

Adolescents in Saudi Arabia

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Impact paragraph

Though adolescents comprise a significant proportion of Saudi Arabia's population, insufficient attention has been given to their health needs. Furthermore, data reflective of their health needs is scarce, reflects certain adolescent subpopulations, and addresses limited aspects of their health. For the first time, Jeeluna study has generated the evidence to reflect the comprehensive status of health among a nationally representative sample of adolescents across the country. In fact, Jeeluna has put forward to the country an expanded database of adolescent health parameters and indices with a total of over 1.5 million variables available. Though many analyses and sub-analyses have taken place, there continues to be room for further and ongoing analyses.

The impact of Jeeluna can largely focus on two areas: 1) implications for research and 2) implications for policy and practice.

1) Implications for research

The limitations of Jeeluna's research methodology have already been addressed throughout the previous chapters. Many articles have been published contributing to the scholarly and scientific literature. Data from Jeeluna has been utilized in global research collaborations to support the learning and understanding of global adolescent health issues through pooled data analyses (1). In an effort to support data access to other researchers, I advocated for open access data for several years. This materialized to some extent by having an institutional online platform that was developed and which provides information about Jeeluna, data visualizations, and a means for requesting data for research purposes (2). Having data publicly accessible has obvious multiple benefits; this has been taken to the next step with a national research data and repository platform which have realized the importance of Jeeluna data and requested that it be publicly available on this national platform. Lastly, the National Institute of Health Research in Saudi Arabia has identified its priority research tracks for the next 5 years; adolescent health research has been identified as one of these priorities (as part of a combined track for women, newborn, child, adolescent health, and rare genetic diseases) using evidence from Jeeluna to support identifying this as an area of national priority and further identifying priority research topics and questions within adolescent health research for Saudi Arabia. This is the first time in the history of Saudi Arabia that adolescent health is placed on the national research agenda.

2) Implications for policy and practice

Commonly being free of disease, there is often a misconception that adolescents are healthy. Programs or health services for adolescents may therefore be considered an additional and unnecessary cost to an organization or system. Focusing on adolescents and their health must be perceived as an investment, rather than a cost. Investing in young people's health has been shown to have a triple dividend on adolescents and young people, future adulthood through the life-course, and intergenerational trajectories (3). Based on the evidence generated through Jeeluna, recommendations have been made to multiple stakeholders, including the Ministry of Health, Ministry of Education, Ministry of Economy and Planning, and the Shoura Council. This supports having a cross-sectoral approach to health policies and programs. With the country's Vision 2030, national transformation programs, including the Health Sector Transformation Program, which includes membership from all sectors, have been initiated; this is a true testament to the cross-sectoral nature of implementation at the country level (4). Schools are essential places for identifying and addressing adolescent health issues, as well as educating adolescents about various health related matters. Policies have been implemented for school food canteens, as well as physical education, in an effort to combat obesity.

By viewing health through a life-course approach, the importance of continuity of care cannot be overemphasized. An area identified as a gap in health care in Saudi Arabia is the age limits of child/adult health care. Children and adolescents at the age of 14 years are transferred to adult care, where providers are not necessarily trained to care for adolescents and youth and their health needs. Adolescents, particularly those with chronic disease, unfortunately 'fall through the cracks' at this age. Recommendations for increasing the age limits of child health care to at least 18 years of age, in addition to having transition programs, have been made. Implementation of such has taken place at individual institutions where I have had a direct impact in; however, this requires policy and implementation at a national system's level for widespread implementation and sustainability. With this, comes the need for capacity building among all stakeholders. This has also been identified as a gap (5) and some efforts have been made for building capacity. Again, in order to have the buy-in from stakeholders, funding opportunities are important and are more likely to take place when national policies are developed and implemented with a top-down approach.

The implications of Jeeluna are multiple; however, in order to objectively assess them, a national adolescent health surveillance system is required so that the impact of efforts and changing dynamics of the society may be regularly measured and monitored (6).

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