



A Situation-Response Analysis of the Education Sector Response to HIV, Drugs and Sexual Health in Brunei Darussalam June 2012

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Brunei Darussalam joined United Nations Educational, Scientific and Cultural Organization (UNESCO) on March 17, 2005 as the 191st Member State of the Organization. Since then, Brunei Darussalam has made some significant progress and achievements as part of Brunei Darussalam's commitment to UNESCO in promoting equality and human development through education, science, culture and communication. Amongst the milestone achieved is the establishment of Brunei Darussalam Country Report on Education for All (EFA) and taking active involvement in Education for Sustainable Development (ESD) and Millennium Development Goals (MDGs).

This report was produced as a continuum of Brunei Darussalam's commitment to UNESCO and through the Ministry of Education. It is a "Situation-Response Analysis of the Education Sector's Response to HIV, Drugs and Sexual Health in Brunei Darussalam" — which describes the status of situation, strategies taken by relevant ministries and non-government organizations (NGOs) in addressing the issues and further recommendations that need to be taken by relevant ministries and agencies in the country. In Brunei Darussalam, statistical data revealed low number of HIV cases over the past 26 years. However, report shows that the number of sexually transmitted infections (STIs) cases is increasing. Thus, more concerted efforts and collaborative partnerships between the relevant ministries and NGOs are needed to prevent the risky behaviour amongst the young generation.

It is envisioned by 2035, the young Bruneians are well-educated, highly skilled and able to enjoy quality of life in a dynamic and sustainable economy. In line with this, the Ministry of Education in 2009 had taken initiative to implement the new National Education System of the 21st Century (SPN21) particularly in the school curriculum. The national school curriculum has emphasized on the learners to learn the appropriate skills through several learning domain, attitudes and values. These include that the learners can think things through and make healthy choices in solving their own problems, be responsible and make choices that benefit themselves and others, are in charge of their own learning, and can use communication skills in clear and respectful ways. These are among others, the skills needed to equip the young generation with soft skills needed for the 21st century challenges whilst upholding the National Philosophy of Malay Islamic Monarchy or *Melayu Islam Beraja* (MIB). In addition, the role of the family institution in inculcating strong religious and moral values in the children is crucial particularly in educating family members on the danger and consequences of HIV, misuse of drugs and sexual misconducts.

This report serves to establish and enhance future collaborations between the relevant ministries and other agencies through the development of proper planning. I would like to take this opportunity to thank the parties involved for their valuable contributions in providing information and statistical data for the development of this report, in particular the Curriculum Development Department, Ministry of Education, Ministry of Health, Ministry of Religious Affairs, Narcotic Control Bureau, Royal Brunei Police Force, Ministry of Culture, Youth and Sports, Brunei Darussalam AIDS Council, and BASMIDA. A special thanks to the UNESCO Office in Jakarta for their assistance and guidance in the completion of this report.

With this report, it is hoped that Brunei Darussalam can enlighten and share with other countries on its strategies in addressing these social issues. Through UNESCO, it is hoped that the international partnerships and collaborations can further be strengthened in tackling social issues arising from by HIV, drugs and sexuality.

Pehin Abu Bakar Apong Minister of Education Ministry of Education Brunei Darussalam

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Within the UNAIDS division of labour, UNESCO is the convening agency on ensuring good quality education for a more effective HIV response. UNESCO also leads the global UNAIDS initiative on education and HIV and AIDS, called EDUCAIDS, which seeks to promote, support and develop comprehensive education sector responses to HIV and AIDS at the national level. This review was commissioned by the UNESCO Office in Jakarta with guidance and editing provided by the HIV & AIDS and School Health Coordinator, Ahmed Afzal, in the Education Unit. The Curriculum Development Department under the Ministry of Education acted as the focal point for the development of this report. A team of writers was assigned to complete the task and included Dk Mas Joliwane Pg Tejudin, an officer from the Science Unit of the Curriculum Development Department as the main writer and Iswandy Ahmad, the President of Brunei Darussalam AIDS Council as the co-writer.

The writers are indebted to the following stakeholders for their contribution in providing information and statistical data which were vital for the development of this report:

Ministry of Education, particularly the Curriculum Development Department; Ministry of Health (Disease Control Division and Health Promotion Centre); Ministry of Religious Affairs (Islamic Religious Studies Department and *Syar'iah* Affairs Department); Narcotics Control Bureau; Royal Brunei Police Force; Ministry of Culture, Youth and Sports; and NGOs Brunei Darussalam AIDS Council and BASMIDA (*Persatuan Basmi Dadah*) set up to combat the misuse of drugs.

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ACRONYMS

AIDS Acquired Immunodeficiency Syndrome

APEC Asia-Pacific Economic Cooperation

ARV Antiretroviral

BASMIDA Persatuan Basmi Dadah

BDAC Brunei Darussalam AIDS Council

CDD Curriculum Development Department

Jabatan Perkembangan Kurikulum (JPK)

HDI Human Development Index

HIV Human Immunodeficiency Virus

ISESCO Islamic Educational, Scientific and Cultural Organisation

JPI Jabatan Pengajian Islam

Islamic Studies Department

MDG Millennium Development Goal

MIB Melayu Islam Beraja

Malay Islamic Monarchy

MoE Ministry of Education

Kementerian Pendidikan

MoF Ministry of Finance

Kementerian Kewangan

MoH Ministry of Health

Kementerian Kesihatan

NCB Narcotic Control Bureau

Biro Kawalan Narkotik (BKN)

NGO Non-Government Organisation

NGU Nongonococcal Urethritis

RBPF Royal Brunei Police Force

Pasukan Polis Diraja Brunei

SEAMEO Southeast Asian Ministers of Education Organisation

STI Sexually Transmitted Infection

UNAIDS Joint United Nations Programme on HIV/AIDS

UNDP United Nations Development Programme

UNESCO United Nations Educational, Scientific and Cultural Organisation

UNGASS United Nations General Assembly Special Session on HIV/AIDS

YDI Youth Development Index

EXECUTIVE SUMMARY

2012 marks the 26th year since the first case of AIDS was identified in Brunei Darussalam. Having a population of 414,400 the country has managed to keep the AIDS epidemic under control with a low HIV prevalence (<0.1% of the adult population). Brunei Darussalam has a stable government that provides numerous provisions of welfare including almost free comprehensive health care and education.

The number of HIV and AIDS cases for the past 5 years only shows a slight increase, although in 2010 it dropped significantly. There are around 400 to 500 reported cases of sexuality transmitted infections (STIs) annually with gonorrhoea being the most reported frequently reported STI. While unmarried teenage pregnancy is not a significant issue; data reflect over 100 cases each year. The number of drug-related arrests shows an average of over 500 cases for the past 5 years, with cannabis and amphetamines being the drugs most often confiscated.

To date, there is also no comprehensive reproductive health education that addresses specifically the issues of teenage pregnancy, STIs, sexual health or other related matters. Nonetheless, the country has the potential to further strengthen its response to these issues. Brunei Darussalam has a centralized government and therefore may adopt a multi-sectoral approach with one leading agency in the response to HIV, drugs and sexual health education. The country considers its devotion to faith and moral values as one of its strengths. The public society of Brunei Darussalam has also long rooted in its advocacy messages on women, HIV, drugs and youth, which may be utilised to address issues on HIV, Drugs and Sexuality in the educational sector.

This report is as situation-response analysis of the education sector's response to HIV, drugs and sexual health education in Brunei Darussalam. While the focus is primarily on the Ministry of Education (MoE) response, the contribution of other stakeholders including: the Ministry of Religious Affairs (Department of Religious Studies and Department of Syar'iah Affairs), Ministry of Health, Narcotics Control Bureau (NCB), and the NGO Brunei Darussalam AIDS Council (BDAC), is also reviewed. The roles of Islamic Religion, the Monarch and the concept of Malay Islamic Monarchy (MIB) in controlling the issues through nurturing the morality and the values of the society are also highlighted.

A number of observations are discussed which includes the following key points:

- Brunei Darussalam as an Islamic Country: The teachings of Islam are widely practiced in all aspects of life. The government also ensures that the knowledge on Islam is channelled to the Muslim residents in Brunei Darussalam by making Religious Education compulsory;
- Concept of Malay Islamic Monarchy (MIB): MIB is the national concept of Brunei Darussalam which has been implemented nationwide through different modalities including education, media, dress code, system of ruling, and *Syariah* Laws. The values of MIB have shaped the morality of the people in Brunei Darussalam which contributed to the stability and the harmony of this country;
- **Brunei Darussalam's Centralised Administration:** The government administration is centralised in which the government policies are disseminated through the centralised system.
- Related Statistics: The Youth Development Index (YDI) has reported the overall good performance of
 Brunei youth including in the aspects of Health and Social Issues. The number of HIV cases is low
 whereby since 1987, only 61 cases have been reported so far. However, the number of STI cases and
 teenage pregnancies suggest the involvement of some citizens in unprotected sexual behaviour;
- MDG 6: The MDG Report (2010) stated that Brunei Darussalam has shown significant success in managing communicable diseases, such as HIV and STI, through prevention and control measure;
- Education Policy: There is a lack of evidence on the existence of specific education policies addressing the issues on HIV, Drugs and Sexual Health. However, it was stated in the MoE Strategic Plan 2007-

2011 that there is a need to change and improve the existing curriculum and education policies. This is to equip the students with necessary skills relevant to the current life trends and the needs of the country.

- Life Skills Relating to HIV, Drugs and Sexuality: The information on HIV, Drugs and Sexuality have been included as part of the education curriculum and co-curricular activities. However, the focus is mainly on delivering knowledge. Students need to be trained on ways to implement the skills to respond appropriately to HIV, Drugs and Sexuality issues; and
- Budget for MoE and MoH: The national MoH and MoE budget for the financial year 2011-2012 has been reported. MoE has been allocated a budget of Brunei Dollar 620.95 million (1 USD = ~1.27 BND) while MoH has been allocated a budget of close to Brunei Dollar 307 million.

The following recommendations are also discussed in the report:

- Research and Studies: There is a need to conduct comprehensive research and studies on HIV, Drugs and Sexuality in order to identify and support the types of responses unique to the situation faced by the people in Brunei Darussalam;
- Setting up a Task Force: A Task Force needs to be set up to initiate a tailored educational response to HIV, Drugs and Sexual Health. So far, no specific unit under the MoE has been assigned to handle collectively the issues concerned;
- **Policy:** A specific educational policy which addresses specifically the issues on HIV, Drugs and Sexual Health needs to be formed;
- Comprehensive Reproductive Health Education: There is a need to set up a specific syllabus on Comprehensive Reproductive Health Education. This is to ensure that students acquire the knowledge and skills to handle the situation related to Social Issues, HIV and Sexual Health;
- Capacity Building: Upon the establishment of a Task Force, training needs to be given to the members for the purpose of capacity building. This is to equip them with necessary knowledge and skills which can be utilised in carrying out the assignments, adapting to the changes and adopting best practices to cater for situations and problems related to HIV, Drugs and Sexual Health;
- Establishing Relevant Local, Regional and International Networking: Support from relevant local, regional and international bodies is needed in terms of consultancy, best practices, capacity building and funding for Brunei Darussalam to respond efficiently to the situation particularly in education;
- Monitoring and Evaluation of Programmes: The effectiveness and the efficiency of the current and the future programmes should be monitored by evaluating these programmes consistently. This is to ensure the quality of the programmes and their relevance to the current situation;
- Identifying Entry Points: The existing bodies (e.g. scouts, girl guides, etc) and programmes under the education sector can be treated as an opportunity to incorporate education on HIV, Drugs and Sexual Health into their programmes to further strengthen and expand the outreach; and
- **Community Participation:** Prior to the design and implementation, it is crucial to obtain the society's feedback on how to go about in delivering the programmes. This is a means to sensitise a generally conservative society on the issues that needs to be tackled in an appropriate way.

It is hoped that this report can be utilised as a background document for the development of strategic plans by the stakeholders in Brunei Darussalam especially the MoE, to initiate and strengthen the existing responses towards the issues on HIV, drugs and sexual health. It is also anticipated that this review shares with other countries Brunei Darussalam's practice in addressing social issues via advocating and nurturing the moral values of its citizens.

A Situation-Response Analysis of the Education Sector Response to HIV, Drugs and Sexual Health in Brunei Darussalam

1. INTRODUCTION:

This is the first report to review the education sector's response to HIV, drugs and sexual health in Brunei Darussalam. Generally, in a conservative Muslim community like Brunei, it is a taboo to discuss openly matters relating to sexuality amongst the public and this situation demands the subject to be handled with sensitivity. However, this does not necessarily imply that Bruneians have not acquired knowledge on these issues and are not equipped to respond to them accordingly. In fact, this review will demonstrate that Brunei Darussalam has been tackling these issues through ensuring the sustainability of the values and the high morality of its people.

