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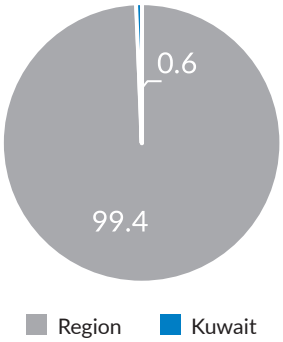
Kuwait

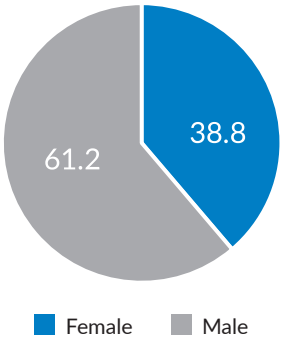
Demographics

Total population (2020)	4 270 563
Life expectancy at birth (years) female/male (2019)	77/75
Under-5 mortality rate (per 1000 live births) (2019)	8
Gross domestic product per capita (current US$) (2019)	32 373.3

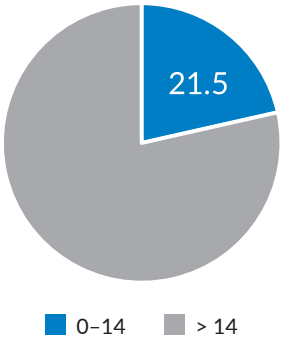
Population as percentage of regional total, 2020



