



# ISPCAN International Child Protection Congress Qatar 2020

## Child Well-Being in the Gulf Countries: Indicators and Policy Framework

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# Disclosure

I do not have any relevant financial relationship with commercial interest to disclose.

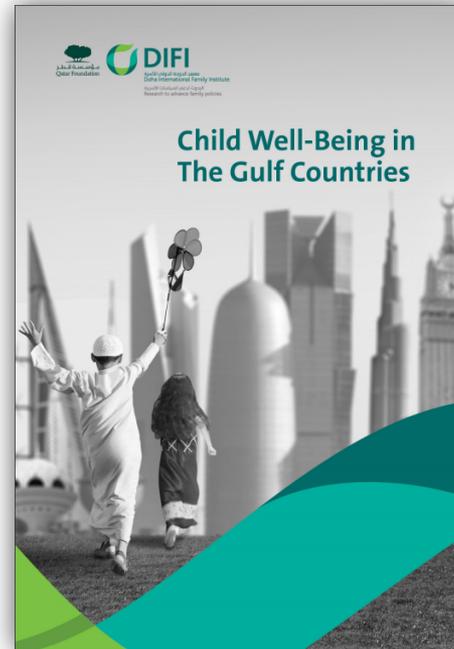


# Contributors to DIFI Report on Child Wellbeing in the Gulf Countries

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# Learning Objectives

Objective 1: Benchmark child wellbeing indicators

Objective 2: Propose a framework for child wellbeing in Qatar

Objective 3: Provide child wellbeing indicators

Objective 4: Outline challenges to child wellbeing, including child safety in domestic and educational settings

Objective 5: Suggest recommendations for child wellbeing



# What is Child Wellbeing?

- It is a range of **indicators** of how children are faring physically, behaviorally, psychologically, socially, cognitively and economically.
- It requires a holistic understanding of **child development** as it involves domains influenced by families, peers, communities, programs and policies.
- It is important to children as it affects their happiness and functioning as adults.
- It is important to countries' national indicators.



# National Strategies in Qatar



## Qatar National Vision 2030

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



## Qatar National Development Strategy 2018-2022

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



## Qatar Mental Health Strategy 2013-2018

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



## National Autism Plan 2017

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



## What are the Goals of the Study?

- Building on the Social Protection pillar of the **QNDS 2018-22**, this study aims to contribute to Strategic Objective 2 on “safeguarding a strong, cohesive, empowered Qatari family,” Program 2.1.2 on “developing policies and legislations regarding childhood,” and Project 2 which aims to “develop a proposal on child wellbeing indicators.”
- To provide a **systemic review** of child wellbeing and programs and policies related to child wellbeing in 6 Gulf countries.
- To provide a **national framework of child wellbeing**.



# Methodology

- This study provides a **benchmark of frameworks** for child wellbeing internationally and in the Gulf countries to understand and promote child wellbeing over time.
- It is important to learn from the experience of the international community, while integrating the particular contexts of each country to develop **homegrown** child wellbeing indicators.
- This study provides a **situational analysis** of select child wellbeing indicators in the Gulf countries, using available online data, studies, journal articles and others.



# Benchmarking of Child Wellbeing Indicators

## Part 1

- The overall transformation in frameworks between 1950-2005:

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

- All frameworks recognize that child wellbeing is situated within societal factors that differ across countries.
- Age, developmental status and access to resources matter to any framework of wellbeing.



# Benchmarking of Child Wellbeing Indicators

## Part 2

- An index of child wellbeing in the **European Union (EU)** (derived from the principles of the UN Convention on the Rights of the Child)

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

# Benchmarking of Child Wellbeing Indicators

## Part 3

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

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

- Also in New South Wales, fundamental themes included children’s perceptions of their own wellbeing.

# UNICEF Benchmarking Recommendations

- In line with a UNICEF report (2009), there is broad agreement 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).

- The report proposed 7 dimensions of child wellbeing in the Gulf countries, including Qatar.



# Proposed Child Wellbeing Framework in Qatar



# Child Wellbeing Indicators in Qatar

		Bahrain	Kuwait	Oman	Qatar	Saudi Arabia	UAE
<b>Physical well-being</b>							
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
<b>Behavioral adjustment</b>							
Smoking (% 13-15-year-old boys/girls)	M	33.5	25.0	4.9	41.8	21.2	21.3
	F	11.9	8.5	1.7	17.8	9.1	9.0
Births per 1,000 girls ages 15-19		13.8	14.5	10.6	9.5	10.2	27.6

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

# Physical Health- Part 1

- **Infant mortality** and **under-5 mortality** rates are decreasing in the Gulf countries due to improvements in public health systems, increased access to medical care and enhanced sanitation.
- **Infant nutrition:** breastfeeding rates in the Gulf countries are lower than WHO recommendations due to belief that colostrum is harmful and due to influence of family members.
- In Qatar, 19% of Qatari infants are exclusively breastfed in the first 5 months, compared to 35% of non-Qatari infants.



