

Adolescent Health in Arab countries: Statistics and Social context

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Outline

- 1. General demographic and epidemiologic evidence**
- 2. Main health risks among adolescents**
- 3. The social context of adolescent health**

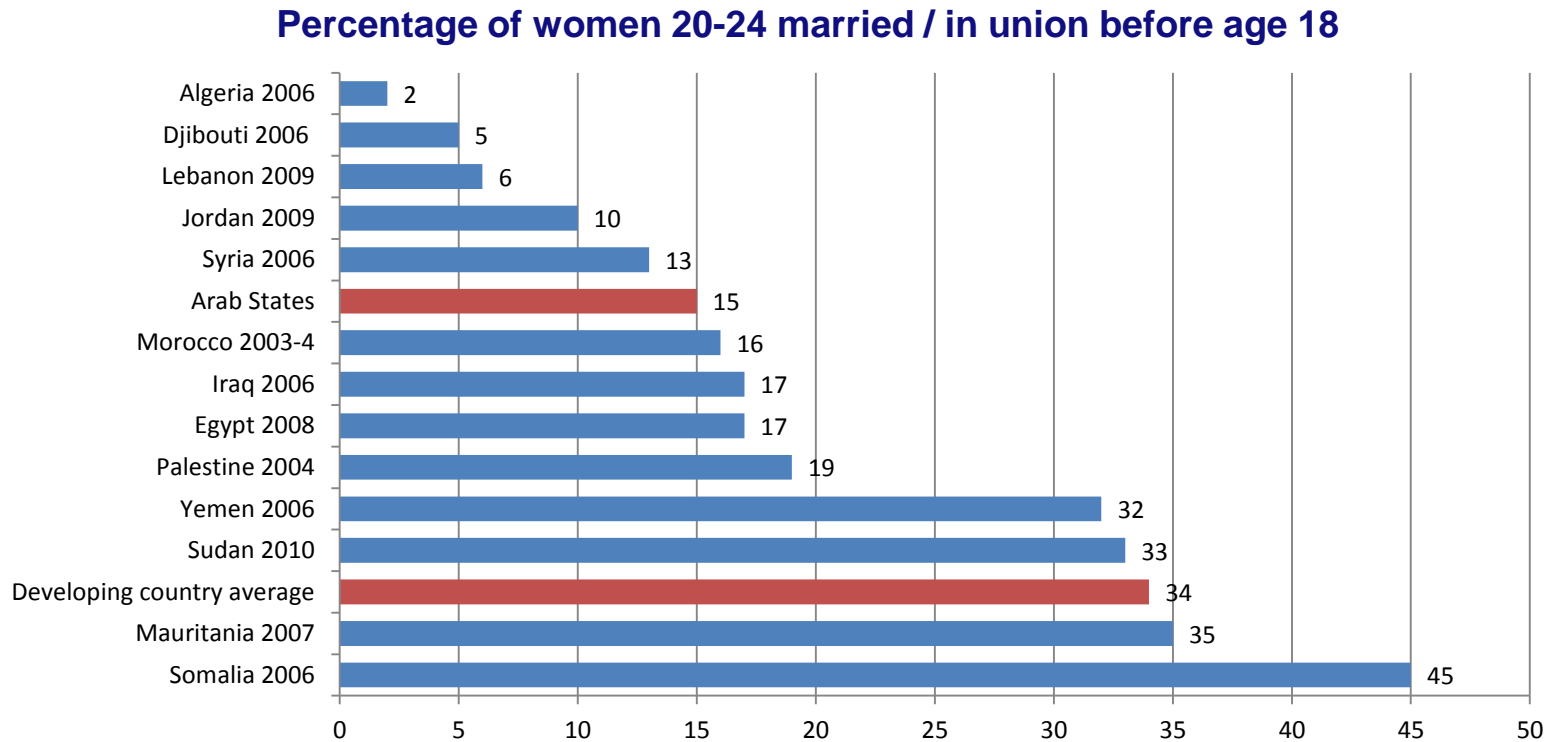
Part 1. Demographic and epidemiological evidence