Percentage of female and male population, 2020



Population aged 0–14 of total population, 2020

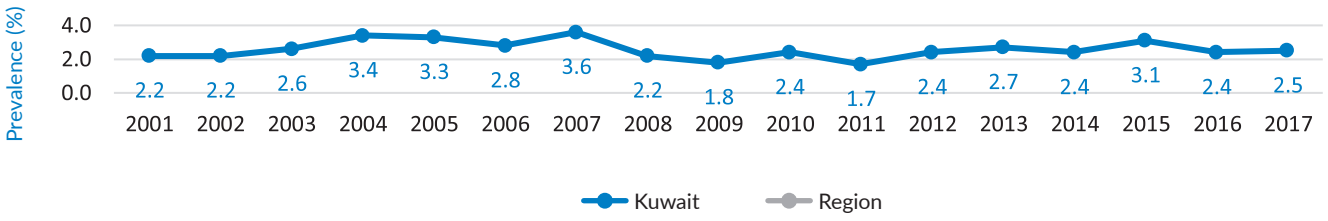


Source: The World Bank

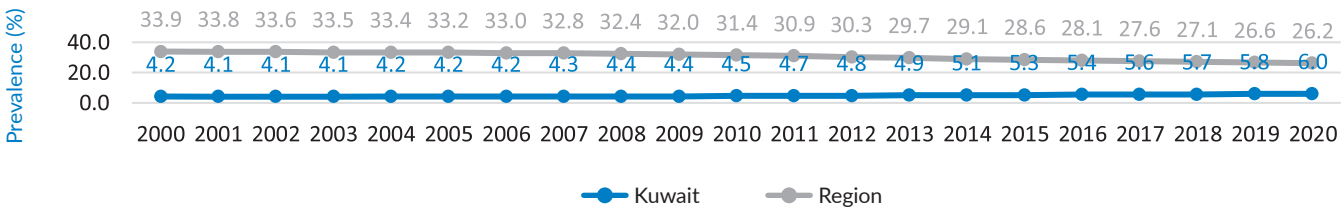
Child malnutrition

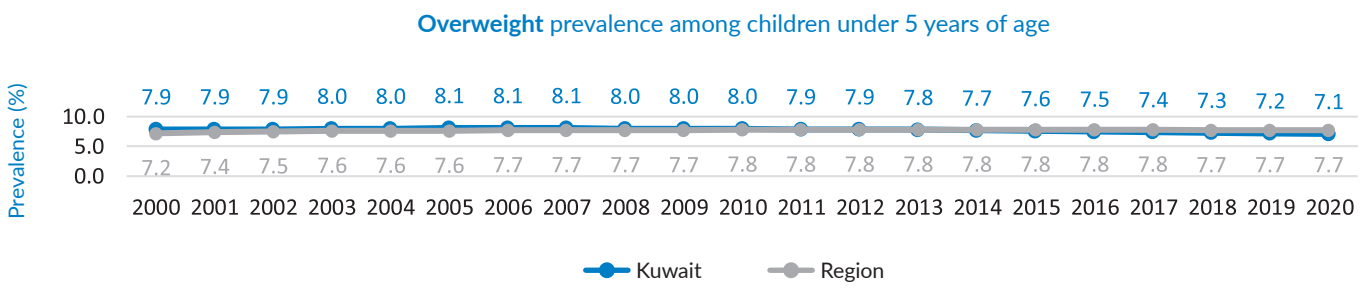
According to the Global Health Observatory, the prevalence of wasting in children under five in Kuwait has remained relatively steady between 2001 (2.2%) and 2017 (2.5%), indicating that the country is meeting the regional target to reduce childhood wasting to less than 3% and maintain that level. The prevalence of stunting has increased from 4.2% to 6.0% over the past two decades, although it remains significantly lower than the regional average. During the same period, the prevalence of overweight in children under five in Kuwait has decreased slightly from 7.9% to 7.1%.

Stunting prevalence among children under 5 years of age



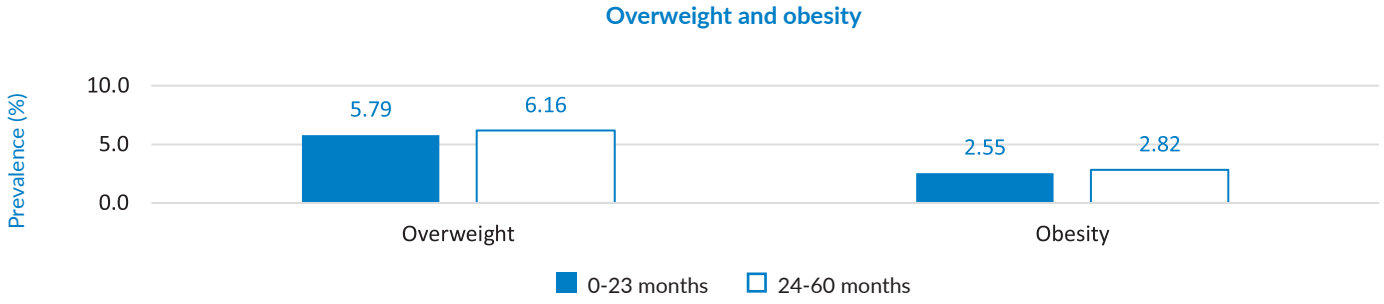
Overweight prevalence among children under 5 years of age





Source: WHO Global Health Observatory.

Note: The UNICEF/WHO/WB joint child malnutrition estimates for stunting and overweight are modelled at logit (log-odds) scale using a penalized longitudinal mixed-model with a heterogeneous error term. The country modelled estimates are generated using the JME country dataset, which uses the collection of national data sources. Due to this method, estimates may differ from official estimates of Member States (i.e., the stunting prevalence from a household survey for a given country in a given year is not reported as the prevalence for that country in that year; rather, it feeds into the modelled estimates). The methodology is described here: https://www.who.int/publications/i/item/9789240025257. Wasting is defined as a percent weight-for-height that is two or more standard deviations below the median. Stunting is defined as a percent height-for-age that is two or more standard deviations below the median. Overweight is defined as a percent weight-for-height that is two or more standard deviations above the median.

