



Arab Society

Demographic and Social trends

Issue No. 14

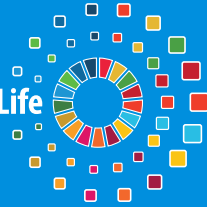


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Economic and Social Commission for Western Asia (ESCWA)

**ARAB SOCIETY:
DEMOGRAPHIC AND SOCIAL TRENDS
Issue No. 14**

United Nations

Distr.
GENERAL
E/ESCWA/SD/2019/5
29 November 2019
ORIGINAL: ENGLISH

Economic and Social Commission for Western Asia (ESCWA)

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Issue No. 14**



United Nations
Beirut, 2019

UNITED NATIONS PUBLICATION
E/ESCWA/SD/2019/5
ISBN: 978-92-1-128411-9
e-ISBN: 978-92-1-004894-1
ISSN. 1012-7801
Sales No. E.20.II.L.3
19-01222

Acknowledgments

The authors are grateful to the national statistical offices in member States for providing the Economic and Social Commission for Western Asia (ESCWA) with the necessary data. Not all available indicators are included in this publication. A more exhaustive set of tables can be found on the ESCWA website. Although we have included as many of the data received from member States as possible, inconsistent or otherwise unreliable data have been excluded.

This publication was prepared by Marwan Khawaja, Ismail Lubbad, Nathan Reece, Zeina Sinno, Dina Karanouh and Adriano Mortada.

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Symbols and abbreviations

..	In tables: data not available
BCG	Bacillus Calmette-Guerin
DHS	Demographic Health Surveys
DTP	Diphtheria, tetanus and pertussis
ESCWA	Economic and Social Commission for Western Asia
GCC	Gulf Cooperation Council
GDP	Gross domestic product
MICS	Multiple Indicator Cluster Surveys
PPP	Purchasing power parity
UNESCO	United Nations Educational, Scientific and Cultural Organization
WHO	World Health Organization

Introduction

This publication is the latest in a series published biennially by the Statistics Division of the Economic and Social Commission for Western Asia (ESCWA). Previously, this publication was titled *Arab Society: A Compendium of Demographic and Social Statistics*; for this edition, the title has been changed to *Arab Society: Demographic and Social Trends*, as there is a renewed focus on displaying data over time. Focusing on population dynamics, household composition, family formation, housing conditions, health, education, labour, poverty, inequality and culture and social participation, the report presents a broad illustration of Arab society and the ways in which it is changing.

Data have been drawn primarily from the national statistical offices of ESCWA member States. They have been supplemented by publicly accessible data from international agencies such as the Office of the United Nations High Commissioner for Refugees (UNHCR), the World Health Organization (WHO), the International Labour Organization (ILO), the World Bank and the United Nations Educational, Scientific and Cultural Organization (UNESCO).

The report shows that the population in the Arab region continues to grow rapidly and that as it does, it is diversifying. Population growth varies widely from country to country, from less than 1 per cent to over 5 per cent per year. The average population growth for the region is 2.1 per cent per year. Based on the current rate of growth, the population of the region would be expected to double in size in approximately 35 years.

The population is young overall, but there is considerable heterogeneity in the age-sex profile of countries owing to varying demographic transitions, the size of the migrant labourer population and the influx of refugees in some countries. For example, children below 15 years of age make up less than 15 per cent of the population in Qatar but over 40 per cent in the Sudan. The sex ratios for all countries in the Gulf Cooperation Council (GCC) are large; in Qatar there are about 300 men per 100 women.

Total fertility ranges from below or near replacement level (2.1 children per woman) in Bahrain, Lebanon, Morocco, Tunisia and the United Arab Emirates to over 5 children per woman in Mauritania and the Sudan. Over the past few decades, the Arab region as a whole has experienced a decline in total fertility rates. The speed of that decline differs across countries, with some showing little or no decline in the last decade. In more recent years some countries, such as Mauritania, have even experienced a slight increase.

Improvements in the health and longevity of the population are evident, although the data show clear disparities across countries. Life expectancy at birth currently ranges from 61 years for men and 64 years for women in Yemen to 79 years for men and 83 years for women in Qatar. Sex differences in life expectancy at birth are generally small, less than 2 years in countries such as Bahrain, Jordan and Yemen. These figures are suggestive of discrimination against girls, because on purely biological grounds, the differences should be greater. In fact, infant mortality rates barely differ by sex in 10 out of the 15 countries for which recent data are available.

The number of international migrants in the region consistently increased from 2000 to 2015 in all 18 countries in the Arab region (United Nations, 2019). The GCC countries have relatively large migrant populations, consisting primarily of labourers from South and Southeast Asia. As of 2016, the region also has the largest number of refugees and displaced populations worldwide, with three countries (Jordan, Lebanon and the State of Palestine) hosting over 1 million refugees each (UNHCR, 2017; UNRWA, 2017).

Most countries in the region have moved away from the tradition of extended family households and increasingly show a nuclear household structure. According to recent data, the average household size ranges from a high of around 7 persons in Oman and Yemen to around 4 persons in Egypt, Lebanon and Tunisia. Female household headship is generally low in the region, except in Mauritania, where more than one third of households are headed by women.

Throughout the region the numbers of registered marriages and divorces has surged in recent years, except in the Syrian Arab Republic where registered marriages have declined precipitously since 2009, owing to prolonged conflict there. In Iraq, Mauritania and the Sudan, the proportion of girls aged 15 to 19 years who have ever married lies above 20 per cent. Polygyny is no longer prevalent in the region, except in the Sudan, where over 20 per cent of women are in marriages with one or more co-wives. On average, women tend to start bearing children soon after marriage and few among those aged 45 to 49 are childless.

The latest available data show that in most countries in the region, more than 60 per cent of all households own the homes in which they live, The exception is in GCC countries where the low levels of home ownership is attributable to the high number of non-nationals living there. Within countries that have substantial urban areas, such as Egypt, Jordan, Kuwait, Qatar and the State of Palestine, apartments are the more prevalent form of housing in urban areas, while freestanding houses and villas are more prevalent in rural areas.

The availability of improved drinking water sources varies across countries and is generally higher in urban areas than in rural areas. The only exception is the State of Palestine, where less than 60 per cent urban households use an improved drinking water source, compared with almost 90 per cent in rural areas. In most countries, more than 90 per cent of households have improved sanitation facilities and electricity. The exceptions are Mauritania, the Sudan and Yemen, where improved sanitation facilities and electricity are particularly rare in rural areas.

Reproductive and maternal health have improved significantly in the region, but disparities persist. Contraceptive use ranges from around 60 per cent in Egypt and Tunisia to below 20 per cent in Mauritania and the Sudan. According to recent data, most pregnant women in the region make at least four antenatal visits, and most births are attended by a skilled health professional and delivered in health facilities. However, these rates are not homogenous; in Yemen in 2013, less than 50 per cent of births were attended by a skilled health professional, and only a quarter of pregnant women received four or more prenatal visits. Although prenatal care has become more widely available in the region over the past decade, it decreased in Iraq from 2011 to 2017. Maternal mortality ratios are still very high in Mauritania (almost 600 per 100,000 births) and, to a lesser extent, the Sudan and Yemen (around 200 and 150 per 100,000 births, respectively) according to the most recent estimates, although they have been declining.

Childhood immunization coverage is high in most countries. In recent years, almost all children in Bahrain, Egypt, Jordan, Kuwait, Oman, Qatar, Saudi Arabia, the State of Palestine and Tunisia received vaccinations for diphtheria, tetanus and pertussis (DTP), measles, tuberculosis (known as BCG) and polio. Mauritania, the Sudan and Yemen have the lowest immunization coverage in the region, although rates have been increasing. Children's nutritional statuses are also particularly poor in these three countries where more than 25 per cent of boys and girls are stunted.

Adult obesity is common, particularly among women. The highest rates are in Egypt, Jordan, Kuwait, Qatar and Saudi Arabia, where over 40 per cent of women are obese. From 2010 to 2015, per capita health expenditure increased significantly in GCC countries, and it rose by more than 50 per cent in Bahrain and Saudi Arabia. Except for Lebanon, all other countries reported smaller increases. In Lebanon, per capita health expenditure decreased by about 10 per cent from 2010 to 2015. The density of health personnel varies widely across the region. There are about 300 physicians per 100,000 people in Qatar compared to about 100 in Iraq and 30 in Yemen.

The region has experienced a dramatic expansion of education in recent decades. In Kuwait, Oman, Saudi Arabia and the State of Palestine approximately 99 per cent of young people are literate. The lowest youth literacy rate at around 70 per cent is reported by Mauritania. Enrolment in primary schools is generally high and has been increasing in low-income countries of Mauritania, the Sudan, and Yemen. In some countries the gender gap in the net enrolment ratio has significantly narrowed in recent years (for example, in Iraq and Morocco). Enrolment in secondary education is lower than in primary education and although the gender gap in net secondary enrolment has narrowed over time in Iraq, it has increased in the State of Palestine. The difference between primary and secondary enrolment ratios is only around 5 percentage points in Kuwait and Qatar, but over 40 percentage points in Yemen. Wide variations are observed between countries in the pupil-

teacher ratios at the primary and secondary levels; they are particularly high in Yemen, where they have increased dramatically since 2013.

Labour force participation is low in the region, mainly because of very low participation rates among women. Most countries with recent data report that their labour force participation rates for women are less than half of those for men. Bahrain, Kuwait, Qatar and the United Arab Emirates are the only countries where the female labour force participation rate is over 30 per cent. Labour force participation in these countries has increased due to increased participation by women; otherwise, gains observed in labour force participation within the region have been marginal.

Recent data show that unemployment in most non-GCC countries exceeds 10 per cent. The State of Palestine has steadily reported the highest unemployment rates in the region, in excess of 25 per cent since 2014. Unemployment among women is consistently higher than among men. Youth unemployment is also high, exceeding 20 per cent in most countries in the region.

Employment in agriculture is very low in the GCC countries and has been decreasing in the State of Palestine due to consistently fewer women working in agriculture since 2007. Most workers within the region are salaried, especially in GCC countries where nearly 100 per cent of workers are salaried.

The proportion of the population living below the national poverty line varies widely across the region, from less than 15 per cent in Jordan to nearly 50 per cent in Yemen. The incidence of poverty in Mauritania and Tunisia has steadily decreased since 2000, by about 20 and 10 percentage points, respectively. Most countries have relatively low to moderate levels of inequality.

Education and health accounts for the smallest share of consumption expenditure in the region. In Egypt, Jordan and the State of Palestine, expenditure on food and non-alcoholic beverages accounts for the largest share of total consumption expenditure, while in Kuwait and Lebanon the largest share goes to housing, water, electricity, and gas and other fuel types.

The overwhelming majority of adults in the region practices a religion. Of the countries for which recent data are available, the lowest proportion was in Lebanon reported at roughly 80 per cent. Women tend to be more religious than men; in Tunisia, the difference between the sexes is 20 percentage points.

Trust in other people is low in the region. The country reporting the highest proportion of adults believing that most people can be trusted was Yemen, at about 40 per cent.

Membership in civic organizations is low for all countries for which recent data are available. Less than 20 per cent of the adult population are active members of sports or recreational organizations, and in most countries that number is less than 10 per cent for women. Internet usage has increased over the past decade, in particular in GCC countries. In 2016, Bahrain, Oman, and Saudi Arabia all reported that the amount of Internet users was more than four times that of 2005.

ESCWA member States

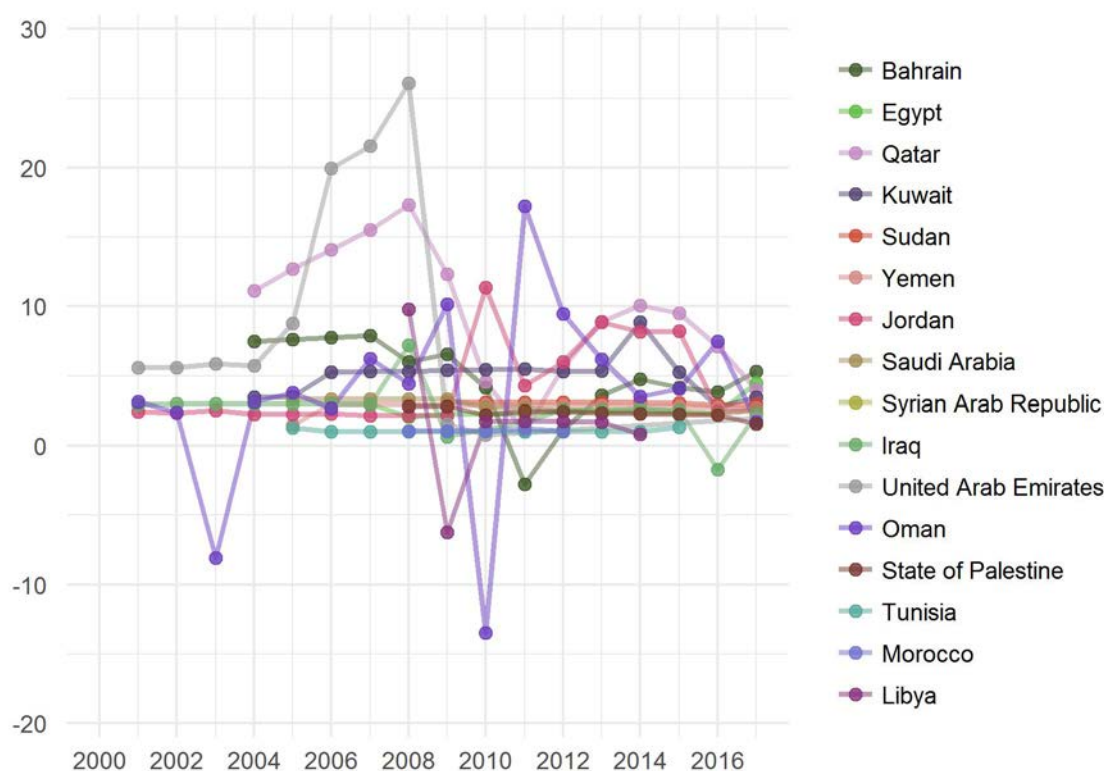
Bahrain	Oman
Egypt	Qatar
Iraq	Saudi Arabia
Jordan	State of Palestine
Kuwait	The Sudan
Lebanon	Syrian Arab Republic
Libya	Tunisia
Mauritania	United Arab Emirates
Morocco	Yemen

1. Population

The Arab region has a rather diverse demographic profile as countries in the region are at different stages of demographic transitions. This is due to a wide range of country-specific social, economic, political and cultural factors (Tabutin and Schoumaker, 2012), as well as interregional and international population movements. Currently, the region includes countries with markedly different population sizes, age-sex structures, growth rates and population composition. These features are determined by the speed of changes in three main components of demographic change, namely fertility, mortality and international migration (which includes labour migration and conflict-related population displacement). Reliable data on the size and structure of populations as well as on components of demographic change are essential for understanding various aspects of social and economic trends and for informing public policy decisions at the national level. Such data are also important for measuring performance against internationally agreed Sustainable Development Goals (SDGs).

Using data mainly from national statistical offices, this section provides a descriptive account of demographic trends in various Arab countries for which official data are available. It describes changes in population size and structure, and the three drivers of demographic change (fertility, mortality and migration). Understanding demographic change is crucial from a policy perspective because it affects almost all aspects of life and has important implications on the labour market, economic growth, employment potential, housing needs and demand for education, health and social services in any country.

Figure 1.1 Annual population growth rate, percentage, 2000-2017



Source: Data from national statistical offices, compiled by ESCWA.

