



DIFI

معهد الدوحة الدولي للأسرة
Doha International Family Institute
البحوث لدعم السياسات الأسرية
Research to advance family policies

Child Well-Being in The Gulf Countries



CHILD WELL-BEING IN THE GULF COUNTRIES



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DOHA INTERNATIONAL FAMILY INSTITUTE

The Doha International Family Institute (DIFI), a member of Qatar Foundation for Education, Science and Community Development (QF), was established in 2006. The Institute works to strengthen the family through the development and dissemination of high-quality research on Arab families, encouraging knowledge exchange on issues relevant to the family and making the family a priority for policy makers through advocacy and outreach at the national, regional and international levels. Among the Institute's most important initiatives are the Annual Conference on the Family and the OSRA Research Grant in collaboration with the Qatar National Research Fund, an annual research grant which encourages research related to the Arab family and family policy. The Institute has special consultative status with the United Nations Economic and Social Council (ECOSOC).

To know more about the Doha International Family Institute, please visit www.difi.org.qa.

To know more about Qatar Foundation, please visit www.qf.org.qa.

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FOREWORD

A nation's future depends in large part on its children's ability to develop into contributing adult members of society. It has been argued that children are the human capital of tomorrow and the power that have moved societies through different stages of development.

Qatar's National Vision 2030 foresees social justice and equality for all men, women and children and places great importance on social and human development. Hence, Qatar places children at the center of its policy agenda and pays special attention to promoting child well-being.

The National Development Strategy 2011-2016 advocated for the adoption of a holistic approach to child well-being. This approach enabled Qatar to interweave important policies to create a coherent spectrum of programs for children of different ages to increase child well-being, leading to better human capital outcomes. Cross-sectoral programs were designed and are being implemented to improve various factors affecting the well-being of children.

The National Development Strategy 2018-2022 addresses child well-being in a comprehensive and outcome-based manner. The strategy called for an integrated approach to sound social development that aims at individual and general well-being. Initiatives had been taken to enhance child well-being. The 2018-2022 development strategy focused particular attention on the development of a national strategy and indicators for child well-being.

By conducting this study, the Doha International Family Institute (DIFI) contributes to efforts to promote child well-being. The report provides a contextually appropriate approach and framework for child well-being and a systematic evidence review of wide-range indicators, policies and programs to promote child well-being.



Noor Al Malki Al Jehani
Executive Director
Doha International Family Institute

EXECUTIVE SUMMARY

This report provides a systematic review of child well-being and programs and policies related to child well-being in the six Gulf countries (i.e., Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates), with special emphasis on the State of Qatar. The report is organized as follows. First, a review is provided of indicators of child well-being in seven domains: physical health, behavioral adjustment, psychological well-being, social relationships, safety, cognitive well-being, and economic security. Next, policies and programs to promote child well-being are reviewed, with attention to the international agenda and national strategies as well as country-specific programs. Then challenges to child well-being and gaps in promoting child well-being are identified before turning to recommendations of policies and programs to promote child well-being. Finally, frameworks for child well-being in several countries are reviewed, and frameworks for child well-being in the Gulf countries in general and Qatar in particular are presented.

Internationally, frameworks for understanding and promoting child well-being have undergone a transformation over time. Worldwide since 1950, four changes have characterized international approaches to child well-being (Ben-Arieh, 2006):

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.**

The following recommendations apply to implementing a framework for child well-being in Qatar.

Qatar is doing well with respect to many important indicators of child physical health, including low infant and under-5 mortality, screening of newborns for inherited diseases, nearly universal immunization, and high quality health care systems. The Qatar National Health Strategy 2018-2022 included the following recommendations:

- Improved nutrition and healthy lifestyle behaviors.
- A safe and healthy environment for children and adolescents.
- Improved preventive and curative oral health.
- A robust national school health program.
- A decrease in smoking prevalence among teenagers.
- High-quality integrated pediatric care services, provided through a continuum of care across multiple providers and care settings.
- Expanded child development services for children with special needs
- Maintained high rate of vaccination coverage.

These goals suggest the need for healthy lifestyle interventions that focus on a number of changes to improve physical health.

Data on the behavioral adjustment of children and adolescents in Qatar are more limited than data on physical health, in large part because there are fewer clear indicators of how to measure different aspects of behavioral adjustment than there are clear indicators of physical health. Nevertheless, in a framework of child well-being in Qatar, it is important to consider how to promote social competence and prosocial behavior and decrease externalizing behavior problems, such as aggression.

Comprehensive data on the psychological well-being of children in Qatar are lacking. With Qatar's National Mental Health Strategy and Changing Minds, Changing Lives 2013-18, the priority to destigmatize and expand mental health services is clear. The Mental Health Strategy should be expanded to focus on the mental health of children and adolescents, especially related to anxiety and depression.

Positive social relationships with parents, peers, and non-family adults are important aspects of well-being in their own right and are also related to several other aspects of child well-being. It is important for children to have positive relationships with their parents and extended family members as well as with domestic workers, who provide much of the day-to-day care for many children in Qatar.

Protecting children from abuse and neglect is a key element in promoting children's safety. In the international community, passing laws to outlaw corporal punishment in all settings (including schools and homes) has become a measure of progress toward ensuring children's safety. In Qatar, the code of conduct for schools says corporal punishment should not be used, but no law prohibits it. For children who have been abused or neglected, offering a comprehensive range of services to meet their needs and assuring children and families of confidentiality to offset fears of stigmatization can be important responses.

In the domain of cognitive development, Qatar is doing well with respect to enrollment in schools at all levels, for both boys and girls. However, the Qatar National Development Strategy identified early childhood education (before the start of formal schooling) as an important challenge in Qatar. According to the National Development Strategy, 40% of children between 3 and 5 years old are not in early childhood development programs. Building skills for a knowledge economy, as outlined in Qatar National Vision 2030, is another important recommendation. In addition, ensuring equitable resources across geographic regions (rural as well as urban) and for children with disabilities would promote cognitive development in diverse settings and for diverse groups of children.

The Government of Qatar (2018) through the Ministry of Administrative Development, Labor, and Social Affairs has committed to improving economic security and social protection in several ways. Although many of the specific projects that aim to increase social protection target adults (e.g., through vocational training efforts and workforce participation), improving adults' financial prospects also enhances children's economic security.

To implement a holistic framework for child well-being in Qatar, it is important to adopt a multi-sectoral approach that includes stakeholders both within the government, such as the Ministry of Public Health, the Ministry of Education and Higher Education, and the Ministry of Culture and Sports, and stakeholders in other non-governmental organizations that provide services to children and adolescents and have key roles in promoting their well-being. Program monitoring and evaluation are essential components of any new interventions to determine whether the programs are having their intended effects to be able to revise appropriately if the programs are not effective. Promoting children's physical health, behavioral adjustment, psychological well-being, social relationships, safety, cognitive development, and economic security are all important parts of a framework for child well-being in Qatar.

CHAPTER ONE: INTRODUCTION

This report provides a systematic review of child well-being and programs and policies related to child well-being in the six Gulf countries (i.e., Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates), with special emphasis on the State of Qatar. Child well-being encompasses a range of indicators of how children are faring physically, behaviorally, psychologically, socially, cognitively, and economically. An understanding of child well-being requires a holistic understanding of child development as involving many domains of adjustment that are influenced by families, peers, communities, programs, and policies.

Well-being is inherently important to children themselves as it relates to their happiness and functioning in the moment as well as because well-being during childhood predicts better future outcomes (physically, academically, professionally, socially, and civically) as children develop into adults. Child well-being also is important to countries. A number of indices of child well-being are important national indicators, akin to the prominence long held by other national indicators such as gross domestic product or life expectancy.

The systematic review of child well-being presented in this report proceeded in five phases. The first phase involved a comprehensive search for relevant information. This phase included a literature search using academic research databases (e.g., PsychInfo) and a search of the grey literature (i.e., sources not published in academic journals but produced as reports or documented on websites by organizations such as UNICEF, Save the Children, and so forth). The search also included websites from government ministries and non-governmental organizations working in the six Gulf countries. English and Arabic sources were reviewed. The second phase involved organization and synthesis of the information found in the comprehensive review to distill themes and organize the information into meaningful categories. The third phase involved using the information from the systematic review to inform recommendations for programs and policies. The fourth phase involved drafting the framework for child well-being relevant to the context of the Gulf countries and to Qatar in particular, using information from the systematic review. The fifth phase involved receiving and incorporating feedback from relevant stakeholders at the Doha International Family Institute, which occurred at three points during the drafting and revision of the report.

The report is organized as follows. First, a review is provided of indicators of child well-being in seven domains: physical health, behavioral adjustment, psychological well-being, social relationships, safety, cognitive well-being, and economic security. Next, policies and programs to promote child well-being are reviewed, with attention to the international agenda and national strategies as well as country-specific programs. Then challenges to child well-being and gaps in promoting child well-being are identified before turning to recommendations of policies and programs to promote child well-being. Finally, frameworks for child well-being in several countries are reviewed, and frameworks for child well-being in the Gulf countries in general and Qatar in particular are presented.

CHAPTER TWO: INDICATORS OF CHILD WELL-BEING IN DIVERSE DOMAINS

This section of the report defines child well-being in each domain and describes how each of the six Gulf countries fare on indicators of child well-being. Table 1 (page 29) summarizes several indicators of child well-being in all six countries; these are commonly used indicators that are collected in a nationally comparable way. The text elaborates on the indicators depicted in the table as well as other indicators not depicted in the table. Some indicators of well-being are difficult to obtain either because the data are collected at a local or regional level instead of a national level (e.g., reports of abuse to a particular call line) or are not assessed in comparable ways in different countries. Other indicators, such as social competence and positive parent-child relationships, are important aspects of children's well-being but are not as easily quantifiable as indicators such as mortality rates and educational enrollment.

Thus, data generally are available on the following domains of well-being: Physical health (including infant and under-5 mortality, growth and nutrition, and access to quality health care), some aspects of behavioral adjustment (in particular, smoking, alcohol, and drug use as well as adolescent pregnancy and HIV/AIDs), safety (in terms of laws, although data on prevalence of abuse and neglect are limited), cognitive development (including enrollment and performance in school and skills for a knowledge economy, with more limited data available on quality early child care and school readiness), and economic security (proportion of children living in households that meet particular income thresholds). The following domains of well-being have more limited available data in the Gulf countries in general and Qatar in particular: Behavioral adjustment (including social competence, prosocial behavior, and externalizing behavior problems), psychological well-being (including subjective well-being of children, mental health, and participation), and social relationships (including positive relationships with parents and other caregivers, peer relationships, and relationships with non-family adults). The text and table collectively review children's well-being in the Gulf countries in the domains of physical health, behavioral adjustment, psychological well-being, social relationships, safety, cognitive well-being, and economic security.

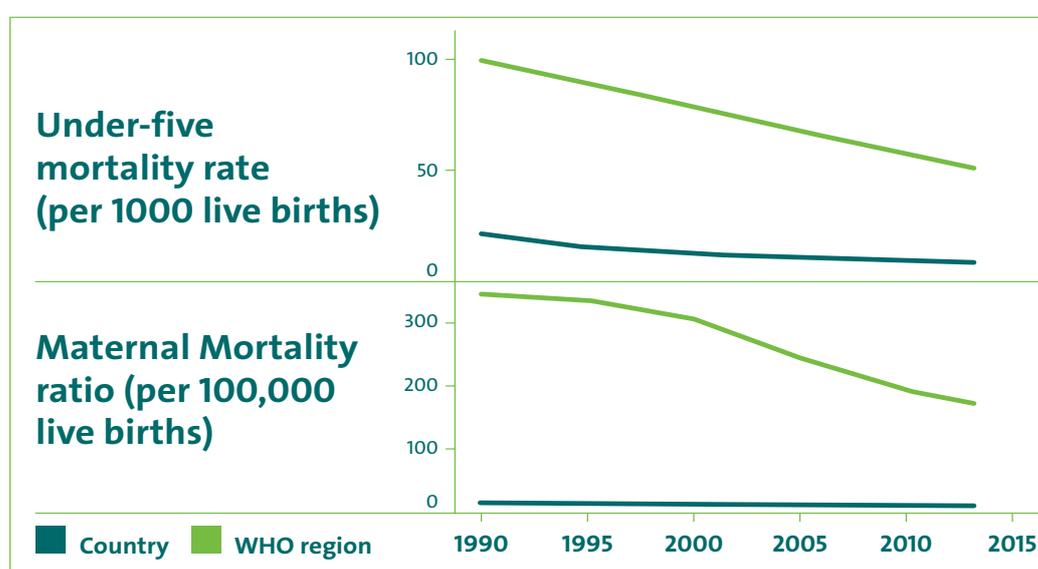
2.1. Physical Health

2.1.1. Infant and under-5 mortality

Two of the most widely used and internationally comparable indicators of child well-being are infant mortality rate (defined as the number of deaths in the first year of life per 1,000 live births) and under-5 mortality rate (defined as the number of deaths in the first five years of life per 1,000 live births). By both indicators, children in the Gulf countries are faring reasonably well (see Table 1 – page 29). Infant and under-5 mortality has been decreasing considerably and consistently in the Gulf countries over the last decades, largely because of improvements in public health systems, increased access to medical

care (including the percentage of births attended by physicians and trained nurses), and enhanced sanitation (e.g., Al-Mazrou, Alhamdan, Alkotobi, Nour, & Farag, 2008).

