

Child Well-Being in the Gulf Countries

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What is Child Wellbeing?

Child wellbeing encompasses a range of indicators of how children are faring physically, behaviorally, psychologically, socially, cognitively and economically.

It requires a holistic understanding of child development as it involves many domains that are influenced by families, peers, communities, programs and policies.

Child wellbeing is important to children, it affects their happiness, and their functioning as adults.

Child wellbeing is important to countries, including their national indicators.

National Strategies in Qatar



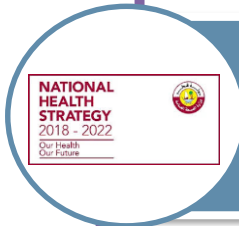
Qatar National Vision 2030

- Human development focuses on a world class education system, physical and mental health, and work force participation, including rights of expatriates and women towards the benefit of children.



Qatar National Development Strategy 2018-2022

- Incorporates specific targets of SDG 2030 agenda and objectives to enhance family cohesion and protection.



Qatar Mental Health Strategy 2013-2018

- Seeks to enhance mental health services and reduce stigma when seeking help for mental health issues.



National Autism Plan 2017

- Aims to develop a model of care, improving awareness, early recognition, recognition and transition to adulthood of children with autism.

What are the Goals of the Study?

Building on the Social Protection pillar of the QNDS 2018-22, this study aims to contribute to *Strategic Objective 2* on “safeguarding a strong, cohesive and empowered Qatari family,” *Program 2.1.2* on “developing policies and legislations regarding childhood,” and *Project 2* which aims to “develop a proposal on child wellbeing indicators.”

To provide a systematic review of child wellbeing and programs and policies related to child wellbeing in 6 Gulf countries, Bahrain, Kuwait, Oman, Saudi Arabia, UAE and Qatar.

To provide a national framework of child wellbeing for several countries, including Qatar.

Methodology

This study provides a **benchmark of frameworks for child wellbeing** internationally and in the Gulf countries to understand and promote child wellbeing over time, e.g. EU, Australia, and UK. It is important to learn from the experience of the international community, while integrating the particular contexts of each country in order to develop **homegrown child wellbeing indicators**.

This study also provides a **situational analysis** of select child wellbeing indicators in the Gulf countries, using available online data, studies, journal articles, reports and other literature.

Benchmarking of Child Wellbeing Indicators (Part 1)

The overall transformation in frameworks between 1950-2005:

1. From child survival to child well-being;
2. From negative to positive aspects of children's lives;
3. From well-becoming (attaining well-being as an adult) to well-being (during childhood); and
4. From traditional (e.g., health, education) to new (e.g., civic engagement, children's subjective perceptions) forms of well-being.

All frameworks recognize that child wellbeing is situated within societal level factors that differ across countries

Age, developmental status and access to resources matter to any framework of wellbeing.

Benchmarking of Child Wellbeing Indicators (Part 2)

An index of child wellbeing in the **European Union** (EU):

(Derived from the principles of the
UN Convention on the Rights of the Child)

- | | |
|--------------------------|-----------------------------|
| 1. Material situation | 5. Education |
| 2. Housing | 6. Children's relationships |
| 3. Health | 7. Civic participation |
| 4. Subjective well-being | 8. Risk and safety |

While in **Australia**, the “Victorian Child and Adolescent Outcomes Framework” highlights:

Also in New South Wales, fundamental themes
underlying children's **perceptions of their
own wellbeing** were used.

- | | |
|----------------|---------------------------------|
| 1. Safety | 5. Well-being and context |
| 2. Health | 6. Family |
| 3. Development | 7. Community |
| 4. Learning | 8. Support and services domains |