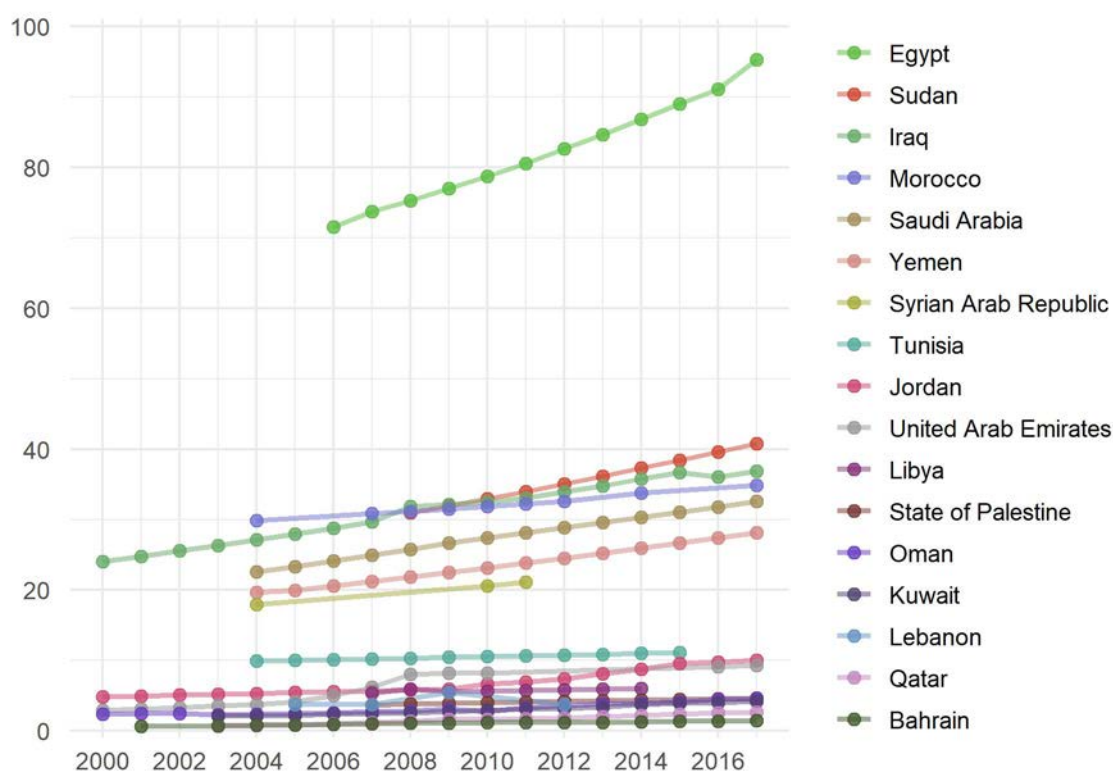
A growing population

Demographic transitions in the Arab region have followed the standard pattern of a rapid decline in mortality followed by a delayed decline in fertility. The decline in mortality started in the 1960s and, about two decades later, fertility started to decline in several countries across in the region (Rashad, 2000). Variations in the speed of demographic transition across countries, coupled with unique migration patterns, including

massive labour migration and forced population displacement, resulted in a rather polarized demographic profile and considerable variations in population growth rates across countries. Indeed, the region houses both one of the lowest and the highest rates of population growth in the world.

According to United Nations estimates, the Arab region experiences a population growth rate of about 1.6 per cent per annum, well above the world average (United Nations, 2019). Were this rate of growth to continue, the population of the region is expected to double in size in approximately 35 years. However, current population estimates for the period 2000-2017 obtained from 16 national statistical offices in the region illustrate large differences in population growth rates across countries (figure 1.1). For example, data for 2015-2017 show growth rates ranging from 1.3 per cent in Tunisia to about 10.1 per cent in Qatar (2014). The most recent estimates for 2017 show that Bahrain has the highest population growth rate at 5.3 per cent. Countries in the region can be generally grouped into three different demographic “regimes”. The first group has fairly high population growth rates of about 3 per cent or more per annum and includes a few GCC countries. The second group is comprised of countries with ongoing demographic transitions and growth rates of 2.5 to 2.9 per cent per annum, including Egypt, Jordan and the Sudan. The last group of countries is at advanced transitional stage with fairly low growth rates, including Lebanon, Morocco and Tunisia. Trends over time in population growth rates show wide fluctuations in the GCC countries, owing to changes in net international migration. Except for a few cases, consistent downward trends in population growth have not been observed across countries. Although population growth rates have been declining in the region as a whole, the population will continue to grow rapidly over the next few decades.

Figure 1.2 Population size, in millions, 2000-2017



Source: Data from national statistical offices, compiled by ESCWA.

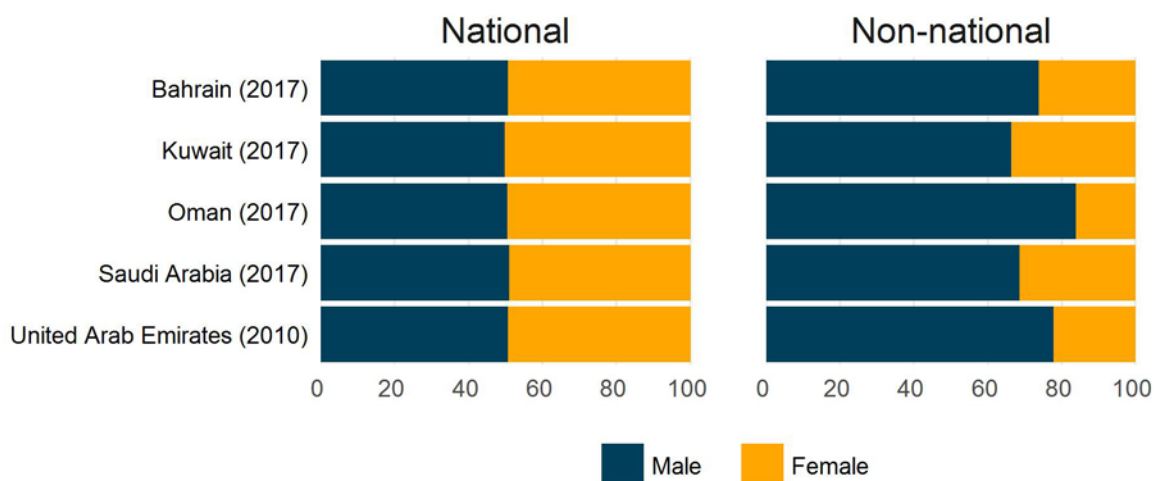
A young population, overall

Current population estimates for 16 countries during the period 2000-2017 show that population size varies considerably across countries, ranging from 95 million in Egypt to about 1.5 million in Bahrain in 2017 (figure 1.2). Population size and composition for some countries (such as Iraq, the Syrian Arab Republic, Yemen and Libya) are no longer reflective of the current situation owing to large scale population

displacement caused by ongoing conflicts. The 2015 census of population in Jordan, for example, enumerated a total population of 9.5 million, about 2 million more than previous population estimates. This is mainly due to the recent influx of Syrian refugees into Jordan. The reported estimates, especially in the GCC countries, are also affected by the presence of relatively large migrant (non-citizen) populations.

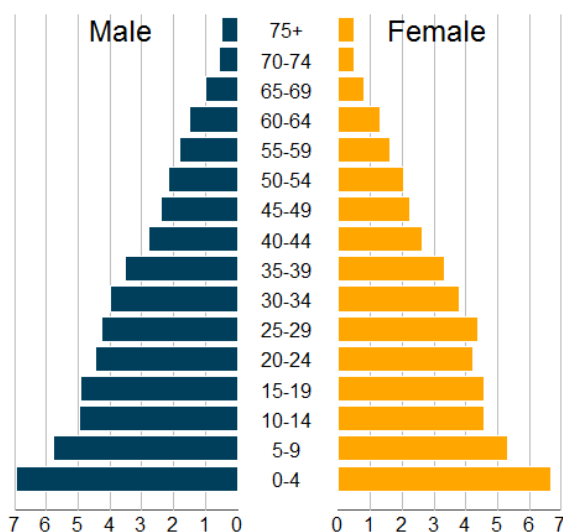
Data from five GCC countries show that all of them have a significant migrant population, with three of them (United Arab Emirates, Qatar and Kuwait) having much larger numbers of non-nationals than nationals. Figure 1.3 displays the sex distribution of populations in selected countries. As evident in the figure, there is a disproportionate number of men compared to women in GCC countries. In fact, about 70 per cent or more of non-nationals in the GCC countries are men. Surprisingly, Jordan also has a distorted sex distribution with about 112 men for every 100 women in 2017. The presence of non-nationals has, therefore, significant impact on the age-sex structure of every GCC country as well as Jordan. Such age- and sex-distorted population structures are most visible in an age pyramid. Figure 1.4 and figure 1.5 contrast the age pyramid of Egypt, a country with relatively small number of migrant labourers, to that of Saudi Arabia, a country with significant migrant laborers.

Figure 1.3 Sex composition of nationals versus non-nationals in GCC countries, percentage, latest estimates



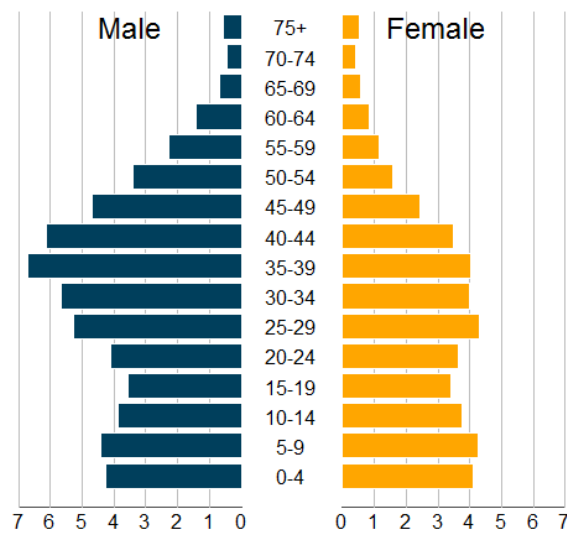
Source: Data from national statistical offices, compiled by ESCWA.

Figure 1.4 Population pyramid, percentage, Egypt, 2017 estimates



Source: Data from national statistical offices, compiled by ESCWA.

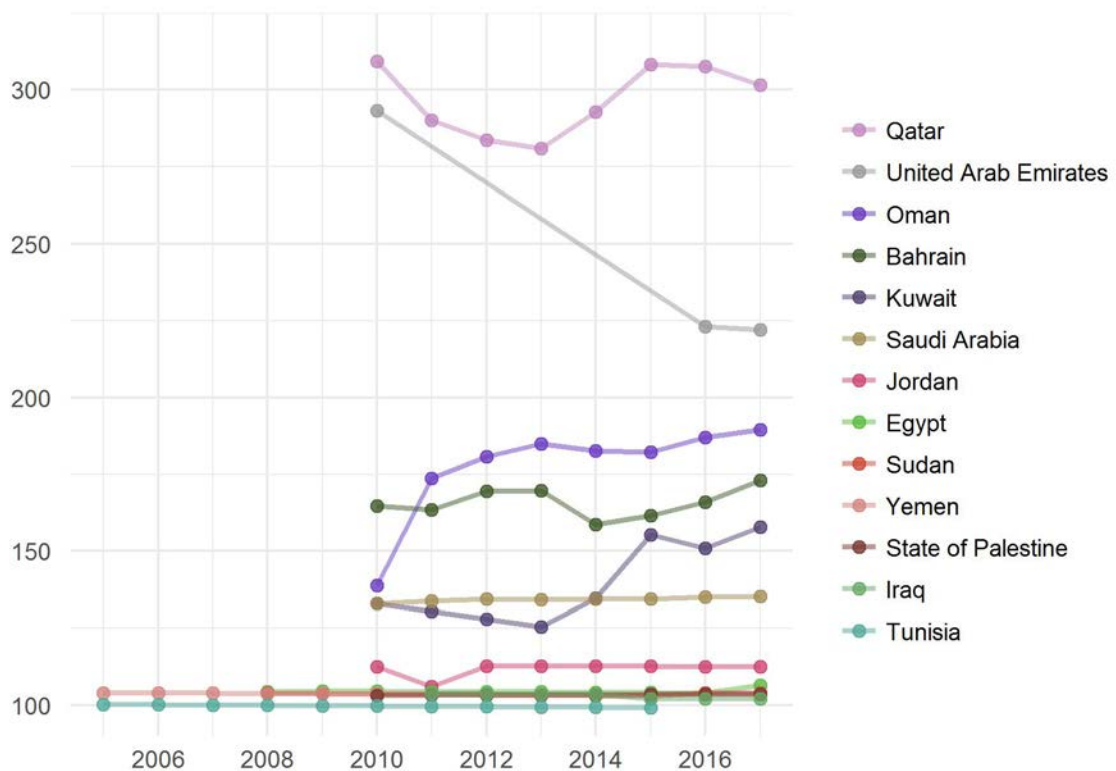
Figure 1.5 Population pyramid, percentage, Saudi Arabia, 2017 estimates



Source: Data from national statistical offices, compiled by ESCWA.

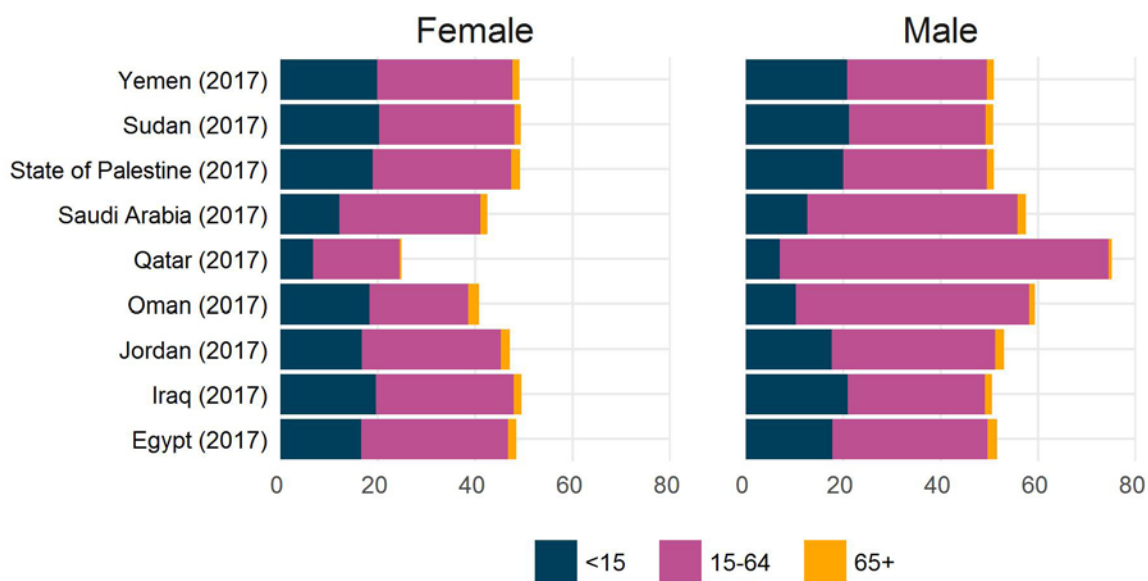
As a result of labour migration, the population sex ratios for all GCC countries are large. For example, there were 302 men per 100 women in Qatar, and 189 men per 100 women in Oman in 2017 (figure 1.6).

Figure 1.6 Sex ratios, 2005-2017 (per 100 females)



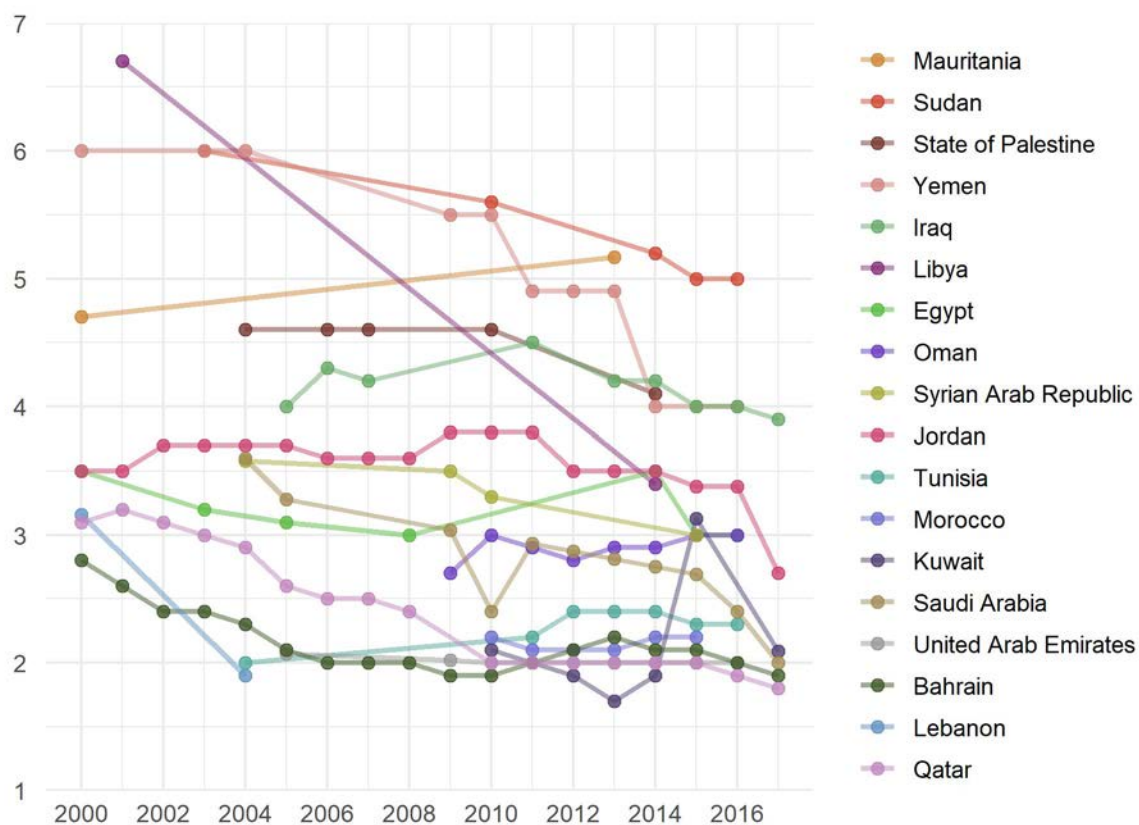
Source: Data from national statistical offices, compiled by ESCWA.