Statistical data reveals that the incidence of HIV cases in Brunei is quite low; however, the reported cases of sexually transmitted infections (STIs) and unmarried teenage pregnancy annually underscore the need for action to control risky behaviour. The number of arrests made in relation to drug offences, a related but different statistic, is also sufficient to demand for urgent action.

With a growing population, it is crucial that Brunei Darussalam deal with these issues while the numbers are still manageable. Youth need to be informed and trained on the necessary skills in order to respond to the challenges of HIV, drugs and sexuality. Since education has a wide outreach for the population (through schools), this sector should play an important role in the response.

1.1 Objectives of the Study

The main purpose of this study is to conduct a situation-response analysis of the education sector's response to HIV, drugs and sexual health. The objectives of this review are to:

- describe and analyse the situation of HIV and AIDS, drugs and sexual health in Brunei Darussalam;
- evaluate the status and scope of the education sector's response to HIV and AIDS, drugs and sexual health;
- identify the scope for improvement and prepare a set of recommendations to strengthen the existing response.

1.2 Methodology:

This review is primarily a *desk study* as the main interest of the writers is to review the current situation of Brunei Darussalam with respect to HIV, drugs and sexual health. No specific survey or questionnaire was prepared by the team of writers to collect the data. All information was received from the stakeholders through the submission of their reports or any relevant resources as requested. Some of the information is also obtained through interviews with the representatives from the relevant sectors [e.g. Ministry of

Health (MoH), Religious Studies Department, Brunei Darussalam AIDS Council (BDAC), etc] as well as from their presentations (See Annex for list of people consulted).

1.3 Limitations of the Review:

The foremost limitation of this report is that it is the first review of the education sector's response on HIV, drugs and sexual health. As such, it was prepared from scratch with great effort and demand.

The review was conducted by MoE personnel hence a possible inclination to present a partial perspective of the national response cannot be excluded. To ensure an impartial view, stakeholders were invited to respond by providing relevant data which can be utilised in producing the report.

While stakeholders were forthcoming with assistance and support, much of the feedback was either newly prepared or unstructured (i.e. with no specific preparation to address the issues covered in this report).

It must also be highlighted this research found that Brunei Darussalam still lacks of standard measurement to compare the situation of Brunei Darussalam to other countries with regard to the addressed issues. Amongst the relevant existing standard indicators identified were the Youth Development Index (YDI) and the Millennium Development Goals (MDGs).

2. OVERVIEW OF THE SITUATION

This section will discuss the overview on Brunei Darussalam and present statistical data on the situation of young people with regard to HIV, drugs and sexual health. This includes data from the Youth Development Index (YDI) which indicates the level of performance of the youth in Brunei Darussalam.

2.1 Brunei Darussalam:

The sultanate country of Brunei Darussalam is one of the oldest monarchies in the world. It is currently ruled by His Majesty Paduka Seri Baginda Sultan Haji Hassanal Bolkiah Mu'izzaddin Waddaulah, the 29th Sultan of Brunei who acts both as the head of state and the head of government. Brunei is situated on the northwest coast of Borneo Island in Southeast Asia with *Bandar Seri Begawan* as a capital. Brunei consists of two unconnected regions which are divided by Sarawak, Malaysia and occupies 5,765 square kilometres land of which a large percentage comprising an intact primary rainforest.

Before gaining its independence on 1 January 1984, Brunei Darussalam was a protectorate of the British Empire. Traces of British influence can still be seen in the legislative laws, judiciary and educational structure of the country. However, Brunei Darussalam has by and large preserved its local culture and remains as an Islamic country. The country is governed by the National Concept, Malay Islamic Monarchy, or better known as *Melayu Islam Beraja* (MIB). This adds unique values which pervades all facets of Bruneian way of life. The fundamentals of Malay Islamic Monarchy (MIB) are taught throughout the primary, secondary and tertiary education levels.

Brunei Darussalam earns high percentage of its revenue from the oil and gas exports. The wealth of the government of His Majesty is shared with the whole population and income tax is not being enforced on its residents. Provision of welfare includes: almost free education and medical services; and subsidies for necessities like petrol, rice and housing.

The growth of Bruneian population is shown in Table 01. According to the Ministry of Culture, Youth and Sports (2011) during the meeting on Women's Issues and Family Institutions, the present population of Brunei is about 414,400 by which 219,100 are males and 195, 300 are females.

| Year | 2007 | 2008 | 2009 | 2010 | |
|--------|---------|-----------------|---------|---------|--|
| Male | 206,900 | 211,000 | 215,000 | 219,100 | |
| Female | 183,100 | 183,100 187,000 | | 195,300 | |
| Total | 390,000 | 398,000 | 406,200 | 414,400 | |

Table 01. The Population of Brunei Based on Gender [Extracted from Ministry of Culture, Youth and Sports (2011)]

Table 02 shows the breakdown of the population according to the age group. The term 'youth' in Brunei Darussalam refers to young men and women aged 15-40 (Ministry of Culture, Youth and Sports, 2002). In reference to Table 02, there are currently 70,800 (17.08%) aged from 10 to 19 and 237,800 (57.38%) are aged from 20 to 54.

| Age | Total | Percentage |
|--------------|---------|------------|
| 0-9 | 71,100 | 17.16% |
| 10-19 | 70,800 | 17.08% |
| 20-54 | 237,800 | 57.38% |
| 55-64 | 20,300 | 4.9% |
| 65 and above | 14,400 | 3.48% |
| Total | 414,400 | 100% |

Table 02. Estimated Population of Brunei Darussalam Based on Different Age-Groups
[Extracted from Ministry of Culture, Youth and Sports (2011)]

According to the Brunei Press (2009), as of July 2009, the population of Brunei Darussalam comprised of approximately 66% Malay, 11% Chinese while others make up for the remaining 23%. *Bahasa Melayu* is the official language of Brunei Darussalam. The official religion of the country is Islam and most of the Malays are Muslims. The values of Islam have largely influenced the social life, practice and culture of the people in the country. The government ensures that all the Muslims in Brunei Darussalam have at least the adequate knowledge to understand and practice the teachings of Islam. One of the government's initiatives to support this is making religious education compulsory to all Muslims. Along with Malay Islamic Monarchy (MIB), it takes up an important role to shape the morality of the population in the country.

2.2. Youth Development Index (YDI):

The Youth Development Index (YDI), carried out in 2008 indicates the level of Brunei Darussalam youth performance in eight domains including: *Health*, *Self-Development*, *Leisure Activities*, *Values and Identity*, *Self-Potential*, *Multimedia Exposure*, *Community Integration* and *Social Issues*. This measurement

involved 2,315 randomly selected young persons aged 15-30 years. By and large, the youth of Brunei Darussalam performed rather well in nearly all of the listed domains (Department of Youth and Sports, 2008). A few of these domains are of interest to this report and will be discussed in this section.

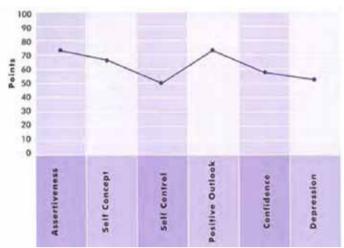


Figure 01. Self-Development [Extracted from Ministry of Culture, Youth and Sports (2008)]

In terms of *Self-Development*, Bruneian youth reported themselves to be in the top third quintile in most of the sub-domains as shown in Figure 01 above, which can be regarded as 'good'. However, attention should be drawn to 'no depression' sub-domain (52.7% percentile) and 'self-control' sub-domain (50.6% percentile), which are close to the 50% border. These figures could indicate a low ability of the youth to overcome depression as well as to exercise self-control when challenged by the need or pressure to smoke cigarettes, consume alcohol, engage in risky sexual behavior or use illicit drugs.

In the domain of *Values and Identity*, the respondents scored close to the fourth quintile (71.1%) as shown in Figure 02. They scored the highest in the sub-domain of 'Islam' (74.5%) which indicates their strong Islamic values. It must be highlighted that the country advocates and implements the values of Malay Islamic Monarchy (MIB) in all aspects including ruling, judiciary, administration and education.

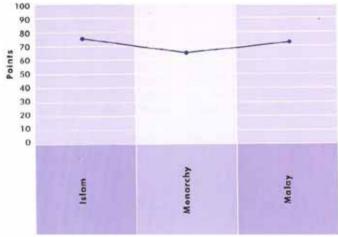


Figure 02. Values and Identity [Extracted from Ministry of Culture, Youth and Sports (2008)]

In terms of *Health*, the respondents scored 86.8% i.e. 'very good' level ('Physical Health' 94.6% and 'Healthy Lifestyle', 79%) as shown in Figure 03. The *Physical Health* sub-domain measures the absence of

obesity, asthma, diabetes, cancer, high blood-pressure, kidney problems, STIs and mental health problems. This indicates that Brunei youth perceive themselves to be physically healthy. However, the data obtained on STIs from the MoH's Disease Control Division, indicate a notable number of STI cases each year, which will be discussed in section 2.3. The recorded absolute number of STI cases i.e. gonorrhoea, chlamydia and syphilis, for the population aged 10 to 29, has increased slightly from 374 in 2008 to 386 in 2009 as reported by the Disease Control Division (2010). However, the total number of STI cases dropped to 247 in 2010; no further investigation or analysis which explains the reason(s) for the drop has been found to be published.

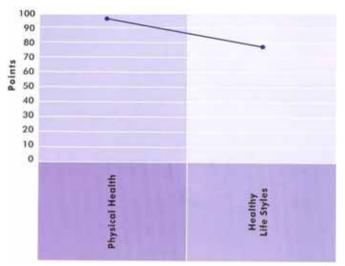
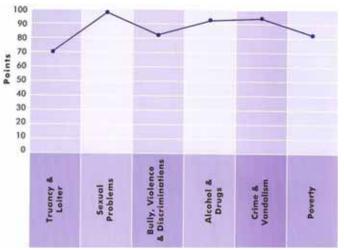


Figure 03. Health [Extracted from Ministry of Culture, Youth and Sports (2008)]

Finally, the *Social Issues* domain looks into (i) 'No Truancy and Loitering', (ii) 'No Sexual Problems', (iii) 'No Bullying, Violence & Discrimination', (iv) 'No Alcohol & Drugs', (v) 'No Crime and Vandalism', and (vi) 'No Poverty' as indicators. The general score for this domain is 86.8% which is 'very high'. For 'No Sexual Problems', the score is 97.1% and for 'No Alcohol and Drugs', the score is 92.6% as shown in Figure 04. These figures may appear to suggest that Brunei Darussalam youth perceive themselves to be sexually conservative (e.g. waiting until marriage). It also appears to indicate that alcohol consumption and drug use is not common among youth in Brunei Darussalam. This could be attributed to the social support systems His Majesty's Government has put in place and the efficiency of the certain crime acts and penalties upon cases related to alcohol, drugs and sexual activities. This will be listed under section 3.3.



NOTE:

All indicators are negative indicators, e.g:

- 'No Truancy and Loitering'.
- ' No Sexual Problem'.

Figure 04. Social Issues [Extracted from Ministry of Culture, Youth and Sports (2008)]

Supporting the YDI figures reported for 'No Sexual Problems' and 'No Alcohol and Drugs': data presented in the recent meeting on Women's Issues and Family Institution conducted by the Ministry of Culture, Youth and Sports on Teenage Pregnancy out of Wedlock; the data reported by the *Sya'riah* Affairs Department on Sexual Crimes; and the data on STI cases reported by the MoH, all showed below 1% involvement of the total Brunei population in the respective social issues.

2.3 Overview of HIV and other STIs Situation in Brunei Darussalam:

The data obtained from the MoH (Ministry of Health, 2011) shows a low number of HIV cases in Brunei Darussalam. From the year the first case of HIV was reported in 1986 to December 2010, there have only been 61 cases of HIV. In contrast to the low cases reported for HIV, the number of other STI cases is approximately 7 to 10 times higher indicating the existence of unprotected sexual behaviour.

Overview of HIV:

Out of the cumulative number of people living with HIV in Brunei Darussalam to-date; 46 (75%) are males and 15 (25%) are females. The most common mode of transmission is through sexual intercourse (53 cases, 87%), 40 among heterosexual, 12 among homosexual and 1 among bisexual. Figure 05 shows the reported number of people diagnosed with HIV from 1995 to 2010.

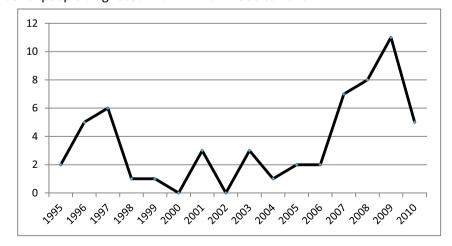


Figure 05. Number of Local HIV Cases Annually in Brunei Darussalam [Adapted from Ministry of Health (2011)]

The highest number of recorded HIV cases was in 2009 (11 cases). However, according to the Disease Control Division, MoH, there was no apparent reason to this rise. In 2010, the number of reported HIV cases dropped to 5 cases. The first caused by HIV-related death was reported in January 1990 while the latest death occurred in September 2009.