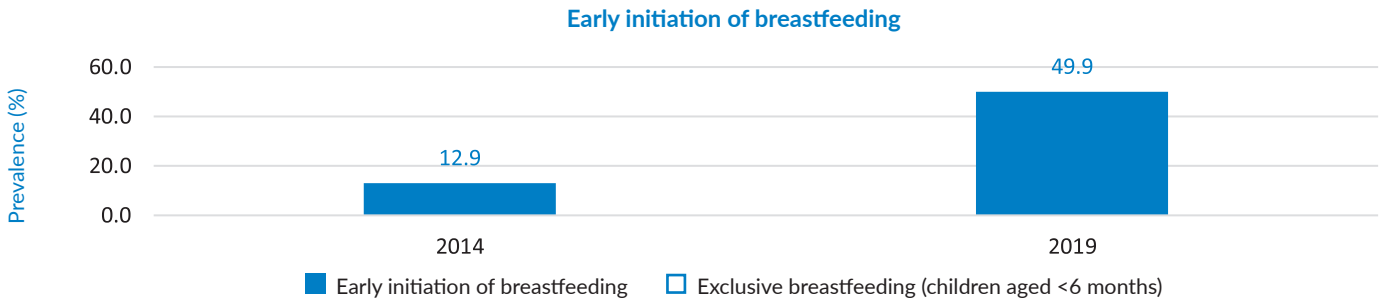


Source: Kuwait Ministry of Health.

According to the Kuwait Nutrition Surveillance System 2019 Annual Report, the prevalence of overweight (defined as a body mass index (BMI) for age between two and three standard deviations above the median) was 5.79% in children aged 0–23 months and 6.16% in children aged 24–60 months. The prevalence of obesity (defined in this study as a BMI for age more than three standard deviations over the median) was 2.55% in children aged 0–23 months and 2.82% in children aged 24–60 months. The survey was conducted in 2018.[1]

Infant and young child feeding

prevalence of early initiation of breastfeeding (within one hour of birth) among children under 6 months of age in Kuwait increased considerably from 12.9% in 2014 to 49.9% in 2019.[1]



Sources: Kuwait Ministry of Health.

[1] Kuwait WBTi Assessment Report. Kuwait City: Kuwait Ministry of Health; 2015 (https://www.worldbreastfeedingtrends.org/uploads/country-data/country-report/WBTi-Kuwait-2015.pdf).

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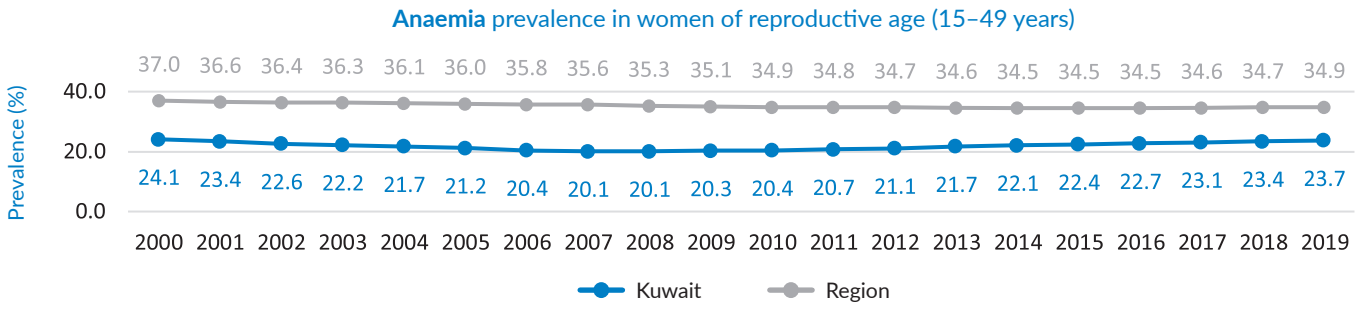
Anaemia in women of reproductive age

The prevalence of anaemia in women of reproductive age (pregnant and non-pregnant women combined) has increased from 30.4% in 2000 to 37.7% in 2019.