1.1. More adolescents, longer adolescence

1. “Youth bulge:” >1/2 population under 25

2. Marriage: later and less frequent

→ Expansion of the adolescence transition

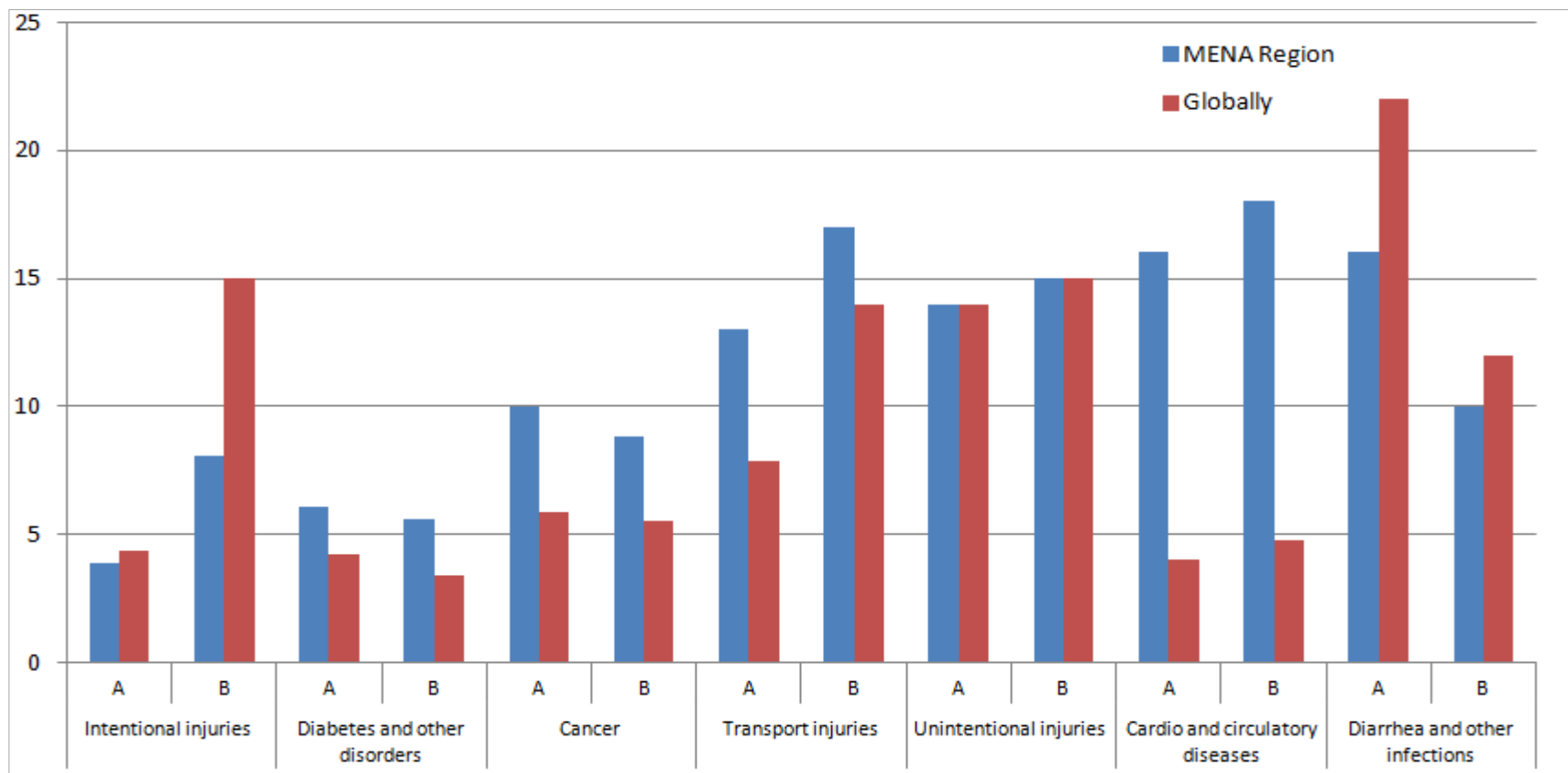


Sources: National surveys between 2003-2009 (Loaiza and Wong 2012; PRB 2013)