From 1970 to 2010, Oman and Saudi Arabia ranked 2 and 3 out of 165 countries with data on rate of decline in infant mortality; the UAE, Qatar, and Bahrain also ranked in the top 25 of the best performers in the world in decreasing infant mortality over this time period (Iqbal, 2014). Of 175 countries included in the 2015 Human Development Report (United Nations, 2015), infant mortality rates in the Gulf countries ranked 42 (UAE), 43 (Qatar), 46 (Bahrain), 50 (Kuwait), 54 (Oman), and 68 (Saudi Arabia), ranging between 6.23 and 15.34 infant deaths in the first year of life per 1,000 live births. The lowest infant mortality rates in the world are in Singapore and Iceland, with 1.77 and 2.03 infant deaths per 1,000 live births, so there is still room for improvement in the Gulf countries, particularly in Saudi Arabia.



Source: World Health Organization (2015) Qatar Report
Blue country line refers to rates for Qatar.

2.1.2. Growth and nutrition

Of concern for infant nutrition, rates of breastfeeding in the Gulf countries are much lower than recommendations by the World Health Organization for exclusive breastfeeding for the first six months and breastfeeding complemented by solid foods through to the age of two years old (World Health Organization, 2018).

In Qatar, 19% of Qatari infants are exclusively breastfed in the first five months, compared to 35% of non-Qatari infants living in Qatar (Ministry of Development Planning and Statistics, 2015). On average, infants in Qatar are exclusively breastfed for less than one month (Victora et al., 2016).

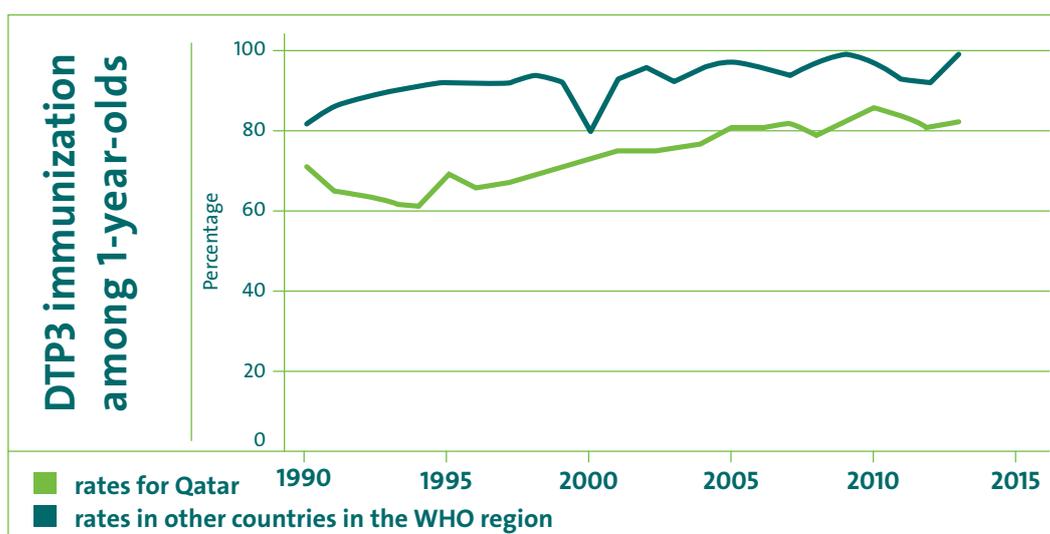
A review of studies of breastfeeding in Saudi Arabia concluded that a reliable figure of exclusive breastfeeding could not be determined because of inconsistencies in definitions and study designs, but the range suggested that from as few as 1% to as many as 44% of infants were exclusively breastfed in Saudi Arabia (Al Juaid, Binns, & Giglia, 2014).

Rates of exclusive breastfeeding in other Gulf countries appear to be similarly low (e.g., Dashti, Scott, Edwards, & Al-Sughayer, 2010; Sinani, 2008). Low rates of breastfeeding in the Gulf countries may be related to a number of factors, perhaps including the belief of Muslim women in some countries that colostrum should not be fed to infants because it could be harmful to the infant (e.g., Gatrad & Sheikh, 2001), leading to delayed initiation of breastfeeding. Attitudes of husbands and grandmothers toward breastfeeding are also likely to be related to whether women breastfeed (Ogbeide, Siddiqui, Al Khalifa, & Karim, 2004).

In contrast to low-income countries, in which stunting (low height for age) and wasting (low weight for height) are common because of malnutrition, challenges related to growth and nutrition in the Gulf countries are more typical of those in other high-income countries with respect to obesity and associated health problems such as diabetes. In Qatar, 70% of 12- to 17-year-olds meet criteria for being classified as overweight or obese and 45% meet criteria for being obese (Qatar Olympic Committee, 2009). These numbers are similar to the rates of being overweight and being obese (75%) for Qatari adults, suggesting that patterns of eating and exercise related to overweight individuals are established early in life. Being overweight and obese are also prevalent in the other Gulf countries (Ng et al., 2014).

2.1.3. Access to quality health care

The Gulf countries are doing well with respect to access to quality health care. For example, virtually all infants are vaccinated. Most of the Gulf countries have health policies related to national systems of testing and tracking the health of newborns and children, government programs designed to provide supplemental food for pregnant women who suffer from a lack of nutrition, an official decree that promotes breastfeeding for six months, a legislative act to paid maternity leave, and/or a system to prevent or limit the transmission of HIV and AIDS from a pregnant mother to the fetus during pregnancy.



Source: World Health Organization (2015) Qatar Report

Blue line refers to rates for Qatar. Green line refers to rates in other countries in the WHO region.

2.2. Behavioral Adjustment

2.2.1. Social competence

Social competence is often conceptualized as interpersonal skills, such as understanding others' feelings and interacting smoothly in interpersonal settings. Social competence is an important part of youth adjustment and is related to subsequent outcomes into adulthood (Greenberg et al., 2003).

Unlike aspects of physical well-being that have clearly defined and internationally comparable indicators, social competence is more subjective and not directly comparable across countries. Social competence is culturally grounded so what is defined as competence in one cultural context may not be in another. Competence has become an increasingly recognized aspect of positive adjustment, such as in the Five Cs model, in which competence is one of the five Cs (along with confidence, connection, character, and caring) indicating positive adjustment (Lerner, Almerigi, Theokas, & Lerner, 2005).

2.2.2. Prosocial behavior

Prosocial behavior is defined as voluntary, desirable actions aimed at helping others. Sharing, helping, and other forms of altruistic behavior are considered prosocial behaviors. Children's prosocial behaviors are positive in their own right and also promote positive future adjustment (Eisenberg, Spinrad, & Knafo-Noam, 2015). The importance of assessing prosocial behavior (and not just the absence of antisocial behavior) has been recognized, and Arabic versions of measures of prosocial behavior have been developed (e.g., Al-Thani & Semmar, 2017).

2.2.3. Externalizing behavior problems

Externalizing behavior problems involve acting out in ways that are not socially condoned, such as with aggressive or delinquent behaviors. These behaviors may include getting in fights with peers or authority figures, breaking the law (e.g., stealing, vandalism), or behaving in oppositional or defiant ways. In Arab countries outside of war zones, 8–18% of children have been estimated to have emotional or behavioral problems (Al-Yahri & Goodman, 2008). The world-wide problem of externalizing behaviors is attested to in the many international campaigns designed to prevent youth violence by targeting externalizing behaviors (e.g., World Health Organization, 2015).

2.2.4. Smoking, alcohol, and drug use

In the Gulf countries, Islamic principles and laws prohibiting alcohol and drug use appear to be protective, as reported rates of alcohol and drug use among children and adolescents (as well as adults) are low compared to other high-income countries (AlMarri & Oei, 2009). Nevertheless, a review of research on alcohol and substance use among Muslim nationals living in the six Gulf countries (primarily with clinical populations of males) demonstrates that problems do exist and have been increasing

in recent years (AlMarri & Oei, 2009). In Qatar between 2005 and 2016, there was a 245% increase in disability attributable to drug use disorders, ranking 8th in a list of health problems leading to disability (Institute for Health Metrics and Evaluation, 2018). Stigma and fear of disclosure may be barriers to receiving help if alcohol or drug problems do exist. Rates of smoking in the Gulf countries, especially among adolescent boys, are high (see Table 1 – page 29).

2.2.5. Adolescent pregnancy and HIV/AIDS

Compared to other high-income countries, rates of adolescent pregnancy and HIV/AIDS are low in the Gulf countries (see Table 1 – page 29). The low rates of adolescent pregnancy and HIV/AIDS are at least in part attributable to the very serious consequences of intercourse outside of marriage, which is illegal in the Gulf countries. In Qatar, being pregnant outside of marriage is an offense punishable by jail, deportation, or lashings (Santos, 2017).

2.3. Psychological Well-Being

2.3.1. Subjective well-being

Subjective well-being encompasses meaning and purpose in life; life satisfaction; and feelings of happiness, sadness, and other positive and negative emotions (Kahneman, Diener, & Schwarz, 1999). Governments around the world have recognized the importance of subjective well-being and have begun incorporating indicators of subjective well-being as measures of how countries are faring, complementing more traditional indices such as gross domestic product and infant mortality (Helliwell, Layard, & Sachs, 2017). In addition to being a desirable outcome for individuals, happiness is an indicator of social progress at a national level. When adults are asked what they desire for their children's futures, happiness is ranked highly in diverse countries (Diener & Lucas, 2004).

The UAE held a World Happiness meeting as part of the World Government Summit in February 2017. The countries that rank highest in the World Happiness Report (Norway, Denmark, Iceland, Switzerland, Finland, Netherlands, Canada, New Zealand, Australia, and Sweden in the top 10) are those characterized by high scores on measures of income, life expectancy, having someone to count on in times of trouble, generosity, freedom, and trust (operationalized as the absence of corruption in business and government; Helliwell et al., 2017). The Gulf countries rank 21 (UAE), 35 (Qatar), 37 (Saudi Arabia), 39 (Kuwait), and 41 (Bahrain) out of 155 countries that provided data (no data were available for Oman; Helliwell et al., 2017). These data reflect adults' happiness, which is important both as an indicator of children's likely future well-being if the countries remain stable over time as well as because adults' happiness is related to the environments they provide for children that set the stage for children's own happiness. Asking children and adolescents to report on their own subjective well-being has become a way to promote their participation rights and allow them to have a voice, as individuals' reports of their own well-being may or may not be consistent with other, external indicators (Martorano, Natali, De Neubourg, & Bradshaw, 2013).

2.3.2. Mental health

Mental health is connected in some respects to subjective well-being and is generally characterized as the absence of psychological problems such as anxiety and depression. Mental health and internalizing problems are sometimes used interchangeably, especially to characterize children's and adolescents' problems involving withdrawal, worrying, fearfulness, and other symptoms of anxiety and depression. Depression is the "single largest contributor to the global burden of disease for people aged 15–19," and suicide is one of the three leading causes of mortality in young people (UNICEF, 2011, p. 27). Data on prevalence rates of mental health problems in the Gulf countries are scarce, perhaps because of stigmas and taboos surrounding mental health problems (e.g., Ministry of Development Planning and Statistics, 2015). Nine percent of patients discharged from inpatient psychiatric treatment at a hospital in Qatar were children (Ministry of Development Planning and Statistics, 2015), but this does not speak to the prevalence of mental health problems that went untreated or that did not warrant inpatient care.

2.3.3. Participation

The right to participate in decisions affecting one's life was one of the three main rights (along with the right to survival and development and the right to protection from abuse and neglect) outlined in the United Nations Convention on the Rights of the Child ratified by all Gulf countries (and all countries in the world except the United States). Participation rights have not been fully realized, leading to concerns that adolescents who do not have the right to express themselves feel frustrated and act out in unhealthy ways. A survey of young people in Qatar, Saudi Arabia, and the United Arab Emirates revealed that 63% of young people wanted their governments to give them more access to decision-making processes and policies (AlMunajjed & Sabbagh, 2011). The Gulf countries are experiencing a youth bulge, with one-third to one-half of the populations of the six Gulf countries younger than 25 years (AlMunajjed & Sabbagh, 2011), making it especially important to take into account the views of this large segment of the population.