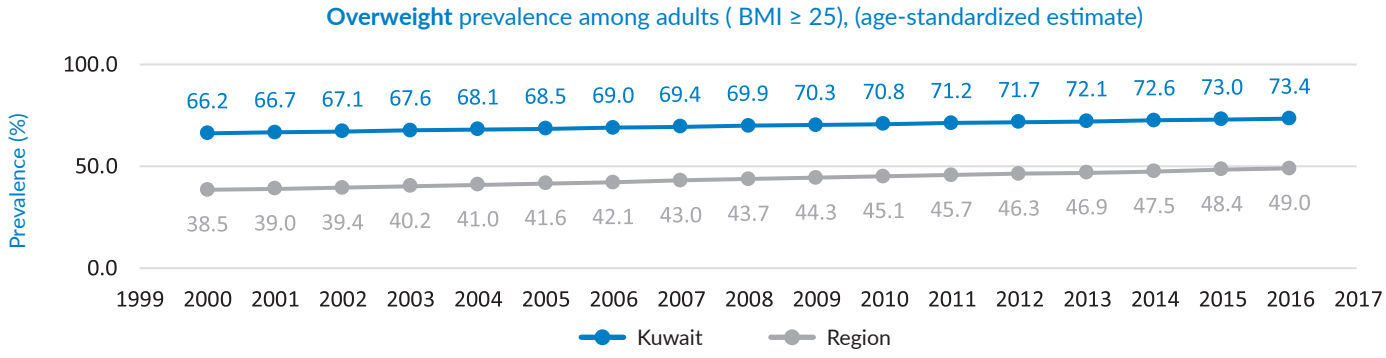


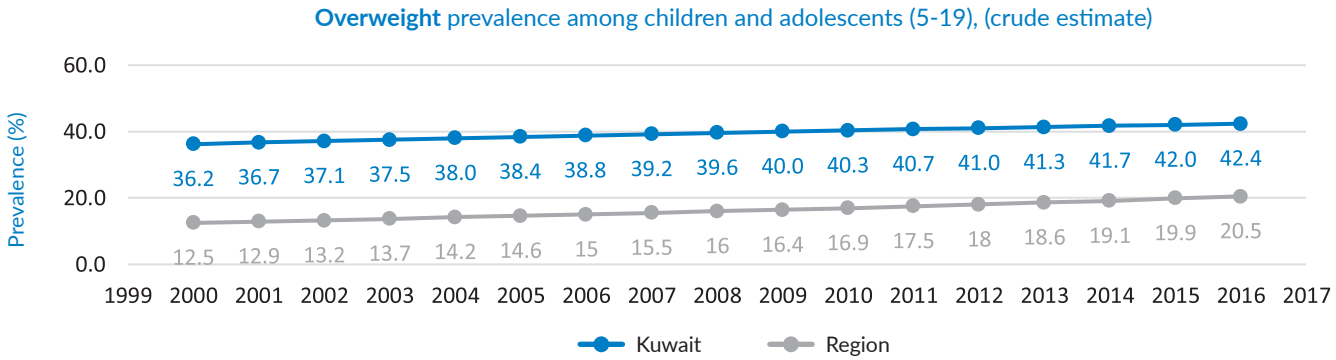
Source: WHO Global Health Observatory.

Note: The WHO global anaemia estimates are derived from a hierarchical Bayesian mixture model that uses all available data to make estimates for each country and year. In the model, estimates for each country are informed by data from that country itself, if available, and by data from other countries, especially those in the same region. Due to this method, the estimates may differ from official estimates of Member States. The methodology is described here: https://cdn.who.int/media/docs/default-source/anaemia-in-women-and-children/hb-methods-for-gather.pdf?sfvrsn=da0fbb5f_11 and here: https://pubmed.ncbi.nlm.nih.gov/25103581/.