1.2. Burden of disease: causes of death (over 5%)

Top causes:

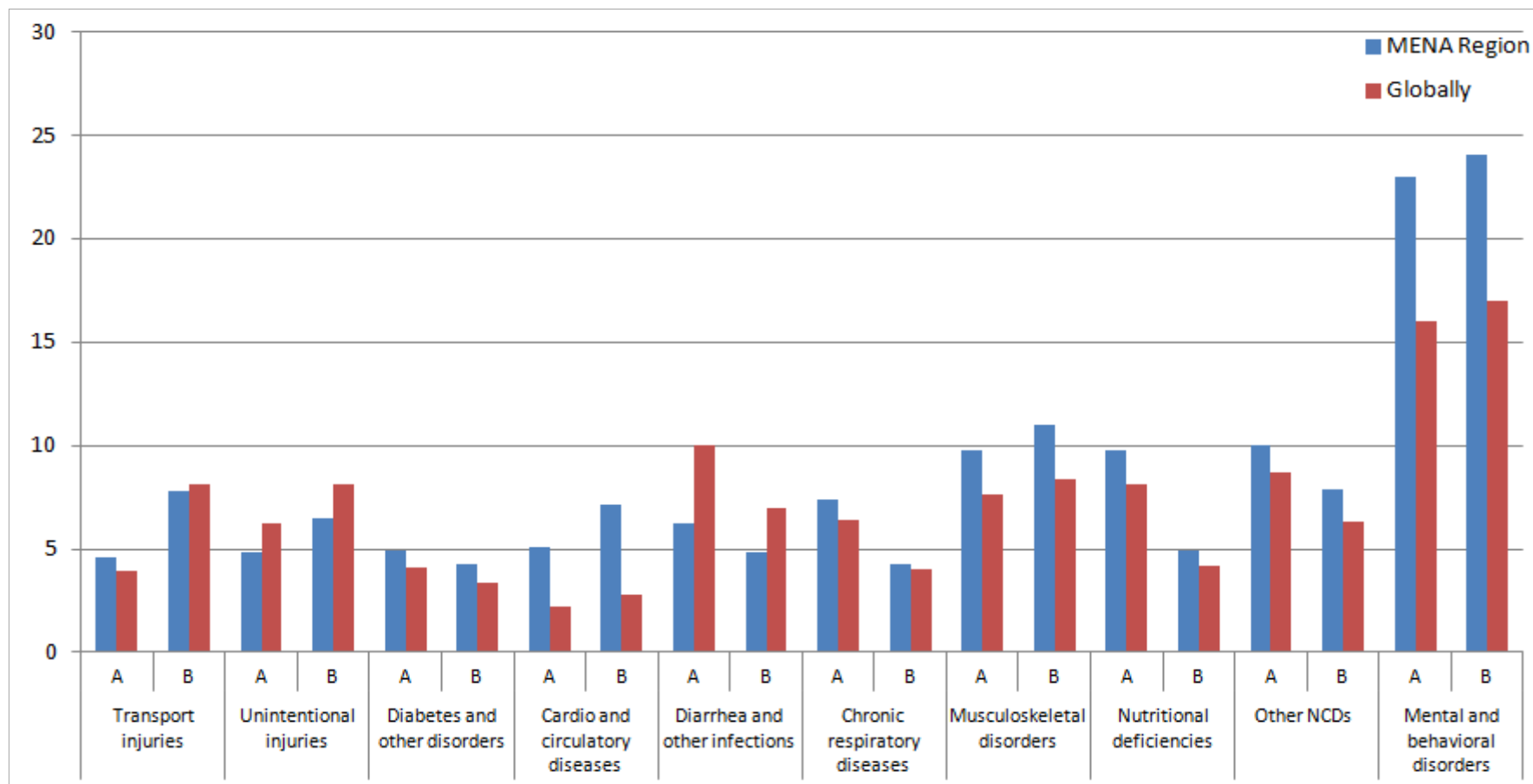
- Cardiovascular > global
- Transport > global
- Unintentional injuries about equal
- Diarrhea/ infections < global
- Cancer, diabetes > global