2.4. Social Relationships

2.4.1. Positive relationships with parents and other caregivers

Throughout childhood and adolescence, positive relationships with parents and other caregivers are among the strongest indicators of well-being in their own right as well as predictors of emotional and behavioral aspects of well-being. During infancy, sensitive, responsive caregiving sets the stage for the development of secure attachment relationships, which serve as the foundation for subsequent social relationships (Schoenmaker et al., 2015). Children who feel loved and accepted by their parents and whose parents set reasonable expectations for their behavior are more likely than children who feel rejected by their parents or whose parents are either too lax or too controlling to experience well-being in the parent-child relationship (e.g., Rohner & Lansford, 2017).

Disruptions to positive parent-child relationships can pose a threat to children's well-being. For example, exposure to conflict between parents is a risk factor for lower child well-being (Rhoades, 2008), and the rising divorce rate in the Gulf countries could put a strain on parent-child relationships (Ministry of Development Planning and Statistics, 2015). Positive social relationships during adolescence also predict well-being into adulthood (Olsson, McGee, Nada-Raja, & Williams, 2013).

Social relationships with non-parental caregivers and attachment figures are also important. For example, domestic workers in Gulf countries often have responsibility for providing day-to-day care for children, and the quality of children's relationships with domestic workers who care for them is important to children's well-being (Khalifa & Nasser, 2015). Researchers have raised concerns that because domestic workers typically come from different cultural backgrounds and speak different languages from the families whose children they care for, children may be exposed to conflicting behaviors and religious and cultural belief systems and values endorsed by their families versus domestic workers (Ismail, Almoghaisab, & Kamal, 1990; Kadhim, 1992).

Omar (2004) reviewed a number of studies conducted in the Gulf countries and concluded that mothers often manage households by delegating to domestic workers responsibilities, including instrumental parenting tasks such as feeding, bathing, playing, and interacting with children in other ways. In a study of Qatari children's perceptions of their relationships with their mothers and with domestic workers, children who perceived that their mothers did not have time for them and that their mothers were hostile (e.g., insulted them in front of their friends) reported themselves to be closer to domestic workers who cared for them than did children who perceived themselves as having more positive relationships with their mothers (Khalifa & Nasser, 2015).

On the one hand, positive relationships with domestic workers may serve a protective function in promoting children's well-being. On the other hand, positive relationships with parents are also quite important for children's well-being so the presence of domestic workers may present a risk if parents believe themselves to be less essential to their children's care and well-being in the presence of domestic workers.

2.4.2. Positive relationships with peers

Peer relationships can provide an important source of support for children and adolescents and enhance their lives through companionship and fun (Bokhorst, Sumter, & Westenberg, 2010). Friendships also are an important context in which children learn important social skills such as empathy and cooperation, and friends can enhance one another's well-being (e.g., van Hoorn, van Dijk, Meuwese, Rieffe, & Crone, 2016).

However, peer relationships can also be a source of stress contributing to depression, anxiety, and suicidal ideation if children are rejected by their peers or subject to victimization and bullying (Gini & Pozzoli, 2009; Holt et al., 2015). A national survey of adolescents in Saudi Arabia found that 25% reported having been bullied at least once in the last month (AlBuhairan et al., 2015), which is consistent with global estimates that

between 17–69% of adolescents experience bullying (Craig & Harel, 2004). Bullying often occurs outside areas of direct adult supervision, such as in school restrooms or in online platforms, which were identified in qualitative interviews with Saudi adolescents as areas of concern (AlBuhairan, Al Eissa, Alkufeidy, & Almuneef, 2016).

2.4.3. Positive relationships with non-family adults

Relationships with non-family adults (e.g., teachers, coaches, mentors, neighbors) are an important untapped resource for children and adolescents world-wide (Scales & Roehlkepartain, 2018). Children and adolescents benefit from relationships with adults that have the following features:

1. **Express care through an emotional bond, mutual enjoyment, and trust;**
2. **Challenge growth through motivation and input to push youth to build skills and meet their goals;**
3. **Provide support through encouragement and feedback;**
4. **Share power by encouraging autonomy and self-initiation;**
5. **Expand possibilities by introducing young people to new opportunities (Scales & Roehlkepartain, 2018). Non-family adults are able to contribute to the well-being of children and adolescents by providing relationships characterized by each of those features.**

2.5. 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. Prevalence estimates obtained through self or parent reports are more than ten times higher than official rates of substantiated maltreated (Gilbert et al., 2009). A study conducted by the Supreme Council for Family Affairs suggested that 20% of children in Qatar experience psychological, physical, or sexual abuse at home, at school, or in the community (Scott, 2013). This rate is similar to rates reported for other high-income countries (e.g., Finkelhor, Turner, Shattuck, & Hamby, 2015).

Stemming from the 1989 United Nations Convention on the Rights of the Child (ratified by all countries except the United States) and the United Nations' assertion that all forms of violence against children (including corporal punishment, no matter how mild) are a violation of children's right to protection from abuse, 53 countries have now outlawed all forms of corporal punishment of children (Global Initiative to End All Corporal Punishment of Children, 2018). Reviews and meta-analyses of scientific research on corporal punishment have concluded that children who experience corporal punishment are at greater risk for future aggressive behavior problems, internalizing problems such as anxiety and depression, cognitive delays, and worse relationships with their parents (e.g., Gershoff & Grogan-Kaylor, 2016), even in countries in which corporal punishment is accepted and normative (Lansford et al., 2005).

None of the Gulf countries have outlawed all forms of corporal punishment. This has been raised as a concern in the Universal Periodic Review of Human Rights for each of the six Gulf countries, as outlawing corporal punishment is regarded as one step toward protecting children from abuse. The governments of Bahrain and Oman have indicated their commitment to full prohibition of corporal punishment but have yet to fulfill this commitment. In responding to its 2015 Universal Periodic Review, the government of Oman in 2016 confirmed its acceptance of the recommendations, indicating that the recommendations were “in conformity with the Constitution, the teachings of the Islamic Sharia and the Omani society and culture” (Global Initiative to End All Corporal Punishment of Children, 2018). Likewise, in response to its 2017 periodic review, the government of Bahrain supported the recommendation to “Prohibit by law corporal punishment against children in all settings and contexts, including in the home, and repeal all exceptions to its use” (Global Initiative to End All Corporal Punishment of Children, 2018). Nevertheless, legal reform is still needed to prohibit corporal punishment in homes, alternative care settings, day cares, and penal institutions in both Bahrain and Oman. Corporal punishment is outlawed in schools.

In Kuwait, Qatar, and the UAE, corporal punishment is prohibited in some settings, but legal reform would be needed to prohibit corporal punishment in all settings. In Kuwait, corporal punishment in schools and as a punishment for crimes has been outlawed (Global Initiative to End All Corporal Punishment of Children, 2018). In Qatar, corporal punishment in penal institutions has been outlawed, and a ministerial decree against all violence in schools was adopted in 2013; but corporal punishment in schools has not been explicitly outlawed (Global Initiative to End All Corporal Punishment of Children, 2018). In the UAE, corporal punishment is unlawful in schools and in penal institutions (Global Initiative to End All Corporal Punishment of Children, 2018).

In Saudi Arabia, corporal punishment is not fully prohibited in any setting (Global Initiative to End All Corporal Punishment of Children, 2018).

2.6. Cognitive Well-Being

2.6.1. Quality early child care, school readiness, and academic achievement

There are wide differences between national and expatriate (expat) children in the Gulf countries in the nature of their early child care experiences, with national children much more likely to be cared for in their own homes by domestic helpers and expat children much more likely to be cared for in out-of-home formal child care centers, nurseries, and the like. Concerns with both scenarios are that many caregivers do not speak Arabic or have training in child development so may not be in a position to promote children’s optimal well-being. Issues of identity may be related to well-being of both national and expat children. Research on immigrant children’s identity generally demonstrates that children have the most optimal well-being (e.g., in terms of school performance, few behavior problems, and emotional adjustment) when they identify both with their culture of origin and their culture of destination, including an

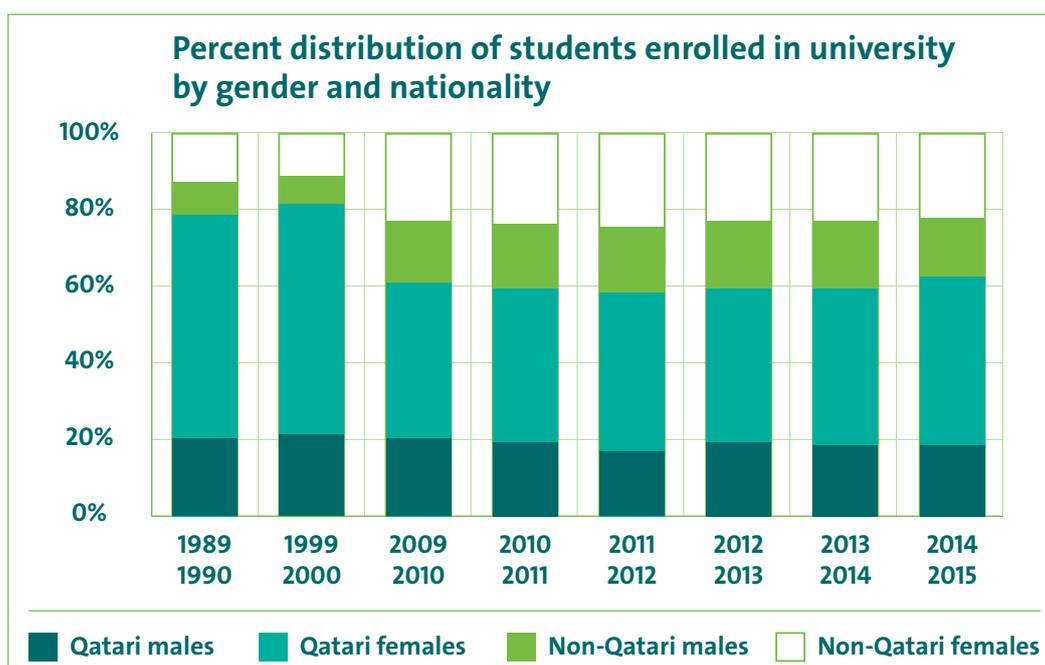
appreciation of language and practices of each culture (Berry, Phinney, Sam, & Vedder, 2006; Nguyen & Benet-Martinez, 2013).

High quality early child care promotes school readiness and socioemotional competence (Ramey & Ramey, 2004). In the last decade, early childhood centers such as the Qatar Academy sponsored by the Qatar Foundation have been increasing. Approximately 32% of Qatari children attend early childhood education programs, compared to 45% of non-Qatari children in Qatar, with children of more highly educated mothers more likely to attend. Kindergarten is not yet compulsory in Qatar, but the Ministry of Development Planning and Statistics (2015) has recommended establishing compulsory kindergarten as part of a strategy for promoting early child development. Nevertheless, rates of private school kindergarten attendance are high with 87% of Qatari and 96% of non-Qatari four- and five-year-olds enrolled (Ministry of Development Planning and Statistics, 2015).

An evaluation of three different types of preschool settings in Bahrain demonstrated that compared to children who stayed at home, children who attended preschools performed better on both cognitive (language, memory, vocabulary, counting) and socioemotional (self-confidence, self-esteem, emotional conduct) tasks, and that children who attended educationally-oriented preschools outperformed children in care-oriented preschools (Hadeed & Sylva, 1999). School readiness in terms of early math, reading, and attention skills at the time of entry to the formal education system is a strong predictor of subsequent academic achievement (Duncan et al., 2007). During childhood and adolescence, academic achievement is an indicator of success in a major life domain that predicts health and occupational and financial success into adulthood (e.g., Robert Wood Johnson Foundation, 2013).

2.6.2. Enrollment and performance in school

The Gulf countries are doing well with respect to enrollment in school and advanced education. Gender equity in school enrollment has generally been achieved in the Gulf countries. Literacy rates of 15- to 24-year-old men and women are above 99%. In Qatar, 54% of women and 29% of men enroll in universities; Qatar and the UAE have the highest female to male enrollment ratio in the world (Krause, 2015). Despite high rates of school enrollment, though, students from the Gulf countries do not, on average, score at the highest levels of national and international academic assessments (Al-Hendawi & Keller, 2014). For example, on the Progress in International Reading Literacy Study, more than 40% of fourth grade students in the Gulf countries read at or below the lowest level. On the Trends in International Mathematics and Science Study, the lowest benchmark in mathematics was not reached by 32–81%, and the lowest benchmark in science was not reached by 20–52% of Gulf eight grade students (Al-Hendawi & Keller, 2014). Less than 1% of students from the GCC countries, compared to 15% or more of students from several OECD countries, scored at the highest level of proficiency on the Program for International Student Assessment science ranking (Al-Hendawi & Keller, 2014).



