

BREASTFEEDING INITIATIVE IN BRUNEI DARUSSALAM

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The population of Brunei is just under half a million. In the year 2010, the infant mortality rate was 6.1 per 1,000 live births, and the under-5 mortality was 7.2 per 1,000 live births. The country is located on the northwest part of Borneo Island; surrounded by Sarawak State (East Malaysia) and has an area of 5,750 km². There are four districts, with the most densely populated in the smallest district in the north (including capital, Bandar Seri Begawan).

There are four main hospitals located in each of the districts, and the tertiary hospital is in the main capital. There are thirty-five government maternal-child health clinics, which are spread out across the country. Most health care is state run. Old Brunei of the 1950s was primarily a fishing village, located on the Brunei River. Families were big in size but traditional.

Women would stay at home, but with socioeconomic development, mothers have come to comprise a significant work force outside the home. Now, sixty percent of the civil servants are women. Equal opportunity is exercised for both men and women. The modern mother of Brunei is expected to be a 'supermum,' who is able to multitask.

There has been an alarming decline in breastfeeding rates in Brunei since the 1970s. This decline has also been seen globally, primarily because of economic development that requires more women to

enter the workforce, as well as aggressive marketing of commercial infant formulas in the region.

Breastfeeding prevents various infections, such as otitis media, gastroenteritis, lower respiratory tract infection, urinary tract infection, and bacteremia. At the same time, breastfeeding is associated with improved cardiovascular health and promotes neurodevelopment, while keeping overweight, obesity, diabetes type 2 and immune system disorders under control. A non-breastfed child is 14 times more likely to die in the first six months compared with an exclusively breastfed child (Black *et al*, 2008).

Breast milk constitutes all that is required for a baby and costs only what it takes to feed the mother. In Brunei, over BND2.8 million is spent by families on formula milk (BND10.00=USD8.00). Breastfeeding can be a matter of life and death for a child—increased levels of breast-feeding could prevent 1.3 to 1.45 million deaths in 42 high-mortality countries. Even for industrialized countries reduction in morbidity is possible with this natural and economically sound way of feeding.

The first National Health and Nutrition Status Survey (NHANSS) in Brunei was conducted between 1995-1996. This was a cross-sectional survey for over one thousand children aged from birth to five years. The results were dismal; the survey

indicated that breastfeeding was initiated by 84% of mothers, of whom 76% discontinued within the first 4 months, and only 6% went beyond 5 months. Over 10 years ago, WHO and UNICEF recommended the promotion of exclusive breastfeeding for the first six months of life, and thereafter, introducing complementary feeding. Following this announcement, a number of people in the Ministry of Health decided to take action to improve breastfeeding rates.

Towards improving breastfeeding rates in Brunei Darussalam

There was an urgent need to strengthen the culture of breastfeeding to attain the same level of enthusiasm as in the 1960s. Breastfeeding was neglected as a practice during the economic boom, while the formula milk industry aggressively entered the market. In the late 1990s, this trend began to reverse with efforts to raise breastfeeding awareness. A breastfeeding course was organized for the first time in 1999. A number of prominent Ministry of Health policymakers and administrators attended the course. The Ministry of Health endorsed the first National Breastfeeding Policy in 2001. They adopted the UNICEF and WHO recommendation for exclusive breastfeeding for the first six months of life.

A noteworthy point is that Brunei shares a similar breastfeeding culture with Malaysia and has been fortunate to have international collaborations within the region through the years, particularly from Malaysian advocates. Doctors from Malaysia led the first lactation management course for health professionals. This was followed by the 'training the trainers' course on lactation management in 1999, which has enabled trained Bruneian health care

workers to carry out on-going Lactation Management Courses since the year 2000.

The Baby Friendly Hospital Initiative (BFHI) is a program adopted from the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) designed to assist hospitals to maximize their ability to help mothers to breastfeed. Hospitals that are involved in the BFHI initiative follow 10 steps (Table 1), which will promote successful establishment of breastfeeding through improvement in healthcare practices.

The Baby Friendly Hospital Initiative was initiated in all government hospitals in 2000. Successful work was also due to the fact that almost all hospitals in the country are government owned. The Baby Friendly Initiative is extended to baby friendly maternal and child health facilities. Only Step 10 is not widely supported in Brunei, as there is no extensive advisory group beyond hospital boundaries.

Another way of reaching the public is 'Breastfeeding Promotion' by emphasizing the religious aspect of breastfeeding. There has also been a mandatory pre-marital breastfeeding counseling that started in 2009. The World Breastfeeding Week (WBW) is held every year between 1-7 August. It was established by the World Alliance for Breastfeeding Action (WABA) in 1992 and endorsed by the WHO and UNICEF. To date, up to 120 nations have taken part in this yearly event. Brunei has participated in the WBW since 1999 with various activities to promote breastfeeding throughout the week. This provides an opportunity to promote breastfeeding and push this important agenda forward into the public domain on a yearly basis with a

Table 1
Ten steps to successful breastfeeding.

1. Have a written breast-feeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Helps mothers initiate breastfeeding within an hour of birth.
5. Show mother how to breastfeed and how to maintain lactation, even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice "rooming in" by allowing mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand (based on infant's feeding cues).
9. Give no artificial teats, pacifiers, dummies, or soothers to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birthing center.

Table 2
Summary of the International Code on Marketing of Breast Milk Substitutes.