HIV in Brunei Darussalam is treated using antiretrovirals (ARVs) supplied to citizens and permanent residents free of charge. Pregnant women who are HIV-positive receive treatment to suppress HIV transmission to their child. Only two cases of mother-to-child transmission have been recorded since 1986. According to Brunei Darussalam UNGASS Country Progress Report (Brunei Darussalam, 2010), there have not been any cases reported since 1995.

As part of HIV surveillance, the MoH has implemented a policy to screen blood donors, frequent recipients of blood products, prisoners, inmates of drug rehabilitative centres, pregnant women attending antenatal clinics, contacts of HIV-infected persons, STI patients, Tuberculosis (TB) patients, insurance and visa applicants, and the public who request to be screened for HIV on voluntary basis (Ministry of Health, 2011).

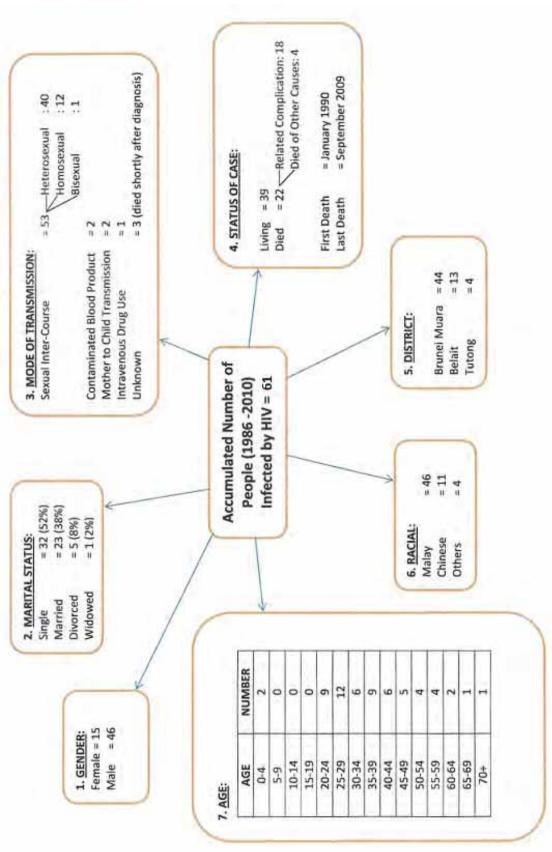


Figure 06. Summary of the HIV Cases in Brunei [Extracted from Ministry of Health (2011)]

Overview on Other STIs:

The Disease Control Division, MoH reported that Brunei Darussalam has a large number of STI cases recorded each year compared to HIV cases. In 2009 alone, there were 592 STI cases reported (444 gonorrhoea cases, 84 chlamydia cases and 64 syphilis cases). Table 03 and Figure 07 present the breakdown for the STI cases reported from 2004 to 2010. According to the Disease Control Division (2010), in 2009, out of 592 cases of STI, 386 (65%) were aged from 11 to 30 years. This could indicate that the youth within this age group are engaging more in risky sexual behaviour compared to other age groups. However, there is a drop in the total number of STI cases from 592 in 2009 to 348 in 2010. As stated in section 2.2, there has been no further investigation or analysis documented to explain the reason(s) for the drop.

| STI | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 |
|-------------|------|------|------|------|------|------|------|
| Gonorrhoea | 147 | 210 | 327 | 378 | 391 | 444 | 312 |
| Chlamydia | 137 | 285 | 146 | 45 | 136 | 84 | 29 |
| Syphilis | 7 | 12 | 13 | 19 | 47 | 64 | 7 |
| STI (Total) | 291 | 507 | 486 | 442 | 574 | 592 | 348 |

Table 03. Gonorrhea, Chlamydia and Syphilis Cases Reported for 2004-2010 [Extracted from Disease Control Division (2010)]

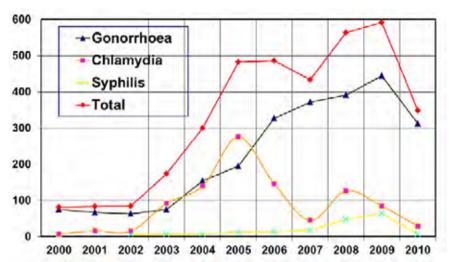


Figure 07. Chart Showing Numbers of Local Gonorrhea, Chlamydia and Syphilis Cases Annually in Brunei Darussalam [Adapted from Ministry of Health (2011)]

Records indicate that the people infected to-date are mostly local Bruneians. This trend has been sustained from 2004 to 2010, as shown in Table 04. Table 05 shows that in Brunei Darussalam, gonorrhoea is more prevalent amongst males while chlamydia is more prevalent amongst females.

| | 20 | 004 | 20 | 05 | 200 | 06 | 20 | 07 | | 2008 | | 20 | 09 | | 2010 | |
|---|-----|-----|-----|----|-----|----|-----|----|-----|------|----|-----|----|-----|------|----|
| Local (LO) / Foreign (FR) Unidentified (UN) | LO | FR | LO | FR | LO | FR | LO | FR | LO | FR | UN | LO | FR | ГО | FR | UN |
| Gonorrhoea | 136 | 7 | 198 | 12 | 314 | 13 | 356 | 22 | 372 | 18 | 1 | 425 | 19 | 306 | 6 | 0 |
| Chlamydia | 126 | 9 | 262 | 23 | 135 | 11 | 45 | 0 | 126 | 10 | 0 | 82 | 2 | 28 | 1 | 0 |
| Syphilis | 7 | 0 | 8 | 4 | 13 | 0 | 16 | 3 | 34 | 12 | 1 | 56 | 8 | 5 | 1 | 1 |
| STI (Total) | 269 | 16 | 468 | 39 | 462 | 24 | 417 | 25 | 532 | 40 | 2 | 563 | 29 | 339 | 8 | 1 |

Table 04. Statistics Comparing between the Local and Foreign Cases of Gonorrhoea, Chlamydia and Syphilis in Brunei
Darussalam Reported for 2004-2010 [Extracted from Disease Control Division (2010)]

| | 200 |)4 | 20 | 05 | 20 | 06 | 20 | 07 | 20 | 08 | 20 | 09 | 20 | 10 |
|------------------------------------|-----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----|
| GENDER: MALE (M)/ FEMALE (F) | M | F | M | F | М | F | M | F | M | F | M | F | M | F |
| Gonorrhoea | 130 | 14 | 191 | 19 | 285 | 42 | 321 | 57 | 359 | 32 | 367 | 77 | 285 | 27 |
| Chlamydia | 58 | 79 | 84 | 201 | 29 | 117 | 9 | 36 | 17 | 119 | 14 | 70 | 5 | 24 |
| Syphilis | 3 | 4 | 3 | 9 | 6 | 7 | 4 | 15 | 34 | 13 | 34 | 30 | 3 | 4 |
| STI (Total) | 191 | 97 | 278 | 229 | 320 | 166 | 334 | 108 | 410 | 164 | 415 | 177 | 293 | 55 |

Table 05. Statistics Comparing between Males and Female Cases of Gonorrhoea, Chlamydia and Syphilis in Brunei Reported for 2004-2010 [Extracted from Disease Control Division (2010)]

As reported by the Disease Control Division (2010), other than gonorrhoea, chlamydia and syphilis, a small number of STI cases recorded include cancroids, genital herpes, Nongonococcal Urethritis (NGU) and neonatal infection. The relatively high STI cases in Brunei Darussalam each year suggest the involvement of some of the population in unprotected sexual behaviour. There is substantial evidence that the presence of other STIs increases the likelihood of both transmitting and acquiring HIV. Action is, therefore, urgently needed to control or reduce the number of these cases, and to ensure quick detection and treatment among those infected.

2.4 Overview of Drug-Related Issues in Brunei Darussalam:

The Narcotics Control Bureau (NCB) was first established in 1988. It enforces the Misuse of Drugs Act (MDA), Chapter 27, through preventive drug education and law enforcement (Narcotics Control Bureau, 2010). It also combats smuggling and the problem of drug-abuse based on the objectives of the National Policy of Demand and Supply Reduction Strategy, which are to enforce,

- (i) demand reduction through preventive measures (i.e. preventive drugs education, treatment, rehabilitation and supervision programmes);
- (ii) supply reduction through law enforcement (e.g. national border controls); and
- (iii) international and regional cooperation.

Since its establishment, the NCB has made 11,718 arrests and of these, 4,542 have been convicted for drug-related offences. In 2010, 547 arrests have been reported, among which 454 are males and 93 are females. This is an increase of 5% from the previous year's arrests, which reported 522 cases. Most of the arrested are males and aged 31 years and above. Table 06 below shows the number of arrests recorded from 2005 to 2010 according to gender and age group. The number of arrests recorded each year includes the number of repeated arrests.

| | | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 |
|--------|---------------|------|------|------|------|------|------|
| Numb | er of Arrests | 420 | 451 | 732 | 577 | 522 | 547 |
| Gender | Male | 346 | 363 | 606 | 482 | 448 | 454 |
| Gender | Female | 74 | 88 | 126 | 95 | 74 | 93 |
| | ≤ 15 years | 0 | 6 | 11 | 7 | 10 | 8 |
| | 16-20 years | 42 | 55 | 93 | 49 | 55 | 55 |
| Age | 21–25 years | 87 | 100 | 134 | 119 | 96 | 120 |
| | 26-30 years | 120 | 98 | 154 | 127 | 117 | 117 |
| | 31 years ≤ | 171 | 192 | 340 | 275 | 244 | 247 |

Table 06. Number of Arrests from 2005 to 2010 [Extracted from Brunei Darussalam Country Report, NCB (2010)]

Table 07 gives the amounts of drugs confiscated 2007 to 2010.

| Туре | of Drugs | 2007 | 2008 | 2009 | 2010 |
|-------------------------------|---|---------|----------|-----------|-----------|
| Amphetamine Type Stimulant | amphetamine | | 378.8340 | 325.0250 | 764.4020 |
| | Heroin [Diamorphine] (grams) | 0 | 0 | 1081.2700 | 0 |
| Narcotic | Ketamine (grams) | 4.7870 | 14.4340 | 16.9100 | 5.5900 |
| | Cannabis (grams) | 48.8830 | 613.9900 | 1602.2930 | 6285.8700 |
| | Nitrazepam + Nimetrazepam (Pills) | 100 | 70 | 44 | 66 |

Table 07. List of Some of the Drugs Confiscated in 2007-2010 [Extracted from Brunei Darussalam Country Report, NCB (2010)]

The above data provided by the NCB (Narcotics Control Bureau, 2010) gives a measure of drug-related activities amongst the people in Brunei Darussalam. The number of arrests made each year shows that the authorities need to exercise due vigilance to effectively respond to the drug-related criminal activities. The public needs to be informed of drug-related issues and their consequences. Although NCB has taken up a role in educating the public of the harmful effects of drugs through road shows, talks and other programmes which will be discussed later in section 3 of this report, the education sector also has a key role to play in this regard.

2.5 Overview of *Syar'iah* Crimes Related to Social Behaviour:

Brunei Darussalam has two judicial systems, namely the *Syara'* and Civil. The *Syara'* Judicial System deals with the *Syar'iah* crimes (in *Syar'iah* court) while the Civil Legislative Council deals with the civil crimes (in Civil court). *Syar'iah* refers the religious law of Islam. However, currently the *Syar'iah* court only deals with family law. His Majesty in his *Titah* (Speech) delivered at the Brunei Islamic Religious Council (MUIB) meeting in March 2011 highlighted the need to enact the Islamic Criminal Law to address the crimes in Brunei Darussalam ("HM proposes", 2011).

The Department of *Syar'iah* Affairs under the Ministry of Religious Affairs was first established on 21 October 1986. Currently, the department is comprised of five main sections, namely: Administration Section; Religious Enforcement Section; Family Counselling Section; Halal Food Control Section; and *Agidah* Control Section (*Jabatan Hal Ehwal Syariah*, 2011 a, b & c).

According to Department of *Syar'iah* Affairs (*Jabatan Hal Ehwal Syariah*, 2011 a, b & c), the department's mission is to improve the welfare of the Muslims through the teaching of Islam following the basis of *Ahli Sunnah Wal Jamaah*, *Syara'* and Islamic Laws. Its roles and responsibilities include: to reduce or eliminate *Syariah* Crimes with reference to the Islamic Acts; to provide guidance and advice to families; to ensure that all Muslims in Brunei Darussalam based their *Aqidah* on the belief and the practice of *Ahli Sunnah Wal Jamaah*; and to ensure that the food sold and found in Brunei Darussalam are clean and *Halal*.