Figure 1.7 Percentage of population by age group, by sex, latest estimates/censuses



Source: Data from national statistical offices, compiled by ESCWA.

Figure 1.8 Total fertility rates (births per 1,000 women), ages 15-49



Source: Data from national statistical offices, compiled by ESCWA.

According to United Nations estimates, the region has a relatively young population overall with a median age of only 22 years, compared to a world average of 28.5 years (United Nations, 2019). However, as shown in figure 1.7, there is considerable heterogeneity in the age distribution among countries in the region owing to varying demographic transitions and the size of migrant labourer groups in some countries. The proportions of children less than 15 years of age in 2017 range from a low of 14 per cent in Qatar to a high of 41 per cent in Iraq, the Sudan and Yemen. In contrast, the proportionate size of the working age population in Qatar is 85 per cent as compared to 57 per cent in Yemen and 56 per cent in Iraq and the Sudan. Available data reveal that the proportions of elderly persons in each country are still small at less than 4 per cent of total population. Finally, the data clearly show that the “distorted” sex distribution of populations in the GCC countries are due to disproportionately large labour-related migration of males compared with females in the working age populations between 15-64 years.

Rapid decline in fertility, but recent stall or increase in a few countries

Many countries in the region have experienced rapid, although delayed, decline in fertility rates over the past few decades. The speed of decline in fertility varied widely across countries, with some showing little or no decline during the past decade, and even slight increase more recently (the case in Egypt, Iraq, Mauritania and Tunisia). As a result, current estimates of total fertility reveal marked diversity across the region.

Estimates of total fertility since 2000 vary significantly from a below or near replacement level in Bahrain, Morocco, Lebanon, Tunisia and United Arab Emirates to over 5 children per woman in Mauritania. It should be pointed out that the reported figures for GCC countries refer to the total population, including non-nationals, and hence tend to be relatively low. With the exception of Bahrain, recent fertility estimates in the GCC countries are over 3 children per woman when the estimates are conducted just among the national population.

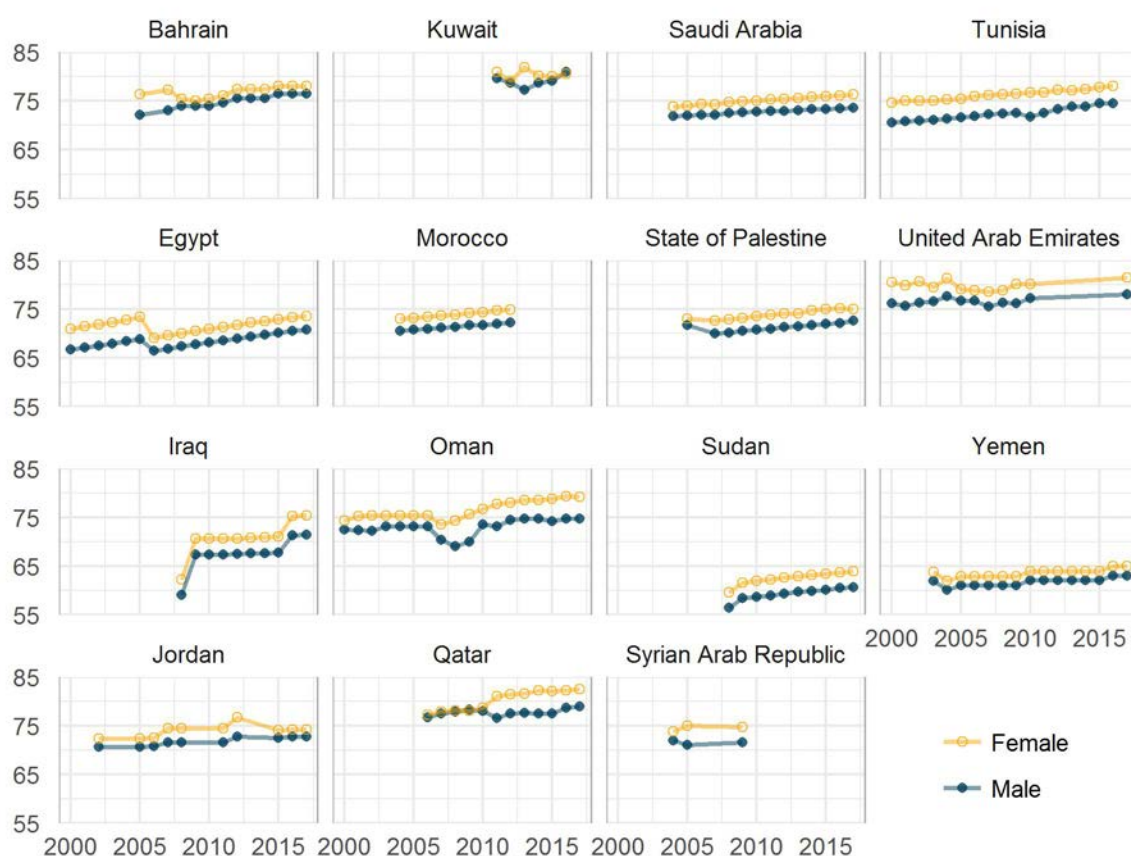
Fertility tends to go down with time almost everywhere in the world. Trends in recent estimates of total fertility (number of children per woman) in 18 Arab countries (figure 1.8) show a mixed picture in the region, with a rapid decline in some countries, slow decline or stall in others, and a slight increase in a few. Seven countries show rapid decline of about 2 per cent per annum. Four countries – Kuwait, Oman, State of Palestine and the Sudan – show a slow average decline of about 1 per cent or less per annum. Surprisingly, a few countries show recent stalls or even a slight increase in fertility. These include Egypt, Iraq, Mauritania and Tunisia. After remaining relatively stable for some years (2000-2012), fertility in Jordan began a slight decline from 3.7 children per woman in 2002 to 3.5 children per woman in 2012 and 3.4 children per woman in 2016. Recent data from the 2017 Demographic and Health Survey (DHS) from Jordan shows a sharp decline from 3.5 children per woman in 2010-2015 to 2.7 during the period, 2013-2017. Also, after a prolonged stall, recent estimates from Egypt show a recent rise in fertility from 3 in 2008 to 3.5 in 2014, a return to the same level as in 2000.

It should be pointed out that fertility trends in the GCC countries are largely a reflection of migration rather than actual change in fertility behaviour. Fertility is much higher among national women as compared to non-citizens, and trends in fertility for the national population show little change since the year 2000. Changes in age-specific fertility show that the rise was noticeable in almost all age groups, and especially sharp for women aged 20-24 years. This increase coincided with recent conflict in the region and could be due to a rise in marriage, increased demand for children, or both.

Small female advantage in life expectancy at birth

Over the past few decades, the Arab region has experienced remarkable improvements in population health. According to United Nations estimates, life expectancy at birth has improved by about 20 years since the 1960s (United Nations, 2019). However, improvements are not evenly distributed across the region. Poorer countries still have relatively high mortality rates or low life expectancy at birth. Furthermore, gender disparities in health status persist in many countries.

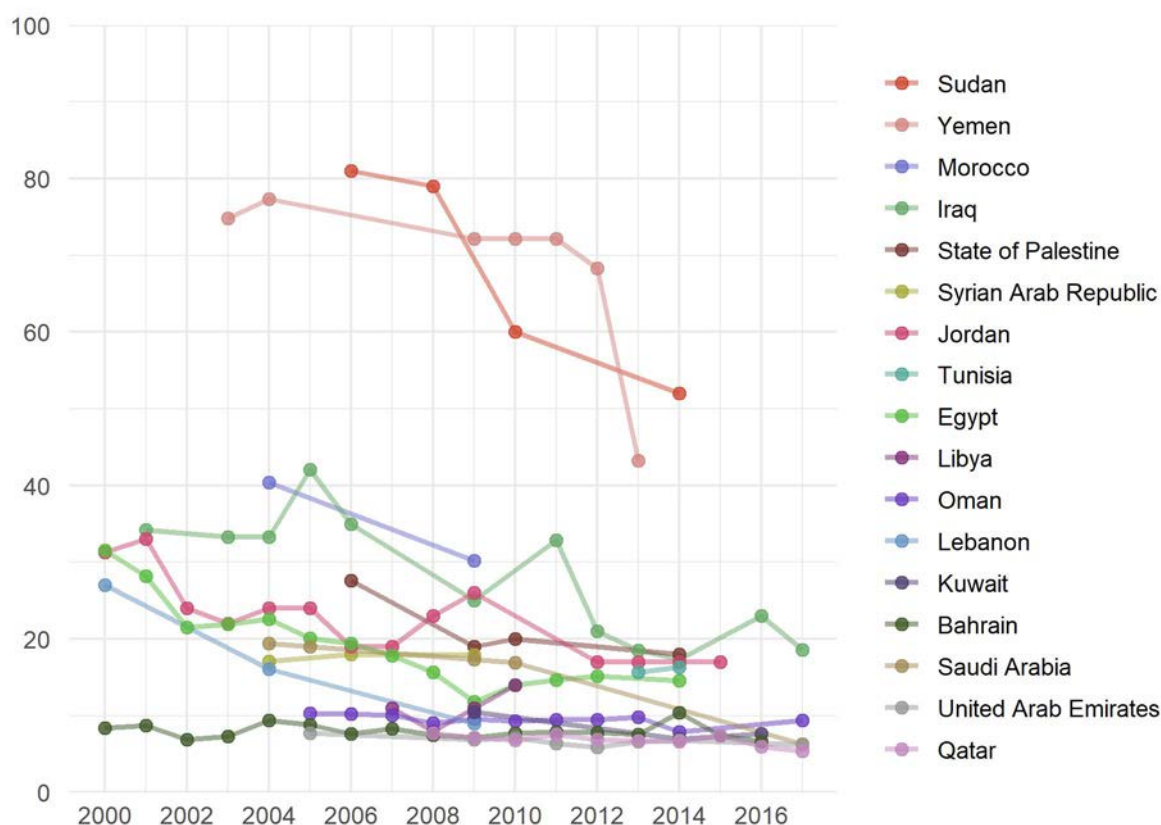
Figure 1.9 Life expectancy at birth for total population, by sex, 2000-2017



Source: Data from national statistical offices, compiled by ESCWA.

Trends in life expectancy at birth are available from 13 countries in the region. As shown in figure 1.9, estimates of life expectancy at birth generally increased over time and as expected, and richer countries have higher life expectancy than poor countries, with the highest estimates in the GCC States. Qatar and the United Arab Emirates have the highest life expectancies at birth for both men and women. It is interesting that some middle-income countries such as Morocco and Tunisia have similar levels of life expectancy at birth as some of the richer countries in the GCC. Estimates of life expectancy at birth range from 62 years for men and 64 women in Yemen in 2012 to 77 years for men and 81 for women in Qatar in 2011. It is also evident from the data that gender differences in life expectancy at birth are generally small, with a difference of less than two years in three countries (Jordan, Bahrain and Yemen). Such a small gender difference in life expectancy may indicate a disadvantage in chances for survival for females, arising from differential treatment of the sexes, perhaps in the form of accessing health care and nutrition (Coale, 1991). Using model life tables, Coale (1991) estimated a narrow variation in sex ratios of life expectancy at birth -0.924 to 0.946. Values above 0.94 may indicate discrimination, supporting the scientific evidence that when female life expectancy is lower than males, it is possibly due to poorer treatment, for example, boys are fed more than girls or sent to the doctor more often. With the exception of Qatar, all countries with data on life expectancy show values above 0.94, suggesting a notable gender disparity in longevity. However, trend data from a few countries reveal that improvements in life expectancy at birth over the past decade is generally better for females than males.

Figure 1.10 Infant mortality rates (per 1,000 live births), 2000-2017



Source: Data from national statistical offices, compiled by ESCWA.

Continuous improvement in health status is also evident in decreased infant and child mortality rates over time across countries in the region (figure 1.10). However, reductions in infant mortality seem to be stalled not only in countries with relatively high levels of infant and child mortality (such as Egypt and Iraq), but also in countries with low mortality rates (specifically, GCC States). Although current data are not available, infant mortality in countries undergoing conflict (such as the Syrian Arab Republic and Yemen) are probably stalled or have increased during the past few years. Recent estimates from Jordan (17 deaths per 1,000 births in 2017) and the State of Palestine (18 deaths per 1,000 births in 2014) show sharp declines in infant mortality rate in recent years. Infant mortality rates range from 79 deaths per 1,000 births in the Sudan in 2008 and to very low rates of 10 or less deaths per 1,000 births in the GCC countries.

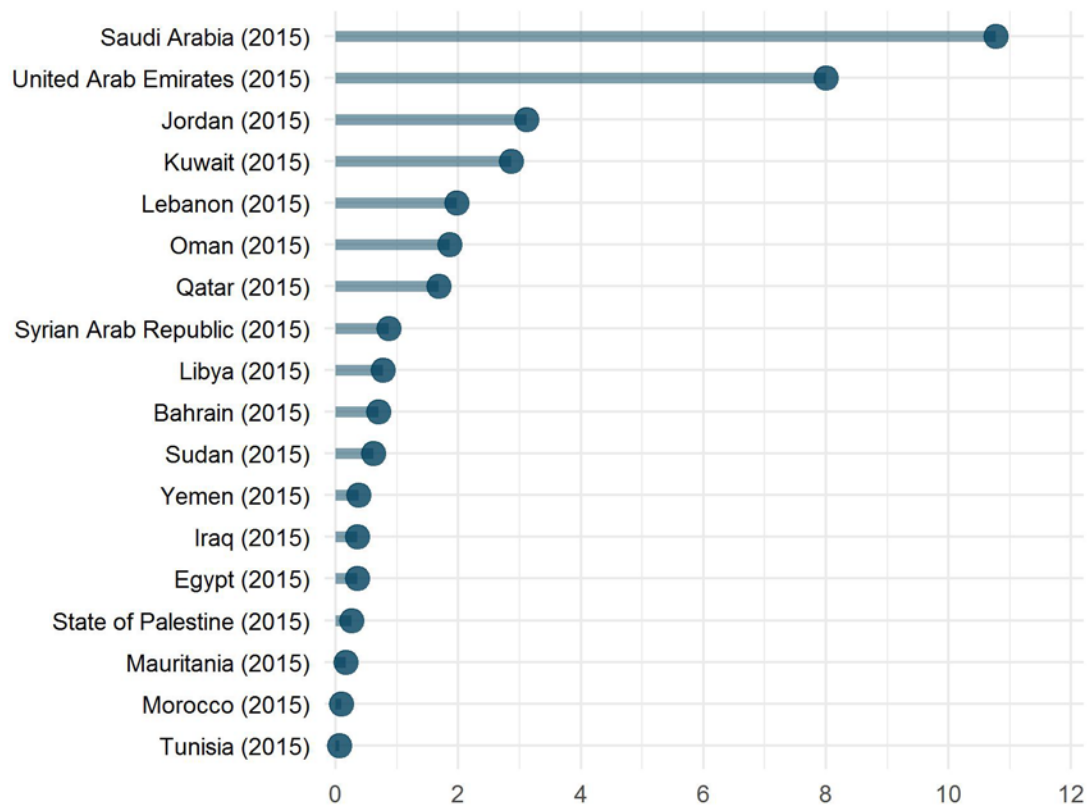
While sex differentials in mortality are generally too small to indicate statistical significance, they tend to favour females, as would be expected, in most countries (Coale, 1991). In Egypt, recent estimates show a male advantage in mortality. In gender egalitarian countries, such as Sweden, the sex ratio of infant mortality rate is around 1.20. In only 6 out of the 17 countries for which data on infant mortality rate by sex are available, sex ratios are above 1.20. The lack of such gender differences in infant mortality rate in 10 out of the 17 countries may indicate discrimination against girls, such as limited access to health services or nutrition, for example (Coale, 1991).