1. No advertising of breast milk substitutes to families.
2. No free samples or supplies in the health care system.
3. No promotion of products through health care facilities, including no free or low-cost formula.
4. No contact between marketing personnel and mothers.
5. No gifts or personal samples to health workers.
6. No words or pictures idealizing artificial feeding, including pictures of infants, on the labels or the product.
7. Information to health workers should be scientific and factual only.
8. All information on artificial feeding, including labels, should explain the benefits of breastfeeding and the costs and hazards associated with artificial feeding.
9. Unsuitable products should not be promoted for babies.
10. All products should be of high quality and take account of the climate and storage conditions of the country where they are used

Source: WHO Nutrition Unit, 1997.

slogan and theme as suggested by WABA.

The International Code of Marketing for Breast Milk Substitutes is a nonbinding public health recommendation prohibiting the unethical marketing of formula (Table 2). This includes prohibiting the promotion of formula as superior to breast milk, and the advertising and/or provision of free samples to pregnant women, new mothers, and health facilities. The Code was

adopted by the World Health Assembly in 1981 and refined in subsequent years. Many countries have endorsed it; however, few countries are fully compliant in its implementation.

In the early 1980s a memorandum prohibiting television advertisements of breast milk substitutes was passed in Brunei. This has been honored ever since, but there has been no formal policy or adaptation of the

Table 3

Maternal Infant and Young Child Nutrition (MIYCN) related milestones in Brunei.

Year	MIYCN-related activities
Pre-1980s	Universal prophylaxis of iron and folic acid to pregnant women; therapeutic iron to anemic pregnant women.
1980	Memorandum on prohibiting television advertisements of Breast Milk Substitutes (BMS).
1990s	No BMS advertisements in Government health facilities.
1991	The 1 st National Breastfeeding Seminar in conjunction with Baby Friendly Hospital Initiatives.
1992	Establishment of Community Nutrition Division (CND); one-on-one dietary counseling for mothers and 0-5 children by Community Dietitians/Nutritionists started in Maternal Child Health Clinics. CND collaborate closely with Community Health Nursing Services.
1999	First breastfeeding course for Ministry of Health policymakers and administrators. First cohort of trainers for WHO-recognized 18-hour Lactation Management Course for related Health Workers. Start of Annual National and Districts World Breastfeeding Week celebrations. Recognition of successful exclusive breastfeeding mother-infant/child pairs during World BF Week event.
2000	Baby Friendly Hospital Initiative started in Government Hospitals.
1999-2009	Ongoing 18-hour Lactation Management Course for related health workers; to date more than 500 health workers have been trained.
2001	National Breastfeeding Policy endorsed: Policy statement: All mothers are recommended to exclusively breastfeed for the first six months and continue breastfeeding until two years of age. Complementary feeding should start at six months.
2009	2 nd Cohort of trainers for 20-hour Lactation Management Course for Health Workers. 2 nd National Health and Nutritional Status Survey include collection of infant and young child feeding indicators for 0-2 years.
2011	Maternity leave extended from 56 to 105 days.
2012	The first MIYCN Strategic Workshop involving health and non-health sectors. Breastfeeding Mother-to-Mother Support Groups was piloted in three MCH Clinics and 'HAWA' (Support Group of Breastfeeding) introduced at Suri Seri Begawan Hospital, Kuala Belait.

Code. Interestingly, the milk companies have found a loophole on the agreement. Promotion of toddler milk is permitted, as it is not categorized as a 'breast milk substitute,' and some mothers possibly link this back to baby milk.

In Brunei, there was no maternity leave until the 1970s when paid maternity leave was allowed for only 28 days. This was increased to 56 days in 1992. In January 2011, maternity leave duration was further increased to 105 days. Extension of ma-

ternity leave has been shown to impact positively on the duration of breastfeeding.

The Second National Health and Nutritional Status Survey 2009: increase in breastfeeding rates

The Second National Health and Nutritional Status Survey was carried out in health centers throughout the country between March to August 2009 involving 1,300 children from birth to five years. It was an opportunity to assess the impact of 10 years of breastfeeding promotion. It found that 98.7% of children were breastfed at some time in their lives, and 92.2% were breastfed within one hour of birth (Ministry of Health, 2009).

The result was encouraging and compared well with the previous survey in 1996. By two months of age, coinciding with mothers returning to work, half of the mothers had introduced formula milk. The median duration of breastfeeding was eight months. The reasons for stopping breastfeeding were perceived lack of breast milk and returning to work. In the past, only 12.4% infants at six weeks of age were breastfed, whereas the most recent information from the Second NHANSS showed 26% exclusive breastfeeding rate at six months.

The future of breastfeeding promotion in Brunei

Until recently, the drive to increase breastfeeding rates has been led by an enthusiastic group of health care workers as well as non-government organizations who work voluntarily. In 2012, steps were taken by the Ministry of Health to establish a Maternal and Young Child Nutrition (MYCN) Taskforce following the recommendations of the 65th World Health Assembly (WHO,

2012). This MYCN taskforce was formally established in 2013 with the intended aim of involving participation of all stakeholders, both government and non-government (Table 3).

One of the aims of the MYCN taskforce is to further improve the rates of exclusive breastfeeding. The establishment of this taskforce will provide more opportunities to promote breastfeeding through education, training, research, and advocacy, as well as provide a supportive environment conducive to breastfeeding and implementation of the Code of Marketing, and strengthen the Baby Friendly Hospital Initiative.

Brunei is a relatively small nation, but the well-established health care system means that through strong leadership and governance, agreed policy can be put forward with ample collaboration and minimal interference. However, there remain barriers and challenges in the drive to promote breastfeeding in Brunei, such as a limited human resource capacity, dedicated Ministry of Health personnel to go all the way, and nursing personnel to implement the policy.

Although we have not completely fulfilled our goals, there are the short and small measures that have been carried out to improve breastfeeding that matter. We take to heart the motto of "Success is the sum of small efforts, repeated day in and day out", and "I don't want perfection, I want effort." Our team vows to continue to work hard towards our goals.

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