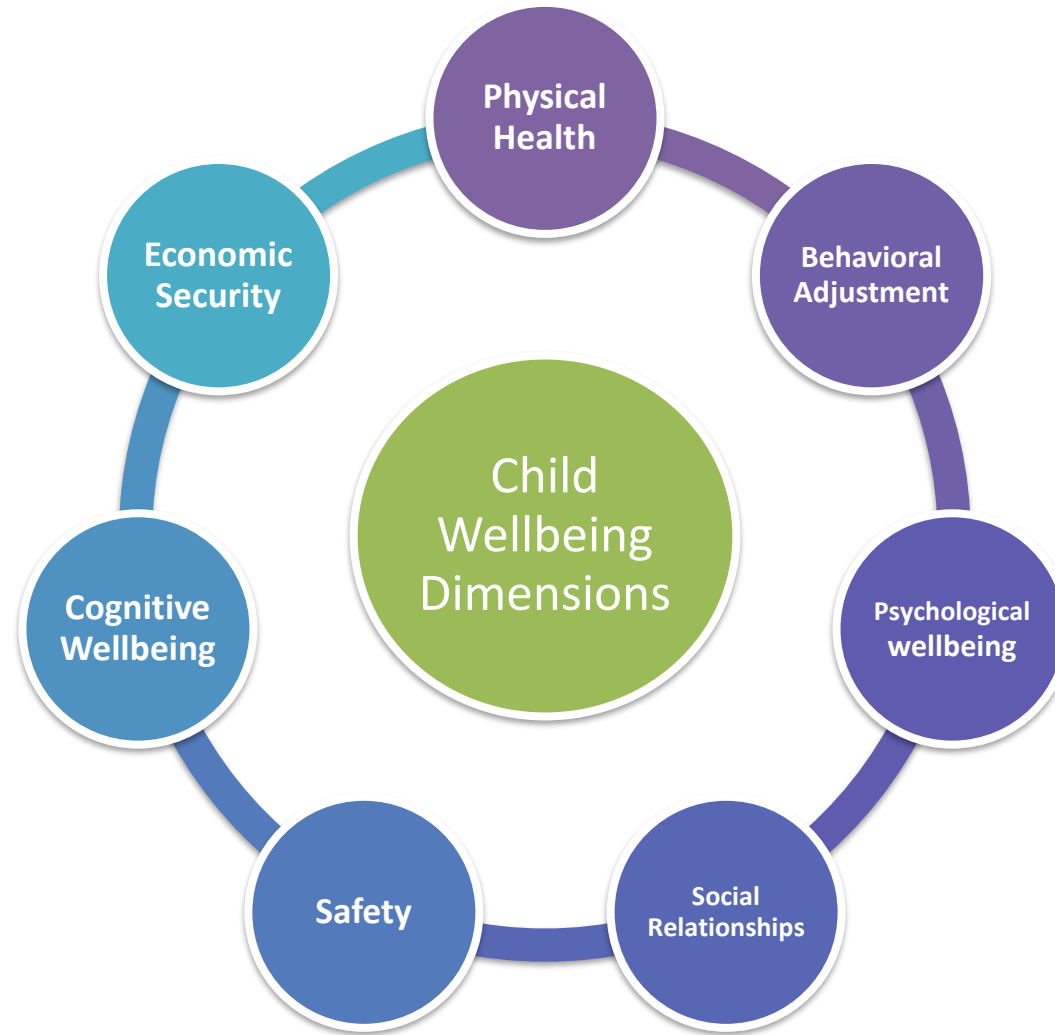
UNICEF Benchmarking Recommendations

In line with a UNICEF report (2009), there is broad agreement on the need to:

1. assess not just risk and negative outcomes but also positive outcomes;
2. consider multiple domains of well-being, including physical, cognitive, psychological/emotional, and social/behavioral;
3. distinguish between the child's own well-being and the child's social context (which predicts children's well-being but is not the same as actual well-being);
4. incorporate social relationships such as positive relationships with parents, peers, and institutions such as schools; and
5. give children a voice in asking them about their well-being (Lippman, Moore, & McIntosh, 2009).

As such, the report proposed 7 dimensions of child wellbeing in the Gulf countries, including Qatar.

Proposed Child Wellbeing Framework in Qatar



Child Wellbeing Indicators in Qatar

		Bahrain	Kuwait	Oman	Qatar	Saudi Arabia	UAE
Physical well-being							
Infant mortality (per 1,000 live births)		5.2	8.1	9.8	7.0	13.4	7
Under-5 mortality (per 1,000 live births)		6.1	9.5	11.4	8.2	15.5	8.2
Malnutrition: Stunting (% under age 5)		13.6	4.3	9.8	11.6	9.3	--
% overweight in <20-year-old males/females	M	22.4	24.6	24.5	33.5	23.5	30.8
	F	26.7	45.5	42.3	22.1	37.4	31.6
% of 1-yr-olds lacking immunization		1	1	1	1	2	6
Behavioral adjustment							
Smoking (% 13–15-year-old boys/girls)	M	33.5	25.0	4.9	41.8	21.2	21.3
	F	11.9	8.5	1.7	17.8	9.1	9.0
Births per 1,000 girls ages 15–19		13.8	14.5	10.6	9.5	10.2	27.6

