACTIVITY: WOMEN

The 2006/2007 SIDHS collected information on past and recent sexual behaviours for all women and men aged 15–49 by asking them questions about the timing of their last sexual intercourse. This information is useful for determining women’s exposure to becoming pregnant, especially in societies where contraceptive use is low, and for designing programmes that deal with sexually transmitted infections and HIV and AIDS.

Respondents are considered sexually active if they report having sexual intercourse once during the four weeks preceding the survey.

Table 6.7.1 show the percent distribution of women aged 15–49 by the timing of their last sexual intercourse, according to their background characteristics. The result shows that one in every two women aged 15–49 (51.4%) had sexual intercourse within the four weeks preceding the survey. As observed, women in the 25–49 age group have a higher level of recent sexual activity than younger women. Recent sexual activity increases from age 15 to late 30s (20–69%) and then declines as women reach their 40s. About 5% women in the 25–29 age group report that they never have sex intercourse.

The majority of women who are married and in a living together relationship (70.4%) are sexually active. More than 70% of women who have been married for between 10 and 19 years had sexual intercourse within the four weeks preceding the survey. Women who are married more than once are more likely to have had sexual intercourse in the four weeks preceding the survey.

Women in rural areas are more likely to be sexually active (52.1%) than women in urban areas (47.9%). The findings indicate that recent sexual activity declines with an increasing level of women’s education. For example, 46% of women with a secondary and higher educational background are sexually active compared with more than 54% of women with a lower educational background.

Table 6.7.2 presents information on recent sexual activity among all men aged 15–49 according to their background characteristics. Overall, more than 52% of men are sexually active (i.e. have had sexual intercourse within the four weeks preceding the survey). The proportion of men who are sexually active increases with age, from 19% for men in the 15–19 age group to a peak of 86% for men in their late 30s. The proportion of sexually active men declines with age. Like women, married men are more likely to be sexually active (76.8%) than unmarried men (28.6%).

Recent sexual activity is more common among married men (77%), and among men who have been married for 15–19 years (87%), and is also more common among men with no educational background (65%) and for those in the poorest wealth quintile (60%).

Table 6.7.1: Recent sexual activity — Women

Percent distribution of women aged 15–49 by the timing of their last sexual intercourse, according to background characteristics, Solomon Islands 2007

Background characteristic	Timing of last sexual intercourse				Never had sexual intercourse	Total	Number of women
	Within the last 4 weeks	Within 1 year ¹	One or more years	Missing			
Age							
15–19	20.2	19.4	12.2	1.2	46.9	100.0	687
20–24	45.2	24.2	14.6	2.7	13.3	100.0	716
25–29	57.9	22.4	9.5	5.9	4.3	100.0	729
30–34	67.9	17.2	5.8	6.3	2.8	100.0	600
35–39	69.3	13.8	12.9	4.0	0.1	100.0	482
40–44	57.5	23.4	15.7	3.1	0.4	100.0	336
45–49	53.7	16.6	21.5	7.0	1.2	100.0	273
Marital status							
Never married	13.0	21.1	20.4	3.6	41.8	100.0	1,125
Married or living together	70.4	19.8	5.6	4.2	0.0	100.0	2,560
Divorced/separated/widowed	12.1	14.4	67.3	6.1	0.0	100.0	138
Marital duration²							
0–4 years	69.7	20.0	4.7	5.5	0.0	100.0	485
5–9 years	69.4	23.5	3.1	4.0	0.0	100.0	570
10–14 years	75.0	17.2	4.0	3.9	0.0	100.0	422
15–19 years	72.7	15.7	5.7	5.9	0.0	100.0	380
20–24 years	68.0	19.3	9.3	3.4	0.0	100.0	302
25+ years	60.9	22.3	13.4	3.4	0.0	100.0	235
Married more than once	76.9	19.4	3.1	0.7	0.0	100.0	165
Residence							
Urban	47.9	16.9	12.8	5.3	17.1	100.0	636
Rural	52.1	20.6	12.1	3.9	11.4	100.0	3,187
Region							
Honiara	47.5	14.9	12.7	5.9	19.0	100.0	481
Guadalcanal	52.4	21.3	9.9	3.6	12.8	100.0	637
Malaita	53.1	16.6	10.4	5.0	14.9	100.0	840
Western	46.7	25.5	13.6	5.2	9.0	100.0	458
Other provinces	52.8	21.3	13.7	2.9	9.3	100.0	1,407
Education							
No education	54.1	16.1	13.7	4.7	11.4	100.0	520
Primary	56.8	20.6	10.4	3.6	8.5	100.0	2,114
Secondary	40.1	20.5	15.0	3.9	20.5	100.0	1,067
More than secondary	45.9	20.6	11.1	11.5	11.0	100.0	122
Wealth quintile							
Lowest	56.4	21.0	12.5	2.6	7.5	100.0	696
Second	50.4	20.9	11.4	5.8	11.6	100.0	755
Middle	48.3	21.2	12.3	3.6	14.6	100.0	738
Fourth	55.2	18.7	12.2	2.9	11.0	100.0	769
Highest	47.6	18.4	12.6	5.4	15.9	100.0	864
Total	51.4	20.0	12.2	4.1	12.3	100.0	3,823