The implementation of Islamic *Syar'iah* law is controlled by the Law Enforcement Unit of the department. In relation to the interest of this review, under the *Syar'iah* law, there are chapters which address the crime related to alcohol consumption, close proximity (*berkhalwat*), and sexual crimes, just to name a few. There are penalties for each of these which will be reviewed under

section 3.3 of this report. Table 08 below shows some of the relevant statistics from 2006 to March 2011.

| Chapter | Crime | 2006 | 2007 | 2008 | 2009 | 2010 | Jan- March 2011 |
|------------------|------------------------------|------|------|------|------|------|-----------------------|
| 172 | Alcohol Consumption | 29 | 2 | 2 | 5 | 27 | 10 |
| 177 (1)(2)(3) | Close Proximity (Khalwat) | 330 | 579 | 199 | 179 | 237 | 74 |
| 178 (4) | Forbidden Sexual Intercourse | 80 | 103 | 115 | 82 | 76 | 1 |

Table 08. Statistics on Crimes Relating to Alcohol Consumption, Smoking and Forbidden Sexual-Intercourse 2006-Mac 2011 [Extracted from Jabatan Hal Ehwal Syariah (2011b & d)]

Although Brunei Darussalam emphasises on the teachings and practices of Islam and that large number of the population are aware of the *halal* and *haram* in Islam, the data in Table 08 reveals that minority of the Muslims in Brunei Darussalam are still engaged in crimes which are against the religion. Alcohol consumption is *haram* (forbidden in Islam) as it can lead to loss of inhibition or control to the person consuming it. Under the influence of alcohol, a person's control of her/his actions and behaviour is limited, thus increasing the chances of committing offences including sexual crimes like rape. The statistics presented in Table 08 show that the number of cases detected for 'Alcohol Consumptions' amongst Muslims increased from 5 in 2009 to 27 in 2010. Similarly, the cases on 'Close Proximity' have also increased from 179 cases in 2009 to 237 cases in 2010. The other crimes which relate to the concern of this review are the sexual crimes, one of which is the 'Forbidden Sexual Intercourse', i.e. sex outside marriage. Rape and sex outside marriage are treated differently. The penalty for each will be different. Rape involves heavier penalties than sex outside marriage. Rape is handled by Civil Law.

The department has also reported few cases of marital problems which are related to drugs i.e. any marriage problem(s) related to/caused by drugs/involvement with drugs by the married couple.

. The statistics can be found in Table 09 below.

| YEAR | REPORT ON INVOLVEMENT WITH DRUGS |
|----------------|----------------------------------|
| 2006 | 30 |
| 2007 | 16 |
| 2008 | 11 |
| 2009 | 6 |
| 2010 | 9 |
| Jan-March 2011 | 2 |
| TOTAL | 74 |

Table 09. Statistics on Reported Marital Problems Related to Drugs [Extracted from Jabatan Hal Ehwal Syariah (2011b &d)]

2.6 Statistics on Cases Relating to Underage Sex and Unwanted Teenage Pregnancy:

In February 2011, the Ministry of Culture, Youth and Sports conducted a discussion on Women's Issues and Family Institution. A few of the issues raised were related to the focus of this report. Amongst these issues were the crimes related to the females recorded for year 2008-2010 which include 'Rape', 'Underage Sex' and 'Abandoning Baby' were discussed. The statistics for these cases are shown in Table 10.

| Offense | 2008 | 2009 | 2010 |
|-----------------|------|------|------|
| Rape | 37 | 31 | 26 |
| Underage Sex | 5 | 8 | 7 |
| Abandoning Baby | 3 | 4 | 6 |

Table 10. Statistics of Cases Relating to Females [Extracted from Ministry of Culture, Youth and Sports (2011)]

The number of cases on 'Rape' and 'Underage Sex' has shown a decrease in 2010 when compared to 2009. There was a slight increase in the number of cases on 'Abandoning Baby'. The number of rape cases is significant compared to the number of other cases listed in Table 10.

The issue of unmarried teenage pregnancy was also discussed at the above meeting. Statistics have shown that the teenage pregnancy cases in Brunei Darussalam remain almost consistent each year. However, it must be highlighted that the number of cases reported for unmarried teenage pregnancy exceeds 100 annually.

| Year | Total |
|------|-------|
| 2000 | 162 |
| 2001 | 309 |
| 2002 | 156 |
| 2003 | 302 |
| 2004 | 169 |
| 2005 | 152 |
| 2006 | 138 |
| 2007 | 154 |

Table 11. Statistics on Unmarried Teenage Pregnancy
[Extracted from Ministry of Culture, Youth and Sports (2011)]

2.7 School Drop-Out:

School drop out is a factor in youth vulnerability and needs to be addressed. The statistics for school dropouts from 2003 to 2005 are presented in Table 12 below.

| | 2003 | 2004 | 2005 |
|------------------------------|------|------|------|
| Primary | 0.42 | 0.42 | 0.17 |
| Secondary | 2.51 | 2.16 | 1.81 |
| Nursing/Technical/Vocational | 3.85 | 3.41 | 2.86 |
| Higher Institution | 0.07 | 0.07 | 0.09 |

Table 12. Dropout Rate in 2003, 2004, and 2005 [Extracted from Ministry of Education (2007)]

In 2007, the Compulsory Education Order was enacted which mandated that each child in Brunei "above the age of six years who has not attained the age of 15 years" receives compulsory education

for at least 9 years. This further enhances the existing 1993 12-Year Education Policy to provide each child with at least 12 years of education (Ministry of Education, 2009).

2.8. The Evidence of Vulnerability of the Brunei Darussalam Population towards HIV, Drugs and Sexuality Issues:

The statistical data discussed in sections 2.2 to 2.5 appear to indicate a low vulnerability of young people to issues relating to HIV, drugs and sexual health issues.

According to MoH, there are a few factors that contribute towards the HIV vulnerability in Brunei Darussalam. First, some of the population is still not aware of HIV and its modes of transmission. Despite the effort of religious education to maintain the good social values of a Bruneian, in this modern era, the citizens are still susceptible to the influence from the media which provides access to external and internal obscene materials and cyber pollution. This is particularly the case for Bruneians to travel to countries with higher prevalence rates of HIV and where people may be more likely to involve in high risk activities.

Second, the increasing number of detected STI cases is of concern. There is evidence that individuals who are infected with STIs are at least two to five times more likely than uninfected individuals to acquire HIV infection through sexual transmission.

Third, violent or forced sex can increase the risk of HIV transmission. While the number of reported cases of rape is relatively low, zero tolerance should be displayed to sexual violence.

3. OVERVIEW OF THE RESPONSE

This section will examine the current response of different stakeholders to the issues of HIV, drugs and sexual health.

3.1 The Role of a Leader

Brunei Darussalam's leader advocates the implementation of Islam as clearly stated in a number of His Majesty's *Titah* (Speeches) and cited by the Islamic *Da'wah* Centre (2007). The Islamic Da'wah Centre (2007) emphasises the role of a leader by quoting ibnu Kahldun (*Rahimahullah*), a religious scholar (*ulama*) as well as an Islamic sociologist who illuminated the role of a leader:

"A caliph (leader) is like a substitute for the originator of syara (Islamic law) in dealing with preservation of the religion and to administer the world in accordance with it."

His Majesty has made a number of *Titah* (Speeches) which relates to the implementation of Islamic teachings, the current social illnesses, social crimes as well as morality which will be discusses in sections 3.1.1 and 3.1.2.

3.1.1 His Majesty's *Titah* (Speeches)

Brunei Darussalam is a sultanate ruled by the Monarch. The role of His Majesty as a leader is stated to ensure that the country is ruled according to the Monarch's wishes based on the teachings of Islam and the National Concept of Malay Islamic Monarchy (MIB). The Monarch continuously reminds his subjects and addresses any issues that need specific attention through *Titah* (Speeches) delivered during selected occasions. In this section, a few of His Majesty's *Titah* (Speeches) relevant to issues discussed in this report (such as Islamic teachings, MIB, morality, etc) will be highlighted. The *Titah* (Speeches) represent the need for actions from the government and hence the commitment on the part of the state to eradicate these social menaces.

Once His Majesty delivers his *Titah* (Speech), its content is disseminated through the media to reach the population. This ensures that every subject is informed on his wishes. *Titah* (Speech) is also a way for His Majesty to express his concerns and urge his subjects to respond to his calls. The Table 13 below is the overview summary of His Majesty's *Titah* (Speeches) addressing the content which are relevant in the development of this report.

| No. | Issue Addressed | Event | His Majesty's <i>Titah</i> (Speech) |
|-----|--|---|--|
| 1 | Implementing the <i>Syar'iah</i> Law | Meeting with Members of the Brunei Islamic Religious Council in March 2011 | "Are we eligible to be free from the torment of Allah (SWT) as stated in Allah's Firman that says whoever does not provide appropriate punishment laid out by Allah those people belong to the Kafir (infidel)." - (HM Proposes, 2011) |
| 2 | Emphasizing the mandate of the Islamic law | Hari Raya Aidilfitri celebration 1431H/2010M on 7 Syawal 1431/16 September 2010 | "If more than 1,000 years ago, Muslims celebrated (<i>Hari Raya</i>) with <i>takbir</i> (praises to Allah), then now we celebrate it with <i>takbir</i> as well, thus, the (message) of <i>takbir</i> has not changed." – (Brunei Celebrates, 2008). "This is the mandate of Islamic law. Let up practice it with loyalty that has never been extinguished." – (Brunei Celebrates, 2008). |
| 3 | Prioritising Religious Education | The eve of the 21 st National Day celebration (22 February 2005) | "In this respect, education and propagation play a crucial role. The education and propagation machinery should not be weak and the general needs of education should not exceed religious needs. In other words, religious education must be equally prioritized At the foundation level, religious education must be perfect while at the higher level it should give rise to scholars and experts It should not be found lacking because if religious education is weak, the people will also be weakened." - (Education and, 2005) |
| 5 | 5 Morality | On the occasion of New Year (2000) | "The ambitions and aspirations of the country is indeed not only to achieve desired progress with its people possessing knowledge and skills, but also the population must have high standards of behavior, of noble character and praiseworthy morals." – As cited in Islamic <i>Da'wah</i> Centre (2007). |
| 3 | | On the occasion of Prophet Muhammad's birthday (Peace Be Upon Him) 1428H/2007M | "When Brunei is free from every form of undesirable morals, without any doubt it would initiate an image of beauty and excellence." — As cited in Islamic <i>Da'wah</i> Centre (2007). |

Table 13. Summary of a few of His Majesty's 'Titah' (Speeches)

3.1.2 Brunei as a Muslim Country: Upholding the Morality of the Nation

It can be seen with reference to Table 13, His Majesty is strongly emphasising the importance of morality in two of his abovementioned *Titah* (Speeches). His Majesty's *Titah* (Speeches) can be supported with the citing of 1504 verses in the *Al-Qur'an* which relates to morality. It clearly shows that Islam advocates the importance of nurturing praiseworthy moral conduct amongst the Muslims. According to the Islamic *Da'wah* Centre (2007), morality is set as pillar of a nation. It also highlights a Prophet's *Hadis*, record of the saying of Prophet Muhammad (Peace Be Upon Him) as narrated by Allmam Ahmad, from Abu Hurairah Radhiallahu'anhu, he said:

"I am sent to make perfect high moral standard."

The term morality refers to behavioral conducts which determines the action of an individual. Morality measures the goodness and the badness of a person. The Prophet's *Hadis* (Peace Be Upon Him) supports this, as narrated by al-Imam al-Bukhari, from Abdullah bin Amr Radhiallahu'anhu, he said:

"Indeed the best person among you is the one who has high morals."

It can be seen that nowadays, the progress and the development of a country is always accompanied by the deterioration of moral values. His Majesty addresses the importance of the aspect of morality as outlined in His following *Titah* (Speech) as cited by the Islamic *Da'wah* Centre (2007):

"This is where the beauty of Islamic religion lies, whilst it places importance on security of life, it also maintains morality, because the decline of morality leads to collapse and destruction of all other interests, including life, property and even the security of the nation and country."

- Titah (Speech) during the celebration of Isra' Mi'raj 1421H/2000M on 25th October 2000.

History has proven that the deterioration of morals was the cause of the collapse of the strong Othmmaniah government (the Ottoman Empire) which was once centralised in Turkey (Islamic *Da'wah* Centre, 2007). This should be made as a lesson to all countries including Brunei Darussalam. Attempts must be made to nurture the morals of a nation to ensure that the country's progress and development should be achieved according to Islamic religion. This was stated clearly in His Majesty's *Titah* (Speech):

"Brunei must stand firm on praiseworthy morals." – *Titah* (Speech) during the anniversary celebration of Prophet Muhammad's birthday (Peace Be Upon Him) 1428H/2007M.

In Islam, there are two dimensions of development: Spiritual or human development which is to produce individuals who are informed on their responsibilities; and material or physical development which is based on duties of caliph as entrusted by Allah (Islamic *Da'wah* Centre, 2007). In the development of the country, Brunei Darussalam employs a number of steps to uphold the nation's morality: Follow the character of the Prophet (Peace Be Upon Him); Strengthen faith as foundation of morality; Strengthen the role of parents promoting morality; Close the doors to epidemic of social ills; prevent social symptoms from spreading; Control with power.