Overweight and obesity

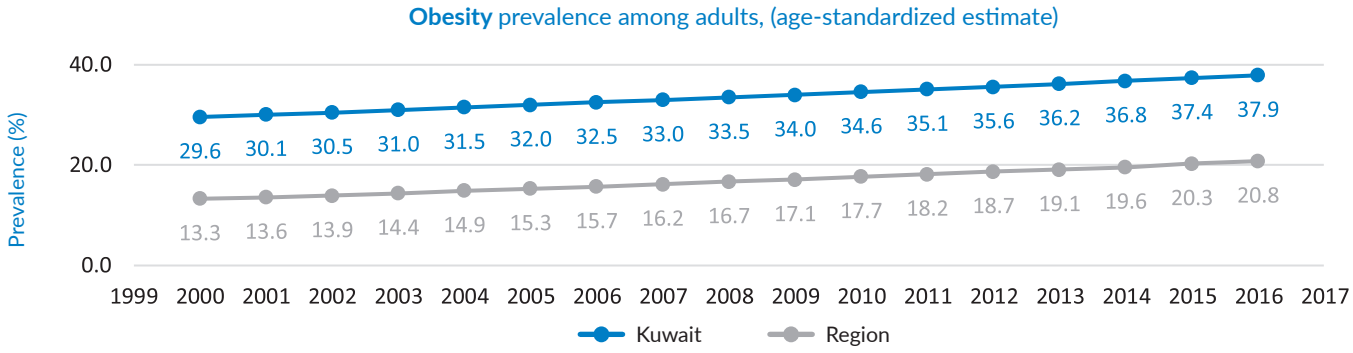
A significant increase in the prevalence of overweight among adults in Kuwait (66.2 to 73.4%) has been recorded between the years 2000 and 2016. Moreover, the prevalence of overweight among children and adolescents aged 5–19 has risen from 36.2% in 2000 to 42.4% in 2016.

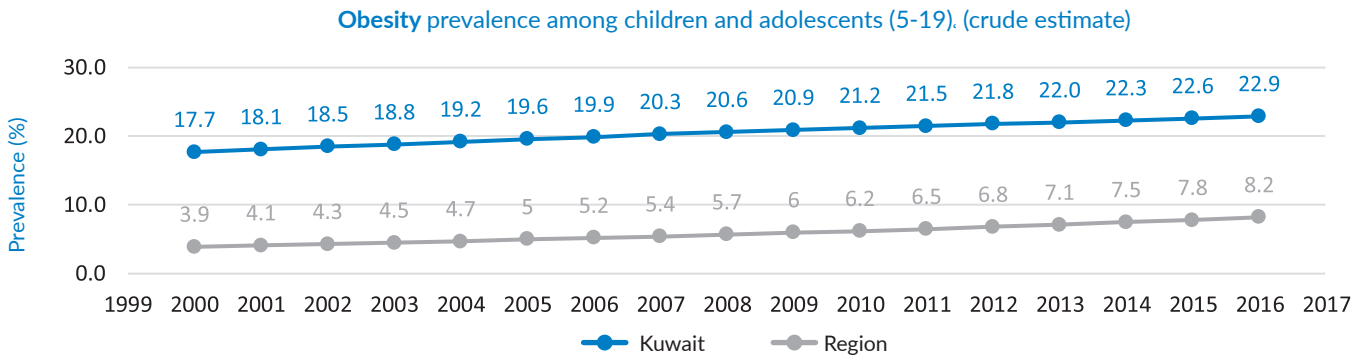




BMI = body mass index. (Overweight in adults is defined as a BMI of 25 or greater, and in children and adolescents as a BMI one or more standard deviations above the median. Obesity in adults is defined as a BMI of 30 or greater, and in children and adolescents as a BMI two or more standard deviations above the median.)

Obesity is the reported risk factor responsible for the greatest total number of disability-adjusted life years (DALYs) in Kuwait in 2019.[2] The prevalence of obesity has increased from 29.6% to 37.9% between 2000 and 2016. Similarly, the prevalence of obesity among children and adolescents aged 5–19 has significantly increased between 2000 and 2016 from 17.7% to 22.9%.





Sources: WHO Global Health Observatory, Institute for Health Metrics and Evaluation

Note: The WHO estimates for overweight and obesity are derived from a Bayesian hierarchical model, which uses NCD-RisC database of population-based data. The model has a hierarchical structure in which estimates for each country and year are informed by its own data, if available, and by data from other years in the same country and from other countries, especially those in the same region with data for similar time periods. Due to this method, the estimates may differ from official estimates of Member States. The methodology is described here: https://pubmed.ncbi.nlm.nih.gov/29029897/.