¹ Excludes women who had sexual intercourse within the four weeks preceding the survey.

² Excludes women who are not currently married.

Table 6.7.2: Recent sexual activity — Men

Percent distribution of men aged 15–49 by the timing of their last sexual intercourse, according to background characteristics, Solomon Islands 2007

Background characteristic	Timing of last sexual intercourse				Never had sexual intercourse	Total	Number of men
	Within the last 4 weeks	Within 1 year ¹	One or more years	Missing			
Age							
15–19	18.9	23.3	11.1	0.0	46.8	100.0	292
20–24	49.1	28.7	13.9	1.7	6.5	100.0	304
25–29	64.5	19.9	9.9	3.8	1.8	100.0	266
30–34	63.5	23.6	9.3	3.4	0.1	100.0	266
35–39	85.5	7.6	5.1	0.6	1.2	100.0	239
40–44	68.9	18.5	9.2	3.3	0.1	100.0	134
45–49	66.4	19.3	6.1	7.6	0.5	100.0	113
Marital status							
Never married	28.6	27.9	17.9	0.6	25.0	100.0	660
Married or living together	76.8	15.6	3.8	3.8	0.0	100.0	939
Divorced/separated/widowed	*	*	*	*	*	100.0	14
Marital duration²							
0–4 years	77.9	16.4	1.4	4.3	0.0	100.0	210
5–9 years	77.6	17.3	2.2	2.9	0.0	100.0	239
10–14 years	70.9	17.9	7.9	3.2	0.0	100.0	185
15–19 years	87.2	6.2	3.0	3.6	0.0	100.0	135
20–24 years	74.1	22.3	1.5	2.1	0.0	100.0	99
25+ years	66.8	9.9	11.6	11.7	0.0	100.0	55
Married more than once	(82.4)	(13.1)	(4.5)	(0.0)	(0.0)	100.0	17
Residence							
Urban	49.4	25.4	15.0	0.5	9.6	100.0	301
Rural	58.5	19.7	8.5	2.8	10.4	100.0	1,313
Region							
Honiara	45.2	26.4	17.4	0.7	10.3	100.0	240
Guadalcanal	67.2	20.9	6.6	1.0	4.2	100.0	249
Malaita	63.1	14.3	5.5	2.9	14.1	100.0	345
Western	57.8	19.6	12.5	3.9	6.2	100.0	181
Other provinces	53.2	22.6	9.6	2.9	11.7	100.0	599
Education							
No education	65.4	13.9	4.4	1.7	14.7	100.0	88
Primary	60.1	14.8	11.0	3.5	10.7	100.0	794
Secondary	49.3	27.7	10.4	1.7	10.9	100.0	593
More than secondary	64.6	30.1	3.3	0.0	2.0	100.0	138
Wealth quintile							
Lowest	60.9	13.9	9.4	3.1	12.7	100.0	281
Second	59.8	22.0	11.1	2.6	4.6	100.0	291
Middle	54.9	18.9	7.5	1.9	16.8	100.0	323
Fourth	58.8	24.2	7.0	2.7	7.3	100.0	353
Highest	51.0	23.6	13.6	1.9	9.9	100.0	366
Total 15–49	56.8	20.8	9.7	2.4	10.2	100.0	1,614
50+	35.5	17.8	43.4	2.7	0.6	100.0	442
Total men 15+	52.2	20.2	17.0	2.5	8.2	100.0	2,056