It must not be overlooked that Brunei Darussalam has long been tackling the spread of the social illnesses by nurturing praiseworthy moral conducts in its citizens, as advocated by His Majesty in some of his *Titah* (Speech) listed in Table 13. With good moral values, the people of Brunei Darussalam should be able to refrain from committing social activities which can lead to risky social behavior.

In Brunei Darussalam, the values of morality have been incorporated within the subjects taught in school particularly Malay Islamic Monarchy (MIB) and Religious education.

3.2 The National Concept of Malay Islamic Monarchy (or *Melayu Islam Beraja*, MIB)

The National Concept of MIB was proclaimed by His Majesty Sultan Haji Hassanal Bolkiah Mu'izzaddin Waddaulah on the Independence Day, 1st January 1984. However, it was claimed that the concept of MIB has existed since the reign of Brunei Darussalam's first ruler. MIB is widely incorporated in the nation's system of ruling, people's way of life and the form of Government. It portrays the values of Bruneians which is unique in its preserved culture, tradition and strong believes in Islam.

In schools, MIB is taught as one of the core subjects. With the new system of education i.e. *Sistem Pendidikan Negara Abad* 21 (SPN 21), MIB has been made as one of the core subjects along with Malay Language, English Language, Mathematics, Science and Islamic Religious Knowledge. In general, the content of MIB subject focuses on the essential values of a Bruneian. It aims to nurture good personality, address the understanding of Islam and cultivate the love for the monarch amongst the people in Brunei Darussalam.

In terms of shaping the personality and the behaviour of the students in schools, MIB brings to the fore a clear focus on morality. The students are taught how to behave appropriately with respect to the people around them, the culture and the monarch. This is hoped to improve their *akhlak* (character or morality or good behavior). According to Datin Hjh Masni B Ali (Islamic *Da'wah* Centre, 2007), *akhlak* has the same meaning as moral. However, the term moral has an association with the regulations of a civilized society while *akhlak* relates more to a person's behaviour. Issues on social problems are also presented to the students to create awareness amongst them (social communication, language, dress code, conduct, proximity between males and females, smoking, drug abuse, sex before marriage, etc.).

The values of Islam are incorporated within the MIB curriculum. Part of the curriculum teaches the students about Brunei Darussalam culture and knowledge about the Monarch. Students are informed on their roles as Bruneians and their responsibility to their country and the Sultan.

MIB is taught starting from primary to tertiary education. In relation to the interest of this report, few related areas included in the MIB curriculum are: Social Issues; Morality; Drugs and Alcohol. The syllabus content review for MIB subject is listed in section 3.4.1.

3.3 Legislative Law: Review on the Crimes and their Penalty

Brunei Darussalam has two judiciary systems as discussed in section 2.4. The acts and chapters under both of the legislative systems are being implemented in the Brunei Darussalam legal system. This section aims to list out in table, the acts and chapter written to penalise the offenders in relation to sexual behavior, drugs and alcohol which are within the interest of this report. Table 14 below consists of the list of sections dealing with drug-related offences under Civil Law.

| Section | Crime | Amount of Drugs | Penalty |
|---------|--|---|---|
| | Possessing Controlled Drug | Not less than 400 grams and not more than 600 grams | Maximum 30 year imprisonment and 15 strokes Minimum 20 years imprisonment and 15 strokes |
| | (Cannabis) for the Purpose of Distributing | More than 600 grams | Death Penalty |
| 3A | Possessing Controlled Drug | Not less than 40 grams and not more than 100 grams | Maximum 30 year imprisonment and 15 strokes Minimum 20 years imprisonment and 15 strokes |
| | (Methylamphetamine) | More than 100 grams | Death Penalty |
| | Smuggling in of Drugs | Not less than 330 grams and | Maximum 30 year imprisonment and 15 strokes |
| | (Cannabis) through | not more than 500 grams | Minimum 20 years imprisonment and 15 |
| | Immigration Control Post | More than 500 grams | Death Penalty |
| 5 | 5 Smuggling in of Drugs (Methylamphetamine) through Immigration Control Post | Not less than 20 grams and not | Maximum 30 year imprisonment and 15 strokes |
| | | more than 50 grams | Minimum 20 years imprisonment and 15 |
| | | More than 50 grams | Death Penalty |
| | | | Maximum 10 years imprisonment or/and |
| 6(0) | Possessing Controlled Drugs | | B\$20,000 |
| 6(a) | without Permit | - | For second offence, at least 2 years |
| | | | imprisonment |
| | | | Maximum 10 years imprisonment or/and |
| 6/h) | Consuming Controlled Drugs | | B\$20,000 |
| 6(b) | Consuming Controlled Drugs | - | For second offence, at least 2 years |
| | | | imprisonment |

| Possessing the Tools for |
|--------------------------|
| Controlled Drugs |
| Consumption |

7

Maximum 3 years or/and B\$10,000

Table 14. Drug-Related Crimes and Their Penalty under Civil Law [Extracted from Research Division (2011)]

The following Table 15 listed out the chapters under the *Syar'iah* Law, the crime and the penalty for offences which include alcohol consumption and risky sexual behavior.

| Chapter | Crime | | Penalty | |
|---------|--|------------------------------------|-------------------|---------------------------------|
| | | First Of | ffense | B\$500 |
| 172 | Alcohol (Supply and Consumption) | Second (| Offense | B\$750 |
| | | Third Offens | se or More | B\$1000 |
| | | | First Offense | 1 Month Imprisonment or |
| | | 177(1) Male | Thist Offense | Penalty Charge of B\$1,000 |
| | | | Second Offense | 2 Months Imprisonment or |
| 4 | | | Second Offense | Penalty Charge of B\$2,000 |
| 177 | Close Proximity (<i>Berkhalwat</i>) | 177(2)Female 177(3) if the male | First Offense | 14 Days Imprisonment or |
| | | | | Penalty Charge of B\$500 |
| | | is not a Muslim | Second Offense | 1 Month Imprisonment or |
| | | Second Offense | | Penalty Charge of B\$1,000 |
| 170/4) | Forbidden (by Islam) Sexual | | 6 Months Imprisor | nment OR |
| 178(4) | Intercourse(<i>Persetubuhan Haram</i>) | | Penalty Charge o | f \$5,000 |

Table 15. Chapters and Penalties Relating to Alcohol Consumption, Close Proximity and Forbidden Sexual-Intercourse
[Extracted from Jabatan Hal Ehwal Syariah (2011b)]

3.4 Response from the Government Sectors

In this section, the responses from the government sectors, especially the education sector will be discussed. First, the response from the education sector will be outlined. This will involve discussing about the Ministry of Education Strategic Plan 2007-2011, the introduction to the Islamic Studies Department (under the Ministry of Religious Affairs) and followed by the review of the subjects and syllabus taught both under MoE and the Ministry of Religious Affairs respectively. After the discussion on the education sector review, this section will continue discussing the significant responses from other relevant government sectors which include the *Syar'iah* Affairs Department (Ministry of Religious Affairs), MoH and the Narcotics Control Bureau (NCB).

3.4.1 Response from the Education Sector

Two ministries are responsible for education in Brunei Darussalam, namely the MoE and the Ministry of Religious Affairs.

A. MINISTRY OF EDUCATION (MoE):

The MoE strategic plan for 2007-2011(Ministry of Education, 2007) highlights certain aspects of the education sector and system which need to be improved and addressed. This includes a review of the policy and curriculum revision to prepare the students with the necessary and relevant skills. This section reviews the content of the strategic plan and how the plan could be used to strengthen the education sector's response to these issues.

The topics on HIV, drugs and sexuality have been taught in schools at different levels which will be reviewed later in Tables 17 and 18. However, the interest is more into informing the students regarding knowledge (e.g. the anatomy of the body).

Hence, this can be used as an occasion to incorporate the response towards the issues on HIV, Drugs and Sexuality within the education sector. In particular, the curriculum could be strengthened with more attention to these issues.

i. MoE STRATEGIC PLAN 2007-2011:

The vision of the MoE's Strategic Plan for 2007-2011 is to provide "Quality Education towards a Developed, Peaceful and Prosperous Nation". This vision aims to ensure a knowledgeable society, whereby the nation can compete in globalised economy while still holding a well-grounded social values and national identities. Within this vision, young people are equipped with the knowledge and skills to acquire roles benefitting their families, community and society. This includes holding strong moral values and high standard of health.

The Mission of MoE (Ministry of Education, 2007) is to 'Provide Holistic Education to Achieve Fullest Potential for All'. This involves nurturing several aspects of the students including spiritual strength; a healthy body and mind; high social, moral, aesthetic and cultural values; and cognitive skills.

The MoE realises the need for review, change and development of the curriculum. This is part of the reponse to the call made by His Majesty, the Sultan and Yang Di Pertuan of Brunei Darussalam in few of his *Titahs* (Speeches):

"...a system that will always prepare policy and curriculum that are relevant to the job market and national needs, especially at tertiary and vocational levels" [UBD 13th Convocation, 6th September 2011 as cited in Ministry of Education, 2007].

"National Education should provide a dynamic, forward-looking educational programme to provide knowledge and skills required by industry and services without ignoring values" [National day, 23rd February 2003 as cited in Ministry of Education, 2007].

"Prepare curriculum with the objective of inculcating a life-long learning culture, so that the Bruneian society is well-educated" [National Day, 23rd February 2003 as cited in Ministry of Education, 2007].

Along with the need to change the curriculum, MoE also realises the need to improve the human resource planning and development. A few associated pull factors are mentioned amongst which includes a significant supply of skilled teachers and working in collaboration/partnership with the private sectors.

The MoE has established three strategic themes to support the achievement of its Vision and Mission for the 2007-2011 strategic plan: *Professional, Accountable and Efficient Organisation; Quality Education*; and *Teaching and Learning Excellence*.

As part of the *Professional, Accountable and Efficient Organisation* theme, MoE ensures the effectiveness and the implementation of the national and school policies through the use of school appraisals. It also aims to provide the teachers with appropriate knowledge to carry out their roles efficiently. In providing *Quality Education*, MoE seeks to generate opportunities for the students to enhance their strengths and abilities. A well-balanced education is also provided to equip the students with wide range of knowledge and learning experiences. The restructuring of curriculum ensures that it is in line at some point with the social needs of the students. In terms of *Teaching and Learning Experience*, MoE is making an effort to provide training for teachers so that they can use appropriate programmes and tools to motivate the students' learning.

The MoE's strategic plan outlines a number of strategic objectives and key initiatives in meeting its goals, including a more balanced curriculum. To evaluate the implementation of the curriculum, the strategic plan urges for the participation of the relevant and significant stakeholders.

The MoE Strategic Plan 2007-2011 (Ministry of Education, 2007) calls for the enhancement of effective policy development. This shall include the continuous review of current policies and the evaluation of schools' and institutions' curricula or programmes. In relation to the interest of this report, the former enables the chance for MoE to allocate attention towards responding to HIV, drugs and sexuality issues. The plan also urges the strengthening the international relation in education. This includes working together with regional and international organisations and institutions. Adopting the best practices from other countries is also a good step as well as increasing Brunei's participation in the conference organized by the aforesaid influential bodies such as UNESCO, Southeast Asian Ministers of Education Organisation (SEAMEO) and the Islamic Educational, Scientific and Cultural Organisation (ISESCO). With good collaboration, it allows Brunei Darussalam the access to pool of expertise and consultants.