International migrants nearly doubled in 20 years

International migration can have a profound impact on a country's population size and its population's age-sex structure as well as on its economic, social and health conditions. Despite its significance, there is very little data or literature on international migration in the Arab region. In this report, limited data available

from international sources are used to shed light on the size of migrant and displaced populations as well as net migratory movements.

Figure 1.11 International migrant stock, in millions, 2015

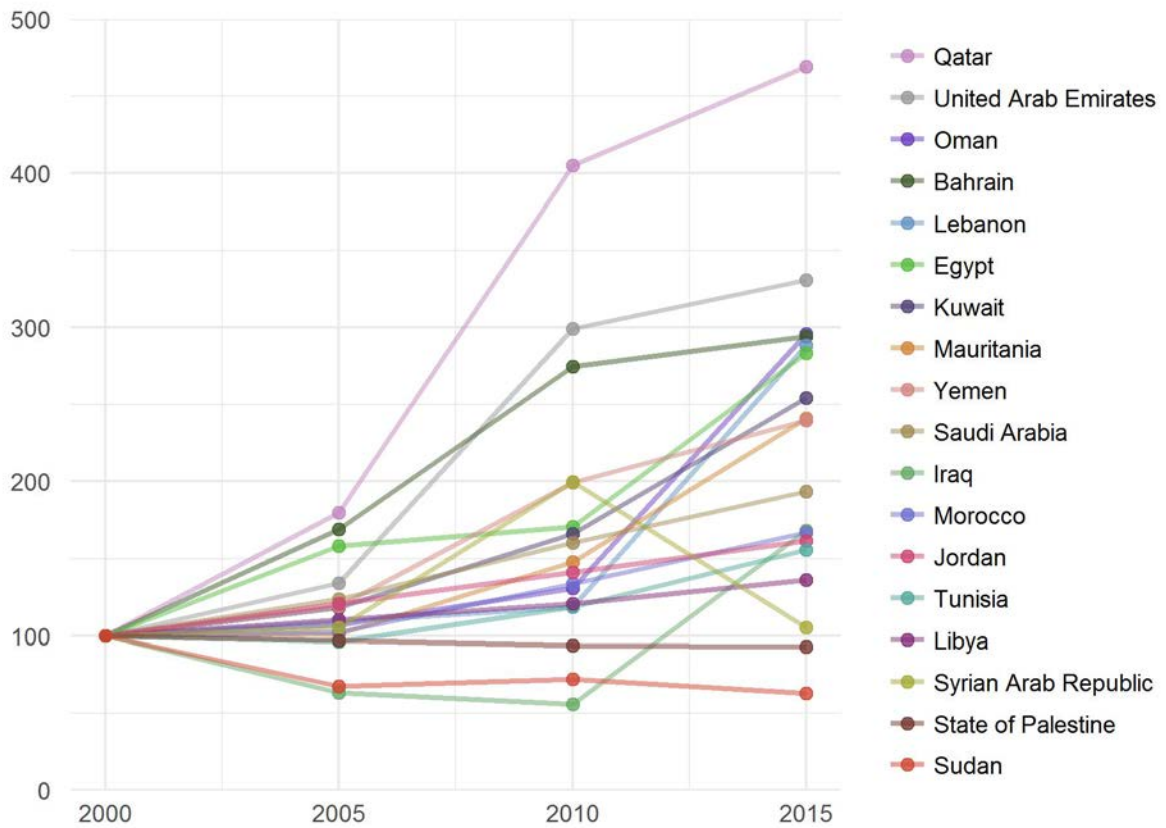


Source: United Nations, 2019.

The majority of countries in the region have relatively large migrant populations. Data for 2015 reveal that Saudi Arabia and United Arab Emirates have the largest number of international migrants, followed by Jordan (figure 1.11). Eight out of 18 countries in the region classify at least 25 per cent of their populations as international migrants. The number of international migrants constituted more than 80 per cent of the population in the United Arab Emirates and more than 40 per cent in Kuwait, Qatar, Bahrain and Oman. The migrant population is also relatively large in Jordan, Lebanon and Saudi Arabia. It should be noted that, unlike migrants in the GCC countries, Jordan’s migrants originate largely from neighbouring Arab countries, mainly the State of Palestine, the Syrian Arab Republic, Iraq and Egypt.

Trends in estimated international migration stocks indicate a substantial increase in international migrants from 1990 to 2015 in 18 Arab countries. During the period, the number of international migrants more than doubled in 11 countries and had more than tripled in six of them, namely Bahrain, Iraq, Lebanon, Oman, Qatar and the United Arab Emirates (figure 1.12). Looking at the 18 countries as a whole, the number of international migrants has increased by nearly 260 per cent since 1990.

Figure 1.12 International migrant stock at mid-year (percentage of base year 2000), 2000-2015

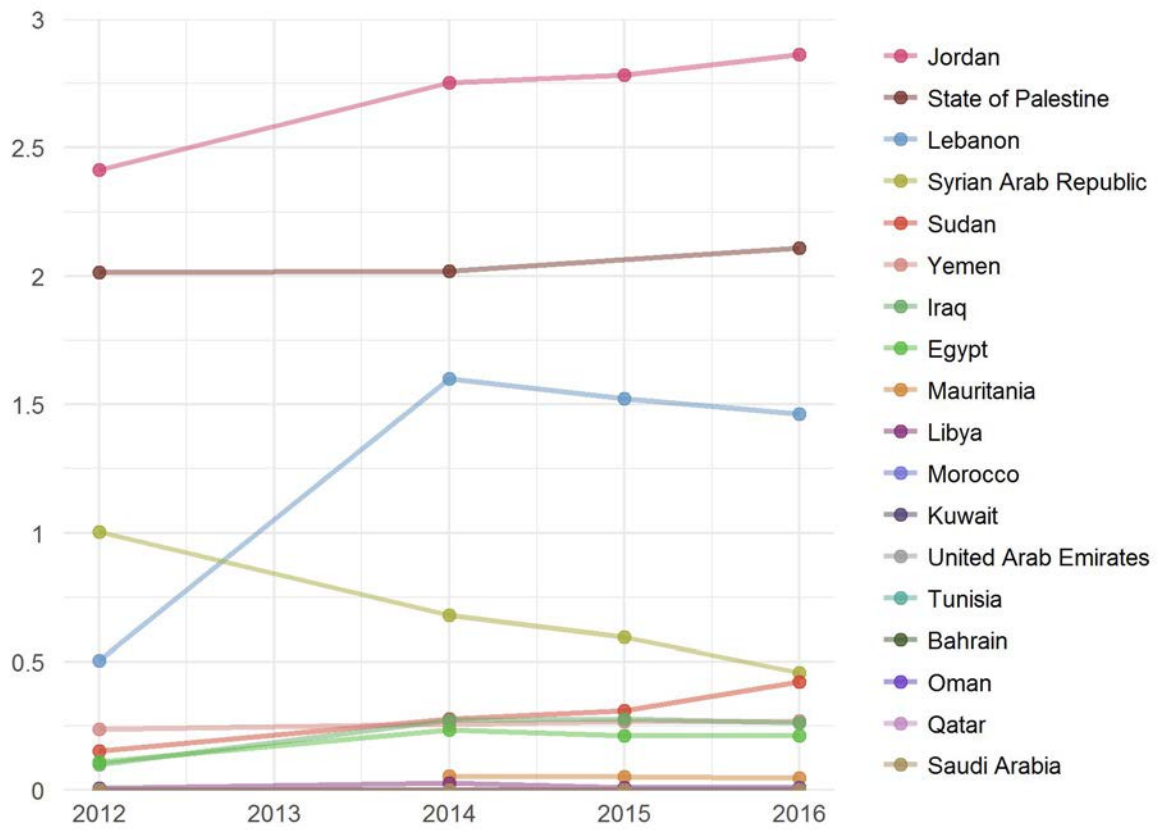


Source: United Nations, 2019.

Estimated net migration rates per 1,000 people were positive for 8 of the 18 countries during the period 2010-2015. Oman and Qatar had the highest positive rates at 59 and 49 migrants per thousand population. In contrast, the Syrian Arab Republic had the highest negative rate at 16 per thousand population. While these rates show some fluctuations between 1990 and 2010, the trend was increasing consistently in the GCC countries of Bahrain, Kuwait, Qatar and the United Arab Emirates.

It is widely known that the Arab region has the largest number of refugees and displaced populations worldwide, with the Palestinians being the largest and oldest group of refugees (UNHCR, 2017; UNRWA, 2017). As shown in figure 1.13, three countries – Jordan, State of Palestine and Lebanon – each have over 1 million refugees each. The large size of the refugee population in Lebanon and Jordan relative to their national populations has important implications on the host countries’ labour market and their capacity to provide adequate health, education and social services.

Figure 1.13 Refugees by country/territory of asylum, in millions, 2012-2016



Sources: UNHCR, 2017 and UNRWA, 2017.

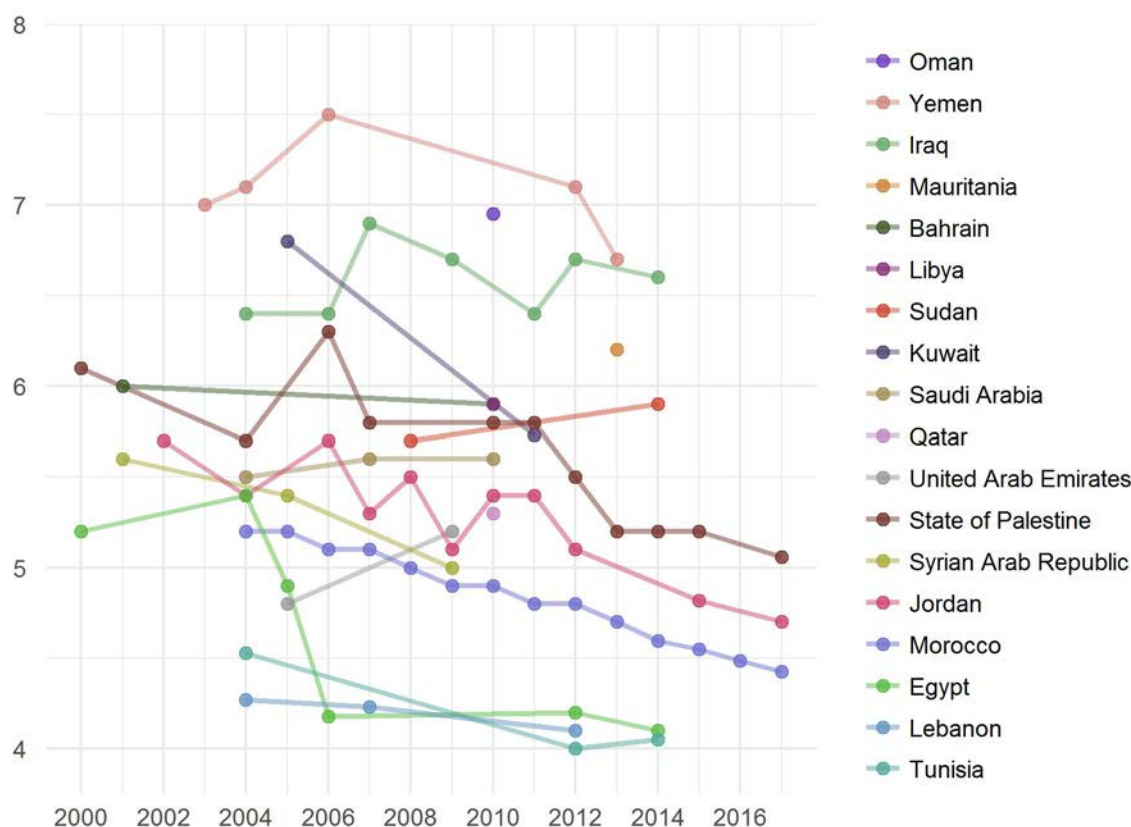
2. Households and families

The composition of a household shapes the experience lived by its members and provides some broad indications of their social and economic well-being (Deaton, Ruiz-Castillo and Thomas, 1989). Throughout the Arab region, the family is widely regarded as a core institution within society (Salehi-Isfahani, 2013). Early studies on household dynamics in the Arab region focused on the move away from a tradition of extended family households and the increasingly common occurrence of nuclear household structure (Barakat, 1985). More recently, Khadr and El-Zeini (2003) confirmed that the nuclear family has become the most common living arrangement.

The customary patterns of marriage in the region can generally be described as early, universal and polygynous. However, economic and societal changes in recent decades have had important effects on the timing and nature of marriage. In particular, the increasing industrialisation of the labour market, urbanisation of the population and rising educational attainment have been linked to a shift towards later marriage, monogamy and higher rates of celibacy in several Arab countries (Rashad, Osman and Roudi-Fahimi, 2005).

In this section, we provide a descriptive overview of household composition and family formation in the Arab region. Our analysis draws on official statistics reported by national statistical offices as well available data from recent Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS).

Figure 2.1 Average household size, 2000-2017



Source: Data from national statistical offices, compiled by ESCWA.

Largest household size in Oman and Yemen, smallest in Lebanon and Tunisia

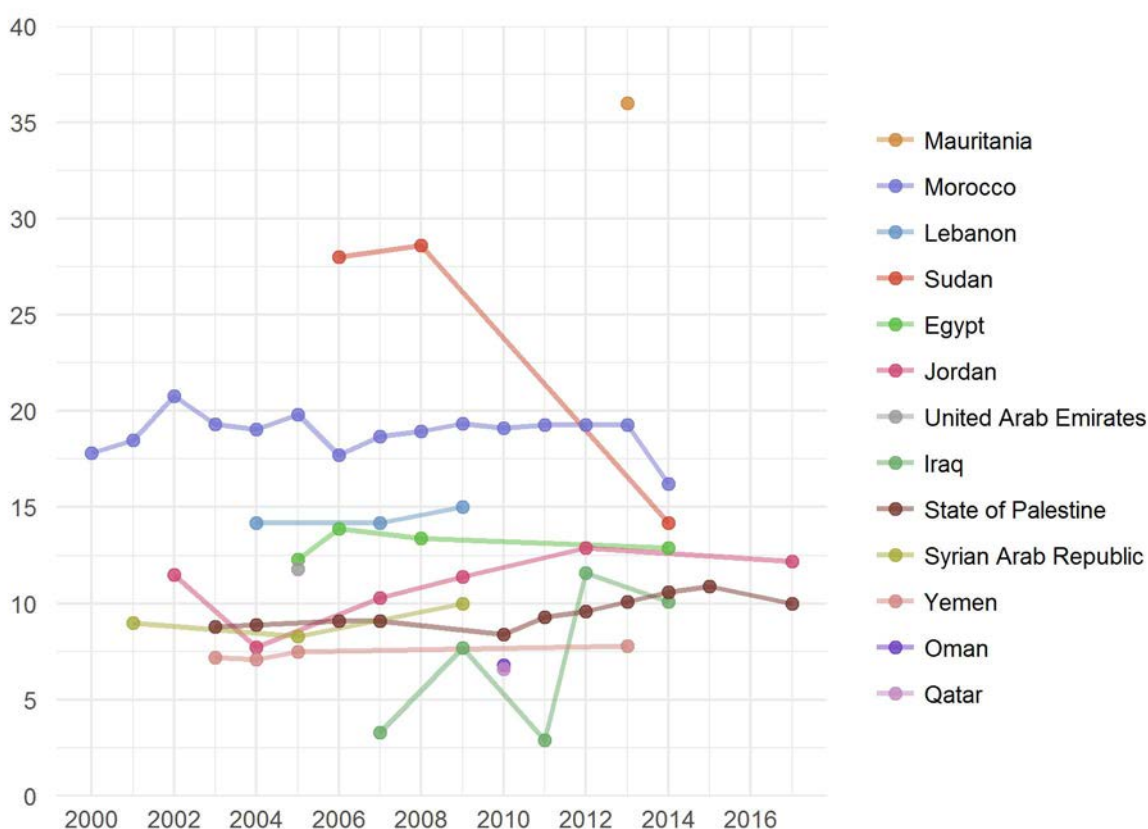
Figure 2.1 displays average household size across the Arab region based on available data for recent years. Household size ranges from a high of around 7 persons in Oman and Yemen to around 4 in Lebanon and

Tunisia. Although household size is related to fertility rate, the relationship between the two is not consistent across countries. Other factors such as the presence of immigrant or refugee populations, the state of housing markets and preferences for extended living arrangements all contribute to determine household size in any given population. For example, Bahrain has a relatively low fertility rate but a large average household size of around six persons, similar to that of the Sudan.