Source: Education in Qatar Statistical Profile. Available at <https://goo.gl/pdxPgo>

2.6.3. Skills for a knowledge economy

According to the World Bank (2017b) youth unemployment rates are 6%, 13%, 49%, 1%, 33%, and 12% in Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the UAE, respectively. Youth unemployment contributes to youth rebellion, disenfranchisement, and lower well-being (International Labor Organization, 2011), making it important to provide young people with the skills they will need for a knowledge economy both to promote individual well-being and societal-level productivity. Because large proportions of the labor force in the Gulf countries are expatriates rather than citizens, building capacity for citizens to compete in the private sector should be a priority.

A survey of employers and students in the six Gulf countries identified four areas in particular need of attention to ensure that young people have the skills necessary for a knowledge economy, to improve their fit for the current job market and ensure that employers have local employees with the necessary skills (Cooper, 2015). First, the survey suggested the need to align curricula with employers' needs. Second, was the need to develop the workforce through experience and training. Third was the recommendation to provide information about careers. Fourth was the need to encourage a culture of employment, innovation, and entrepreneurship. The report outlined a number of specific ways for the private sector, educational institutions, and governments to move toward those goals.

2.7. Economic Security

All of the Gulf countries are classified by the World Bank (2017a) as being high income countries, and all have among the highest average per capita incomes in the world (Amadeo, 2017). Nevertheless, some families within each country have less economic security than others. According to Qatar National Development Strategy 2018-2022, the percentage of children living with low income families (as defined by the national poverty line) increased from 13.4% to 15.2% between 2007 and 2013.

Economic security is important in its own right, but it is also a robust correlate of many other aspects of children's well-being (Wachs, Cueto, & Yao, 2016). For example, in international studies, higher household income is generally related to children's better physical health, behavioral adjustment, psychological well-being, social relationships, safety, and cognitive development (Buchmann, 2002; Lindo, Schaller, & Hansen, 2013; Piotrowska, Stride, Croft, & Rowe, 2015; Yoshikawa, Aber, & Beardslee, 2012).

Some connections between economic security and child well-being are direct; for example, parents with more financial resources can afford to buy more nutritious food and live in safer neighborhoods (Darmon & Drewnowski, 2008; Zuberi, 2012), which contribute directly to children's physical health and safety. Other connections between economic security and child well-being are indirect through other factors affected by economic security. For example, parents with more financial resources are less worried about being able to pay for basic living expenses, and less parental stress is related to warmer, more consistent, and less harsh parenting (Yeung, Linver, & Brooks-Gunn, 2002), all of which contribute to children's behavioral and psychological well-being.

2.8. Table 1: Indicators of Well-Being by Country*

		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
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

CHAPTER THREE: POLICIES AND PROGRAMS TO PROMOTE CHILD WELL-BEING IN THE GULF COUNTRIES

This section describes three levels of policies and programs that can contribute to child well-being. At the broadest level, the international agenda can set goals and milestones that countries may work toward meeting. At a national level, strategies often set priorities for government ministries in working toward particular national goals. At a local level, programs and interventions often are designed to meet goals outlined in policies related to the international agenda or national strategies.

3.1. International Agenda

All Gulf countries have ratified the Convention on the Rights of the Child, which addresses children's rights in areas of development, protection, and participation. Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs) have set international targets that have guided policies and programs in many countries. Overall, the Gulf countries in general and Qatar in particular were successful in meeting the MDGs (especially related to economic, education, and health indicators) and are moving toward meeting the SDGs. The challenges moving forward are to shift from survival and development (where the Gulf countries are doing well) to sustaining the gains made in the MDG era, improving services, and enhancing child protection and participation, especially for non-national children (UNICEF, 2011). Here, two SDGs are highlighted to illustrate how the international agenda relates to specific aspects of child well-being in the Gulf countries.

SDG Goal 5 involves gender equality. Girls and boys generally have equal access to education in the Gulf countries, but in the majority of Gulf countries, women lag behind men in economic and political participation and legal rights (e.g., Ministry of Development Planning and Statistics, 2015). Qatar is highly ranked on the United Nations Human Development Index, but ranks poorly with respect to gender equality (rank of 114 of 152 countries, lower than other GCC countries; Ministry of Development Planning and Statistics, 2015). Women's rate of labor force participation is less than half men's rate in Qatar and less than women in most OECD countries (Ministry of Development Planning and Statistics, 2015). Removing barriers to employment and political participation for women will benefit girls' well-being as they develop into women.

In addition and of particular relevance to child well-being, citizenship continues to pass through fathers rather than mothers in many Gulf countries. This means that children in those countries who are born to a woman who is a citizen married to a man who is not a citizen are themselves not citizens and are more vulnerable because they do not have the same rights as children who are citizens. Equal citizenship rights regardless of gender is a pillar of the international agenda. Citizenship rights also have consequences for children's identity and sense of belonging. Discrimination, racism, and exclusion put children at risk for lower well-being and are risk factors for radicalization (Marks, Ejesi, McCullough, & Coll, 2015; Pascoe & Richman, 2009;

Schmitt, Branscombe, Postmes, & Garcia, 2014). In contrast, feelings of belonging and being accepted by the larger society strengthen children's and adolescents' sense of social cohesion and help them contribute more to society (Arends-Tóth & van de Vijver, 2006; Motti-Stefanidi, Pavlopoulos, Obradović, & Masten, 2008).

Goal 16.2 of the Sustainable Development Goals adopted by the United Nations General Assembly in 2015 is to “End abuse, exploitation, trafficking and all forms of violence against and torture of children” (Global Initiative to End All Corporal Punishment of Children, 2015). The indicator of achievement of SDG 16.2 adopted by the United Nations is the percentage of children aged 1 to 17 who experienced any physical punishment and/or psychological aggression by caregivers in the past month (Danish Institute for Human Rights, 2018). Outlawing corporal punishment has been deemed an important policy change to work toward child protection because laws are a public realization of a society's collective beliefs about the appropriateness of a particular behavior and, as such, have the potential to change individuals' beliefs about the acceptability of violence against children (Frehsee, 1996).

In addition to changing laws, public awareness campaigns are important to make adults aware of the change in the law, and interventions are important to change adults' perceptions of the effectiveness and appropriateness of corporal punishment and teach them non-violent ways of disciplining children (Holden, Brown, Baldwin, & Croft Caderao, 2014; Lansford et al., 2017; Reich, Penner, Duncan, & Auger, 2012). Combining public awareness and intervention programs with legal changes promotes the largest changes in beliefs and behaviors related to corporal punishment (Bussmann, Erthal, & Schroth, 2011). Analyses of how laws spread internationally suggest that the influence of foreign laws on an individual country's laws is greatest when the same law is implemented in many countries and a major international organization supports the law as the desired model (Linos, 2013), a situation that seems to be occurring with respect to laws outlawing corporal punishment (currently passed in 53 countries and supported by the United Nations). Political scientists have found that new laws are especially likely to be adopted from countries that are geographically proximal and culturally similar (Linos, 2013), suggesting that if Bahrain and Oman fully prohibit corporal punishment, as their governments have pledged to do, the other Gulf countries may be more likely to follow.

3.2. National Strategies

All six Gulf countries have national strategies that set the stage for national efforts to promote children's well-being.

3.2.1. Bahrain

In Bahrain, the 2013-2017 National Childhood Strategy addressed children's rights with respect to health, education, protection, participation, and non-discrimination (Kingdom of Bahrain, 2018). The strategy specifically addressed gender equity and inclusion of children with disabilities (as does the National Strategy for Persons with Disabilities). The strategy is well aligned with the United Nations Convention on the Right of the Child and the international agenda with respect to children's protection and rights.

3.2.2. Kuwait

In Kuwait, the National Programme for Healthy Living was a five-year plan (2013–2017) to promote healthy eating and exercise to improve health and well-being (Behbehani, 2014). In addition, Educational Reform Program is a partnership between the government of Kuwait and the World Bank over the period 2015–2019 designed to revise school curricula across 12 grades to promote students' competence (World Bank, 2016). The reforms have created a national curriculum that is intended to enhance schools' accountability and increase use of evidence-based practices. National values and traditions are maintained while incorporating international best-practices in curriculum design.

3.2.3. Oman

In Oman, the Ninth National Development Plan (NDP) 2016–2020 and Oman Vision 2040 are largely economic plans, but they include a number of targets that have the potential to promote child well-being, including enhancing the standard of living of all citizens and reducing disparities across different geographic regions and income groups (Sultanate of Oman Supreme Council for Planning, 2018).

3.2.4. Qatar

In Qatar National Vision 2030, human development is one of the four pillars (along with economic development, social development, and environmental development). The human development pillar focuses on a world-class education system, physical and mental health, and work force participation, including attention to rights of expatriates and women (Ministry of Development and Planning Statistics, 2018), all of which would ultimately benefit children. Qatar National Development Strategy 2017–2022 incorporates specific targets of the Sustainable Development Goals 2030 agenda. Of particular relevance for child well-being, the National Development Strategy 2017–2022 includes objectives that aim to enhance family cohesion and protection (Qatar Voluntary National Review, 2017).

Other national strategies address specific aspects of well-being or specific target populations. For example, Qatar's Mental Health Strategy 2013–2018 connects to the human development pillar of Qatar National Vision 2030 and seeks to enhance mental health services and reduce stigma and taboos surrounding seeking help for mental health issues (Ministry of Public Health, 2018). As an example of a specific population targeted by a national strategy, it is estimated on the basis of international prevalence data that the number of children 0–18 years old with Autism Spectrum Disorder (ASD) in Qatar ranges between 3,500 and 5,000 children. Around 230 children are likely to be diagnosed with ASD every year. The National Autism Plan launched in 2017 aims to develop a model of care, improving awareness, early recognition, diagnosis, intervention, and the transition to adulthood for children with autism.

3.2.5. Saudi Arabia

In Saudi Arabia, the King Abdul Aziz Prize for Research on Childhood and Development Issues was launched in 2017 as a way to promote scientific research that contributes

to policies related to children’s rights to development, protection, and participation (Arab Council for Childhood and Development, 2017). A roundtable of 15 experts from 4 Arab countries announced that the first prize awarded will focus on “Upbringing for Citizenship” as a way to advance research on “establishing a modern democratic society based on activating child rights and the principles of governance, social justice, enlightenment, rationalism and human liberation.”

3.2.6. United Arab Emirates

In the UAE, the goal of the National Strategy of Motherhood and Childhood is to serve as the main reference to policy makers in motherhood and childhood domains (Supreme Council for Motherhood and Childhood, 2018). The strategy aims at involving children and youth in shaping policies by taking their opinions and hopes into consideration in areas such as health, education, and protection. The strategy also takes into consideration children’s rights in having policies and laws that promote their development in physical, cognitive, social, and emotional domains.

In the UAE’s national health plan for the years 2014–2016, initiatives were proposed to enhance the healthy lifestyles of the UAE society and disseminate health awareness. The plan also included other programs and initiatives, such as the national program of youth health, expansion of the early detection of newborn diseases, early screening for children’s hearing, and expanding health programs for pregnant women.

The UAE’s National Strategy of Children with Disabilities (2017–2021) shows the government’s commitment to the rights of children with disabilities in general and particularly in areas of education, health, and protection. The strategy seeks to promote early identification and early intervention, capacity building of professionals working with children with disabilities, improvement in quality control systems, inclusion, and family support programs.

The UAE’s National Strategy to Improve Education Sector (2015–2021) concentrates on providing ideal and attractive environments to children in the UAE, especially who are at kindergarten and elementary school levels, characterized by the highest international standards of safety, protection, and holistic care that includes health and education.

3.3. Country-Specific Programs

The international agenda and national strategies often lead to the creation of programs designed to put policies into action. The following list provides examples of specific programs in Gulf countries that have been developed to promote child well-being. An important direction for future work will be systematic, rigorous evaluations of the effectiveness of policies and programs designed to promote child well-being in the Gulf countries.

3.3.1. Child helpline in Saudi Arabia

Establishing a helpline for children who have been abused is one part of the Ministry of Health’s (2018) effort to protect children from abuse in Saudi Arabia. The Ministry of

Health has outlined a set of objectives that involve training medical center staff and others in how to respond to cases of abuse, referring children who have been abused to appropriate treatments, and monitoring cases of reported abuse for research purposes to understand better the scope of the problem. The Ministry of Health (2018) has also issued a number of publications to aid victims as well as service providers. These efforts have not been evaluated systematically, but the prevalence of their use suggests their importance. For example, in 2012 alone, the helpline received more than 7,000 calls (Kingdom of Saudi Arabia Ministry of National Guard Health Affairs, 2015).

3.3.2. Youth empowerment program in the UAE

Empowering youth is one component of the UAE government's Vision 2021 strategy (Government of UAE, 2018). The Emirates Youth Council headed by the Minister of State for Youth Affairs is tasked with representing young people's ideas to the government. A number of specific programs have been implemented to address particular domains of child well-being. For example, the Child Obesity Prevention Project was implemented in eight schools in 2011–2012, and the Fat Truth campaign was implemented in 2009 to raise awareness of the importance of healthy eating and exercise (UNICEF, 2012). These campaigns were successful in reaching a large number of youth in the UAE; whether they have had an impact on the obesity rate has not been evaluated.