To date some effort has been made by the MoE to work in collaboration with the relevant stakeholders and NGOs such as the MoH and Brunei Darussalam AIDS Council (BDAC) to provide the students with learning experiences which are relevant to the current national and regional trends and issues.

ii. SYLLABUS REVIEW:

MALAY ISLAMIC MONARCHY (MELAYU ISLAM BERAJA, MIB):

| | Year | |
|---------------|---|----------------------------|
| | Respect | |
| | Responsibilities | |
| | (individual, family, community, country, school, | Throughout the Primary and |
| Morality | environment, culture) | Secondary MIB Curriculum |
| | Hygiene | |
| | Personality and Behaviour | |
| | Obedience | |
| | Prevention of illegal medicines/drugs consumption | Year 4 |
| Drug | Smoking | Year 7 |
| | Alcohol Consumption | Year 7 |
| Islam | Values of Islam | Year 11 |
| | Social interaction | |
| Social Issues | Social issues | Year 7 |
| | Illegal/immoral social actiivities | |

Table 16. Syllabus Review on MIB for Both Primary and Secondary Syllabus [Extracted from MoE Primary and Secondary MIB Syllabus]

DRUGS/ALCOHOL:

| Year | Topic/Sub-Topic | Learning Outcome |
|------|---|--|
| 6 | Personal Health and the Environment: - Personal Health - Drugs | Students should be able to: differentiate between medicinal drugs and harmful drugs. be aware that medicine such as antibiotics should be taken as prescribed recognise that alcohol, cigarettes and illicit drugs can harm the body. recognise the importance of and engage in healthy habits such as |

| | • reco • be a • disc | ning body parts with soap and water to reduce infection. genise that passive smoking is harmful. ware of the presence and consequences of drug trafficking. uss why alcohol is harmful from the health perspective, as well as the gious, social and cultural perspectives. |
|------------------------------------|---|--|
| 8 | The Use and Abuse of Drugs | Students should be able to: State the definition of drugs as any substance which, when taken into the body affects the way the body and brain works. describe some issues of drugs list some signs and symptoms shown by a person addicted to: Heroin Cannabis Methylamphetamine alcohol explain the harmful effects of sports drugs e.g. steroid and human growth hormone. state the consequences of drug abuse in relation to addiction, crime and transmission of HIV. discuss the harmful effects of excessive consumption of alcohol (including the effects on their families and society) list three harmful chemicals present in tobacco smoke as tar, nicotine and carbon monoxide and state their harmful effects. explain the harmful effects of active and passive smoking. suggest ways to encourage the public to refrain from smoking |
| Combined Science: 9, 10 & 11 | The Use and Abuse of Drugs Content: - Effects of Heroin - Effects of Alcohol | define a drug as an externally administered substance which modifies or affects chemical reactions in the body describe a drug such as heroin as a drug of abuse and its related effects such as powerful depressant, problems of addiction, severe withdrawal symptoms. describe the effects of excessive consumption of alcohol: reduce self-control, depressant, problems of addiction, severe withdrawal symptoms, associated problems such as crime and infection (e.g. AIDS/HIV). |

| Biology: 9, 10 & 11 | The Use and Abuse of Drugs: - Antibiotic - Effects of Heroin - Effects of Alcohol - Effects of Tobacco Smoke | define a drug as an externally administered substance that modifies or affects chemical reactions in the body. describe the medicinal use of antibiotics for the treatment of bacterial infection. describe the effects of the abuse of heroin: a powerful depressant, problems of addictive, severe withdrawal symptoms and associated problems such as crime and infection e.g. AIDS. describe the effects of excessive consumption of alcohol: reduced self-control, depressant, effect on reaction times, damage to liver and social implications. describe the effects of tobacco smoke and its major toxic components (nicotine, tar and carbon monoxide) on health: strong association with brochitis, emphysema, lung cancer and heart disease, and the association between smoking during pregnancy and reduced birth weight of the baby. recognise the fact that many people regard smoking as no longer |
|------------------------|--|---|
| | | recognise the fact that many people regard smoking as no longer socially acceptable. |

Table 17. Syllabus Review on Drugs and Alcohol for both Primary and Secondary Syllabus
[Extracted from MoE Syllabus and O-Level Cambridge Syllabus for Science-Combined and Biology]

SEXUALITY/REPRODUCTION:

| Year | Topic/Sub-Topic | Learning Outcome | |
|------------------------------------|---|--|--|
| | Reproduction in Human Being: - Male and female reproductive organs - Sexual characteristics | Students should be able to: • identify and state the main functions of the male and female reproductive organs. | |
| 8 | - Sexual Characteristics | show an awareness of the physical changes during puberty. state that ovulation is the release of an egg from the ovary. state that fertilisation is the fusion of a sperm and an egg and which occurs in the oviduct. state that menstruation is the shedding of the uterine lining in the absence of fertilisation. briefly describe the menstrual cycle with reference to ovulation, fertilisation and menstruation. | |
| | Sexually Transmitted Infections (STIs): | show awareness of causes and effects of Sexually Transmitted Infections (syphilis, gonorrhea, AIDS). describe ways on how to prevent Sexually Transmitted Infections. | |
| Combined Science: 9, 10 & 11 | Development of Organisms and Continuity of Life: - Sexual reproduction in humans | describe sexual reproduction as the process involving the fusion of nuclei to form a zygote and the production of genetically dissimilar offspring. identify on diagrams of the male reproductive system an give the functions of: testes, scrotum, sperm ducts, prost gland, urethra and penis. identify on diagrams of the female reproductive system a give the functions of: ovaries, oviducts, uterus, cervix and vagina. describe the menstrual cycle with reference to the | |

| | | alternation of menstruation and ovulation, the natural variation in its length, and fertile and infertile phases of the cycle. state the effect of factors, such as diet and emotional state, which affect the menstrual cycle. describe fertilisation and the early development of the zygote simply in terms of the formation of a ball of cells which becomes implanted in the wall of the uterus, where it develops as the fetus. describe the advantages of breast milk compared with bottle-feeding. describe the following methods of birth control: natural, chemical (spermicides), mechanical, hormonal and surgical. |
|------------------------|---|--|
| | | describe the symptoms, signs, effects and treatment of gonorrhea and syphilis. discuss the spread of human immuno-deficiency virus (HIV) and methods by which it may be controlled. Continue next page > |
| Biology: 9, 10 & 11 | Development of organisms and continuity of life: - Sexual reproduction in humans Sexually transmitted diseases. | identify on diagrams of the male reproductive system and give the functions of the testes, scrotum, sperm ducts, prostate gland, urethra and penis. identify on diagrams of the female reproductive system and give the functions of the ovaries, oviducts, uterus, cervix and vagina. compare male and female gametes in terms of size, numbers and mobility. describe the menstrual cycle, with reference to the alternation of menstruation and ovulation, the natural variation in its length and the fertile and infertile phases of the cycle. explain the role of hormones in controlling the menstrual cycle (including FSH, LH, progesterone and oestrogen). describe fertilisation and early development of the zygote simply in terms of formation of a ball of cells that becomes implanted in the wall of the uterus. state the function of the amniotic sac and amniotic fluid. describe the function of the placenta and umbilical cord in relation to exchange of dissolved nutrients, gases and excretory products (no structural details are required). describe the special dietary needs of pregnant women. describe the advantages of breast milk compared with bottle milk. describe the following methods of birth control: natural, chemical (spermicides), mechanical, hormonal and surgical. |

Table 18. Syllabus Review on Sexuality and Reproduction for both Primary and Secondary Syllabus [Extracted from MoE Syllabus and O-Level Cambridge Syllabus for Science-Combined and Biology]

iii. <u>RECENT CALLS BY THE MINISTRY OF CULTURE, YOUTH AND SPORTS WITH RESPECT TO THE EDUCATION SECTOR:</u> Meeting on Women's Issues and Family Institutions

With reference to the issues presented in the meeting conducted by the Ministry of Culture, Youth and Sports (2011, February) on Women's Issues and the Family Institution, the following are amongst those which have been recommended:

- Sex Education must be made as part of the school curriculum; however, it has been suggested that the title should be changed to Reproductive Health.
- Students who are staying in a house which is crowded are advised to stay at the hostel.
- Brunei Darussalam has to prepare a guideline based on Islamic rules and Bruneian culture to handle women's issues and the family institution.
- Pregnant female students should not be expelled from school but to be placed at women's shelter and rehabilitation centre (e.g. the government-sponsored *Taman Noorhidayah*) to enable them to continue their studies.

B. DEPARTMENT OF RELIGIOUS STUDIES, MINISTRY OF RELIGIOUS AFFAIRS:

Religious Education in Brunei Darussalam was implemented on 16 September 1956, assented by *Almarhum* His Majesty Sultan Omar 'Ali Saifuddien Saadul Khairi Waddien, the 28th Sultan of Brunei who reigned from 1951 to 1967. Responsibilities were given to the Islamic Studies Department (JPI), Ministry of Religious Affairs to manage the formal religious education in schools (*Jabatan Hal Ehwal Syariah*, 2011a, b & c). The vision, mission, objective and function of the department are as follows:

Vision: To build up a learned and pious community so as to achieve an impeccable life in this world and the next.

Mission: To provide a systematic Islamic education to students so as to develop a learned, religious and a noble human being based on the *Al-Quran* and the *Sunnah* (a tradition and custom of Prophet Muhammad).

Objective: To escalate the quality of Islamic education formally and informally in order to develop a religious, learned, noble and loyal human being to the country and the leader so as to uphold the Concept of Islamic Malay Monarchy (MIB).

Function: Responsible in engineering the Islamic education and spreading the Islamic religion through the organized religious school system in Negara Brunei Darussalam.

There are four units under the Institution Section which are responsible to deliver Islamic Education to the citizen of Brunei Darussalam. Each unit is responsible for the planning, management, implementation and development of the teaching and learning that take place at different age groups or levels, as listed in Table 19.

| Unit | Level |
|------------------------------|---|
| Arabic School Unit | (i) Arabic schools |
| Religious School Unit | (i) Religious Schools (including Sijil Sekolah-Sekolah Rendah Ugama Darjah 6 i.e. a certificate obtained by each students after completing the six/seven years of Religious School) |
| | (ii) Primary Schools: Islamic Religious Knowledge (IRK) Classes – Under the MoE |
| Islamic Knowledge Unit | (i) Secondary Schools (including O- and A-Levels), |
| | (ii) Technical and Vocational Schools |
| | NB: This will be under the supervision of MoE |
| | (i) Co-Curriculum Activities Related to Religious Education |
| Co-Curriculum and Continuing | (ii) Continuing Education carried out at the Government Hospitals, Royal Brunei |
| Education Unit | Police Force, Royal Brunei Arm Forces, Prison Department, etc. |
| | (iii) Night classes at the mosques and government schools |

Table 19. Units under the Institution Section of the Islamic Studies Department (JPI)

As stated in His Majesty's *Titah* (Speech):

"In this respect, education and propagation play a crucial role. The education and propagation machinery should not be weak and the general needs of education should not exceed religious needs. In other words, religious education must be equally prioritized. ... At the foundation level, religious education must be perfect while at the higher level it should give rise to scholars and experts. ... It should not be found lacking because if religious education is weak, the people will also be weakened." — Titah (Speech) on the occasion of 21st National Day of Brunei Darussalam on 23 February 2005 as also stated in the earlier section of this report.

i. SYLLABUS REVIEW:

One of the Islamic Studies Department's (JPI's) early outreach initiatives is to address the values and the teachings of Islam to the young population through Religious school i.e. since 1956. All Muslim parents are encouraged to send their children to Religious school (*Sekolah Ugama*) which takes 7 years to be completed starting from pre-school to year 6 (roughly at the standard age of 7 to 13 years). It only takes a half-day, i.e. parents can choose to send their children to the morning or afternoon session. Based on the Islamic teaching, this study aims to equip children with adequate understanding and principles of Islam to preserve or rectify the morality and good values amongst the youth. On top of teaching students the duties of a Muslim, they are also equipped with other knowledge and skills which relates to Islam and its values (*Jabatan Hal Ehwal Syariah*, 2011a, b & c).

Amongst the subjects taught in the Religious school focus on morality [Asuhan Ugama (Religious Upbringing) and Adab], the practice of Islam and the duties of a Muslim [Ibadat, Shalat, Shalat (exercise & practical)], personality development and mysticism (Tasauf), hygiene (Taharah), Islamic Crimes (Jenayat) and marriage (Munakahat).

The Islamic Studies Department (JPI) emphasises the importance of shaping the moral values of the students at very young age. At pre-school, the students are already taught the subject on *Asuhan Ugama* (Religious Upbringing) which aims to cue in the good moral values amongst the students. These values are further reinforced by teaching the students the subject on *Adab* at Years 1, 2 and 3. In this subject, students are taught how to well- or appropriately behave. The Religious education addresses the aspect of hygiene through the teaching of *Taharah* at Year 6. It includes teaching the students how to perform ablution (*wudhuk*), taking shower (*mandi wajib* and *mandi sunat*), cleaning the male and female body parts, shaving, etc.

Students are also introduced to the issues on marriage through the teaching of *Munakahat*. It touches sensitive issues on sex, close proximity, puberty, marriage, etc. In addressing the issues on Islamic Crimes, the students are taught *Jenayat*. In this subject, the students are informed about the Islamic Crimes in which many are in line with the Civil Laws. It also covers sexual crimes, adultery, close proximity, alcohol and drugs and social crimes along with the penalty according to Islamic rules.

To enhance what the students have learned in the Religious school, the students are also taught the Islamic Religious Knowledge (IRK) subject in the primary, secondary, technical and vocational schools along with their other school subjects. This allows non-Muslims the opportunity to learn about the teaching of Islam along with its values and be aware of acts described as crimes in Islam which include sexual crimes (adultery, proximity and pregnancy before marriage), misuse of drugs, consuming alcohol, etc.

Islamic education classes which serve the same purpose are also conducted at institution level and at sectors such as the government hospital, Royal Brunei Police Force (RBPF), Royal Brunei Armed forces (RBAF), prison, night classes, mosques, etc.

ii. REVIEW OF THE CURRICULUM CONTENT OF RELIGIOUS EDUCATION:

The Religious education in general focuses on shaping an individual according to the values of Islam. It tackles vehemently the morality aspects of a Muslim starting from pre-school through the religious schools. Continuous Religious education is provided from primary to tertiary level to keep the students informed on the values and knowledge of Islam. Religious education in Brunei Darussalam does not directly address the issues on HIV, drugs and sexuality; however, it enforces the factors which are more powerful in aiding the individuals to tackle these issues and other issues. Religious education content which helps the students to uphold the good values and beliefs are as follows:

1) Islamic Dress Code:

Religious education emphasises the importance of dress code prescribed by Islam for males and females. Islam is against the indiscriminate exposure of the skin, particularly among females, which according to Islam can trigger the interest of the opposite gender and lead to close proximity, adultery and illegal sex.