¹ Excludes men who had sexual intercourse within the four weeks preceding the survey.

² Excludes men who are not currently married.

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

6.8 POSTPARTUM AMENORRHEA, ABSTINENCE AND INSUSCEPTIBILITY

Postpartum amenorrhea is the temporary absence of menstrual periods following childbirth. This is a period in which women are less like to become pregnant. The period of postpartum amenorrhea can be extended by prolonged breastfeeding. Thus, promoting breastfeeding is one way of reducing fertility as well as improving infant and maternal health. Abstinence is a family planning method that involves not having intercourse at times when a woman's risk of becoming pregnant is high. Women are considered insusceptible when they abstain from sex following childbirth and are thus amenorrheic.

Table 6.8 and Figure 6.1 presents the percentage of births in the three years preceding the survey for which mothers are postpartum amenorrheic, abstaining and insusceptible, by the number of months since birth. The median and mean durations for these indicators are also highlighted.

As is expected, the percentage of women who are amenorrheic, abstaining and/or insusceptible decreases with the length of time since childbirth.

In Solomon Islands, about 25% of women in the three years preceding the survey are amenorrheic, 54% are amenorrheic up to five months after childbirth; and 38% remain amenorrheic for 12 months after childbirth. The median duration for amenorrhea is estimated to be 5.1 months, while the mean is approximately 9.4 months.

Similarly, postpartum abstinence is practiced by 25% of women who gave birth in the three years preceding the survey. Nearly 80% of mothers who gave birth less than two months prior to the survey were abstaining from sexual intercourse. The median duration for postpartum abstinence is 4.2 months while the mean duration for postpartum abstinence is 9.6 months. For those mothers who are insusceptible (both amenorrheic and abstaining) the median duration is estimated to be 11.0 months.

Table 6.8: Postpartum amenorrhea, abstinence and insusceptibility

Percentage of births in the three years preceding the survey for which mothers are postpartum amenorrheic, abstaining, and insusceptible, by number of months since birth, and median and mean durations, Solomon Islands 2007