Other initiatives, such as the One Million Arab Coders initiative launched in 2017, are designed to encourage young people to build skills to prepare them for a knowledge economy (Government of UAE, 2018). Having a Minister of State for Youth Affairs and the variety of programs for youth encompassed by the Vision 2021 strategy suggest the commitment of the UAE to the well-being of young people. It will be important to build monitoring and evaluation into the implementation of youth programs to determine the effectiveness of the initiatives.

3.3.3. Sidra Child Advocacy Program in Qatar

In 2017, Sidra Medical and Research Center launched the Sidra Child Advocacy Program as Qatar's first child abuse protection program. The goal is to promote a national child abuse prevention strategy as well as a network of service providers to help children who have been abused (Sidra Medicine, 2018). The program takes a multidisciplinary approach by bringing together medical, psychological, educational, and other support services to help children and their families, placing emphasis on confidentiality and privacy in the context of reporting and legal proceedings. The program is still relatively new and will eventually need to be evaluated to determine how effective it is and whether revisions to the program are needed.

3.3.4. Mother Child Education Program in all six Gulf countries

The Mother Child Education Program has been launched in all six Gulf countries as a parenting program designed to improve cognitive, fine motor, social, and emotional development for five- to six-year-old children from families with low parental education or living in poverty (UNESCO, 2018).

The program is delivered in homes over a period of 25 weeks, working both with mothers and children. Mothers meet for two to three hours each week in a support group of up to 25 mothers; leaders provide mothers with information on child development and resources they can use at home with their children. Trainers also make home visits to help mothers use the materials provided to work with their children on cognitive and fine motor tasks. The program is overseen by the Red Crescent Society.

The program has been found to enhance school readiness and improve mother-child relationships. In an evaluation of the program in Bahrain in which 96 preschool children and their families were randomly assigned to the intervention group and 75 preschoolers and their families were randomly assigned to a control group, children in the intervention group were found to outperform children in the control group on measures of verbal, reasoning, and spatial abilities; have better self-concept and social skills; have fewer behavior problems; have fewer mother-child conflicts; and have family environments that were more stimulating, more affectionate, and less physically harsh (Hadeed, 2004).

3.3.5. Down Syndrome Charitable Association in Saudi Arabia

Through the Down Syndrome Charitable Association, Saudi Arabia offers an early intervention program for parents and children ages 0–8 years with Down Syndrome. The program aims to serve children with Down Syndrome and their parents by preparing children for school by training them to be self-reliant and independent and prepared socially and psychologically. The program also assists in the process of integration into society (Early Childhood in the Arab Countries: Status and Challenges, 2010). As with many agencies that are tasked with providing services, monitoring and evaluation are not embedded in the association's work so the effectiveness of the services provided is unknown.

3.3.6. Association of Early Intervention for Children with Special Needs in Oman

The Early Intervention Association for Children with Special Needs in Oman provides early intervention services from birth to age six years for children with disabilities (Association of Early Intervention for Children with Special Needs, 2018). The Association provides a range of social, physical, and academic services with the goal of helping children with disabilities be fully integrated in society and able to enroll in school. The Association aims to have impact in five areas, including:

- 1. producing gains in physical development, thinking skills, language and speech, psychological development, and self-help skills;**
- 2. helping to prevent the development of other disabilities;**
- 3. reducing family stress;**
- 4. preparing the child for integration in regular schools when possible; and**
- 5. helping to develop children's strengths (Association of Early Intervention for Children with Special Needs , 2018).**

3.3.7. Kuwait Association for Child and Adolescent Mental Health

The Kuwait Association for Child and Adolescent Mental Health was established in 2012 to serve as a professional association to increase access to mental health services and to promote research on children's and adolescents' mental health in Kuwait (Kuwait Association for Child and Adolescent Mental Health, 2018). Any effects of this professional association on children's well-being would be expected to be indirect. That is, by offering training and networking opportunities and building capacity of child psychologists and other mental health service providers, the association might better enable professionals to work effectively with children and adolescents, which might in turn enhance the well-being of children and adolescents.

3.3.8. Fostering Youth Resiliency in Kuwait

The Kuwait National Petroleum Company and United Nations Development Programme partnered to create the Fostering Youth Resiliency project, which is the first anti-bullying program designed to reduce violence in Kuwait schools (United Nations Development Programme, 2018). The project involves an awareness campaign to try to prevent physical, verbal, and cyberbullying as well as training workshops in high schools, sport centers, and other community locations organized by the Red Crescent Society. Future evaluation studies in which schools are randomly assigned to receive the awareness campaign or not and other locations are randomly assigned to participate in training workshops or not, along with pre- and post-assessments of knowledge, attitudes, and behaviors, will help determine how effective these campaigns and workshops are in meeting their target goals.

3.3.9. School-based programs in Qatar

A number of school-based programs have derived from RAND's assessment of the education system in Qatar (e.g., to move toward a standards-based curriculum and assessments and implement professional development for teachers as a way to improve students' academic achievement; Nasser, 2017). Care is needed when implementing school-based programs to balance reforms (which are often based on models from North America or Western Europe that may involve expectations regarding parents' involvement in education and less authoritarian practices) with traditional cultural values and practices, particularly in rural areas (Al-Hendawi & Keller, 2014). Evaluations of the school reforms in Qatar suggest promise in aspects such as aligning the national curriculum with international standards but also highlight the need to integrate Qatari values and identity more fully rather than imposing models developed in other countries that may not be well accepted by Qatari teachers, students, or parents (Nasser, 2017).

CHAPTER FOUR: CHALLENGES TO CHILD WELL-BEING AND GAPS IN PROGRAMS TO PROMOTE CHILD WELL-BEING

4.1. Citizenship

Children who are **Bidoon** (stateless) and those who are born to national women married to non-national men are at risk in some Gulf countries. Children of a national woman married to a non-national man may be more at risk in areas of health, education, and rights than children with two national parents, if citizenship does not pass equally through both mothers and fathers. The situation in many of the Gulf countries is such that expatriates far outnumber citizens, and population growth has been large, which can pose challenges to children's well-being. In addition, without citizenship rights, children and, especially, adolescents are less likely to develop an identity that is tied to a particular country, which can decrease their sense of well-being by making them feel that they do not belong. Adolescents' perceptions that they are not connected to the society in which they live make them more vulnerable to potentially harmful pressures to find belonging, such as in the case of radicalization when adolescents who are excluded from mainstream society try to find belonging in fringe groups that might ultimately be disruptive to society.

In Qatar, population growth has been averaging 10% each year, primarily because expatriates are immigrating to Qatar; non-Qataris now comprise 88% of the population of Qatar (Ministry of Development Planning and Statistics, 2015). One in eight Qatari women marries a non-Qatari man (Ministry of Development Planning and Statistics, 2015). Children of Qatari women married to non-Qataris are not legally citizens, but they have the same rights in education and health care. In the UAE, citizenship may be granted to the sons and daughters of Emirati women married to non-Emiratis after a minimum of six years from their birth date.

A mission statement developed at an international experts' meeting designed to promote positive development of immigrant youth made several recommendations for countries' policies and practices concerning immigrants (Garcia Coll et al., 2015). Of particular relevance to promoting the well-being of children in the Gulf countries are recommendations to:

1. **Promote non-segregated, welcoming environments and opportunities for intercultural communication and collaboration at all ages.**
2. **Provide economic opportunities to ensure that immigrant families do well and contribute to the country.**
3. **Provide early childcare and education, prevention and intervention to ensure that immigrant youth have the basis for successful integration.**
4. **Create public campaigns that show the contribution of immigrants to the host countries as well as respect to the diversity and needs of various ethnic groups.**

4.2. Abuse

Children who have been abused have special needs and challenges. For example, stigmatization still follows some victims of abuse, suggesting the need for extreme caution in protecting the identity of victims, such as in the UAE's new system through the Child Protection Centre in the Ministry of Interior. Because many cases of abuse are not reported, awareness campaigns are needed to encourage reporting of abuse when it is experienced or witnessed, and better enforcement of existing laws is needed to protect children from abuse. Because abuse sometimes occurs in schools, better monitoring of teachers is needed (as well as training in ways to discipline children without resorting to violence), and better monitoring of children is needed (especially in situations that are currently unsupervised where children may be more vulnerable to abuse by other children).

4.3. Disabilities

Children with disabilities necessitate special services to promote their well-being. Most Gulf countries provide programs to serve children with special needs and their families. Many have begun to implement programs that focus on inclusion by integrating children with special needs into public schools, in addition to programs designed especially for children with certain types of disability. However, information on the quality of services, performance indicators, and the proportion of child beneficiaries is lacking. More attention is needed to monitoring and evaluation in the area of addressing the needs of children with disabilities. In particular, countries would benefit from a survey of community-based and school-based services available for children with special needs. Information obtained from community organizations, schools, and from families themselves could then be used to identify particular gaps in services, which might be related to the nature of the disability (e.g., motor, sensory, cognitive, behavioral), to geography (e.g., lack of services in some regions), to some age groups (e.g., prior to starting formal schooling), or other factors. Once a clear picture emerges of the strengths and limitations of services available for children with disabilities, government ministries and community organizations could mobilize to address gaps in services.

4.4. Early Childhood Education

Although Gulf countries vary in early childhood services, and for some it is work in progress, gaps remain in early childhood education for children from birth to approximately age six (or the start of formal schooling). Training for staff in nurseries and early childhood education programs is limited, so many care providers are not specifically trained in child development or working with young children. A policy analysis undertaken by the World Innovation Summit for Education as an initiative of the Qatar Foundation yielded nine policy recommendations related to early childhood education (Al-Khelaifi et al., 2017). These include (among others):

- “A dual English/Arabic curriculum across [early childhood education] ECE and schools to ensure continuity of practice.
- A review of the National Qualifications Framework, to ensure that all kindergarten teachers have an undergraduate degree or post-graduate qualification in ECE, which is remunerated at an appropriate level to attract well qualified teachers, and to develop qualification requirements for practitioners working with children under age four.
- The establishment of professional development courses for serving teachers given priority for funding; to include support for teachers’ ongoing reflective research and enquiry skills, and government licensed services to support principals and coordinators to engage in instructional supervision focused on teachers’ professional growth and development.
- Legislation developed which sets out required adult/child ratios and indoor/ outdoor space per child for ECE settings.
- A research program within the Qatar context to ensure continuous quality improvement of ECE programs.” (Al-Khelaifi et al., 2017, p. 1).

4.5. Regional Disparities

It is well to note that there are regional differences in access to programs to promote child well-being. Families in urban areas are typically more prosperous than families in rural areas, and there are gaps in education, health, and community services between rural and urban areas (Ministry of Development Planning and Statistics, 2015). These gaps warrant attention to promote the well-being of children in rural areas who may not have access to the same resources as their urban counterparts. To reduce regional disparities in child well-being, primary health care facilities should continue to be expanded into rural areas (Al-Mazrou et al., 2008), and care should be taken to ensure that families in rural area have access to the same policy and practice resources recommended in specific domains (such as services for children with disabilities and access to high quality early childhood education) as families in urban areas.

4.6. Divorce

Parental divorce can be a risk factor in relation to child well-being. For example, meta-analyses have found that compared to children whose parents stay together, children whose parents divorce are at higher risk for a number of emotional, behavioral, and academic difficulties (e.g., Amato, 2001). In part, these difficulties can arise because of the divorce per se as well as exposure to inter-parental conflict before and after the divorce (Lansford, 2009), but some of these difficulties may be related to economic challenges of divorced women and their children (Weaver & Schofield, 2015). Relative poverty is more likely to be experienced by divorced women and their children than by divorced men or by married couples (Ministry of Development Planning and Statistics, 2015). Divorce rates are increasing in the Gulf countries, presenting a potential risk for child well-being (El-Haddad, 2003).

To help mitigate potential negative effects of divorce, attention could be devoted to three major issues. First, efforts to enforce child support payments required by existing laws are needed to decrease the risk of child poverty following parental divorce. Several studies have suggested that children's well-being is compromised not only by divorce per se but because their financial situation typically worsens following divorce, leaving them with fewer resources to support their development (Ribar, 2015). In addition, custody that does not discriminate against women is needed to ensure the best interests of the child. Unequal custody rights for mothers and fathers following divorce can pose risks to child well-being. Particularly if inter-parental conflict can be minimized, children's well-being is enhanced by supportive relationships with both parents following divorce (Amato & Gilbreth, 1999). Third, because witnessing conflict between parents can be worse than divorce itself (Amato, Loomis, & Booth, 1995), community supports such as professional mediators should be in place to help families experiencing divorce to separate with as little conflict and hostility as possible and to ensure children that they will still be loved and cared for following their parents' divorce. Examples of successful mediation programs include children's perspectives in the mediation process (Ballard, Holtzworth-Munroe, Applegate, D'Onofrio, & Bates, 2013), which can help parents to be more sensitive to their child's needs following divorce and promote better child well-being (McIntosh, Wells, Smyth, & Long, 2008).