2) Munakahat (Marriage):

Students are taught about marriage through the teaching of *Munakahat* at Year 6. The responsibilities of a Muslim, as husband and wife, are addressed in this subject. It also highlights that intimacy between males and females before marriage is forbidden and considered as a sin in Islam. The topics under *Munakahat* have been designed to inform the non-married about marriage. There is no mention about the need for discussion on the use of condoms in the syllabus. The underscoring of 'no sex before marriage' aims to prevent the pupils from committing close proximity, adultery, as well as underage sex. This subject caters to preventing the occurrence of early/underage pregnancy, abortion, abandoning of babies, school drop-outs and STIs by encouraging abstinence among the Brunei Islamic community.

3) Social Boundaries:

The implementation of social boundaries is apparent in Brunei Darussalam. In any official events, the males and females are segregated. The schools in Brunei Darussalam also implement this practice within the school itself, in which there must be a limit on proximity between the males and the females. The social boundaries between males and the females are addressed clearly in the lessons. This includes speech, gesture, dress code (*aurat*), touch and action. With clear awareness of the social limits, students are believed to be able to refrain themselves from being involved in activities that can drive their desire towards sexuality on the opposite sex.

4) Halal Food:

Islam strongly believes that consuming *Halal* food is very important as it affects the development of an individual. *Halal* refers to any food or object or an action which is permissible to use, consume or engage in, as stated by the Islamic law. Harmful drugs and alcohol are listed as non-*halal* food as they bring harm to the individuals who consume them. Islam teaches that drugs and alcohol can induce a loss of inhibition or control within oneself for a significant period of time. When this happens, it can be difficult for a person to be in control of his/her own behavior. In such state, a person cannot make proper judgments which may threaten him/her-self and the people around.

5) <u>Hygiene</u>:

Maintaining a good hygiene in all aspects is very important in Islam. Personal hygiene which includes clothing, body, teeth, mouth, environment, food and drinks are addressed well by the Religious education. With good hygiene, the individuals will appear clean, healthy and presentable.

Good hygiene portrays beauty. Islam also advocates the need for all Muslims to be clean in their inner-selves. Due to this, Islam advises its followers to steer clear from jealousy, arrogance, speaking bad about others, being insincere and etc. All Muslims are urged to have a sincere heart and act purely towards other people. With such inner and outer beauty, a person can live in harmony with others and in a good environment.

6) A Sense of Shame:

A sense of shame is part of the faith. It stops one from performing acts which are against Islamic Religion. It also promotes self-reflection as it makes an individual aware of his actions and the consequences. The values of shame are integrated within the curriculum of Religious education. For example, in teaching the students to dress properly, the values of shame are directly addressed. Students are told not to expose some parts of the body especially to the opposite sex as it may trigger negative interest which can lead to social problems. It also emphasised to the students that there are limits to what they are allowed to share. Students are also taught to behave properly as to avoid any consequences which can bring shame to themselves and/or to their family.

3.4.2 Response from the Syar'iah Affairs Department

The introduction on the responsibilities on the *Syar'iah* Affairs Department has been discussed in section 2.5. The list of *Syar'iah* offences and the penalty have been tabulated under section 3.3 of this report (i.e. Table 15). Other than implementing the *Syar'iah* laws, this department also plays an active role in informing and educating the public on marriage, sexuality and other issues relevant to this report. This section will discuss briefly on the Pre-Marital Course for the Muslim couples and other outreach programmes carried out by this department to reach the population in schools and higher institutions.

PRE-MARITITAL COURSE (KURSUS NIKAH):

Family Counselling Section (Bahagian Khidmat Nasihat Keluarga) is responsible for providing guidance to Muslim couples on issues related to marriage according to Islamic perspectives. In the effort to ensure that couples are equipped with the essential knowledge on marriage and issues related to it, Muslim couples who intend to get married are required to undergo a Pre-Marital course (Kursus Nikah). This course has four sessions in which couples are advised on their responsibilities as a husband and a wife. The Syar'iah Department also works closely with the MoH and the Ministry of Finance (MoF) to incorporate issues on health and finance in the said course. The MoH addresses sexuality, family planning, STIs including HIV, hereditary diseases and other issues. On the other hand, the MoF will give a talk on the subject of finance, e.g. monitoring family finance, managing income, etc. The additional scope from the MoH and MoF was launched by the Permanent Secretary of Ministry of Religious Affairs on 11 July 2010 in Bandar Seri Begawan. Married couples who wish to address their problems can seek for advice from then Family Counseling Section which is located at their office in Brunei Darussalam's capital city in Bandar Seri Begawan.

The following table presents the statistics for the number of applicants for the Pre-Marital Course (Kursus Nikah).

| YEAR | BRUNEI MUARA | BELAIT | TUTONG | TEMBURONG | TOTAL |
|------|-----------------|--------|--------|-----------|-------|
| 2006 | 1031 | 297 | 251 | 87 | 1666 |
| 2007 | 1000 | 292 | 264 | 90 | 1646 |
| 2008 | 1144 | 371 | 369 | 63 | 1947 |
| 2009 | 1364 | 401 | 418 | 84 | 2267 |
| 2010 | 1387 | 180 | 436 | 87 | 2090 |

| Jan-March 2011 | 444 | 107 | 135 | 23 | 709 |
|----------------|------|------|------|-----|--------|
| TOTAL | 6370 | 1648 | 1873 | 434 | 10,325 |

Table 20. Statistics on Applicants for Pre-Marital Course 2006-2010 [Extracted from Jabatan Hal Ehwal Syariah (2011b&d)]

In this course, the couples will be informed about free HIV screening which is available in hospitals. However, this is not made compulsory and carried out merely on voluntary basis. So far, from the interview with a representative from the Disease Control Division, MoH, there is no intention to make this process compulsory. Another point to bring to the fore is the aspect of target applicants. It must be noted that the Pre-Marital course targets mainly the Muslim couples. To date, there has not been any similar public course identified which specifically addresses non-Muslim couples.

It must be acknowledged that strong family values also help to help prevent social problems and that initiatives such as the Pre-Marital course is vital to equip the family household with the necessary knowledge for the development of a harmonious family institution.

OUTREACH PROGRAMMES IN SCHOOLS AND HIGHER INSTITUTION:

The Syar'iah Department is also running outreach programmes by visiting schools and giving talks on the Syar'iah laws to the young people from primary schools to higher education institutions. A number of these talks address the issues of HIV and drugs. Young people are informed about HIV and its modes of transmission, as well as the modes of prevention using Islamic perspectives. The chapters under the Islamic law which addresses the crimes (amongst which are listed in Table 15 earlier) relating to sexuality and drugs are also highlighted in these talks.

3.4.3 Response from the Ministry of Health, MoH

According to the MoH, Disease Control Division (DCD) collates the surveillance data with regards to HIV and other infectious diseases. For HIV, this includes:

- 1) receiving notifications and keeping record of all positive HIV cases in Brunei;
- 2) referring cases to the hospital for further management once it receives notifications;
- 3) providing counselling to positive HIV cases and their contacts;
- 4) carrying out contact tracing for persons with HIV; and
- 5) providing technical guidance and support in the surveillance, prevention and control of HIV.

Residents of Brunei Darussalam (with yellow Identity Cards) are only charged at BND\$1 for the use of health facilities (including outpatient, treatment and prescriptions). While ARVs are provided free of charge, the MoH reported difficulties in convincing people with HIV to stay on treatment.

Other efforts are in place to prepare pregnant women to care for themselves and their future babies, and ARVs are provided to those who are HIV-positive.

Under the MoH, there is a unit called the Health Promotion Centre (HPC) which aims to promote a healthy lifestyle amongst Bruneians. Recently, the Health Promotion Centre (HPC) mentioned that MoH is planning to train school counsellors at the secondary schools on the methods for HIV prevention. The representative also highlighted the need to send across the message on HIV and AIDS to the school population ("Plan to", 2010). This indicates the potential for future collaboration between the MoH and the MoE relating to HIV and AIDS.

3.4.4 Response from the Narcotics Control Bureau (NCB)

The roles and responsibilities of Narcotics Control Bureau (NCB) have been outlined in section 2.4. This section elaborates on the enforcement of the demand reduction approach to drugs through preventive drugs education, treatment, rehabilitation and supervision programmes.

Demand Reduction Education:

Preventive Drug Education (PDE): Narcotics Control Bureau (NCB) reaches out to the public through preventive drug education with the aim mainly to stop the public, especially young citizens, from being involved in drug abuse. This is done through lectures, open dialogues, exhibitions and anti-drugs campaigns, media spots (including radio and television such as the 'NDA' programme), and performing screening on suspects.

Treatment and Rehabilitation Programme: The one and only approved rehabilitation centre for drugs in Brunei Darussalam is the *Pusat Al-Islah* (PAI) Rehabilitation Centre. It aims to help people to be cured of their addiction and to re-integrate them into society, activities such as religious programmes, therapeutic community programmes, counselling and vocational programmes and physical exercise. The centre emphasizes more on behavioural change. Currently, there are 139 residents comprising 114 males and 25 females. Of these, 111 were referred through Minister's Order, 26 through the Court's Order and 2 were referred voluntarily. The duration of detention is from 6 to 24 months.

Mandatory Supervision Programme: Those who have just been discharged from the rehabilitation centre or have undergone sentences in the prison for drugs consumption offences are placed under statutory supervision for a minimum of six months and a maximum of 24 months. This is according to the Misuse of Drugs Regulations, 1987, Supervision Order, under Section 12(2). The people placed under this supervision scheme are referred as *Orang Yang Di Bawah Pengawasan* (OYDP) or People under the Supervision. They are to be reporting on a regular basis for counselling, joining the Self-Help Group (SSB), random Urine Screening as well as interviews.

NDA! - No Drugs at All Programme:

The NDA slogan in Brunei Malay Language means NO (Preventive Drug Education Division, 2011). It is a slogan to express 'no drugs at all' which is used by the Narcotics Control Bureau (NCB) under the Preventive Drug Education Division, as part of the campaign against the abuse of drugs. It was officially launched in 26 June 2008 in conjunction with the International Day against Drug Abuse and Illicit Trafficking. Previously the world-wide slogan, 'Say NO to Drugs' has been used. One of the objectives for the launching of this slogan is to create a slogan with some Brunei Darussalam features, as NDA is a Brunei Malay word commonly used amongst the Bruneians. This term is also easy to remember and hoped to be in synonym with the society's rejection to drugs.

Since the launching of the slogan, souvenirs, pamphlets, posters and video clips on NDA have been distributed to the public through schools, government and non-government sectors, as well as the head of villages. Ongoing promotions are through TV and radio advertisement as well as the local media. Narcotics Control Bureau (NCB) also carries out the NDA promotion by printing the NDA slogan on the SUCI mineral water bottles in which 5 million printings have been made in 2009. The distribution of the second batch of the printing started in early 2011. It is hoped that through the ongoing promotions, more citizens of Brunei Darussalam become aware of the NDA message and that drug abuse can lead to bad consequences not only to oneself but also to the whole country.

3.5 Response from the Non-Governmental Sectors

There are a number of NGOs that have developed programmes aiming to educate the people of Brunei Darussalam on the above issues. Some of these programmes have been delivered to the school population with the permission from the MoE and in collaboration with the respective schools. The two NGOs that will be discussed in this section are the Brunei Darussalam AIDS Council (BDAC) and the *Persatuan Basmi Dadah* (BASMIDA).

3.5.1 Brunei Darussalam AIDS Council (BDAC):

The Brunei Darussalam AIDS Council (BDAC) is a non-profit organisation established in 2000 to raise awareness of STI, unwanted pregnancy and social issues. In addressing the issues, the objectives of Brunei Darussalam AIDS Council (BDAC) are to:

- disseminate information on STI (including HIV), the misuse of drugs, and morality issues (which includes discrimination against others).
- provide the community referral services to professionals and relevant agencies.
- establish networking with the government agencies, private sectors and non-government organisations (local and non-local).
- carry out community work on a voluntary basis.

BDAC has a few on-going programmes to help the council achieve its aforementioned objectives and these include:

The Penyinar Club: This club is the youth division of BDAC and was formed during the BDAC's first Annual General Meeting in 2001. It aims to motivate youth to practice a healthy and positive way of living; and reach out as well as spread awareness on HIV- and AIDS-related issues among youth. Its members include young people ranging from their early teens to late 20s. The club organises trainings, and religious and leadership programmes. In addition to addressing prevention issues, the club aims to eliminate stigma and discrimination as well as bring hope to those who are infected.

