

# BRUNEI DARUSSALAM

Population<sup>1</sup> 340 800

Infant mortality rate<sup>1</sup> 8.3 per 1000 live births  
Life expectancy at birth<sup>1</sup> Male 73.5 years  
Females 76.1 years  
Fertility rate<sup>1</sup> 2.3  
Annual population growth rate<sup>2</sup> 2.3%

## NUTRITION OVERVIEW

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The main nutritional problems are obesity among adults and schoolchildren, noncommunicable lifestyle-related diseases and mild anaemia during pregnancy.

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## NUTRITIONAL PROBLEMS

### Birth weight

The 1995-1996 National Nutrition Survey showed that 10% of infants were born with a low birth weight (<2500 g).

### Infant feeding

In 1990, the proportion of infants ever breast-fed was 96%.

In 1999/2000, a study of 668 six-week-old infants (Wickramasinghe and Zaw Wint, unpublished) showed that 12.4 % of those infants were exclusively breast-fed, 20.6 % predominant breast-fed and 62.0 % mixed fed (formula milk with breast-feeding).

In 2003, a study on Infant Feeding Practices in an Urbanized Area of Brunei Darussalam (Yaakub, unpublished), among 204 infants aged between 0-12 months, revealed that 98.0 % of those infants were ever breast-fed. In that study, the exclusive breast-feeding rate at four months was 11.4% (n= 123), at six months the rate fell to 1.2% (n= 83) and the exclusive breast-feeding rates from 0 to 6 months was 14.6%.

### Child growth

The 1995-1996 National Nutrition Survey showed that 13% of children were stunted, 3.6% wasted and 14% underweight. The highest proportion of stunted, underweight and wasted children was among those aged 12-23.9 months. Stunting was more commonly seen in boys, while underweight was more common among girls.

The same survey reported that 6.9% of children were too heavy (median+2SD) for their age and 15% of children were too heavy (median+2SD) for their height. Overweight was more common among girls and highest among 4-5 years-olds.

### Nutritional anaemia

The 1995-1996 National Nutrition Survey reported that 39% of the 817 pregnant women surveyed were anaemic

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<sup>1</sup> Country figures for 2002. Data on life expectancy were provided separately by sex, not as an average.

<sup>2</sup> Western Pacific Region Health Data Bank: 2002 Revision. Manila, WHO, 2002.

(Hb<11 g/dl), with 25% classified as mildly anaemic (Hb 10.0-10.9 g/dl) and 13% as moderately anaemic (Hb 7.0-9.9 g/dl). Less than 1% were classified as severely anaemic (Hb<7 g/dl). The prevalence of anaemia increased with the number of pregnancies.

In the same survey, the average haemoglobin concentration in the school-aged population ranged from 12 to 12.9 mg/dl in both sexes, except among males age 15-19 years, where it ranged from 12.6 to 15.1 mg/dl. No severe anaemia was detected among females or males; moderate anaemia ranged from none to 1.8% in all age groups of both sexes; and mild anaemia was highest in females aged 15 to 19 years, at 5.3%. Among adults, the average haemoglobin levels in urban and rural areas were similar, at 15.1 and 14.7 mg/dl among males and 13 and 12.8 mg/dl among females, respectively.

## **Obesity**

The National Nutrition Survey (1995-1996) reported a similar prevalence of obesity (BMI>30) in males and females, at 11.2% and 12.8% respectively. More females were, however, found to be underweight (BMI <19.9), at 11%.

## **POLICIES AND PROGRAMMES DIRECTED AT NUTRITION**

Nutrition has been identified as one of the major programme areas under the National Committee on Health Promotion, which was set up in 1999.

National Dietary Guidelines for the population were launched in November 2000.

### **Breast-feeding policies**

The Ministry of Health Breast-feeding Policy was launched in August 2001.

All four government hospitals have adopted the WHO/UNICEF 10 steps to successful breast-feeding.

Since 2000, health care staff involved in the management of pregnant and postnatal mothers and newborn infants have undergone an 18-hour lactation management training session.

The International Code of Marketing of Breast-milk Substitutes is incorporated in the Ministry of Health Breast-feeding Policy.

Maternity leave has been increased to 56 days; it was formerly 28 days before delivery and one month after delivery. Mothers can also add their annual leave to these days. It is possible to take a short leave of absence during working time to breast-feed.

### **Monitoring and surveillance of nutritional status**

The nutritional status of pregnant women and children under 5 years of age is monitored in national nutrition surveys. The first survey was conducted in 1995-1996. The second national nutrition survey is currently being planned.

Pregnant mothers identified through antenatal visits as having nutritional problems such as anaemia, low maternal weight, overweight and impaired glucose tolerance, are referred to community/hospital dietitians for dietary consultation.

The Community Nutrition Division also monitors underweight and overweight children below 5 years of age.

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