

Adolescents in Saudi Arabia

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Summary

Adolescents aged 10-19 years make up 16% or 1.2 billion of the world's population today. Though they comprise a significant proportion of the world's population, their needs are often unaddressed (1). Adolescence is a critical transitional period from childhood to adulthood, which presents with many opportunities. The global community has fortunately realized this window of opportunity and relatively more attention to adolescents and their needs has been given in the past decade. This is reflected in global agendas, including the Sustainable Development Goals. The significance of investing in this young population has economic and social benefits with a significant return on investment.

Saudi Arabia is the largest country in the Arabian Peninsula with a population of 34 million (2). It has a young population with 46.3% below 30 years; 14% of the population are adolescents aged 10-19 years (3). Saudi Arabia has a high literacy rate which has increased among adults from 70% in 1992 to 95% in 2017, and among youth 15-24 years, it increased from 88% in 1992 to 99% in 2017 (4). Universal health coverage is provided to all, though there remains much room for prevention and health promotion. Much of the preventive efforts have focused on childhood immunizations, which have been successful with achieving high target rates and decreasing communicable disease.

Despite the large proportion of adolescents in Saudi Arabia, they have been quite neglected when it comes to addressing their needs, particularly their health care needs. Historically, health care has catered for children or adults, with the cut-off being 12 years (increased to 14 years in recent years). This means that at the magical age of 12 years, an individual is cared for by a healthcare provider trained to address adult health care needs. Younger adolescents are cared for by providers trained to address childhood needs; this does not include adolescent health needs, but primarily covers earlier childhood needs. This leaves adolescents to be cared for by individuals who are not in tune with the particular needs of adolescents and so a significant gap exists. This is coupled with the fact that existing national datasets dichotomize the population into <15 years and ≥15 years, addressing only child or adult related issues respectively.

Jeeluna study was therefore conceived in order to fill these gaps. It has generated the evidence to inform the development of the required services/programs and policies necessary to address the health needs of adolescents in Saudi Arabia. It is a population, school-based study conducted throughout all 13 regions of the country. To my knowledge, this is the largest epidemiological study conducted on adolescents in the region. It has included over 12,500 adolescent participants and health has been addressed in its various domains, including physical, mental, and social/behavioral aspects, so as to have a comprehensive understanding of the status quo.

This thesis is based on scholarly publications from the Jeeluna study. Each publication focuses on a specific aspect of adolescent health, whether it be an issue relating to a physical, mental, or social aspect of health, yet at the same time, each reflects the strong interrelationship between these domains of health as well as the social determinants of health.

The health status and behaviors that our adolescents engage in are aligned with the burden of disease we see among adults in Saudi Arabia. This highlights the importance of having a life course lens to health and investing in adolescent health in order to prevent many of these behaviors and conditions that may persist into adulthood and further shoulder the burden of disease in the future. In recent years, Saudi Arabia has taken significant strategic steps towards transformation, both economically and as a society. The ambitious Vision 2030 for the country focuses on achieving a thriving economy and a vibrant society, with multiple key objectives, including having fulfilling and healthy lives for its citizens and residents. Efforts for this paradigm shift, including a focus on value-based care, prevention, and health promotion are areas being highlighted at the national transformation level. Though Jeeluna was conceived back in 2007, long before the conception of Vision 2030, it is of great opportunity and of reassurance that the recommendations that have stemmed out of each of the chapters/publications are aligned with various objectives of the Vision 2030. The Health Sector Transformation Program, which is one of the Vision Realization Programs, includes membership from the different government sectors (5), which supports the importance of the cross-sectoral approach to health, as well as the importance of health in all policies.

Further work beyond this thesis has been conducted in which key health indicators have been mapped using geographical information systems so that regional level data is also available, in order to reflect the needs of a particular region and be able to prioritize addressing regional adolescent health needs. This knowledge has been shared with the various government stakeholders, such as the Ministry of Health, Ministry of Education, and Ministry of Economy and Planning.

Jeeluna provides the baseline status of health among adolescents in Saudi Arabia. It is recommended that a national surveillance system be established so that trends in adolescents' health be identified over time, as implementation of the needed services, policies, and required capacity building in adolescent health take place.

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