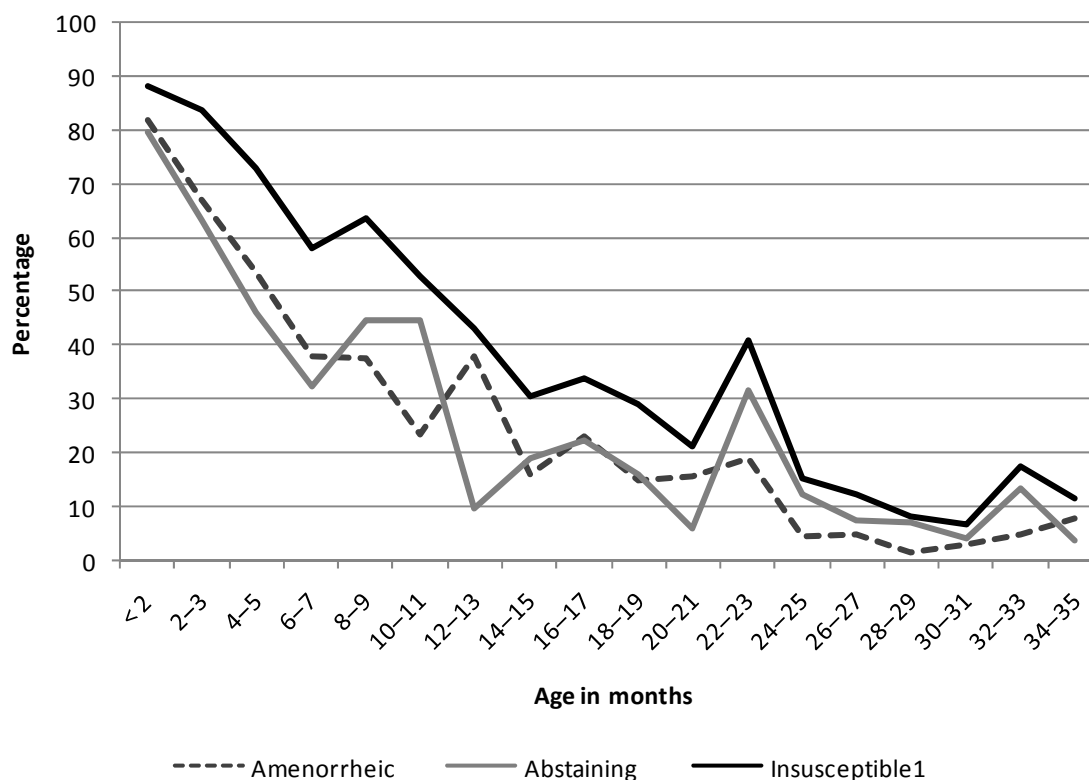
Months since birth	Percentage of births for which the mother is:			Number of births
	Amenorrheic	Abstaining	Insusceptible ¹	
< 2	81.8	79.7	88.3	55
2-3	67.0	63.4	83.9	126
4-5	53.5	46.2	73.1	93
6-7	37.8	32.4	57.9	113
8-9	37.4	44.9	63.7	75
10-11	23.5	44.6	52.9	73
12-13	37.9	9.7	43.0	88
14-15	15.9	18.9	30.3	80
16-17	23.0	22.4	33.9	82
18-19	14.8	15.9	28.9	124
20-21	15.5	6.2	21.0	83
22-23	19.0	31.8	41.0	81
24-25	4.2	12.2	15.1	88
26-27	4.8	7.5	12.2	92
28-29	1.4	7.0	8.0	95
30-31	2.9	4.2	6.5	96
32-33	4.7	13.4	17.3	77
34-35	7.7	3.8	11.4	94
Total	24.9	25.0	37.9	1,616
Median	5.1	4.2	11.0	na
Mean	9.4	9.6	14.1	na

Note: Estimates are based on status at the time of the survey.

na = not applicable

¹ Includes births for which mothers are either still amenorrheic or still abstaining (or both) following childbirth.

Figure 6.1: Percentage of births in the three years preceding the survey for which mothers are postpartum amenorrhagic, abstaining, and insusceptible



Median duration of postpartum amenorrhea and postpartum abstinence is found to be higher for older mothers aged 30–49 years as compared to young mothers aged 15–29 years. More mothers living in rural areas are likely to be in a postpartum practices than mothers in urban areas.