	Bahrain	Kuwait	Oman	Qatar	Saudi Arabia	UAE
Psychological well-being						
2017 World Happiness Report (all ages)	6.087	6.105	--	6.375	6.344	6.648
Cognitive well-being						
% enrollment in preschool	50	81	52	58	13	79
% enrollment in tertiary education	33	28	28	14	58	--
Expected years of schooling	14.4	14.7	13.6	13.8	16.3	13.3

Physical Health

Infant mortality and **under-5 mortality** rates are decreasing in the Gulf countries due to improvements in public health systems, increased access to medical care and enhanced sanitation.

Infant nutrition: breastfeeding rates in the Gulf countries are lower than WHO recommendations due to belief that colostrum is harmful and due to the influence of family members.

In Qatar, 19% of Qatari infants are exclusively breastfed in the first 5 months, compared to 35% of non-Qatari infants living in Qatar.

Obesity rates and other associated health problems are increasing in the Gulf.

In Qatar, 70% of 12-17 year olds meet the criteria for being classified as overweight or obese. Rates are similar to % of obese adults in Qatar.

Access to quality health care: Almost all infants are vaccinated and most Gulf countries have health policies related to national systems (such as tracking the health of newborns) and government programs (those providing supplemental food for pregnant women with a lack of nutrition).

Behavioral Adjustment

Social competence: It includes interpersonal skills. It is more subjective than physical wellbeing, but it is not directly comparable across countries. It is culturally grounded.

Prosocial behavior is defined as voluntary, desirable actions aimed at helping others.

Externalizing behavior problems involve acting out in ways that are not socially acceptable, including aggressive or delinquent behaviors.

Smoking, alcohol and drug use exist in the 6 Gulf countries and are increasing. In Qatar, 245% increase in disability due to drug use disorders between 2005-2016. Stigma and fear of disclosure are barriers to receiving help if alcohol or drug problems exist.

Adolescent pregnancy and HIV/AIDS are low in the Gulf countries. These are partly due to very serious consequences of intercourse outside of marriage, which is illegal in the Gulf.

Psychological Wellbeing

Subjective wellbeing includes life satisfaction, feelings of happiness, sadness and other positive and negative emotions. Happiness is considered to be an indicator of social progress at a national level.

Mental health is connected to subjective wellbeing and is characterized as the absence of psychological problems like anxiety and depression. Data is scarce in the Gulf countries, perhaps due to stigmas and taboos.

Right to participate in decisions affecting one's life is one of the rights in UN Convention on Child Rights. 63% of young people in Qatar, Saudi Arabia and UAE want governments to give them more access to decision making in processes and policies.

Social Relationships

Positive relationships with parents and other caregivers are among the strongest indicators of wellbeing as well as predictors of emotional and behavioral aspects of wellbeing.

Disruptions to positive parent-child relationships can pose a threat to children's wellbeing. E.g. exposure to conflict between parents and the rising divorce rate in the Gulf countries are factors that can put a strain on the parent-child relationship.

Social relationships with domestic workers can expose children to conflicting behaviors as well as different religious and cultural belief systems.

Peer relationships can provide support but they can also be a source of stress if children feel rejected or are bullied.

Relationships with non-family adults (teachers, coaches, mentors and neighbors) can encourage autonomy, provide support and trust.

Safety: Protection from Abuse and Neglect

Because **most abuse and neglect go unreported**, accurate statistics on rates of abuse and neglect are difficult to obtain. However, the Supreme Council for Family Affairs in Qatar reports that ~20% of children in Qatar experience psychological, physical, or sexual abuse at home, school or in the community.

Children who experience **corporal punishment** are at greater risk for future aggressive behavior such as internalizing problems like anxiety. None of the Gulf countries have outlawed all forms of corporal punishment.

Governments of Bahrain and Oman have indicated **commitment** to full prohibition. While Kuwait, Qatar and the UAE have prohibited corporal punishment in some settings, legal reform is still needed to abolish it in all settings.