Low rates of female-headed households, except for Mauritania

The rate of female-headed households is shown in figure 2.2. The most recent official data from Mauritania suggests that 36 per cent of households are headed by female, whereas in Qatar and Oman female-headed households account for less than 7 per cent. Out of the 13 countries with available data, nine show a relatively low proportion of less than 15 per cent for female household headship. Female household headship is more common in rural than urban areas; however, in Kuwait and Mauritania proportions of female-headed households are similar in both rural and urban areas compared to other countries with disaggregated data.

Figure 2.2 Female-headed households, percentage, 2000-2017

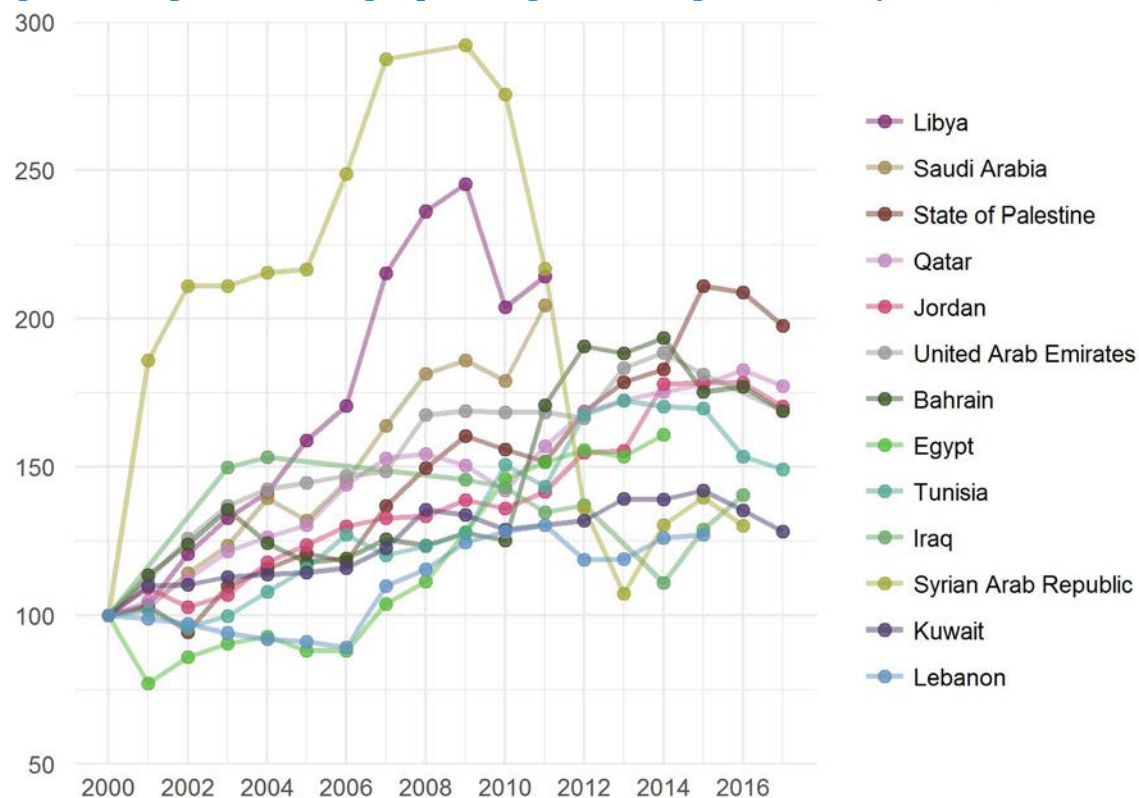


Source: Data from national statistical offices, compiled by ESCWA.

Consistent rise in the number of registered marriages and divorces

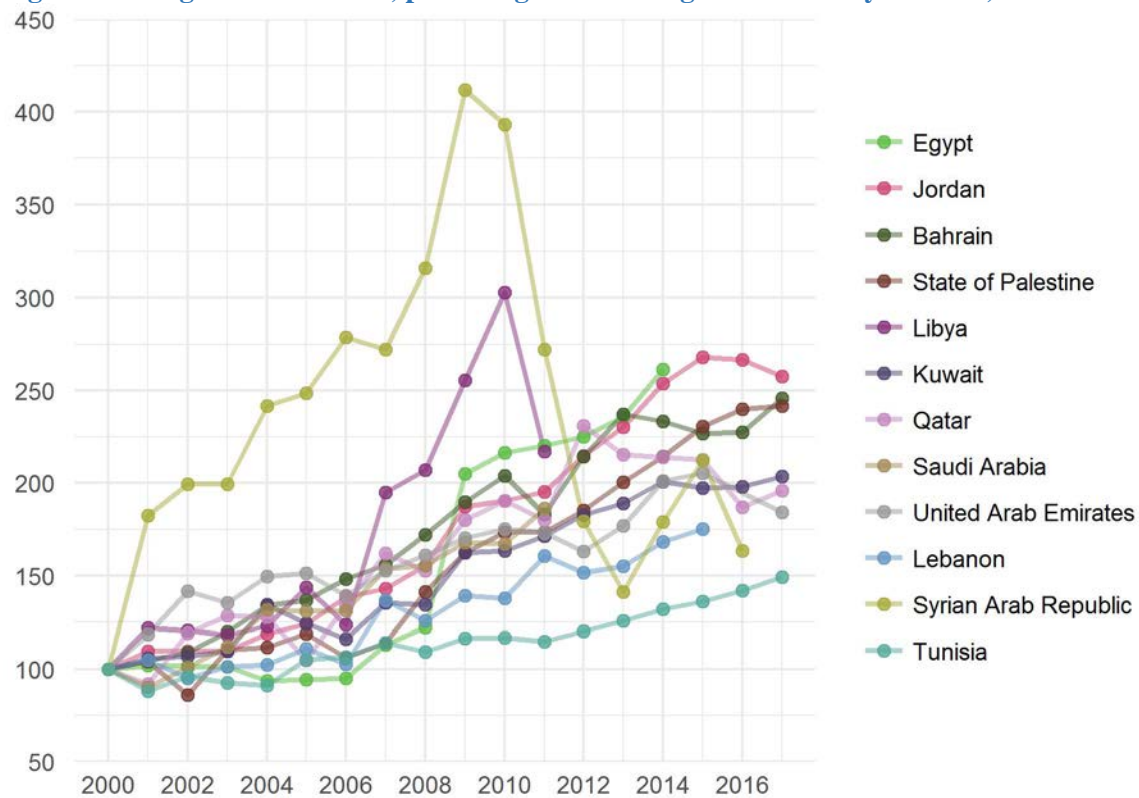
Figure 2.3 is a simple index showing yearly changes in the number of registered marriages as compared to the baseline year of 2000. The number of registered marriages has increased consistently since 2000 in most countries for which data are available. The most dramatic rise was recorded in the Saudi Arabia, where the number of registered marriages doubled between 2000 and 2011. The State of Palestine also experienced a doubling in the number of registered marriages between 2000 and 2016.

Figure 2.3 Registered marriages, percentage of those registered in the year 2000, 2000-2017



Source: Data from national statistical offices, compiled by ESCWA.

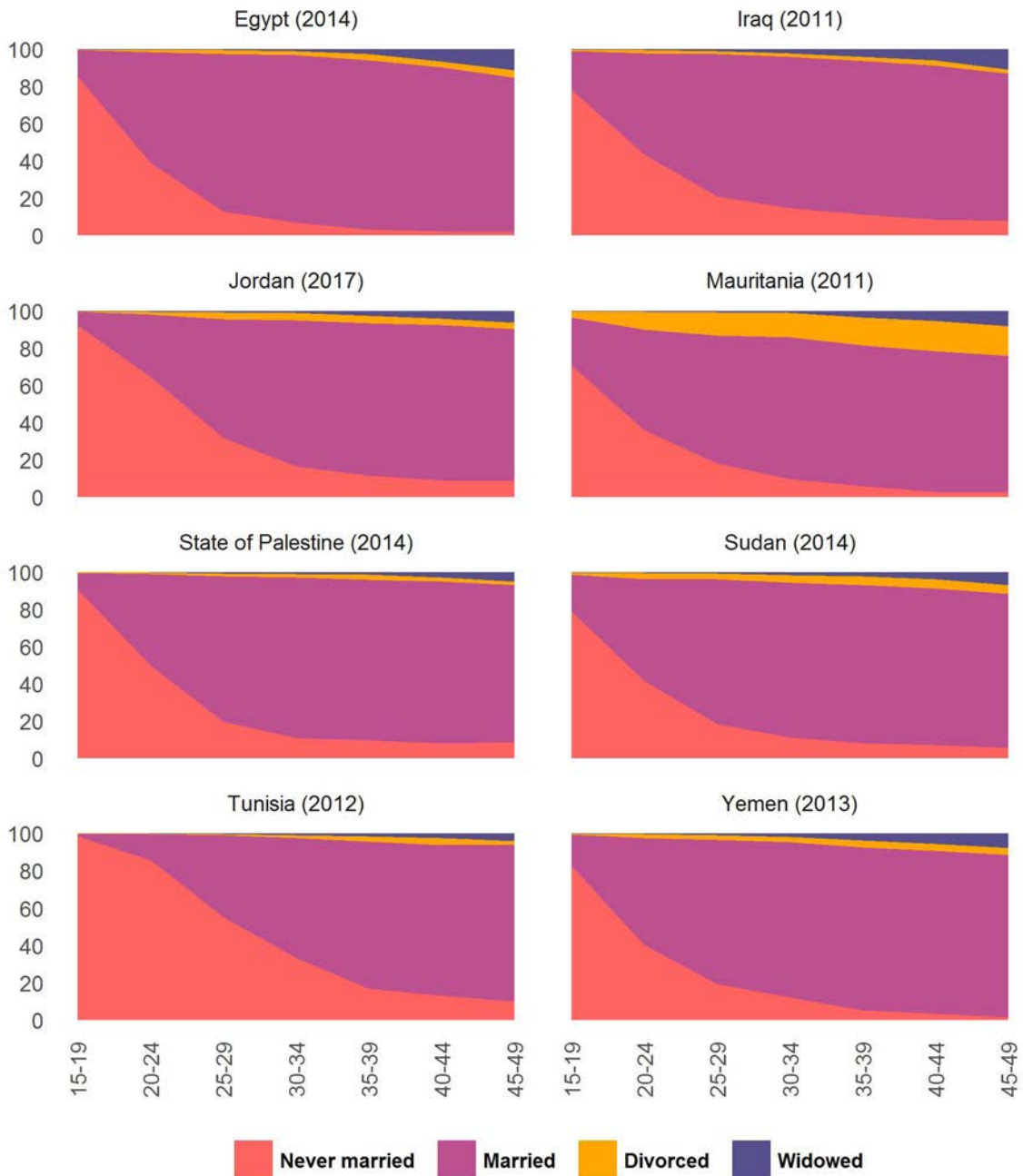
Figure 2.4 Registered divorces, percentage of those registered in the year 2000, 2000-2017



Source: Data from national statistical offices, compiled by ESCWA.

The index in figure 2.4 shows that the number of registered divorces has increased even more than the number of registered marriages. In all Arab countries with available data, the number of registered divorces has at least doubled, except for Tunisia and Lebanon where it has increased by 135 and 175 per cent, respectively, from 2000 to 2015. The largest rise was recorded in Egypt, Jordan and the State of Palestine, where the number of registered divorces was respectively 261, 268 and 240 per cent higher in 2014-2016 than in 2000.

Figure 2.5 Women’s marital status by age groups, latest available estimates



Source: Data from national statistical offices, compiled by ESCWA.

Most women are married by age 20-24 in most countries

Figure 2.5 displays women's marital status by age groups. According to the latest DHS and MICS data, between 50 and 60 per cent of women are married by 20-24 years in Egypt, Yemen, the Sudan, Iraq, Mauritania and the State of Palestine. In Jordan and Tunisia, the percentage of married women aged 20-24 is significantly lower, at 22 and 14 per cent respectively.

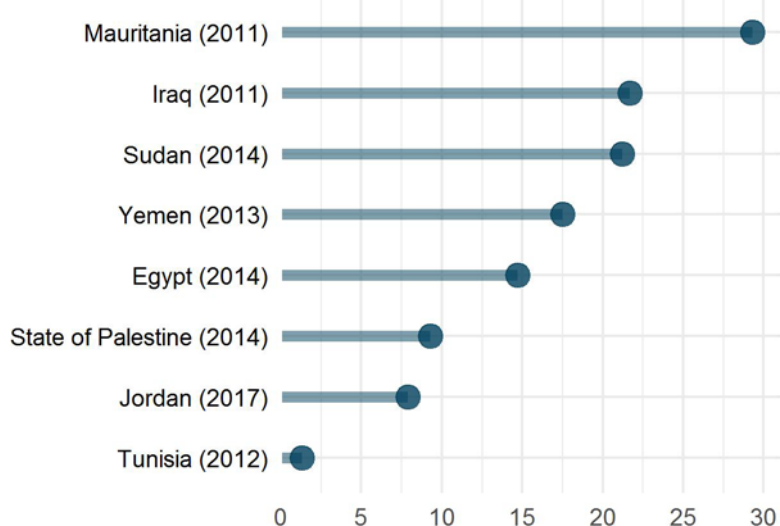
Figure 2.5 also shows that marriage is nearly universal among women aged 45-49 in Egypt, Yemen and Mauritania. However, this is no longer the case in Tunisia, the State of Palestine, Jordan, Iraq and the Sudan, where the rate of never married women aged 45-49 ranges between 6 and 10 per cent. Divorce increases with age but remains below 5 per cent in all countries with available data, except for Mauritania where about 16 per cent of women aged 45-49 are divorced. The highest rate of widowed is found in Egypt and Iraq, where around 11 per cent of women aged 45-49 have lost their husband.

Wide variation in child marriage

Throughout the Arab region, the mean age at first marriage has increased for both men and women. However, child marriage, defined as formal marriage before age 18, is still common among girls in some Arab countries due to a complex combination of cultural norms, poverty and restrictions on geographic mobility (Roudi-Fahimi and Ibrahim, 2013). The practice of child marriage often results in the start of childbearing at an early age, high fertility and reduced educational and labour market opportunities (Bunting, 2005).

Figure 2.6 shows the variation in the estimated percentage of ever married among girls aged 15-19 for countries in the region that have recently conducted a DHS or MICS. In Mauritania, 29 per cent of girls aged 15-19 were ever married in 2011, compared with 22 per cent in Iraq in 2011; 21 per cent in the Sudan in 2014; 18 per cent in Yemen in 2013; 15 per cent in Egypt in 2014; 9 per cent in the State of Palestine in 2014; 6 per cent in Jordan in 2012; and 1 per cent in Tunisia in 2012.

Figure 2.6 Percentage ever married among girls aged 15-19, latest available estimates



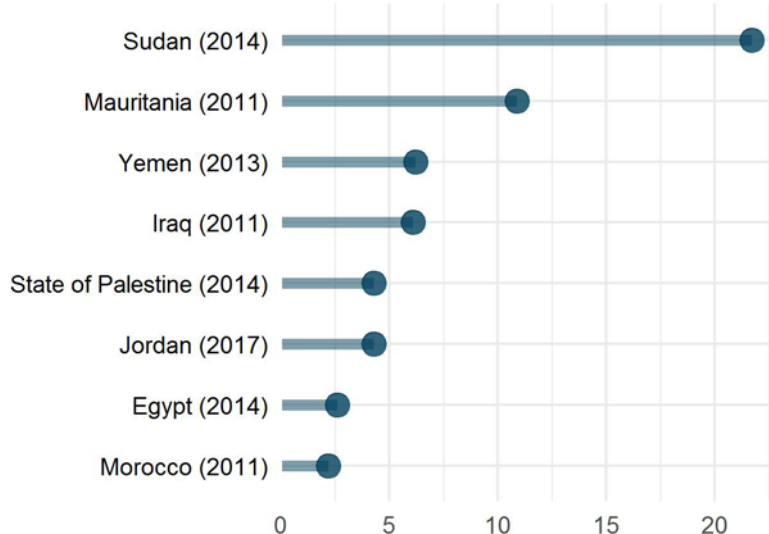
Source: Data from national statistical offices, compiled by ESCWA.

Low rates of polygyny, except for the Sudan

Polygynous marriages are no longer prevalent in most Arab countries. According to recent DHS and MICS data, only around 3 per cent of women aged 15-49 in Egypt are in marriages with one or more co-wives, compared with 4 per cent in the State of Palestine, 5 per cent in Jordan, 6 per cent in Iraq and Yemen, and 11

per cent in Mauritania. The highest rate of polygyny is found in the Sudan, with 22 per cent of women in marriages with one or more co-wives.