Overweight and obesity according to the Kuwait Nutrition Surveillance System

Data from the Kuwait Nutrition Surveillance System collected in 2019 reveal the prevalence of overweight (defined as BMI 25–29.9) among adults to be 36.4% and of obesity (measured as BMI ≥ 30) to be 41.7%, meaning 78.1% of adults were either obese or overweight. Additionally, almost half of the school-aged children and adolescents were either obese or overweight (48.6%) as the prevalence of overweight in school-aged children and adolescents was 20.2% (defined as a BMI between 1 and 1.9 standard deviations above the median) and 28.4% were obese (measured as BMI > +2 SD above the median).

Source: Ministry of Health of Jordan

Micronutrient status

The iodine intake in Kuwait is adequate (100–299 µg/L) as demonstrated by the estimated median urinary iodine concentration among school children, which was 132 µg/L in 2014.

Source: WHO Micronutrients Database. Vitamin and Mineral Nutrition Information System.

[2] Kuwait WBTi Assessment Report. Kuwait City: Kuwait Ministry of Health; 2015 (https://www.worldbreastfeedingtrends.org/uploads/country-data/country-report/WBTi-Kuwait-2015.pdf).

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Nutrition policies and strategies

Key national programmes		Date
Development of national nutrition strategy or action plan [a, b]	✓	1993
Plan of action for obesity prevention [a]	✓	Since 2004
Strategy or plan of action on infant and young child feeding [b]	✓	Since 1998
Code of marketing of breast milk substitutes [c, d]	✓	Since 2014
Child growth monitoring [b]	✓	Since 1995
School feeding programme [b]	✓	Since 1960

Policies	Policy to reduce salt/sodium consumption [a, e, f]	Tax on sugar sweetened beverages [g]	Policy to limit trans-fatty acid intake [e, h]	Policy to reduce the impact of marketing of food to children [b]	Policy on salt iodization [b, i]	Front-of-pack nutrition labelling for food	Wheat flour fortification [j]
	☑	☑	☑	☑	☑	☒	☑
	2012–2018	2020	2017	1987	Mandatory		Mandatory

✓=Policy/programme implemented ✗=Policy/programme not implemented

[a] Policies in Kuwait: In: Global database on the Implementation of Nutrition Action [website]. Geneva: World Health Organization; 2022 (https://extranet.who.int/nutrition/gina/en/policies/1472, accessed 6 July 2022).

[b] Programmes in Kuwait: In: Global database on the Implementation of Nutrition Action [website]. Geneva: World Health Organization; 2022 (https://extranet.who.int/nutrition/gina/en/programmes/1472, accessed 6 July 2022).

[c] Al Jawaldeh A, Sayed G. Implementation of the International Code of Marketing of Breastmilk Substitutes in the Eastern Mediterranean Region. East Mediterr Health J. 2018(1):25–32. doi:10.26719/2018.24.1.25.

[d] Marketing of breast milk substitutes: national implementation of the international code, status report 2020. Geneva: World Health Organization; 2020 (https://www.who.int/publications/i/item/9789240006010, accessed 6 July 2022).

[e] The Global Health Observatory. Geneva: World Health Organization; 2022 (https://www.who.int/data/gho/data, accessed 6 July 2022).

[f] Al-Jawaldeh A A, et al. Salt reduction initiatives in the Eastern Mediterranean Region and evaluation of progress towards the 2025 Global Target: A systematic review. Nutrients. 2021;13(8):2676. doi:10.3390/nu13082676.

[g] Al-Jawaldeh A and Megally R. Impact evaluation of soft drink taxes as part of nutrition policies in Gulf Cooperation Council countries: Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and United Arab Emirates [version 2; peer review: 1 approved, 1 not approved]. F1000Research 2021, 9:1287 doi:10.12688/f1000research.27097.2

[h] Al-Jawaldeh A et al. A systematic review of trans fat reduction initiatives in the Eastern Mediterranean Region. Front Nutr. 2021;8:771492. doi:10.3389/fnut.2021.771492.