Cognitive Wellbeing

In terms of **quality early child care**, there is a difference between the experience of national children (more likely cared for in their homes by domestic workers) versus expat children (more likely to be cared for in out-of-home formal child care centers). The major concern in both scenarios is that many **caregivers do not speak Arabic** or have training in child development. Issues of **identity** also arise.

High quality early child care promotes school readiness and socioemotional competence. In fact, 32% of Qataris and 45% of non-Qatari children attend early childhood education programs.

Gulf countries are doing well with regards to **school enrollment**. Gender equity in school enrollment has been generally achieved. Literacy rates for 15-24 year old females and males are above 99%.

Youth unemployment rates in Qatar are at 1%, the lowest among the rest of the Gulf countries.

Economic Security

Economic security is the proportion of children living in households that meet particular income thresholds.

Although the Gulf countries are classified as **high income countries** by the World Bank, some families have less economic security than others.

According to the QNDS 2018-22, the percentage of children living with low income families have increased from 13.4% to 15.2% between 2007-2013.

Economic security is important in its own right.

Challenges to Child Wellbeing

Abuse

Disabilities

Early Childhood Education

Regional Disparities

Divorce

Enforcement, Monitoring and Evaluation

Multi-Sectoral Coordination

Advancing Beyond the MDG Era



Challenges

Abuse

Children who have been abused have special needs and face challenges such as stigmatization, suggesting the need to protect their identity.

Because many cases are not reported, awareness campaigns are needed, and better enforcement of existing laws are needed to protect children from abuse.

Disabilities

Information on quality of services, performance indicators and proportion of child beneficiaries is lacking. More attention is needed for monitoring and evaluation.

Multi-Sectoral Coordination

Lack of coordination among many sectors that hold a stake in providing services that target child development can cause overlapping or gaps in services. This could also lead to weaknesses in provision of services.

Divorce

Because divorce rates are increasing in the Gulf countries, efforts to enforce child support payments required by existing laws, for example, are needed to decrease the risk of child poverty following divorce.

Overarching Recommendations for Child Wellbeing

Measure any aspect of child wellbeing as it draws attention to it and makes it possible to evaluate change over time.

Integrate multiple stakeholders to create a cohesive plan for child wellbeing that incorporates different government ministries, NGOs, and other stakeholders.

Integrate different levels of policies and programs while taking a holistic approach to child wellbeing.

Recommendations (Part 1)

Physical Health

There is a need for lactation consultants, nurses, pediatricians to work with families to emphasize benefits, such as the Baby Friendly Hospital Initiative implemented in maternity wards.

There is a need for programs to prevent smoking and promote healthy eating and exercise. The establishment of Ministry of Youth and Sports in Qatar in 2013 is a promising step.

Behavioral Adjustments

Shifts are needed to treat drug use as a health matter as opposed to criminal one.

E.g. Ministry of Development, Planning and Statistics in Qatar has recommended changing laws to protect individuals seeking treatment for drug abuse problems without criminal prosecution.

Recommendations (Part 2)

Psychological Well-Being

Mental health should be prioritized as much as physical health.

E.g. National Mental Health Law in Qatar would help ensure high quality care and protect the rights of individuals with mental health problems.

Policymakers who are open to adolescent participation can motivate civic engagement in positive ways. Social media can be one platform to do so.

Social Relationships

Policies and programs to promote children's safety by preventing violence against children could promote positive parent-child relationships.

Bullying is perhaps the biggest threat to peer relationships. Programs like the Kuwait National Petroleum Company and the UNDP show promise.



Thank you

Recommendations (Part 3)

Safety: Protection from Abuse and Neglect	Legislation outlawing corporal punishment, and education programs that promote awareness of the law and teach nonviolent forms of discipline are effective in protecting children from violence.
Cognitive Wellbeing	<p>Establish regulations and laws for nurseries and pre-schools, which is important to bring standards to early childhood education to improve school readiness, as can be seen in the majority of Gulf countries.</p> <p>Special departments at the Ministry of Education monitor and evaluate the extent of compliance with regulations for pre-schools, for example.</p>
Economic Security	<p>Governments in the Gulf countries play an important role in enhancing children's and families' economic security. E.g. in Qatar through MADLSA's social assistance to help with childcare, health care, etc.</p> <p>Continue to monitor needs of citizens and residents to make sure needs are met.</p>