Figure 2.7 Percentage of women aged 15-49 with one or more co-wives, latest available estimates



Source: Data from national statistical offices, compiled by ESCWA.

Women tend to start childbearing soon after marriage

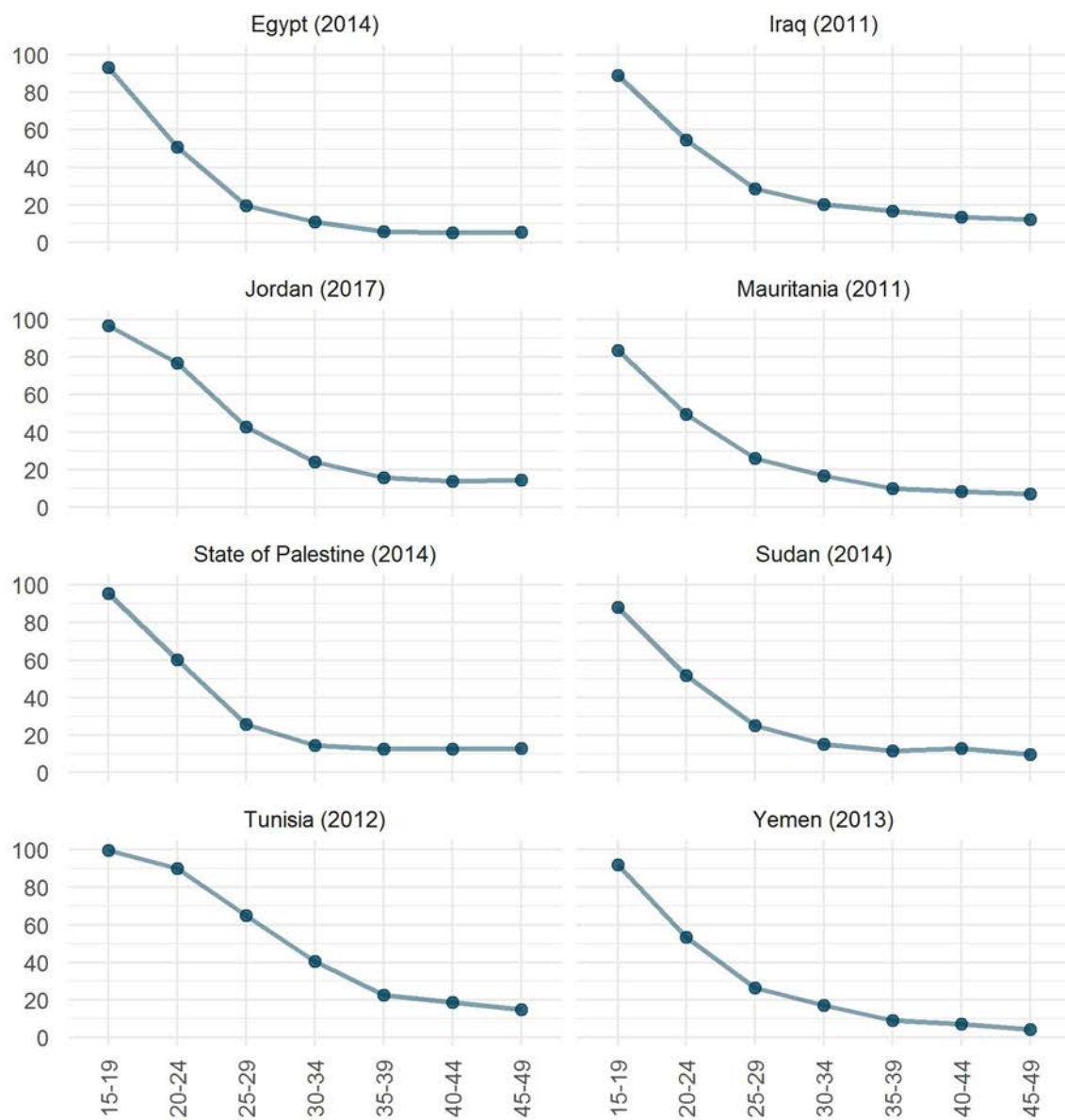
Figure 2.8 shows the estimated percentage of women who are childless (meaning having no children ever born) by age groups. In the Arab region, women tend to start childbearing soon after marriage. As the mean age at marriage has increased in the last few decades so has the mean age at first birth.

However, according to the latest DHS and MICS data, 16 per cent of girls aged 15-19 in Mauritania have already started childbearing, compared with 12 per cent in the Sudan; 11 per cent in Iraq; 8 per cent in Yemen; 7 per cent in Egypt; 5 per cent in the State of Palestine; and 4 per cent in Jordan. Early childbearing before the onset of adulthood poses multiple serious risks to both the mother and child. For the mother early pregnancy is associated with adverse health, education and economic outcomes, while for the child there are substantially increased risks of perinatal and infant death (UNFPA, 2013).

Approximately one in two women have started childbearing by 20-24 years in all countries with recent available DHS and MICS data, except for the State of Palestine, Jordan and Tunisia where respectively 60 per cent, 75 per cent and 90 per cent of women aged 20-24 are still childless.

Childlessness among women aged 45-49 ranges between 15 and 10 per cent in Tunisia, Jordan, Palestine, Iraq and the Sudan, whereas is notably lower in Mauritania, Egypt and Yemen, at 7 per cent, 6 per cent and 4 per cent, respectively.

Figure 2.8 Percentage of women who have never given birth, by age groups, latest available estimates



Source: Data from national statistical offices, compiled by ESCWA.

3. Housing conditions

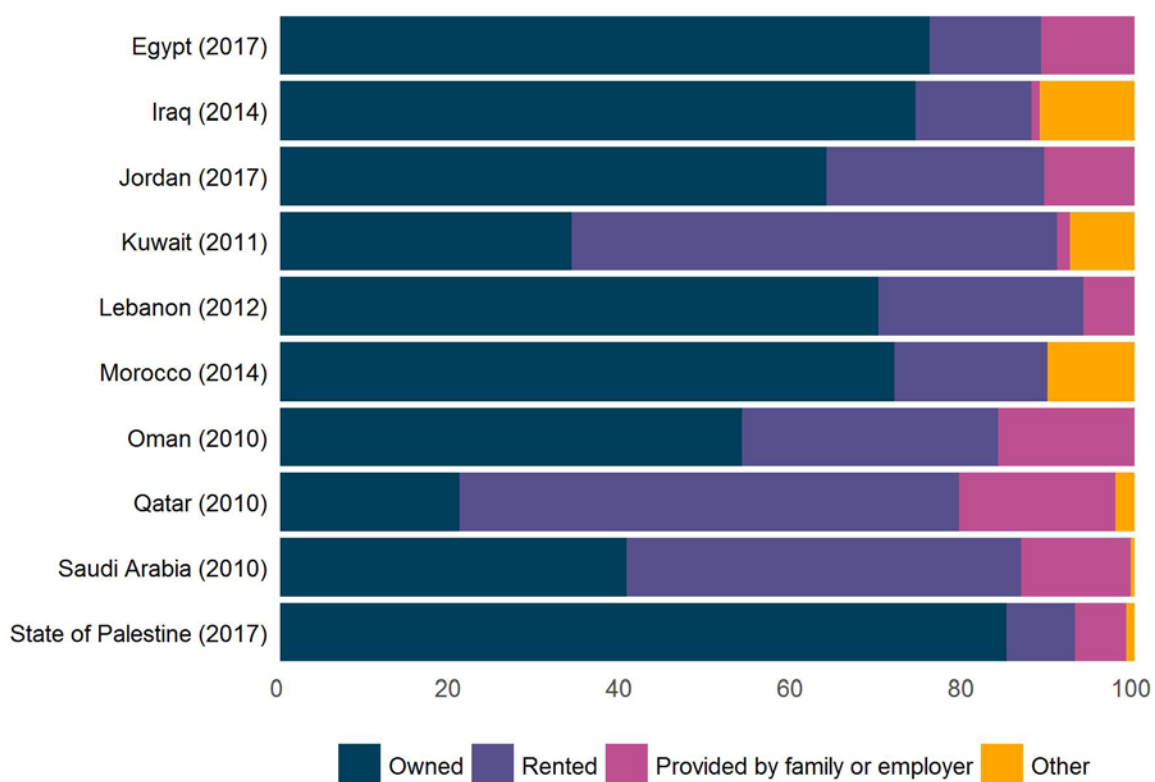
Housing is one of the most important aspects of people’s lives and adequate housing is recognized as a basic human right. Being sheltered from weather conditions and having a sense of security, privacy and personal space is a basic need. Adequate housing is also essential for people’s health and it affects childhood development (Organisation for Economic Co-operation and Development, 2011). Housing issues are clearly stated in Sustainable Development Goal (SDG) 11 of the 2030 Agenda for Sustainable Development: “Make cities and human settlements inclusive, safe, resilient and sustainable”. Also, SDG target indicator 11.1 aims to measure the “Proportion of urban population living in slums, informal settlements or inadequate housing”.

This chapter shows the latest available data on housing conditions in Arab countries, describing types of housing units, the tenure in housing units, usage of improved drinking water sources, usage of improved sanitation facilities and the availability of electricity. As statistics on housing conditions are calculated from decennial censuses and periodic housing surveys, time-series data for the following indicators in the Arab region are sparse.

The majority of households own the housing unit in which they live, except in GCC countries

According to the latest available data, home ownership exceeds 60 per cent in the Arab region, except in GCC countries (figure 3.1). In GCC countries, the low proportion of households living in housing units they own can be attributed to the high number of non-national residents (figure 3.2). For the total population (combining national and non-national), Qatar (2010) had the lowest home ownership rate, at 21 per cent, with 58 per cent of housing units rented. Similarly, in Kuwait (2011), just 34 per cent of housing units were owned by the households living in them, while 57 per cent were rented. At 85 per cent, the State of Palestine (2017) had the highest proportion of households living in housing units they owned.

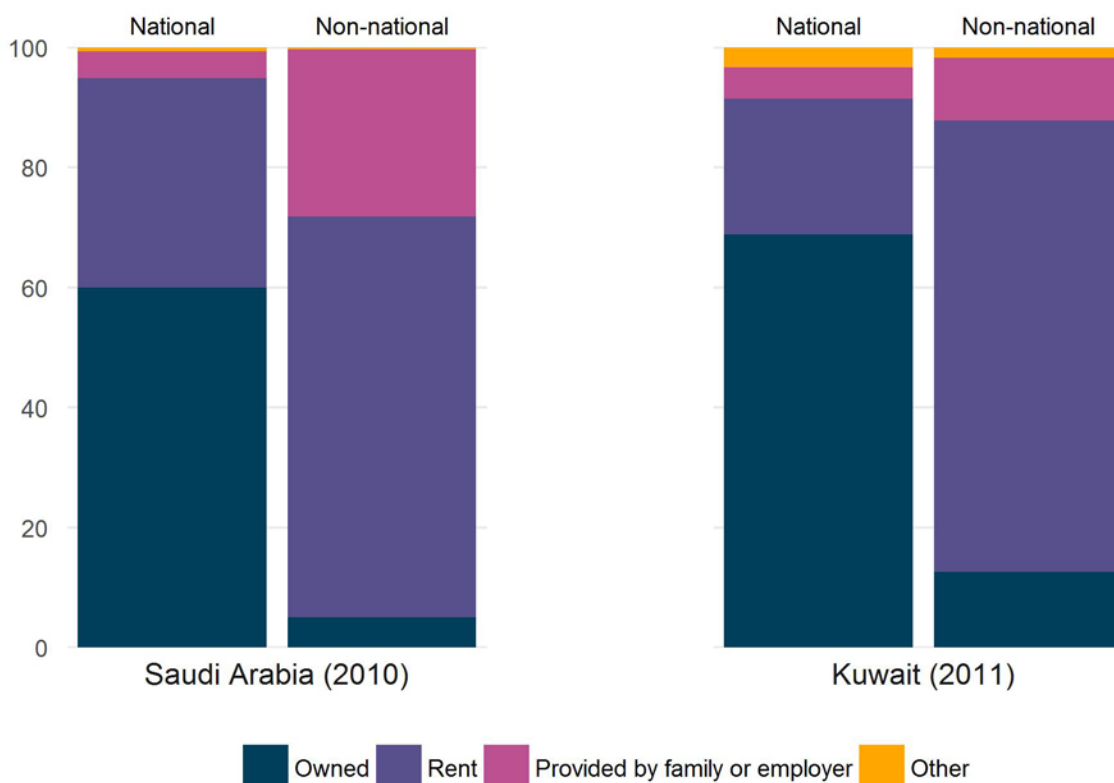
Figure 3.1 Occupied housing units by tenure of housing unit, percentage, latest available data



Source: Data from national statistical offices, compiled by ESCWA.

In GCC countries, ownership rates vary widely between national and non-national households (figure 3.2). Larger proportions of national households in GCC countries tend to own their housing units, whereas non-nationals are more likely to rent their housing units. About 60 per cent of Saudi national households live in owned housing units in Saudi Arabia compared to just 5 per cent of non-national households in 2010. In Kuwait, the proportion of Kuwaiti national households owning their housing units was 69 per cent in 2011, compared to about 13 per cent of non-national households. A larger proportion of non-nationals than nationals in Kuwait and Saudi Arabia also occupy housing units that are provided by their employers or family. In 2010, Saudi Arabia reported that about 28 per cent of non-nationals lived in housing units provided by their family or employer, versus about 5 per cent of national Saudis. In Kuwait, the proportion of non-nationals living in housing units provided by their family or employer, about 10 per cent, was roughly twice that of national Kuwaitis, about 5 per cent.

Figure 3.2 Occupied housing units by type and nationality, percentage, latest available data



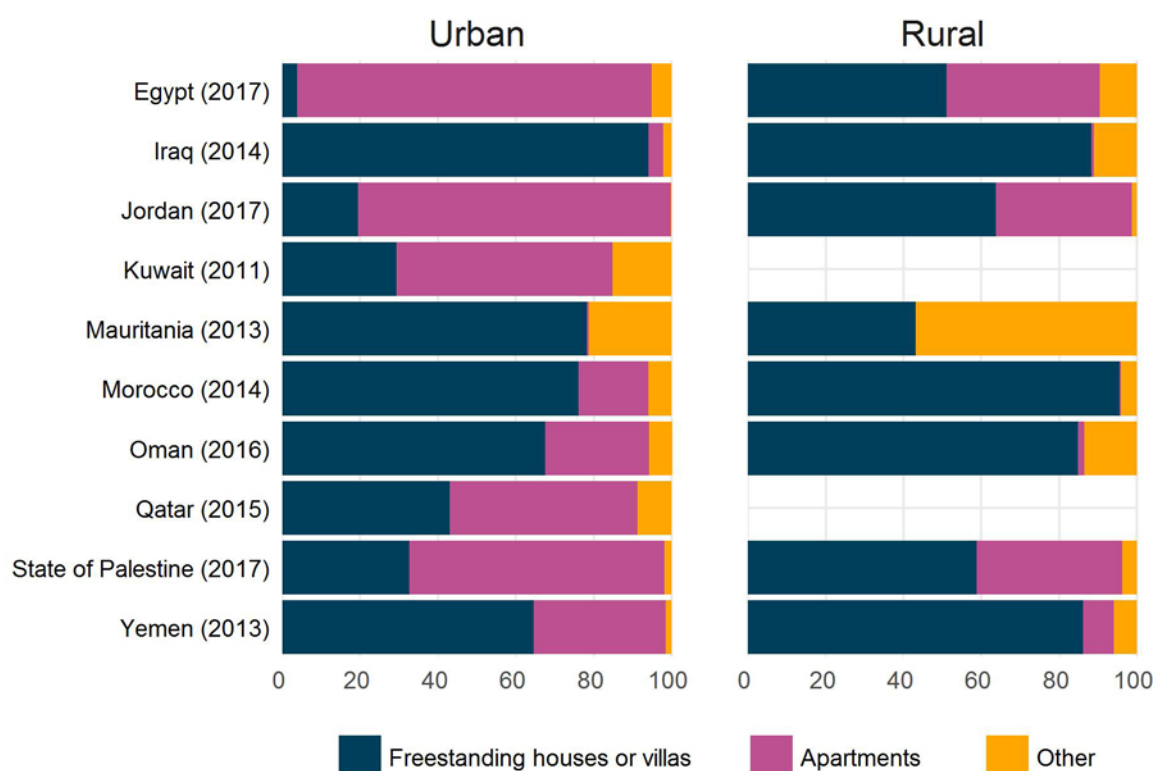
Source: Data from national statistical offices, compiled by ESCWA.