[i] Doggui R, Al-Jawaldeh H, Al-Jawaldeh A. Trend of iodine status in the Eastern Mediterranean Region and impact of the universal salt iodization programs: a narrative review. Biol Trace Elem Res. 2020; 198, 390–402. doi:10.1007/s12011-020-02083-1.

[j] Al-Jawaldeh A. E. The regional assessment of the implementation of wheat flour fortification in the Eastern Mediterranean Region. Int J Sci Res Manag. 2019; 7(03), 28–37. doi:10.18535/ijsrm/v6i3.ft01.

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Success stories

Salt intake reduction initiative in Kuwait

In 2012, aiming to implement the WHO recommendation on population salt intake reduction, the Food and Nutrition Administration (FNA) of the Ministry of Health established a national salt intake reduction strategy with the involvement of relevant sectors. Kuwait Flour Mills and Bakeries, which provides > 85% of the total bread consumed by the population, immediately responded by reducing the salt content of white pitta bread, the most commonly consumed type, by 10%. Within six months, more than 18 different varieties of bread, whole wheat and white, had had their salt content reduced by 20%. In 2015, the office in charge of the initiative was moved to the Public Authority for Food and Nutrition. Efforts continued and the partnership with the private sector strengthened. The focus at this time was on savoury snacks popular among school children. Seven local producers of air puffed corn and potato snacks reduced the salt content of their products by between 8% and 80%. In November 2021, the Minister of Health signed the School Canteen Health Regulation, to be imposed in all public and private schools and requiring that all food companies providing snacks to schools comply with the regulation. Additionally, capacity-building of canteen staff will be carried out to ensure compliance. Kuwait has also established guidelines of upper limits for salt content in processed foods to be voluntarily implemented by food producers from January 2023.

Kuwait Skilled Breastfeeding Counselling programme as part of routine care

It is important to provide a continuum of care for breastfeeding mothers and their babies in the antenatal period and throughout the first two years of a child's life. Adaptations have been made to ensure that the health services of Kuwait meet the breastfeeding counselling and support needs of mothers and babies as the infant grows. During the antenatal period, health staff use a breastfeeding education sheet to provide pregnant women with information during routine visits to the antenatal clinics. In addition, antenatal clinic staff receive related capacity-building sessions. In the perinatal period, during birth and including the first 2–3 days after birth, the hospital based lactation unit team are responsible for ensuring that UNICEF's Baby-friendly Hospital Initiative (BFHI) steps are implemented, offering support to mothers during their hospital stay and at discharge alongside skilled breastfeeding counselling via remote consultations (telephone calls). Also, education services are offered to health care providers. During the neonatal period, 1–2 weeks after birth; postnatal breastfeeding support clinics at all public hospitals offer post-hospital-discharge breastfeeding support services. In early infancy, the first 3–5 months of the child's life, skilled community-based young child feeding counselling services are offered as part of primary health care services, including breastfeeding support clinics (walk in clinics run by international board certified lactation consultants) and breastfeeding counsellors. Well-baby clinics for children aged 0–5 years have been established at 50% of primary health care centres. The BirthKuwait community peer support group is a local mother-to-mother support group that provides telehealth-based services such as a breastfeeding support hotline, home visits and in-person consultations. They also offer education via workshops and gatherings. In late infancy and early childhood, from 6 months additional contacts such as during routine immunization visits for the child also provide opportunities for breastfeeding counselling.

Sugar intake reduction

In 2017, seven local fruit juice and nectar companies reduced of the added sugar in their products by 5–20%; schoolchildren consume a high amount of these beverages.

Kuwait Food Based Dietary Guidelines

A multisectoral committee was established in 2019 to develop Food Based Dietary Guidelines for Kuwait.

Ministry of Health Website: https://www.moh.gov.kw/en/Pages/default.aspx

WHO-EM/NUT/297/E