Source: Institute of Health Metrics and Evaluation: Global Burden of Disease study 2013

1.3. Burden of disease: causes of DALYs (over 5%)

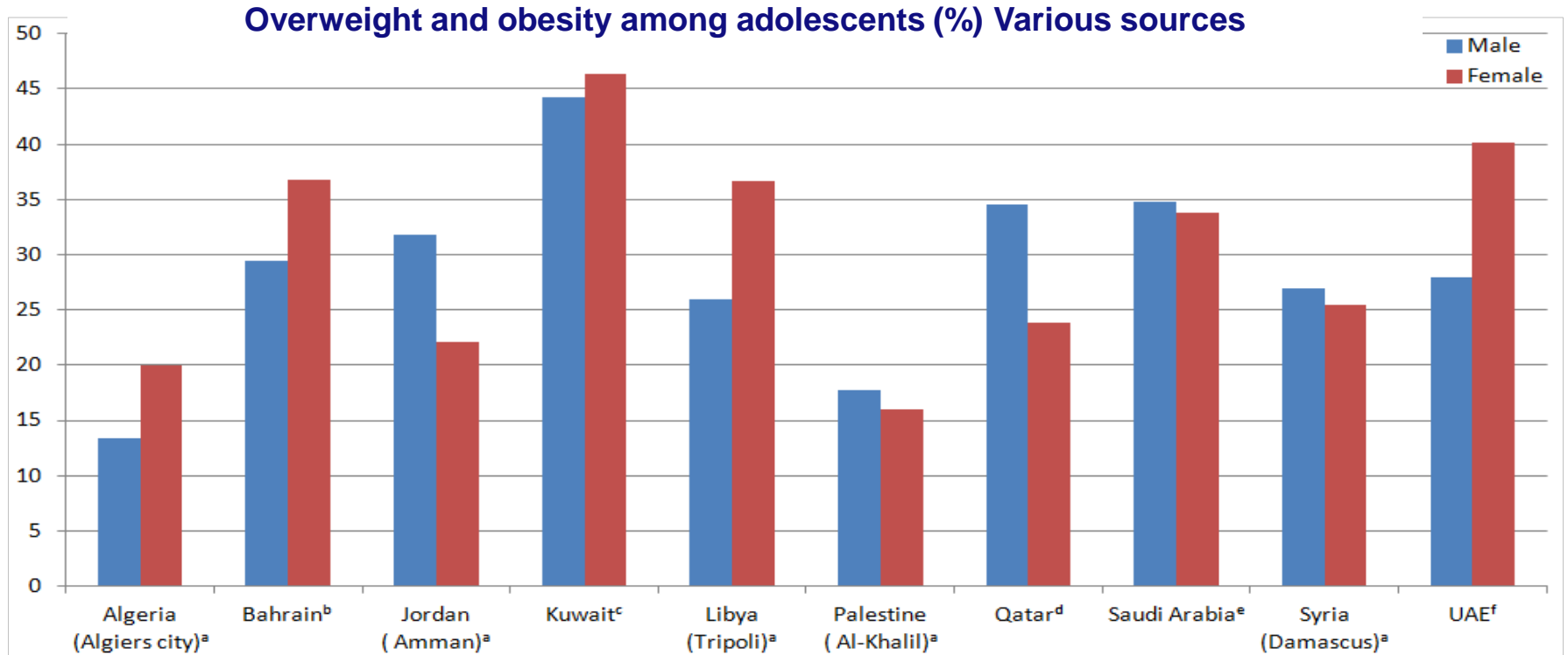
Mental/ behavioral disorders, 25% DALYs > global
 Musculo-skeletal, nutritional, transport, respiratory, cardiovascular and diabetes all > global
 Diarrhea/ infections < global