Higher percentages of apartments in urban areas

Apartments are more widespread in urban areas than rural areas in the Arab region (figure 3.3). Recent estimates from Egypt, Jordan, and the State of Palestine (2017) show that apartments are more than twice as prevalent in urban areas than freestanding houses or villas; in Egypt, over 90 per cent of housing units in urban areas are apartments. In Kuwait and Qatar, countries comprised only of urban areas, apartments account for 56 and 48 per cent of housing units, respectively. Freestanding, or independent, houses and villas are more popular in urban areas of Iraq, Mauritania, and Morocco, where they represent 94, 78, and 76 per cent of housing units, respectively.

A few countries in the region reported a noticeable proportion of housing units that are not defined as apartments or freestanding houses or villas. This category can include separate rooms, institutional housing and improvised housing, the latter of which includes huts, shacks, tents and mobile homes. In rural Mauritania, 55 per cent of housing units are huts, shacks or tents, which is the largest proportion in the region by far.

Figure 3.3 Occupied housing units by type and area, percentage, latest available data



Source: Data from national statistical offices, compiled by ESCWA.

Wide variation in the availability of improved drinking water sources

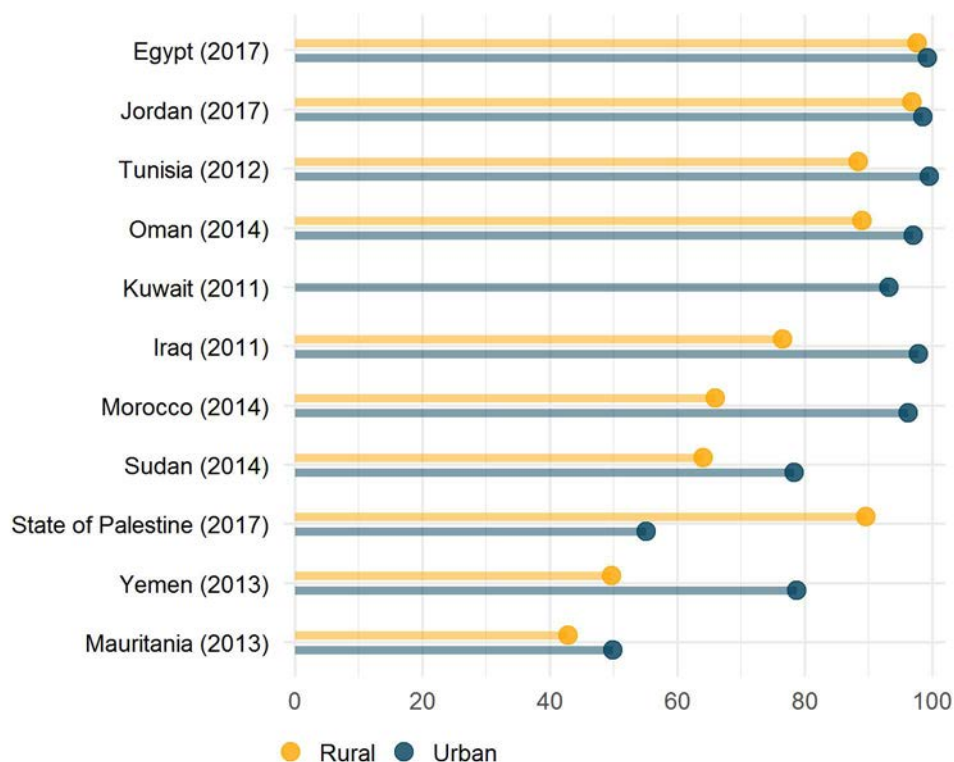
Figure 3.4 shows the estimated proportion of households using an improved drinking water source in 11 countries. Improved drinking water sources are defined as sources likely to provide safe drinking water. They include a piped source within the dwelling, a public tap, a borehole, a protected well or spring, rain water and bottled water. Improved drinking water sources are generally more readily available in urban areas than in rural areas. In the State of Palestine this is not the case, where urban households are less likely to use an improved drinking water source than rural households; in the Gaza strip, a largely urban region, there is widespread use of water from tanker trucks, which is not an improved water source.

More than 95 per cent of urban households have access to an improved source of drinking water in six out of 11 countries (figure 3.4) according to the most recent estimates. Egypt and Jordan (2017) reported noticeably high percentages of housing units using an improved drinking water source in both urban and rural areas; in Egypt, 99 per cent of urban households and 98 per cent of rural households use an improved drinking water source. In Jordan, 99 per cent of urban households and 97 per cent of rural households use an improved drinking water source. Although the State of Palestine has one of the lower percentages of urban households using an improved drinking water source in the region, they reported the third highest percentage of rural households, 90 per cent. The percentage of rural households using an improved drinking water source is low in Morocco, the Sudan, Yemen, and Mauritania, at 66, 64, 50, and 43 per cent, respectively.

Low availability of improved sanitation in Mauritania, the Sudan and Yemen

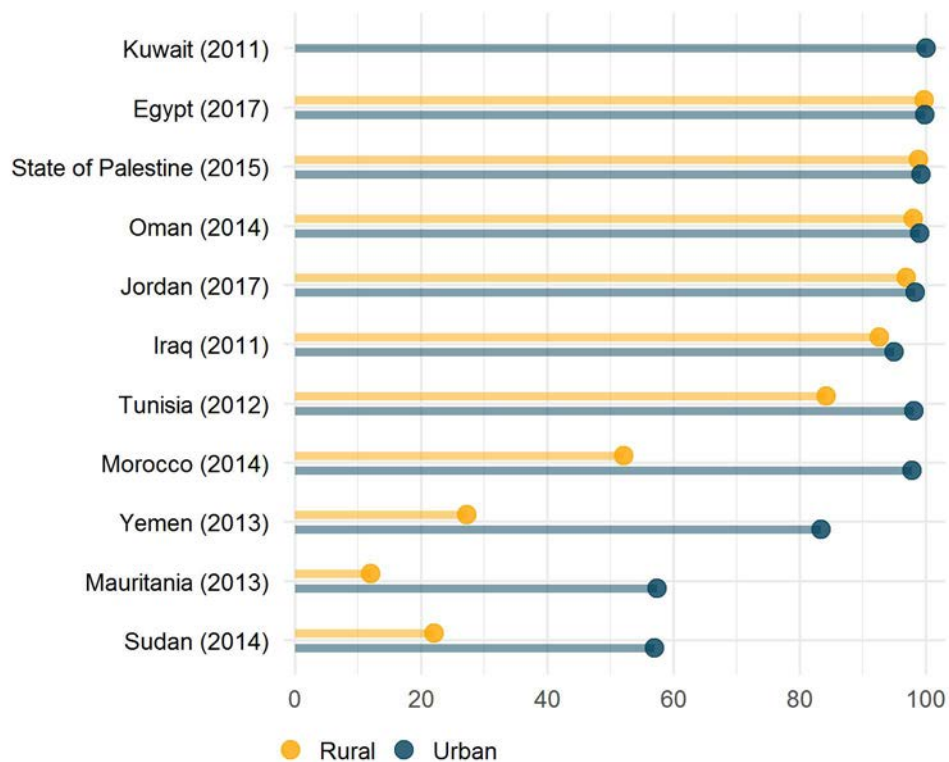
Figure 3.5 shows the proportion of households with improved sanitation: a modern or traditional flush toilet that empties into a public sewer, a vault or a septic system. In eight out of 11 countries, more than 90 per cent of households in urban areas use improved sanitation. The figure is highest for Kuwait, at 100 per cent, and the lowest in the Sudan, at 57 per cent.

Figure 3.4 Percentage of households using an improved drinking water source, by area, latest available data



Source: Data from national statistical offices, compiled by ESCWA.

Figure 3.5 Percentage of households using improved sanitation, by area, latest available data



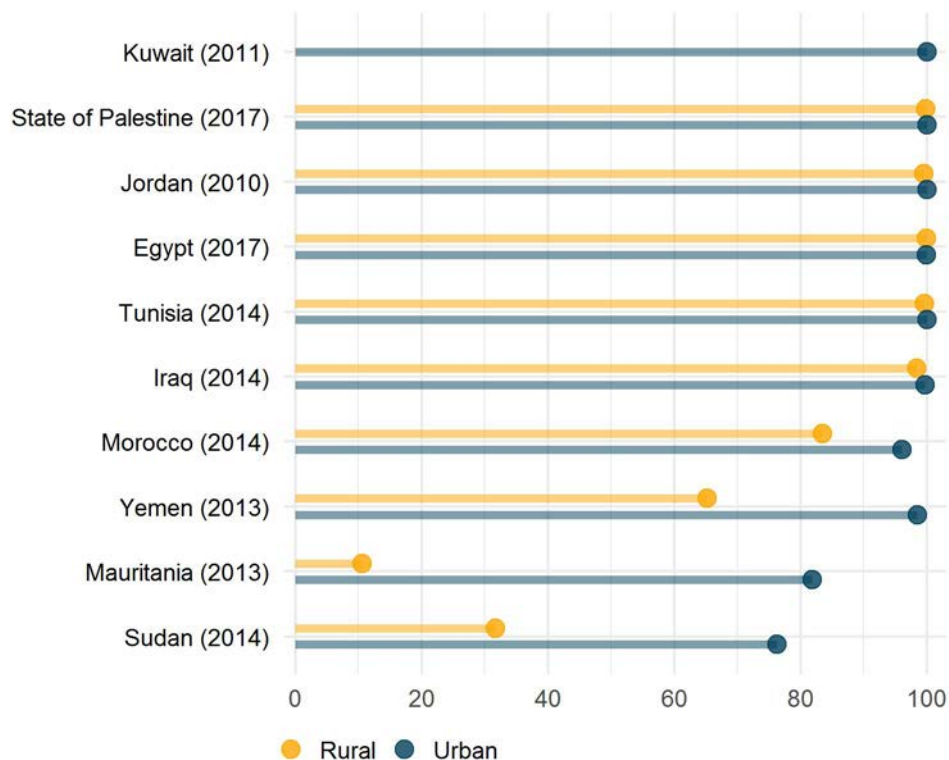
Source: Data from national statistical offices, compiled by ESCWA.

The proportion of households using improved sanitation in rural areas lies above 80 per cent in six countries (as Kuwait has no rural areas) but is very low in the Sudan, Mauritania, and Yemen at 22, 12, and 27 per cent, respectively. The difference between urban and rural areas in these three countries is stark; in Yemen, it is 56 percentage points; in Mauritania and the Sudan, it is 45 percentage points and 35 percentage points, respectively.

High access to electricity except in Mauritania, the Sudan and Yemen

As shown in figure 3.6, in six of nine countries, the proportion of households with electricity is over 95 per cent in both urban and rural areas. In Yemen (2013), 99 per cent of households have electricity in urban areas, compared to just 65 per cent in rural areas. Access to electricity is particularly low in rural Mauritania and rural areas of the Sudan. In Mauritania, 82 per cent of urban households have electricity, compared to only 11 per cent of rural households. In the Sudan, 76 per cent of urban households have electricity, compared to 32 per cent of rural households.

Figure 3.6 Percentage of households with electricity, by area, latest available data¹



Source: Data from national statistical offices, compiled by ESCWA.

¹ In Iraq, the State of Palestine and the Sudan, access to electricity does not mean a continual current of electricity.

4. Health

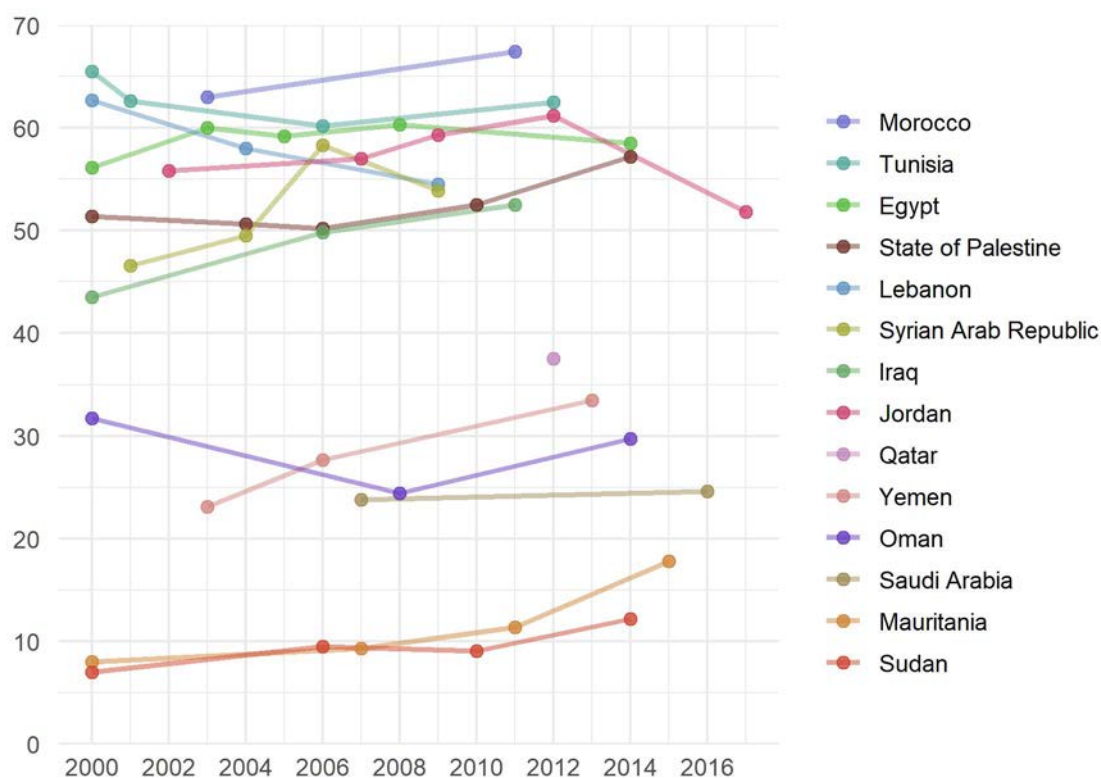
The state of health in a population is shaped by the prevailing sanitary and environmental conditions, the quality and accessibility of health services and the ability of individuals to make healthy choices in their lives.

This section of the report provides a descriptive account of trends in health status, access to health care and health systems in the Arab region, using data from national statistics offices (NSOs) and the World Health Organization (WHO). It is organized as follows: firstly, contraceptive prevalence, prenatal care, delivery care and maternal mortality across the region are described. Secondly, a brief overview of children's immunization coverage and nutritional status are presented. Thirdly, key adult health indicators are reviewed, such as body-mass index (BMI), smoking prevalence, non-communicable diseases (NCDs), disabilities, and leading causes of death. Finally, the chapter concludes with a summary of health expenditure patterns and per capita health worker resources across countries in the region.

Increase in contraceptive use

The contraceptive prevalence rate refers to the percentage of married women aged 15 to 49 who are currently using or whose sexual partner is using, at least one method of contraception, regardless of the method used. Modern methods of contraception include female and male sterilization, oral hormonal pills, intrauterine devices, male condoms, injectables, implants, vaginal barriers, female condoms and emergency contraception. Traditional methods of contraception include periodic abstinence, withdrawal, the lactational amenorrhea method and folk methods (UNSD, 2015). Most of the countries for which data is available have showed increases in the use of contraception during the period 2000 to 2017 (figure 4.1).

Figure 4.1 Contraceptive prevalence rates, percentage, 2000-2017



Source: Data from national statistical offices, compiled by ESCWA.

The lower-income countries of Mauritania, the Sudan, and Yemen have shown significant increases in contraceptive prevalence rates since 2000; in Mauritania, the rate more than doubled from 2000 to 2015,

from 8 per cent to 18 per cent, respectively. In the Sudan the contraceptive prevalence rate was 7 per cent in 2000, 9 per cent in 2010, and 12 per cent in 2014, the most recent estimate. Yemen witnessed an 11-percentage point increase from 2003 to 2013, from 23 per cent to 34 per cent. Contraceptive prevalence rates also increased in Iraq, from 44 per cent in 2000 to 57 per cent in 2014. The use of contraception similarly increased in Jordan from 56 per cent in 2000 to 61 per cent in 2012 but has since decreased to 52 per cent in 2017. This recent decrease in Jordan is probably attributable to the influx of Syrian refugees during the past few years.