4.7. Enforcement, Monitoring, and Evaluation

Most Gulf countries have developed their own national strategies to address child well-being and have signed international conventions on children's rights. For instance, in Oman, the 2014 Children's Act established mechanisms for the mandatory reporting of cases of abuse and neglect by physicians, teachers, and other professionals. In the UAE, a Federal Law on Child Rights was passed by the Federal National Council in the spring of 2016. The major challenge is to reinforce these laws and apply them through procedural instructions that can guarantee the application of these laws. Monitoring, follow up, and periodic assessment and evaluation are needed. Likewise, the Gulf countries have policies related to early childhood care, especially in the areas of health and education. Here too, monitoring and evaluation using quantitative and qualitative indicators are needed to ensure that the policies and programs are working as intended and to continue to promote child well-being.

4.8. Multi-sectoral Coordination

One challenge is that multiple sectors hold a stake in planning, implementing, and documenting services that target holistic development of children and adolescents (encompassing early childhood services, education, health, protection, and other domains of well-being). If efforts are not coordinated across sectors, this can lead to overlapping of services or gaps in services. In the UAE, the Supreme Council for Motherhood and Childhood serves a unifying function, as does the National Family Safety Program in Saudi Arabia. Nevertheless, these bodies must still coordinate

services with ministries of health and education, for example. The main challenge here is that lack of coordination and integration has the potential to lead to weaknesses in the provision of holistic services. Ministries of Health, Education, Social Services, and others each deal with some policies and programs related to the well-being of children and adolescents. Ministries should aim to work together to ensure integrated policies and programs to address the holistic well-being of children and adolescents.

4.9. Advancing Beyond the MDG Era

The era of the Millennium Development Goals resulted in many gains in health and education for children in the Gulf countries. The challenge moving forward will be to maintain the health and education gains of the MDG era and to expand the promotion of child well-being to include child protection and improvements in programming, including for non-national children and children with disabilities.

CHAPTER FIVE: RECOMMENDATIONS OF POLICIES AND PROGRAMS TO PROMOTE CHILD WELL-BEING

This section makes recommendations of programs and policies to promote child well-being on the basis of what has been demonstrated to be effective globally and in the Gulf region. One overarching recommendation is to measure any aspects of child well-being where there is desire to change, as measuring something draws attention to it and makes it possible to evaluate change over time in response to policies and programs. In addition, it is important to integrate multiple stakeholders to create a cohesive plan for child well-being that incorporates different government ministries, NGOs, and other stakeholders as well as different levels of policies and programs (national, local) while taking a holistic approach to child well-being (incorporating physical, behavioral, psychological, social, safety, and cognitive domains).

5.1. Physical Health

The low rates of breastfeeding in the Gulf countries that are far below the World Health Organization's (2018) recommendations, suggest the need for lactation consultants, nurses, and pediatricians to work with families to emphasize the health and socioemotional benefits of breastfeeding (Victora et al., 2016).

The Baby Friendly Hospital Initiative in maternity wards has been found to increase breastfeeding through the implementation of 10 recommendations (e.g., Perez-Escamilla, 2007). In a study of breastfeeding in Kuwait (Dashti et al., 2010), none of the participating hospitals in which new mothers were recruited followed the guidelines from the Baby Friendly Hospital Initiative to **“Help mothers initiate breastfeeding within half an hour of birth”** or **“Give newborn infants no food or drink other than breast milk, unless medically indicated.”** The majority of new mothers in these hospitals had not attempted to breastfeed within 24 hours of the infant's birth, suggesting that one concrete recommendation to increase breastfeeding would be to help hospitals implement the guidelines in the Baby Friendly Hospital Initiative.

Beyond infancy, programs to prevent smoking and to promote healthy eating and exercise are needed because rates of smoking and obesity are high in the Gulf countries. Because of the well-known detrimental effects of smoking on physical health, not only for smokers themselves but for others in the environment who are passively exposed to smoke (e.g., increasing the risk of cancer and cardiovascular problems; Gandini et al., 2008; He, Vupputuri, Allen, Prerost, Hughes, & Whelton, 1999) and the likelihood that adolescents who smoke will continue to smoke as adults (e.g., Paavola, Vartiainen, Haukkala, 2004), reducing smoking should be an important public health priority. The Ministry of Youth and Sports established in 2013 is a promising step to promote exercise and healthy lifestyles for youth in Qatar. Likewise, the Qatar Olympic Committee's annual Schools Olympic Program encourages boys and girls to participate in sports and physical activities.

5.2. Behavioral Adjustments

Because drug use historically has been treated primarily as a criminal rather than public health matter in the Gulf countries, barriers exist in both prevention and treatment. In Qatar, the Permanent Committee for Drug and Alcohol Affairs has been trying to educate students about the dangers of drug use, and the tide is shifting to treating drug use as a health challenge rather than only a criminal matter. The Ministry of Development Planning and Statistics (2015) has recommended changing laws to protect individuals seeking treatment for drug abuse problems so that they could do so without fearing criminal prosecution. In addition, because young people have little knowledge about how to prevent HIV transmission (Ministry of Development Planning and Statistics, 2015), it is important to educate them about safe behaviors to prevent the spread of disease. Stigma, discrimination, and punitive laws are all barriers to preventing and treating HIV/AIDS (Haroun et al., 2016).

5.3. Psychological Well-Being

Mental health should be prioritized as much as physical health. Taboos and stigma related to mental health are barriers to measuring the prevalence of mental health problems and to developing programs and policies to promoting mental health. Many parents have negative attitudes about mental health services or are unaware that mental health services might be available (Al-Krenawi, Graham, Al-Bedah, Kadri, & Sehwal, 2009).

For example, in Oman, parents held generally unfavorable attitudes toward seeking professional help if their child experienced behavior problems, although more highly educated and higher income parents were more favorably inclined to professional intervention than lower SES parents (Morawska & Sultan, 2016). Self-disclosure of problems to outsiders (as opposed to family and friends) has also been found to be culturally unacceptable in Oman and the UAE (Al-Barwani & Albeely, 2007; Al-Darmaki, 2003). Access to high-quality mental health care is as important as access to high-quality care to promote physical health. In Qatar, the proposed National Mental Health Law would help ensure access to high-quality care and protect the rights of individuals with mental health problems (Ministry of Development Planning and Statistics, 2015).

Subjective well-being and participation are also important aspects of psychological well-being. Policymakers who are open to adolescents' participation can motivate civic engagement in positive ways, and programs designed to benefit young people can be strengthened by involving children and adolescents in planning, monitoring, and evaluation. In a number of settings, programs have been demonstrated to be more effective when adolescents are involved in their creation, implementation, and evaluation (Wridt, 2018). Social media can provide one platform through which youth can voice their opinions. Thus, fostering children's and adolescents' participation in decisions that affect their lives can have direct benefits for their psychological well-being in addition to increasing the effectiveness of the programs and policies about which they provide input.

5.4. Social Relationships

Positive, supportive social relationships can be fostered between parents and children, between peers, and between non-family adults and children. Policies and programs to promote children's safety by preventing violence against children would also promote positive parent-child relationships. Bullying is perhaps the biggest threat to peer relationships so programs designed to prevent bullying, such as the partnership between the Kuwait National Petroleum Company and the United Nations Development Programme, would hold promise for preventing bullying. Relationships with non-family adults that fill important developmental needs for enjoyment, support, growth, and sharing power can perhaps best be forged in schools, religious organizations, and extracurricular activities, such as newly formed sports opportunities (Scales & Roehlkepartain, 2018).

5.5. Safety: Protection from Abuse and Neglect

The National Family Safety Program (2018) in Saudi Arabia commissioned a study to assess the Kingdom's readiness to apply programs to prevent child abuse and concluded with a set of recommendations that included the need for raising public awareness of child abuse, training professionals in how to deal with cases of child maltreatment, monitoring reports of child maltreatment, and setting national standards for how to approach child maltreatment. Ultimately, the goal is to move from protecting victims of abuse and neglect to preventing abuse and neglect from occurring in the first place.

Legislation outlawing corporal punishment accompanied by education campaigns to promote awareness of the law and teach non-violent forms of discipline has been demonstrated in a study of Austria, France, Germany, Spain, and Sweden to be an effective combination of steps to protect children from violence (Bussmann, Erthal, & Schroth, 2011), with long-term benefits to their well-being.

5.6. Cognitive Well-Being

The majority of Gulf countries have established regulations and laws for nurseries and preschools, which is important to bring standards to early childhood education to improve school readiness. Special departments at the Ministry of Education monitor and evaluate the extent of compliance with regulations for preschools for the age group three years and above. The follow-up and evaluation for nurseries are mostly under the supervision of ministries of social affairs, however, in some countries like UAE authority was transferred recently to be under the Ministry of Education. To enhance students' skills for a knowledge economy, education reforms in several Gulf countries show promise (e.g., Nasser, 2017). The goal would be to improve students' performance in math, science, and 21st century skills in a framework that still acknowledges traditions and cultural values important to teachers, parents, and students.

5.7. Economic Security

Governments in the Gulf countries play an important role in enhancing children's and families' economic security. For example, the government of the UAE has responded to the Sustainable Development Goal of "No Poverty" by offering several forms of social assistance to Emiratis through the Ministry of Community Development (Official Portal of the UAE Government, 2018). Other entities in the UAE that provide financial support include the Zakat Fund, Marriage Fund, Sheikh Zayed Housing Programme, and the Ministry of Presidential Affairs, which provide funds for housing, marriages, and other living expenses (Official Portal of the UAE Government, 2018).

In Qatar, the Ministry of Administrative Development, Labor, and Social Affairs oversees the system of social assistance programs for Qatari citizens to help with childcare, health care, unemployment, housing, and other financial assistance programs (Government of Qatar, 2018). Financial assistance is particularly targeted to children who have been orphaned, families living in poverty, individuals with disabilities, and others who are vulnerable for a variety of reasons (Government of Qatar, 2018).

To ensure the economic security of all children in the Gulf countries, it will be important to continue to monitor the needs, not just of citizens, but also of residents to be sure that their economic needs are met.

CHAPTER SIX: FRAMEWORKS FOR CHILD WELL-BEING INTERNATIONALLY AND IN THE GULF COUNTRIES

Internationally, frameworks for understanding and promoting child well-being have undergone a transformation over time. An Education for All Global Monitoring Report (Ben-Arieh, 2006) reviews 199 “state of the child” reports published worldwide between 1950 and 2005 and describes four changes in international approaches to child well-being over the course of these decades:

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.**

In particular, as infant and child mortality rates have decreased, the focus has shifted away from merely promoting child survival to promoting child thriving in cognitive, social, emotional, and behavioral domains.

The first pattern (shifting from child survival to child well-being) is evident in an examination of parenting programs in low- and middle-income countries, for example, which now include the importance of providing cognitive stimulation to children (e.g., singing, telling stories, engaging the child in community activities) and providing non-violent guidance to shape desired behaviors (e.g., reasoning with children rather than using corporal punishment; Lansford & Bornstein, 2007), rather than simply providing educational materials on the importance of vaccines and other interventions to improve physical health.

The second pattern (shifting from negative to positive aspects of children’s lives) is evident in the increase over time in research on and programs to promote positive youth development (e.g., 5 Cs of confidence, competence, connection, character, and caring described by Lerner et al., 2005) rather than focusing only on behavioral or psychological problems.

The third shift (from well-becoming to well-being) is embodied in the United Nations’ assertion that children have the right to a childhood, acknowledging that it is important to promote children’s well-being during childhood without merely looking ahead to promote their positive adjustment in terms of educational or labor outcomes into adulthood.

Finally, the fourth shift (from traditional to new forms of well-being) is evident in the increasing attention not just to indicators of health and educational status such as mortality, morbidity, and school enrollment rates but also to indicators of subjective well-being such as happiness. These changes are reflected in frameworks for child well-being developed in international efforts, several of which are summarized below.

The National Research Council in the United States produced a framework identifying assets in four areas (physical development, intellectual development, psychological and emotional development, and social development) that are important to helping adolescents transition to adulthood (Eccles & Gootman, 2002); subsequent frameworks have added spiritual development as a fifth area (Lippman, Atienza, Rivers, & Keith, 2008). These frameworks have the limitation of being derived primarily from an understanding of factors needed for successful transitions to college, the workforce, and adult life in the United States, yet many of those factors likely extend to other countries as well. An advantage of frameworks such as these that take into account diverse areas of development is that they provide a holistic conceptualization of development and offer targets for intervention if competencies are not reached in any particular domain of development.