HIV Awareness Programme for Peers and Youth (HAPPY): HAPPY is a youth-led project that spreads HIV awareness including knowledge on teenage pregnancy and STIs throughout the 4 districts in Brunei Darussalam. It is a 2-3 hour programme that combines audio, visuals and group activities, which includes debates, discussions, presentations and games. To date, HAPPY has reached out to over 2,500 youth. The programme has also been shared in various regional events, such as the 2nd UNESCO Asian Youth Forum in Gwangju, Korea and at the 9th International Congress on AIDS in Asia and the Pacific (ICAAP) in Bali, Indonesia.

Life Skills Training (LESTARI): LESTARI is a 4 day/3 night programme for young people to teach them various life skills in an interactive and youth-friendly setting. It is a physically, mentally and emotionally challenging programme but the outcome can benefit the participants in facing their future life. Some of the skills taught during the programme are: decision-making; the basics on HIV and AIDS; time management; values; confidence; working under pressure; teambuilding; and empathy. The programme is conducted twice a year and to-date there have been 276 'graduates'.

Training of Trainers Programme: In July 2011, BDAC in collaboration with MoH, MoE and Standard Chartered Bank, conducted Training of Trainers programme through a "Workshop on HIV and AIDS, STI and Teenage Pregnancy for School Counsellors". This workshop trained 51 school counsellors and engages the education sector to response actively on the issue.

Other than going to schools, Brunei Darussalam AIDS Council's programme, namely HAPPY and Penyinar Club has reached out to youth clubs and youth camps, with the likes of Scouts, Girl Guides, leadership camps, etc, in educating youth on HIV and AIDS, STIs and teenage pregnancy.

Unfortunately, in carrying out its programmes, BDAC has been not receiving direct funding from any particular body or agency. Its financial support mainly comes from donation and the exact amount received cannot be verified.

3.5.2 *Persatuan Basmi Dadah*, BASMIDA:

Persatuan Basmi Dadah (BASMIDA) is a non-profit organisation established in 1987. It is an anti-drug abuse association in Brunei Darussalam. The main objective is to carry out preventive drug education among young people and school children through annual campaigns. To date, BASMIDA has 100 active members. Below is the list of activities and programmes carried out by the organisation.

Outreach Programmes: This includes competitions on anti-drug essay writing, poster making, oratory amongst school children, sports, anti-drug songs, fund raising concerts, exhibitions and anti-drug quizzes. Informational and Educational reading materials are printed and distributed for free.

Counseling for Drug Users: BASMIDA offers free counseling to inmates at the Treatment and Rehabilitation Centre of *Pusat Al-Islah* (PAI) and conducts training and refresher courses for qualified volunteer counsellors.

Vocational Assistance: BASMIDA also facilitates job placement and imparts or upgrades employment skills to former drug addicts (referred to *Rakan* BASMIDA). Several *Rakan* BASMIDA are currently employed by various construction and service industries. Others are continuously encouraged and supported to pursue self-employment. BASMIDA also assists by providing the necessary tools and marketing opportunities to help recovering addicts start-up their business.

4. OVERALL OBSERVATIONS

Throughout the development of this report, few observations have been made. Each of these will be outlined and discussed below.

Brunei Darussalam as an Islamic Country: As an Islamic country, Bruneians widely practice the teachings of Islam in all aspects of life. To ensure that the knowledge on Islam is channelled to the residents of Brunei Darussalam, religious schools have been assigned the role to educate the young citizens on Islamic education. In addition, Islamic Religious Knowledge (IRK) is made as one of the core subjects in the new education system of SPN 21 (*Sistem Pendidikan Negara Abad 21*) under the MoE.

Concept of Malay Islamic Monarchy (MIB): Strong emphasis on Malay Islamic Monarchy (MIB) is implemented nationwide through various medium including education, media, dress code, system of ruling, Syariah laws, etc. This has contributed to the stability and the harmony of the country as the citizens are shaped according to the values MIB. The concept also sets a platform to inculcate high morality amongst the Bruneians in which morality significantly acts as pillar to the nation. MIB is made as one of the core subjects in schools and taught throughout all levels of education (primary, secondary and tertiary).

Brunei Darussalam's Centralised Administration: Brunei Darussalam's administration is generally centralised i.e. government's policies are being disseminated through the system (e.g. Friday

Sermons are standardised throughout the country and regulated by Islamic *Da'wah* Centre). This also applies to the main stream education system in Brunei Darussalam which is solely handled by the MoE which includes setting up the syllabus, national exams and education policies. Although Brunei Darussalam adopts a centralised administration, the ministries and departments under the government work closely with the non-government organisations and have made concerted efforts in improving and monitoring the situation.

Statistics: There is limited data collection in Brunei Darussalam on standard indicators collected for reporting to the UN general Assembly Special Session on HIV/AIDS (UNGASS). For example, Brunei Darussalam does not report on the coverage of life skills education, age of sexual debut, levels of correct and comprehensive knowledge, or other parameters. The Youth Development Index (YDI) reported by the Ministry of Culture, Youth and Sports appears to indicate that the youth are performing very well according to the indicators outlined for 'Health' and 'Social' issues. According to the MoH, currently, number of HIV and drugs cases in Brunei Darussalam is still manageable with respect to the low number of population. However, the slightly notable number of STI cases (Ministry of Health, 2011) and the reported cases of teenage pregnancy (Ministry of Culture, Youth and Sports, 2011) suggest that some young people maybe practicing unsafe sexual behaviours.

MDG 6: The MDG Report (2010) stated that Brunei Darussalam has shown significant success in managing communicable disease through prevention and control measure (which includes HIV and STI). However, as of now, there is a lack of statistical information for items under MDG 6.

Education Policy: There are no specific education policies which have been written to address the issues of HIV, drugs and sexual health.

Curriculum: According to the MoE Strategic Plan 2007-2011, there is a need to change and improve the current curriculum as well as review the existing education policies so that students can be equipped with necessary skills which are relevant the current life trends and the country's needs. This change, however, appears to focus on building the necessary technical skills to ensure a productive nation and does not appear to include any further additional content changes as regards to HIV, drugs and sexual health.

Life Skills Relating to HIV, Drugs and Sexual Health: Knowledge on HIV and AIDS, drugs and sexuality has been addressed as part of the education curriculum and co-curricular activities (e.g. through talks, road shows, competitions, etc); however, these are more about building knowledge (with a focus on promoting abstinence to drugs and sex) than on building skills to address these issues. It appears that there has been little training to build skills which are relevant to real life situations.

5. **RECOMMENDATIONS:**

This review finds a limited response by the education sector towards the issues of HIV, drugs and sexual health in Brunei Darussalam. There are opportunities to act on the existing situation and prepare the students for the future.

The MoE's Health Promotion Unit can be utilised as an active agent to initiate such responses since it has been dealing with health issues in schools. The Counselling Unit should also be given the opportunity to play an active role for the same outreach purpose.

Drawing on the findings of this review, we recommend the following actions:

Research and Studies: There is a need to undertake comprehensive evidence-based studies on HIV, drugs and sexuality amongst students in Brunei Darussalam to support an appropriate response u to

the unique situation faced by the nation of this country. This includes textbook review and teacher training activities.

Setting up a Task Force: As there is no specific department or unit under the MoE that handles these issues, a task force needs to be set up as an initial effort. This task force would identify the term of reference for the above reviews, and make recommendation based on the findings.

Policy: In the Ministry of Education Strategic Plan 2007-2011 (Ministry of Education, 2007), it was stated that there is a need to review the current policies in education. This should be taken as an opportunity to introduce a policy that addresses education on HIV, drugs and sexual health.

Comprehensive Reproductive Health Education: At a meeting hosted on 28 February 2011 by the Ministry of Culture, Youth and Sports on Women's Issues and Family Institutions, participants identified the need to equip young citizens with knowledge on reproduction. In the said meeting, it was noted that the annual unmarried teenage pregnancy cases exceeds 100 cases which is quite significant with regards to the total population of Brunei Darussalam. Data from the MoH (2011) also reveal high number of STI cases amongst youth. These data give an impression that the young citizens are engaging in unprotected sexual behaviour and have limited knowledge of the consequences of early pregnancies, STIs, social and relationship issues. There is a need for a programme (such as the HAPPY programme or the like) or the inclusion of such content in the syllabus on Comprehensive Reproductive Health Education. The need for a comprehensive education on the matter is to ensure that the students do not only acquire the knowledge (as what is suspected happening now) but also the life-skills to respond appropriately.

Capacity Building: Currently, there is no specific task force under the MoE assigned to initiate the response on HIV, drugs and sexual health. However, once a decision is made, then there will be a need for the training of officers or trainers. To carry out the task force, it is important to equip these people continuously with appropriate knowledge and skills which can make them effectively carry out the assignment, adapting to the changes and adopting best practices.

Establishing Relevant Local, Regional and International Networking: Support (in terms of consultancy, best practices, capacity building, funding, etc) from relevant local, regional and international bodies is needed as a platform for Brunei Darussalam to respond to HIV, drugs and sexuality particularly in the education sector. Brunei Darussalam is still in the stage of initiating a strategic education response to the issues and needs proper guidance in terms of expertise and human resource development.

Monitoring and Evaluation of Programmes: To ensure the effectiveness and the efficiency of the current as well as the future programmes, consistent evaluation of these programmes needs to be carried out by assigned professionals. This will certify the quality of the programmes and their relevance to the current situation and needs.

Identifying Entry Points: There are existing bodies and programmes (such as Girl Guide (Girl Scouts), First Aid programs, etc) under the education sector that has a wide coverage of students. This can be seen as an opportunity to incorporate education on HIV, drugs and sexual health into their programmes to further strengthen and expand the outreach.

Community Participation: Prior to the design and implementation, it is crucial to obtain the society's feedback in terms of their views and suggestions on how to go about in delivering the programmes. This can be done through the help of the media, surveys, briefing, road shows, etc. This approach can be seen as a means to sensitise a generally conservative society on the issues that needs to be tackled in an appropriate way. It is hoped that these issues, particularly HIV and Sexuality which are seen as taboo, can be widely addressed.

6. **CONCLUSIONS**:

The review on the statistical data in this report shows that Brunei Darussalam generally has a low number of HIV cases. The most common mode for transmission is through sexual contact (heterosexual and homosexual) and to-date, the MoH has only recorded one case of HIV through injecting drug use.

Although the number of HIV cases in Brunei is low, the number of STI cases and drug-related arrests (over 500 cases per year) attests to the potential vulnerabilities of youth to HIV transmission. Therefore it is crucial to educate young people on these issues.

This review considers the education sector to be a critical player in the response to HIV, drugs and other sexual health as most Bruneians are engaged in the education system and complete their studies. Moreover, as the education system in Brunei Darussalam is centralised, it can be seen as an opportunity to deliver a Comprehensive Reproductive Health Education, which can also include education on the link between alcohol, drug use and ill health. In terms of delivery, the report recommends a Life-Skills approach to build the necessary capacities to make healthy choices and reduce risky behaviours.

This review has found that to-date the education sector has played a limited role in responding specifically to HIV, drugs and sexual heath among young people. Brunei Darussalam relies on the teaching of moral ethics through religious education to prevent HIV, STIs and drug abuse.

Both the Religious and Malay Islamic Monarchy (MIB) education have the values of morality incorporated within the syllabus. In addition to this, the Religious Education is compulsory for all Muslim students while the Malay Islamic Monarchy (MIB) is compulsory for all students in Brunei Darussalam. As clearly stressed by the Islamic *Da'wah* Centre (2007), morality is pillar to a nation. This approach to strengthen the morals of young people is considered by the reviewers to be a good practice to be examined by other countries to uphold values and to promote healthy behaviours.

RESOURCE PERSONS:

| GOV | JOB TITLE | | |
|-------------------------------|--|--|--|
| | Curriculum Development Department | Director, Curriculum Development Department | |
| | International Affairs and Public Relations Unit | Head, International Affairs and Public Relations Unit | |
| Ministry of Education (MoE) | Health Promotion Unit, Department of Schools | Head, Health Promotion Unit, Department of Schools | |
| | Science, Technology and Environment Partnership (STEP) Unit | Head, STEP | |
| | Counselling and Career Guidance Section, Department of Schools | Head, Counselling Career Guidance Section, Department of Schools | |
| | Disease Control Division | Disease Control Division | |
| Ministry of Health (MoH) | Health Promotion Centre | Head, Health Promotion Centre | |
| | Statistic Unit | Head, Statistic Unit | |
| Ministry of Deliving Affairs | Department of Islamic Studies | Director, Department of Islamic Studies | |
| Ministry of Religious Affairs | Department of <i>Syar'iah</i> Affairs | Director, Department of <i>Syar'iah</i> Affairs | |
| NON-G | JOB TITLE | | |
| Brunei Darussala | President, BDAC | | |
| Persatuan Bas | President, BASMIDA | | |

Table 21. List of Resource Persons

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