Source: Institute of Health Metrics and Evaluation: Global Burden of Disease study 2013

Part 2. Main health risks among adolescents

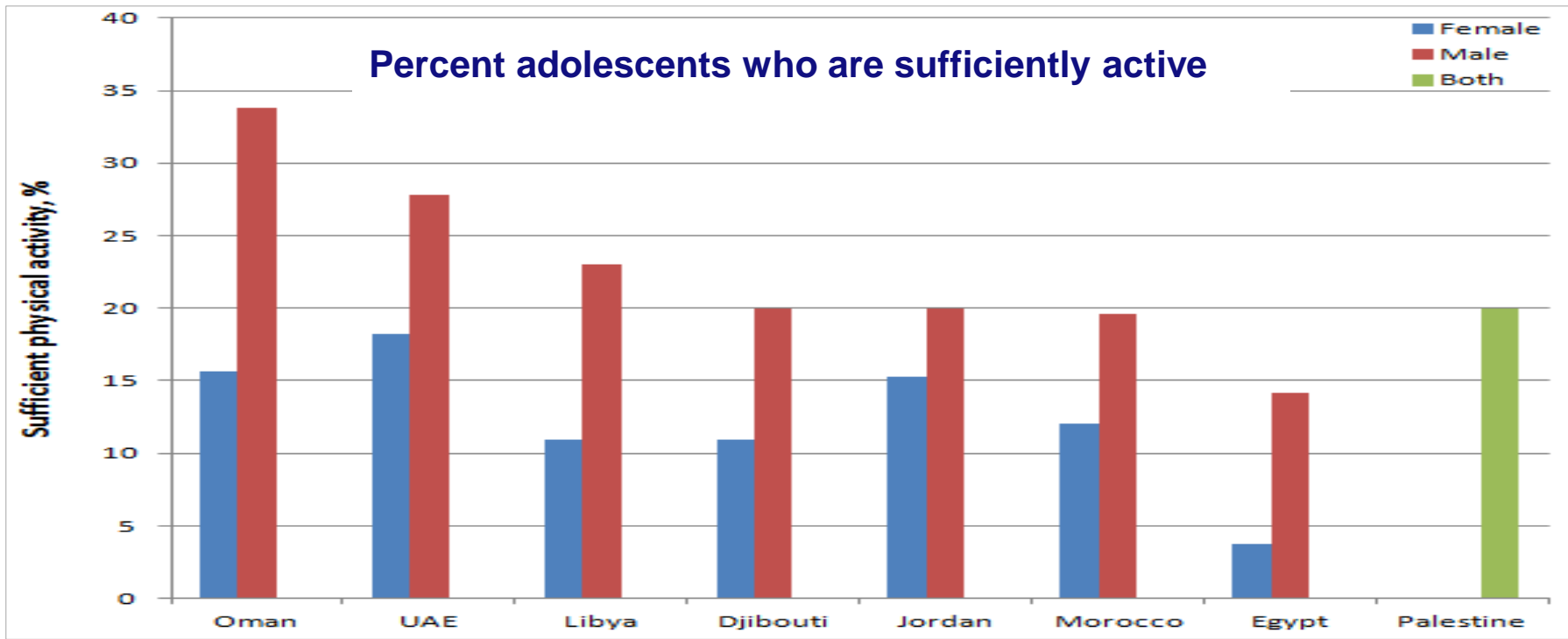
2.1. Overweight and obesity are high



The nutrition transition takes its toll
Countries at different stages



2.2. Physical activity is low



Global School Health Survey, Guthold et al 2010

- **Insufficient activity, many hours sitting**
- **Especially women**



2.3. Transport injuries: much worse than elsewhere

Far worse in Arab countries than rest of the world

2nd leading cause of death among males

2nd highest mortality rate (LMICs)