The Definition and Selection of Key Competencies (DeSeCo) Project of the Organization for Economic Cooperation and Development (OECD, 2005) proposes a framework that identifies acting autonomously, using tools interactively, and functioning in socially heterogeneous groups as key competencies in helping adolescents who are nearly finished with compulsory education to have success in the areas of employment/income, health/safety, social connection, and political participation. As with the United States National Research Council framework described above, the DeSeCo framework focuses on well-being during the transition to adulthood rather than well-being during childhood or earlier in adolescence. Another limitation of the DeSeCo framework with respect to its application in the Gulf countries is that its emphasis in participation in democratic political institutions and framing of human rights and autonomy may not fit as well in the cultural and political systems in the Gulf.

The Positive Youth Development framework (Lerner et al., 2005) identifies 5 Cs of confidence, competence, connection, character, and caring that shape a 6th C of contribution to one's family and community. This framework has been effective in shaping a program of research through Compassion International in several countries to understand what promotes positive youth development of children in diverse cultural contexts, with particular attention to poor children in low-income countries (Lerner et al., 2018). One of the strengths of this framework is that it takes a deliberately positive view of child development, emphasizing not how to prevent problems but how to promote thriving.

The Microdata Child Well-Being Index (Moore et al., 2008) incorporates indicators of individual well-being (physical, psychological, social, educational/intellectual) as well as contextual well-being (family, community, sociodemographic). A strength of this framework is that it presents separate indices for children ages 6–11 and ages 12–17 years, recognizing that appropriate indicators of well-being change as children develop. Constructing a single numerical index that encompasses several aspects of well-being is useful as a practical measure that can be used as an overarching snapshot of how a child is faring (much as single indices such as an unemployment rate can be used as a snapshot of how a complex economy is faring). A single index also has advantages in being easier for policymakers to understand, track over time, and use to compare subgroups within the population.

However, a single index also has some disadvantages, such as the potential to mask divergent trends. For example, in the United States, child obesity has increased over time (Segal, Rayburn, & Beck, 2017) while the teen birth rate has decreased (U.S. Department of Health and Human Services, 2018). These divergent trends may cancel each other out in a single index to make the overall score look static over time, even though the domains of change would have important and different policy responses if examined separately (Moore et al., 2008).

The Values in Action framework (Seligman, 2002) reviewed major religious and philosophical traditions across the world and over historical time to identify six virtues, including wisdom and knowledge, courage, humanity and love, justice, temperance, and transcendence. A strength of this framework is its attention to incorporating views from a wide range of diverse cultural and religious groups. A limitation of this framework is that it does not provide a holistic view of child well-being (e.g., physical and cognitive aspects of well-being are largely excluded).

The assets framework developed by the Search Institute (2008; Benson, Leffert, Scales, & Blyth, 1998) incorporates assets that are both internal (commitment to learning, positive values, social competencies, positive identity) and external (support, empowerment, boundaries and expectations, constructive use of time) to the child, all of which contribute to child well-being. The assets framework has been used as an organizing framework in research with over five million young people over the course of the last 25 years (Scales & Roehlkepartain, 2018). One main contribution of this assets framework is that it encourages “greater attention to the positive developmental nutrients that young people need for successful development, not simply to avoid high-risk behaviors, and to accent the role that community plays in adolescent well-being” (Benson, Scales, & Syvertsen, 2011, p. 198).

An index of child well-being in the European Union (EU) was derived from four principles highlighted in the UN Convention on the Rights of the Child: best interest of the child, survival/development, non-discrimination, and respect for the child’s views (Bradshaw, Hoelscher, & Richardson, 2007). The index includes indicators from eight areas:

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

This initial framework was subsequently revised to include Norway and Iceland in addition to the original 25 EU countries, and the indicators were revised to cover:

- | | |
|----------------------------------|-----------------------------------|
| 1. Health | 5. Education |
| 2. Subjective well-being | 6. Behavior and risks |
| 3. Personal relationships | 7. Housing and environment |
| 4. Material resources | |

Bradshaw & Richardson, 2009

An index of child well-being in Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS) closely followed from the index of child well-being in Europe (Richardson, Hoelscher, & Bradshaw, 2008). The index included indicators of:

- | | |
|------------------------------|--|
| 1. Material situation | 5. Personal and social well-being |
| 2. Housing | 6. Family forms and care |
| 3. Health | 7. Risk and safety |
| 4. Education | |

These indices share the advantages and disadvantages of the Microdata Child Well-Being Index (Moore et al., 2008) described above with respect to the simplicity and policy relevance of a single numerical well-being score and the limitations of a single number missing divergent trends in different domains of child well-being.

A framework developed by the Canadian Council on Social Development (2006) includes indicators of individual well-being (labeled outputs and including physical and emotional health, social engagement, learning, and labor force profile of youth) and contexts (labeled inputs and including family life, economic security, physical safety, community resources, and civic vitality). An advantage of this framework is that it explicitly acknowledges ways in which family, economic, safety, and community inputs are related to child well-being outputs. Different outputs within the framework are described separately in Canadian reports on well-being using this framework, which makes it possible to delve into specific factors predicting different aspects of well-being.

The “Every Child Matters Outcomes Framework” in the UK (Department for Children, Schools and Families, 2008) describes the framework with the following statements:

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|-----------------------------|--|
| 1. Be healthy | 4. Make a positive contribution |
| 2. Stay safe | 5. Achieve economic well-being |
| 3. Enjoy and achieve | |

Also in the UK, the Child Poverty Action Group (2016) proposed understanding children’s life chances through a set of indicators to measure poverty; employment; education; health; food insecurity; housing, fuel poverty (living in low temperatures because of an inability to pay for heat), and environment; as well as special circumstances for children in non-parental care arrangements and on the basis of factors such as immigration status, disability, family structure, and other demographic factors that can affect children’s life chances. The “Every Child Matters Outcomes Framework” is carefully mapped onto goals, specific targets within each overarching category, a description of indicators of success in each category, and national public service agreements related to policies in each category (Department for Children, Schools,

and Families, 2008). Linking the conceptual framework to these measurable targets increases the likelihood of its impact on programs and policies.

The “Victorian Child and Adolescent Outcomes Framework” in Australia (Department of Education and Early Childhood Development 2008; 2009) includes individual:

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

Also in Australia, a different approach was taken in New South Wales by interviewing children about their perceptions of their own well-being (Fattore, Mason, & Watson, 2007). Three fundamental themes underlying children’s perceptions of their own well-being were agency (power to take independent action), security (feeling safe and secure), and positive sense of self. Six other themes included activities (freedom, competence, and fun), adversity (dealing with difficult times), material and economic resources, physical environments, physical health, and social responsibility and moral agency. The approach in New South Wales was novel, as children’s own perceptions of their well-being are not always incorporated into frameworks of well-being, yet are important as a way to encourage children’s participation and give them an opportunity to express their subjective experiences in a way that may not be captured by external indicators.

A number of individual countries have developed their own frameworks of child well-being. For example, in Spain, a framework was developed to identify indicators in 10 areas:

- | | |
|--|---|
| 1. Socio-demography | 6. Health and quality of life |
| 2. Family | 7. Identity and cultural consumption |
| 3. Family policies | 8. Poverty and social exclusion |
| 4. Education | 9. Gender |
| 5. Transition from school to work | 10. Immigration |

Feixa, 2005

In New Zealand, a well-being framework includes 10 domains that overlap to some extent with those in the framework in Spain:

- | | |
|-----------------------------|--|
| 1. Health | 6. Civil and political rights |
| 2. Care and support | 7. Justice |
| 3. Education | 8. Cultural identity |
| 4. Economic security | 9. Social connectedness |
| 5. Safety | 10. Built and natural environment |

Ministry of Social Development, 2008

In Ireland, a national set of child well-being indicators includes:

- | | |
|---|---|
| 1. Physical and mental well-being | 5. Identity |
| 2. Emotional and behavioral well-being | 6. Self-care |
| 3. Intellectual capacity | 7. Family relationships |
| 4. Spiritual and moral well-being | 8. Social and peer relationships |
| | 9. Social presentation |

Hanafin & Brooks, 2005; National Children's Office, 2005

All of these frameworks recognize aspects of child well-being that are likely important in all countries yet also acknowledge that child well-being is situated within and contingent upon societal level factors that may differ from country to country.

In any framework of well-being, it is important to recognize that age and developmental status matter. Appropriate indicators of child well-being for infants, primary school age children, and adolescents will differ, as will resources in their environments to promote well-being. In summarizing areas of consensus across different frameworks for child well-being, a UNICEF report concluded that there was 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).**

Taking into account the recommendations for the UNICEF report (Lippman, Moore, & McIntosh, 2009) and the frameworks reviewed above developed internationally as well as in Europe, Australia, Canada, New Zealand, and the United States, the following figures depict a framework for child well-being in the Gulf countries in general and in Qatar in particular. The framework integrates seven key domains of well-being: physical health, behavioral adjustment, psychological well-being, social relationships, safety, cognitive well-being, and economic security. Adopting a holistic approach has the advantage of making existing strengths as well as challenges and potential intervention points more apparent.

CHAPTER SEVEN: FRAMEWORK FOR CHILD WELL-BEING IN QATAR

Stemming from the review of international frameworks for child well-being and the frameworks suggested for the Gulf countries in general, the following recommendations apply to implementing the framework in Qatar specifically.

7.1. Physical Health

Qatar is doing well with respect to many important indicators of child physical health, including low infant and under-5 mortality, screening of newborns for inherited diseases, nearly universal immunization, and high quality health care systems. The Health Care Pillar of the Qatar National Development Strategy 2018-2022 attends to healthy children and adolescents with projects that focus on healthy lifestyle, children's safety, breastfeeding, healthy nutrition, dental decay, mental health, school physical activities, obesity, smoking, and children with disabilities (National Health Strategy 2018-2022, 2018).

The Qatar National Health Strategy 2018-2022 included the following recommendations:

- Improved nutrition and healthy lifestyle behaviors.
- A safe and healthy environment for children and adolescents.
- Improved preventive and curative oral health.
- A robust national school health program.
- A decrease in smoking prevalence among teenagers.
- High-quality integrated pediatric care services, provided through a continuum of care across multiple providers and care settings.
- Expanded child development services for children with special needs
- Maintained high rate of vaccination coverage.

National targets by 2022 include a 25% reduction in the prevalence of dental caries among children less than five years old, a 15% increase in the level of exclusive breastfeeding of children at six months of age, and a 25% increase in the proportion of adolescents who meet recommended levels of physical activity.

These goals suggest the need for healthy lifestyle interventions that focus on a number of changes to improve physical health. For example, 88% of Qatari and 61% of non-Qatari six year olds have evidence of dental decay, highlighting the need for preventative oral hygiene. Only 18.6% of Qatari and 36% of non-Qatari babies are exclusively breastfed at six months of age, which is significantly lower than the global target set by the World Health Organization, which calls for at least 50% of babies under six months of age to be exclusively breastfed by 2025. To reach this goal, the Baby Friendly Hospital Initiative is one promising approach to increasing breastfeeding.

Qatar's National Nutrition and Physical Activity Action Plan (2011) was created as a direct response to concerns about obesity. The Plan outlines short-, mid-, and long-

term objectives and action steps to improve healthy eating and increase physical activity. Additional promising steps to increase the physical health of Qatari youth include the establishment of the Ministry of Youth and Sports and the Qatar Olympic Committee's annual Schools Olympic Program, both of which can implement programs to encourage participation in physical activities and initiate campaigns regarding healthy eating and not smoking. Earlier in life, children's physical health can also be promoted by increasing breastfeeding to align with the World Health Organization's recommendations.

7.2. Behavioral Adjustment

Data on the behavioral adjustment of children and adolescents in Qatar are more limited than data on physical health, in large part because there are fewer clear indicators of how to measure different aspects of behavioral adjustment than there are clear indicators of physical health. In international studies, poverty is a major risk factor for behavioral maladjustment, so the economic prosperity in Qatar reduces a major risk factor for behavioral problems.

Nevertheless, in a framework of child well-being in Qatar, it is important to consider how to promote social competence and prosocial behavior and decrease externalizing behavior problems, such as aggression. The domain of promoting children's behavioral adjustment offers opportunities for involving children and adolescents in program development and evaluation, which would have the benefits both of increasing children's participation in decisions that affect their lives (which is related to improvements in psychological well-being) as well as increasing the effectiveness of the programs designed to improve behavioral adjustment.

The Fostering Youth Resiliency project in Kuwait might serve as a promising starting point for developing anti-bullying interventions that could decrease children's aggressive behavior and increase children's social competence and prosocial behavior.

7.3. Psychological Well-Being

As in the domain of behavioral adjustment, comprehensive data on the psychological well-being of children in Qatar are lacking. With the World Happiness Report, the measurement of adults' subjective well-being (perceptions of how happy they are) has reached a rigorous international standard; similar measures could be used to assess children's subjective well-being.

With Qatar's National Mental Health Strategy and Changing Minds, Changing Lives 2013-18, the priority to destigmatize and expand mental health services is clear. The Mental Health Strategy should be expanded to focus on the mental health of children and adolescents, especially related to anxiety and depression. Increasing children's and adolescents' participation in decisions that affect their lives as well as planning, monitoring, and evaluating any interventions also has the potential to increase children's psychological well-being.