Table 6.9: Median duration of amenorrhea, postpartum abstinence and postpartum insusceptibility

Median number of months of postpartum amenorrhea, postpartum abstinence, and postpartum insusceptibility following births in the three years preceding the survey, by background characteristics, Solomon Islands 2007

Background characteristic	Postpartum amenorrhea	Postpartum abstinence	Postpartum insusceptibility ¹
Mother's age			
15–29	4.6	3.9	11.2
30–49	6.3	5.1	(10.2)
Residence			
Urban	(2.1)	(2.8)	(7.8)
Rural	5.5	4.3	11.7
Region			
Honiara	(2.5)	(2.3)	(8.6)
Guadalcanal	(9.2)	(6.4)	(11.5)
Malaita	(6.6)	*	(8.8)
Western	*	*	*
Other provinces	(4.2)	(6.2)	*
Education			
No education	*	*	*
Primary	5.8	3.6	11.9
Secondary	(2.3)	(8.5)	(10.1)
More than secondary	*	*	*

Table 6.9 (continued)

Background characteristic	Postpartum amenorrhea	Postpartum abstinence	Postpartum insusceptibility ¹
Wealth quintile			
Lowest	(11.9)	(4.8)	(15.1)
Second	(4.0)	(5.8)	*
Middle	(6.6)	(5.2)	*
Fourth	(2.6)	*	(3.6)
Highest	(3.2)	(5.5)	(9.1)
Total	5.1	4.2	11.0

Note: Medians are based on the status at the time of the survey (current status).

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Includes births for which mothers are either still amenorrheic or still abstaining (or both) following birth.

6.9 MENOPAUSE

Menopause literally means the permanent physiological or natural cessation of menstrual periods. It is important to examine menopause when studying fertility levels and patterns because this is the period that helps mark and monitor declining fertility within a population. Menopause is positively associated with a decline in fertility.

Table 6.10 indicates the percentage of women aged 30–49 who were menopausal (by age) at the time of the survey. Only 6% of women stated that they were menopausal. About 2% of women aged 30–34 reported being menopausal. As expected, more than 30% of women were menopausal by ages 48–49. The proportion of menopausal women increases with age as shown in Table 6.10.

Table 6.10: Menopause

Percentage of women age 30-49 who are menopausal, by age, Solomon Islands 2007

Age	Percentage menopausal ¹	Number of women
30–34	1.7	600
35–39	1.6	482
40–41	9.2	126
42–43	8.2	149
44–45	10.2	138
46–47	15.8	109
48–49	31.3	87
Total	6.0	1,691

¹ Percentage of all women who are not pregnant and not postpartum amenorrheic and whose last menstrual period occurred six or more months prior to the survey.

6.10 KEY RESULTS

The high fertility level in Solomon Islands contributes to the country's high population growth. This chapter examined factors other than contraception that affect a woman's risk of becoming pregnant (usually called proximate determinants of fertility). These factors include marriage, sexual intercourse, breastfeeding, postpartum abstinence from sexual relations, and menopause. For example, marriage and sexual behaviour marks a woman's exposure to the risk of childbearing, postpartum amenorrhea and postpartum abstinence affect the length of birth intervals, and menopause marks the end of a woman's reproductive period. Understanding these factors is important for helping to deter or support policies and programmes aimed at assisting in reducing the country's fertility level.

The 2006/2007 SIDHS data show that:

1. About 7.2% of women in the 20-49 age group are reported to be married at the exact age of 15 compared to 0.0% of men in the same age group. Men tend to marry later than women do; the median age at first marriage for men aged 20-49 is 25.6 years, compared with 20.3 for women.
2. Women living in rural areas, with very little education and in poor households marry at younger ages than women in urban areas, who have a higher education and live in wealthier households
3. The median age at first intercourse is lower than the median age at first marriage, implying that sexual intercourse occurs before marriage. A higher proportion of men than women have their first sexual intercourse at ages 15-19. The median age at first intercourse is lower among women in rural areas who have little education and live in the poorest households.
4. One in every two women (51%) aged 15-49 reported having had sexual intercourse within the four weeks prior to the survey. Among these, 20% were teenagers aged 15-19.
5. The median duration of amenorrhea is about 5.1 months and the median duration of abstinence is 4.2 months. About one in every four women in the three years preceding the survey are reported to be amenorrheic and practicing abstinence after giving birth. One out of two women are reported to be amenorrheic up to five months after giving birth.