Highest among males 15-29

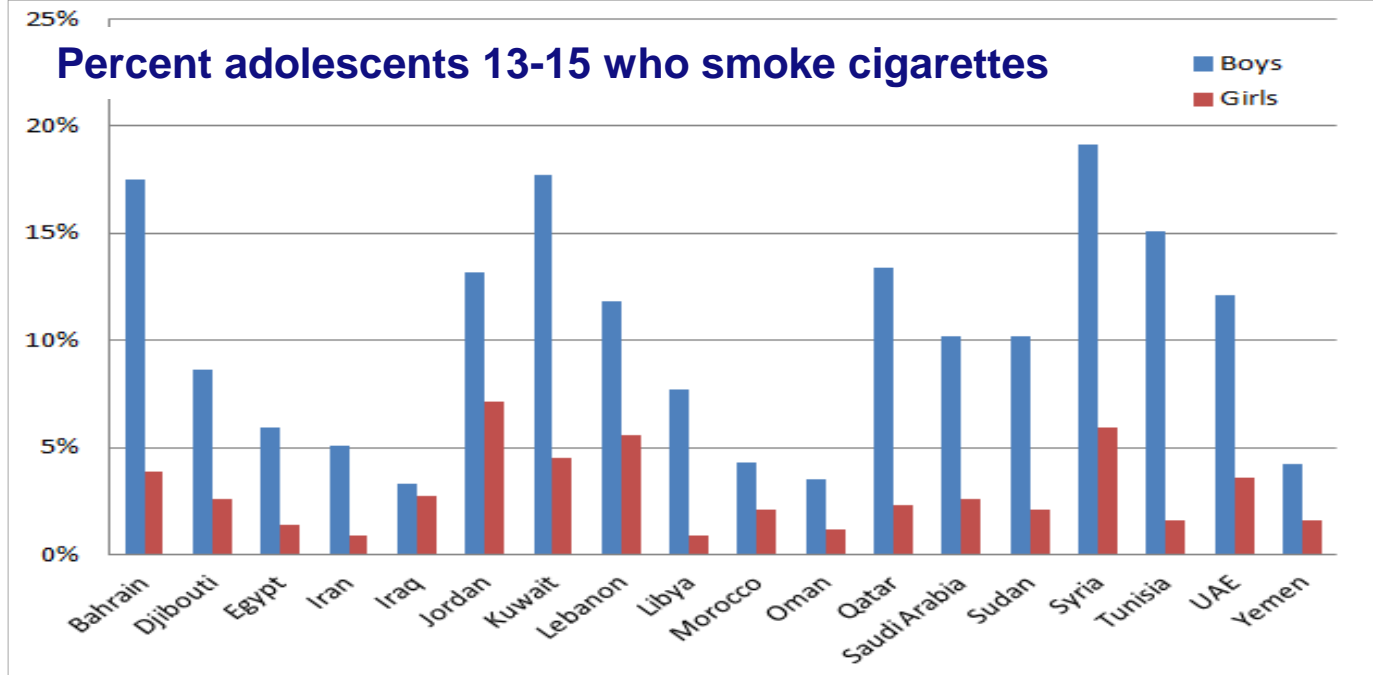
Trauma data confirms

Bad driving, speed, violating traffic laws

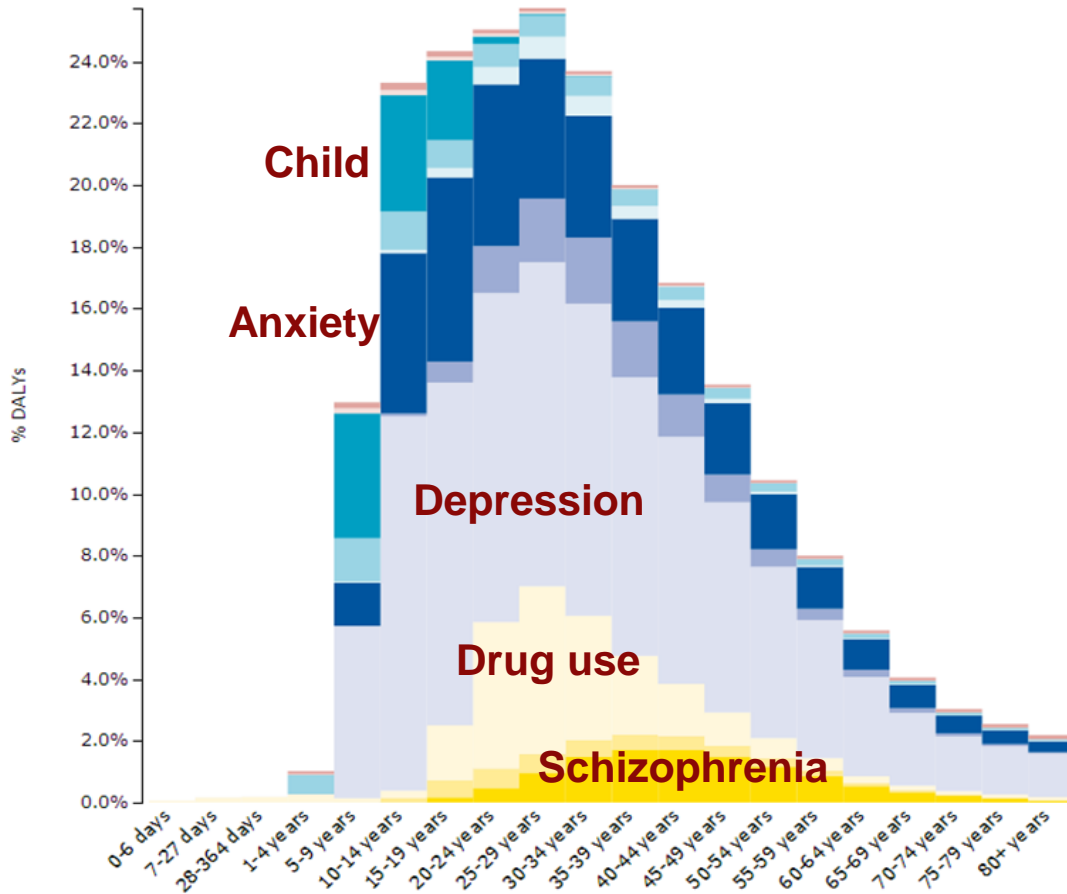
Low seat belt use



2.4. Smoking: too high, especially among males



2.5. Mental health, links to violence?



1/4 DALYs
Surveys: anxiety, depression, sadness, hopelessness,
Exposure to personal violence
School fighting: EMRO high %
Socially acceptable violence: honor crimes, wife beating
Regional violence and war
Adolescents vulnerable
But critique of medicalization of violence

3. The social context of adolescent health

Mismatches, disparities

3.1. Mismatch between education and employment

- Progress in education but not jobs
- Uncompetitive market, nepotism and corruption
- Highest youth employment in the world, at all levels
- Alienation, despair, migration?

3.2. Gender: improvement and disparities

- Progress in women's education, greater opportunities
- But worst Global Gender Gap indicators: lack of employment and no participation in politics
- Legal reforms, but still limited legal protection for women

3.3. Reproductive health

- Delayed marriage, premarital sex
- Insufficient information and protection

Aspirations, confrontation, convergence

- Political movements: participation of youth
- Difficult choices: family/ emigration
- Democracy / fundamentalism
- The political generation gap
- Social media

Youth who think they will move away (%)