7.4. Social Relationships

Positive relationships with parents, peers, and non-family adults are important aspects of well-being in their own right and are also related to several other aspects of child well-being.

Qatar's rising divorce rate presents some challenges in children's social relationships, particularly with respect to the importance of children's maintaining positive relationships with both parents following the divorce and enforcing child support payments so that children's economic situation does not exacerbate problems following divorce. Minimizing children's exposure to inter-parental conflict, perhaps through mediation in the case of divorce, can help children cope better with divorce. It is important for children to have positive relationships with their parents and extended family members as well as with domestic workers, who provide much of the day-to-day care for many children in Qatar. Contributing to positive parent-child relationships, parental leave policies are important for enabling parents to take time away from work after the birth of a child, to care for a sick child, or attend to other family responsibilities. The Qatar Nanny Training Academy provides education for Muslim Arabic-speaking nannies to support them in promoting the well-being of children in their care (Qatar Nanny Training Academy, 2018). The Mother Child Education Program has been demonstrated to be effective at enhancing family relationship quality early in the child's development (Hadeed, 2004).

The Global School-based Student Health Survey (2011) in Qatari schools found that 48% of boys and 35% of girls aged 13–15 years were bullied on one or more occasion in the previous month. Sixty-eight percent of 8- to 17-year-olds report having ever been bullied offline, and 28% report having been bullied online (Microsoft, 2012). Legislation against cyberbullying has been slow to develop (see Foody, Samara, El Asam, Morsi, & Khattab, 2017). Positive peer relationships can be promoting through anti-bullying programs, and positive relationships with non-family adults can be fostered in schools, religious organizations, and extracurricular activities.

7.5. Safety: Protection from Abuse and Neglect

Protecting children from abuse and neglect is a key element in promoting children's safety. In the international community, passing laws to outlaw corporal punishment in all settings (including schools and homes) has become a measure of progress toward ensuring children's safety.

In Qatar, the code of conduct for schools says corporal punishment should not be used, but no law prohibits it. Laws outlawing corporal punishment are most effective when they are accompanied by educational campaigns that promote awareness of the change in laws and teach parents, teachers, and other caregivers about alternate, non-violent methods of discipline. For children who have been abused or neglected, offering a comprehensive range of services to meet their needs and assuring children and families of confidentiality to offset fears of stigmatization can be important responses.

The Sidra Child Advocacy Program in Qatar is an important step toward a multidisciplinary approach to child abuse response and prevention. Policies and procedures are needed for authorities to know how to handle reports of child abuse.

7.6. Cognitive Well-Being

Qatar is doing well with respect to enrollment in schools at all levels, for both boys and girls. In addition, resources such as the Shafallah Center aim to provide services for children with special needs. Three recommendations to promote cognitive development include the following. First, gaps remain in early childhood education before children start formal schooling. The Qatar National Development Strategy identified early childhood development as an important challenge in Qatar. According to the National Development Strategy, 40% of children between three and five years old are not in early childhood development programs. Following the recommendations proposed at the World Innovation Summit for Education as an initiative of the Qatar Foundation could improve children's experience in early childhood education programs and enhance their school readiness. Second, RAND's assessment of the education system in Qatar generated several recommendations to promote skills for a knowledge economy, as outlined in Qatar National Vision 2030. The challenge moving forward will be to revise the curriculum and instructional practices in ways to support such skills, while still maintaining Qatari values and cultural practices that are important for parents, teachers, and students. Third, ensuring equitable resources across geographic regions (rural as well as urban) and for children with disabilities would promote cognitive development in diverse settings and for diverse groups of children.

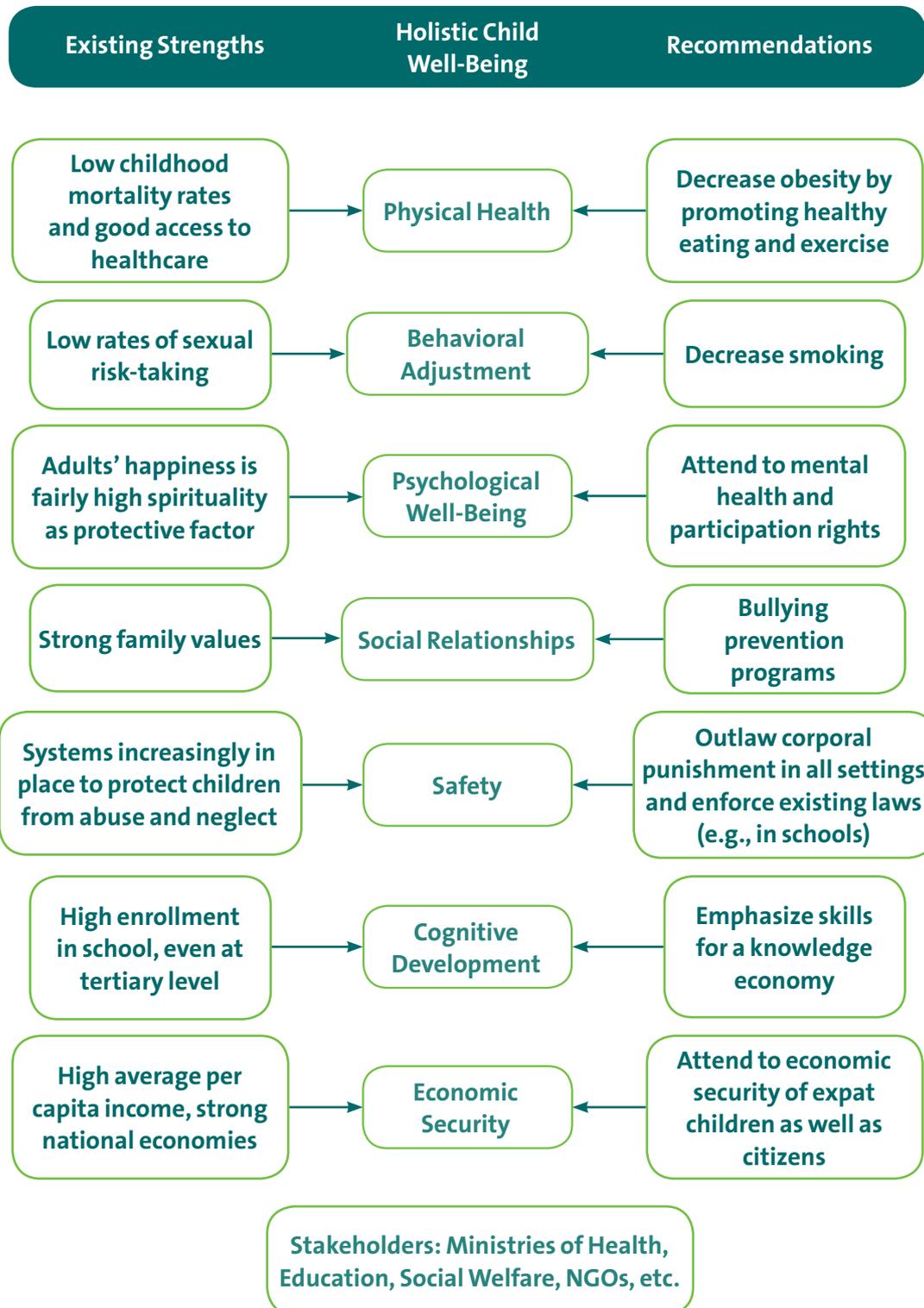
7.7. Economic Security

The Government of Qatar (2018) through the Ministry of Administrative Development, Labor, and Social Affairs has committed to improving social protection in several ways. Although many of the specific projects that aim to increase social protection target adults (e.g., through vocational training efforts and workforce participation), improving adults' financial prospects also enhances children's economic security.

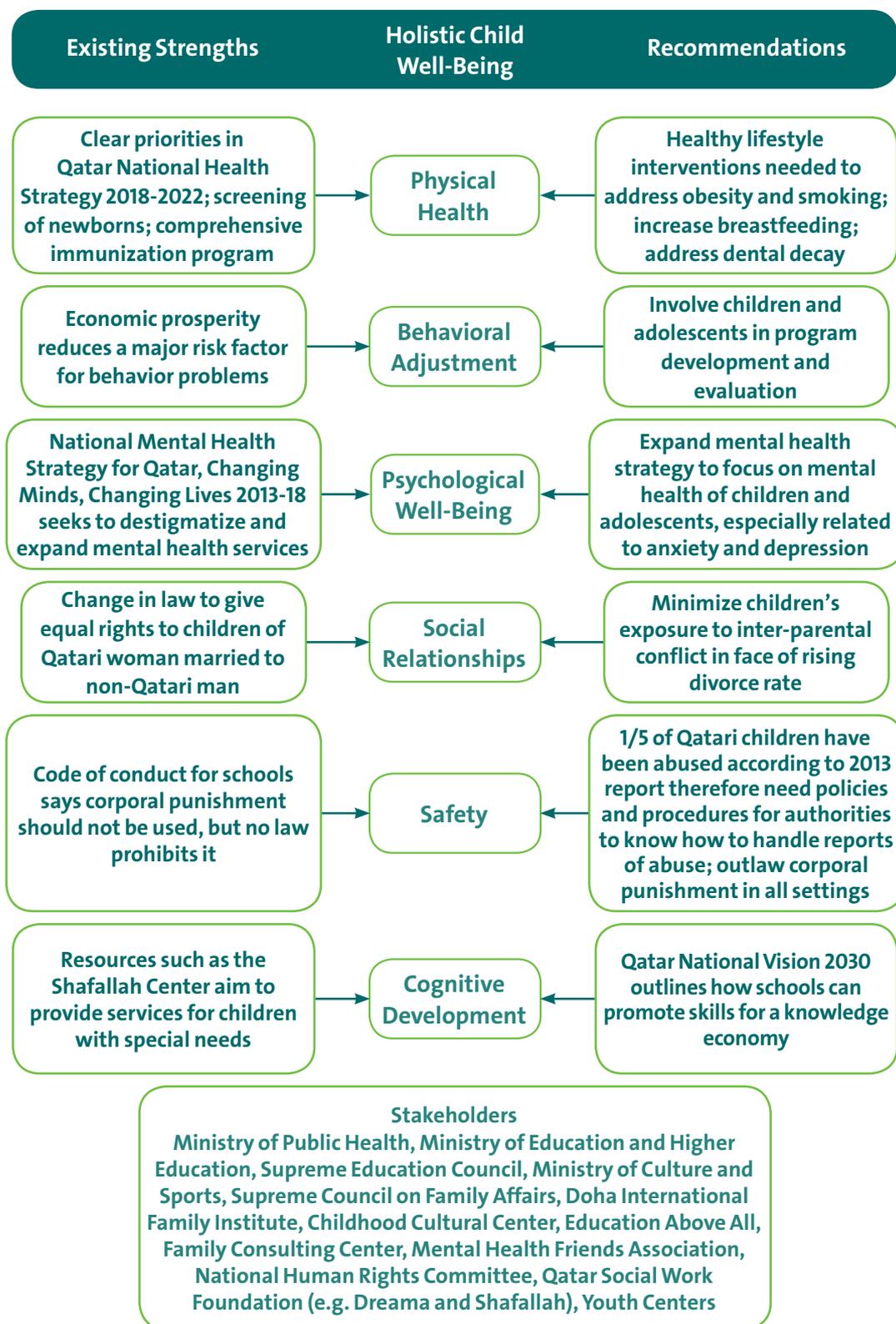
CHAPTER EIGHT: CONCLUSION

To implement a holistic framework for child well-being in Qatar, it is important to adopt a multi-sectoral approach that includes stakeholders both within the government, such as the Ministry of Public Health, the Ministry of Education and Higher Education, and the Ministry of Culture and Sports, and stakeholders in other non-governmental organizations that provide services to children and adolescents and have key roles in promoting their well-being. Program monitoring and evaluation are essential components of any new interventions to determine whether the programs are having their intended effects to be able to revise appropriately if the programs are not effective. Promoting children's physical health, behavioral adjustment, psychological well-being, social relationships, safety, cognitive development, and economic security are all important parts of a framework for child well-being in Qatar.

APPENDIX A: FRAMEWORK FOR CHILD WELL-BEING IN THE GULF COUNTRIES



APPENDIX B: FRAMEWORK FOR CHILD WELL-BEING IN QATAR



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* Note: Internationally comparable data on social relationships and safety (as well as other aspects of physical health, behavioral adjustment, psychological well-being, and cognitive well-being) are not included in the table, although these are important domains of well-being discussed in the text. Numbers from World Health Organization (www.who.int/tobacco/global_report/2013/appendix_xi_table_11_3.pdf?ua=1), United Nations Human Development Report (hdr.undp.org/sites/default/files/2015_human_development_report.pdf), 2017 World Happiness Report (worldhappiness.report/ed/2017/), and Ng et al. (2015) Lancet.