## Physical Health- Part 2

- **Obesity** rates and other associated health problems are increasing in the Gulf.
- In Qatar, 70% of 12-17 year olds meet the criteria for being overweight or obese. Rates are similar to % of obese adults.
- **Access to quality health care:** Almost all infants are vaccinated and most Gulf countries have health policies in national systems (such as tracking health of newborns) and in government programs (such as supplemental food for pregnant women lacking nutrition)



# Behavioral Adjustment- Part 1

- **Social competence** includes interpersonal skills. It is more subjective than physical wellbeing, but it is not directly comparable across countries. It is culturally grounded.
- **Prosocial behavior** is voluntary, desirable actions to help others.
- **Externalizing behavior problems** involve acting out in socially unacceptable ways, including aggressive or delinquent behaviors.



## Behavioral Adjustment- Part 2

- **Smoking, alcohol and drug use** are increasing in the 6 Gulf countries. In Qatar, there has been a 245% increase in disability due to drug use disorders between 2005-16.
- Stigma and fear of disclosure are barriers to receiving help if alcohol or drug problems exist.
- **Adolescent pregnancy and HIV/AIDS** are low in the Gulf countries. These are partly due to the very serious consequences of intercourse outside of marriage, which is illegal in the Gulf.



# Psychological Wellbeing- Part 1

- **Subjective wellbeing** includes life satisfaction, feelings of happiness, sadness and other positive and negative emotions. Happiness is considered to be an indicator of social progress at a national level.
- **Mental health** is connected to subjective wellbeing and is viewed as the absence of psychological problems like anxiety. Data is scarce in the Gulf countries, perhaps due to taboo and stigma.



## Psychological Wellbeing- Part 2

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



# Social Relationships- Part 1

- **Positive relationships with parents and other caregivers** are among the strongest indicators of wellbeing as well as predictors of emotional and behavioral aspects of wellbeing.
- **Disruptions to positive parent-child relationships** can pose a threat to children's wellbeing.
- E.g. exposure to conflict between parents and the rising divorce rate in the Gulf countries are factors that can put a strain on the parent-child relationship.



## Social Relationships- Part 2

- **Social relationships with domestic workers** can expose children to conflicting behaviors as well as different religious and cultural beliefs.
- **Peer relationships** can provide support but they can also be a source of stress if children feel rejected or are bullied.
- **Relationships with non-family adults** (teachers, coaches, mentors and neighbors) can encourage autonomy, provide support and trust.



# Safety: Protection from Abuse and Neglect

## - Part 1

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



# Safety: Protection from Abuse and Neglect

## - Part 2

- Children who experience **corporal punishment** are at a greater risk of future aggressive behavior such as internalizing problems like anxiety. None of the Gulf countries have outlawed all forms of corporal punishment.
- Governments of Bahrain and Oman have indicated **commitment to full prohibition**.
- While Kuwait, Qatar and the UAE have prohibited corporal punishment in some settings, legal reform is still needed to abolish it in all settings.



# Cognitive Wellbeing- Part 1

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



## Cognitive Wellbeing- Part 2

- High **quality early child care** promotes school readiness and socioemotional competence. In fact, 32% of Qataris and 45% of non-Qatari children attend early childhood education programs.
- Gulf countries are doing well with regards to **school enrollment**. Gender equity in school enrollment has been generally achieved. Literacy rates for 15-24 year old females and males are above 99%.
- **Youth unemployment** rates in Qatar are 1%, the lowest among the rest of the Gulf countries.



# Economic Security

- It is the proportion of children living in households that meet particular income thresholds.
- Although the Gulf countries are classified as **high income countries** by the World Bank, some families have less economic security than others.
- According to QNDS 2018-22, the % of children living with low income families has increased from 13.4% to 15.2% (2007-13)
- **Economic security is important in its own right.**



# Challenges to Child Wellbeing

Abuse

Disabilities

Early  
Childhood  
Education

Regional  
Disparities

Divorce

Enforcement  
Monitoring  
and  
Evaluation

Multi-Sectoral  
Coordination

Advancing  
Beyond the  
MDG Era



# Challenges to Child Wellbeing- Part 1

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## Abuse

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

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Because many cases are unreported, awareness campaigns are needed, and better enforcement of existing laws are needed to protect children from abuse. E.g. AMAN's "*Help Me*" mobile app for children.

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# Challenges to Child Wellbeing- Part 2

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## Disabilities

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

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## Multi-Sectoral Coordination

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

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# Overarching Recommendations for Child Wellbeing

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

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

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

# Recommendations- Part 1

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## Physical Health

There is a need for lactation consultants to work with families to advise and provide benefits.

E.g. *Baby Friendly Hospital Initiative* in maternity wards to increase breastfeeding.

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There is a need for programs to prevent smoking and promote healthy eating and exercise.

E.g. establishment of Ministry of Youth and Sports in Qatar in 2013.

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## Recommendations- Part 2

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### Behavioral Adjustments

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

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E.g. Ministry of Development, Planning and Statistics in Qatar has recommended changing laws to protect individuals seeking treatment for drug abuse problems with criminal prosecution.

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## Recommendations- Part 3

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### Psychological Well-being

Mental health should be prioritized as much as physical health.

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

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

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# Thank you for your attention!