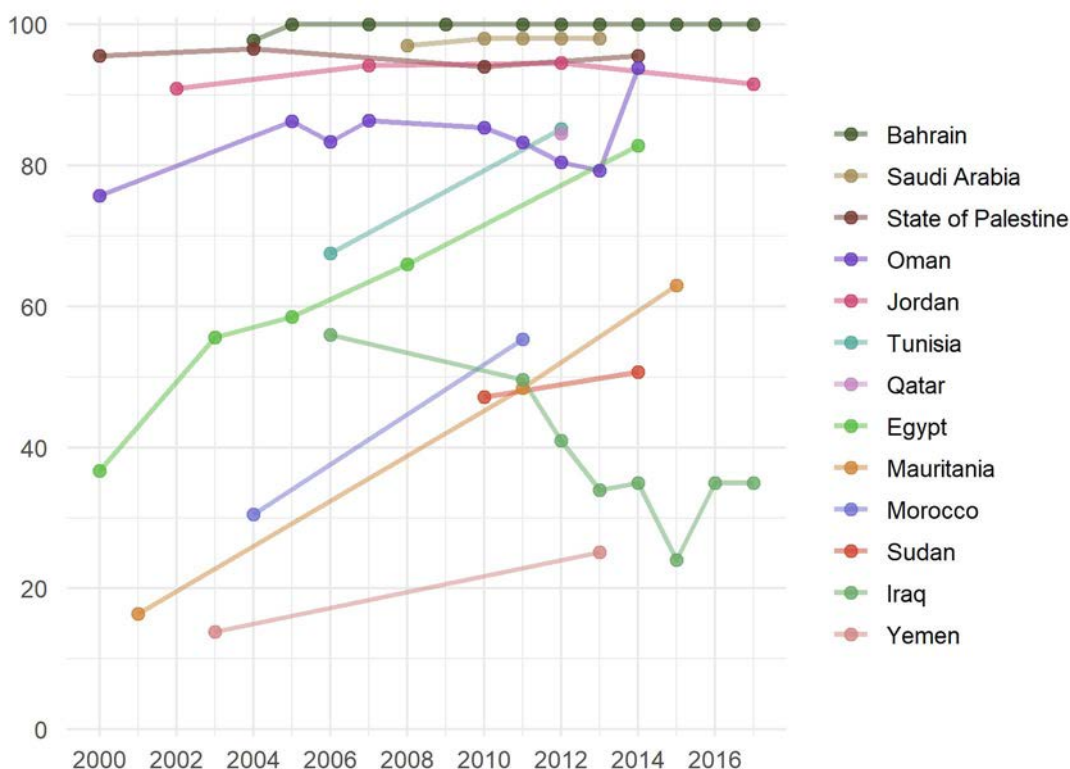
Percentage of pregnant women receiving four or more prenatal visits steadily increasing in Egypt, decreasing in Iraq

The World Health Organization (WHO) recommends that pregnant women receive a minimum of four antenatal visits by a skilled health professional. Such visits are to include measurements of blood pressure, weight and height and an analysis of urine and blood (WHO, 2011a).

During the time period 2000 to 2017, Bahrain, Jordan, Saudi Arabia, and the State of Palestine have consistently reported that over 90 per cent of pregnant women receive four or more prenatal visits (figure 4.2). Of the other nine countries displayed in figure 4.2, seven reported increases over time, with Iraq being the only country of the region to observe a steady decrease and Qatar only providing one data point.

The highest increases have been observed in Mauritania and Egypt, at 47 and 46 percentage points, respectively. In Mauritania in 2001, 16 per cent of pregnant women received four or more prenatal visits, compared to 48 per cent in 2011 and 63 per cent in 2015. In Egypt, the percentage of pregnant women receiving four or more prenatal visits has also steadily increased since 2000, when it was 37 per cent, to 66 per cent in 2007 and 83 per cent in 2014. Conversely, fewer women have been receiving antenatal care in Iraq since 2006 when 56 per cent of pregnant women received four or more prenatal visits, compared to 50 per cent in 2011 and just 35 per cent in 2017.

Figure 4.2 Prenatal care (at least four visits), percentage, 2000-2017



Source: Data from national statistical offices, compiled by ESCWA.

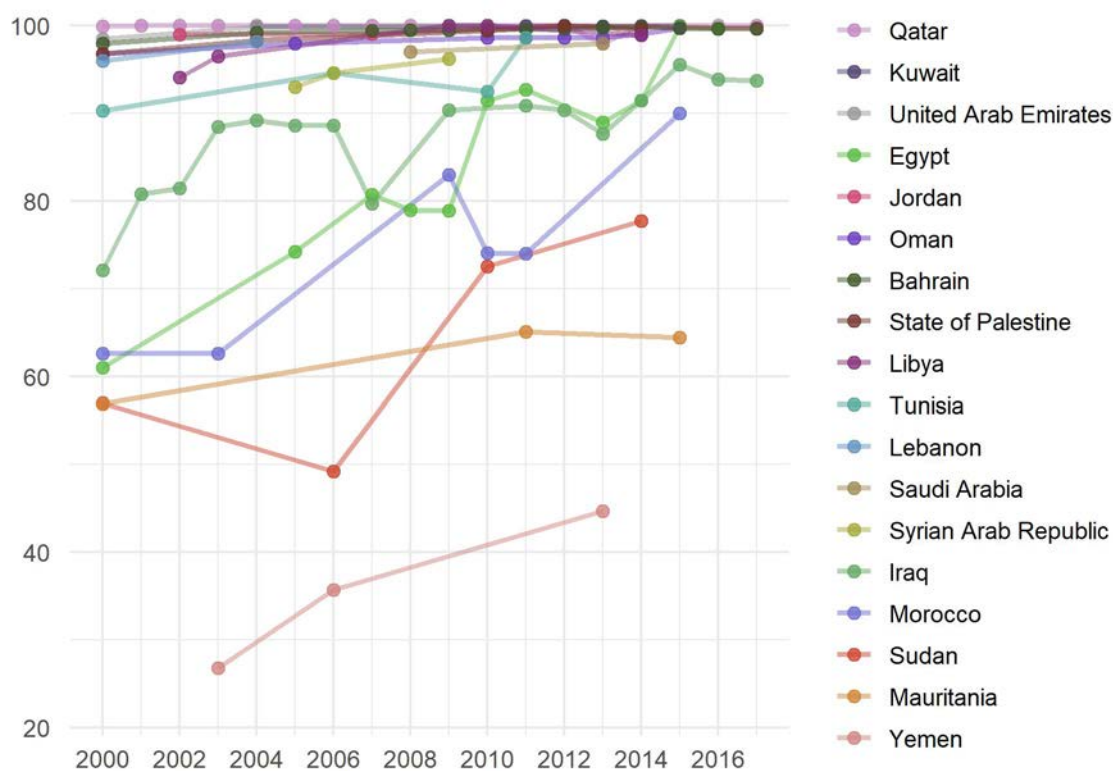
Most births attended by a skilled health professional

A skilled birth attendant is an accredited health professional – such as a midwife, doctor or nurse – who has been educated trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns to a doctor (WHO, 2011a).

All countries reported increases in births attended by skilled health professionals from 2000 to 2017 (figure 4.3). Egypt showed the highest increase at 39 percentage points, from 61 per cent in 2000 to 100 per cent in 2016. GCC countries have reported consistently high proportions of births being attended by a skilled health professional, at or above 97 per cent for all years from 2000 to 2017 in Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates.

Overall, proportions of births attended by a skilled health professional are generally high in recent years across countries, reaching 90 per cent or higher in 15 countries, and the maximum 100 per cent in eight of them. Low proportions were observed in Yemen, Mauritania and the Sudan at 45 per cent in 2013, 64 per cent in 2015, and 78 per cent in 2014, respectively.

Figure 4.3 Births attended by skilled health professionals, percentage, 2000-2017



Source: Data from national statistical offices, compiled by ESCWA.

High maternal mortality in Mauritania, the Sudan and Yemen

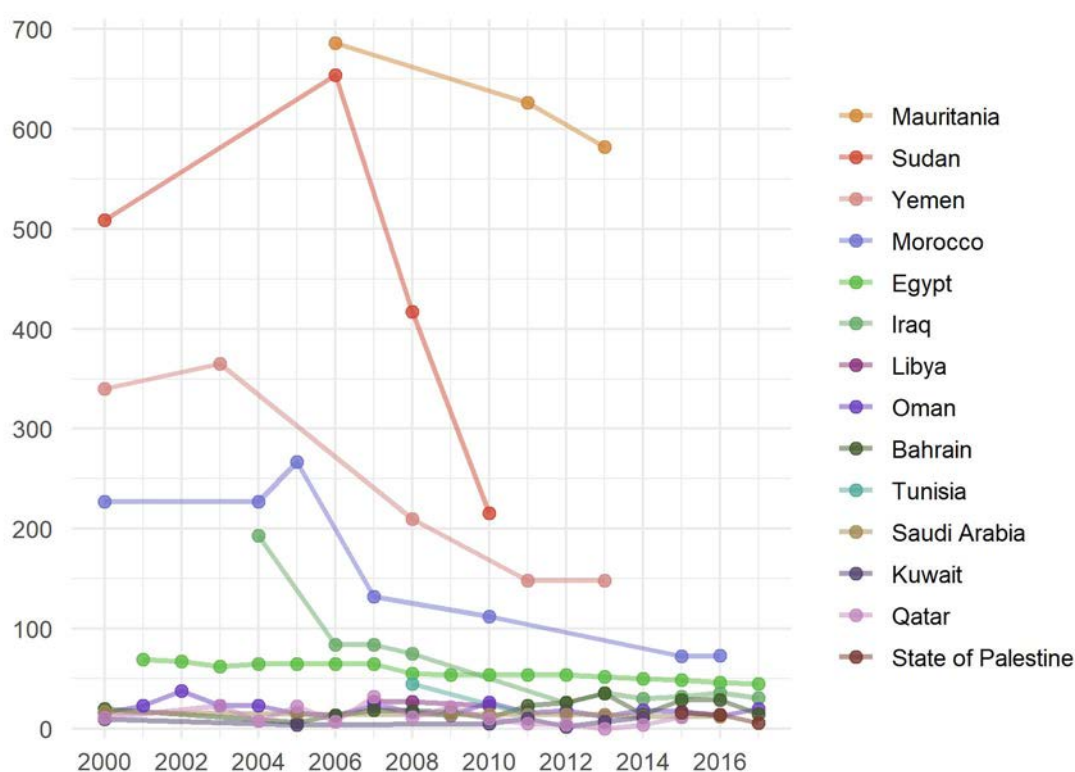
The maternal mortality ratio is the annual number of female deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth

or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, expressed per 100,000 live births, for a specified time period.²

Recent estimates of maternal mortality ratios are below 75 deaths per 100,000 live births for 12 out of 14 countries that have provided estimates since 2010 (figure 4.4), and at or below 20 deaths per 100,000 live births in Bahrain (15 in 2017), Kuwait (11 in 2014), Oman (20 in 2017), the State of Palestine (6 in 2017), Qatar (11 in 2015), Saudi Arabia (12 in 2016) and Tunisia (14 in 2011).

Maternal mortality in the Arab region has decreased since 2000, especially within the countries that report the highest estimates. In Mauritania in 2006 the maternal mortality ratio was 686 deaths per 100,000 live births; by 2013, it had decreased by 104 deaths to 582. The maternal mortality ratio in the Sudan in 2010 (216) was a third of the estimate compared to 2006 (654). Maternal mortality in Yemen steadily decreased from 365 deaths per 100,000 live births in 2003 to 148 deaths per 100,000 live births in 2013, prior to the most recent ongoing conflict which started in 2015.

Figure 4.4 Maternal mortality ratios (deaths per 100,000 live births), 2000-2017



Source: Data from national statistical offices, compiled by ESCWA.

High childhood immunization coverage in most countries

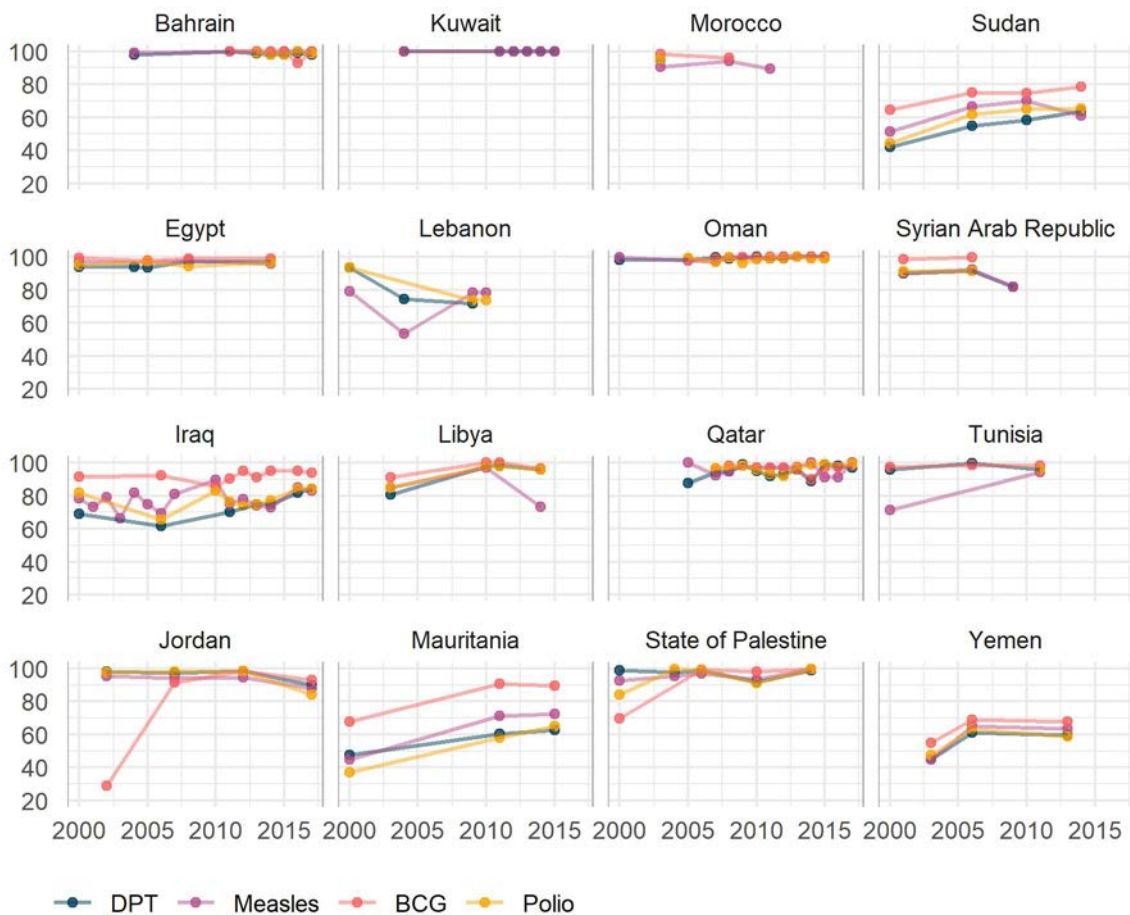
Immunization is an effective approach to reducing under-five mortality. Vaccination rates for BCG, DTP, hepatitis B and measles are defined as the percentage of children aged 12 to 23 months who have received those doses either at any time before the survey or before the age of 12 months. Polio coverage is calculated as the percentage of one-year-olds who have received three doses of polio vaccine in a given year (WHO, 2019).

² See SDG 3 targets, available at <https://unstats.un.org/sdgs/files/metadata-compilation/Metadata-Goal-3.pdf>.

Over the last two decades, most countries within the Arab region have showed an increase in the immunization coverage for children less than 2 years old (figure 4.5). The largest increases were observed in Mauritania and the Sudan, whereas the smallest were observed among GCC countries where immunization rates were already markedly high at above 97 per cent for all recent estimates of all four vaccines. In Mauritania from 2000 to 2015, immunization rates for DTP, measles, BCG and polio increased by 15, 28, 22, and 28 percentage points, respectively. In the Sudan from 2000 to 2014, immunization rates for DTP, measles, BCG, and polio increased by 22, 9, 14, and 21 percentage points, respectively.

Aside from GCC countries, vaccination rates for all four vaccines are also high in Egypt (2014), the State of Palestine (2014) and Tunisia (2011), where over 94 per cent of children have the DTP, BCG, measles, and polio vaccines. In some countries vaccination rates vary by type; for example, in Libya in 2014 over 95 per cent of children had been given the DTP, BCG, and polio vaccines, although just 73 per cent were vaccinated for measles. In Iraq, immunization rates across the board have been increasing since 2006 with vaccination against tuberculosis consistently the highest type. In Iraq in 2017, 94 per cent of children had been given the BCG vaccine, whereas 84 per cent had been given the DTP vaccine, 83 per cent had been vaccinated for measles, and 84 per cent had been vaccinated for polio. These rates reflect increases in Iraq from 2006 of 23, 14, 2, and 18 percentage points, respectively.

Figure 4.5 Immunization coverage rates, percentage, 2000-2017



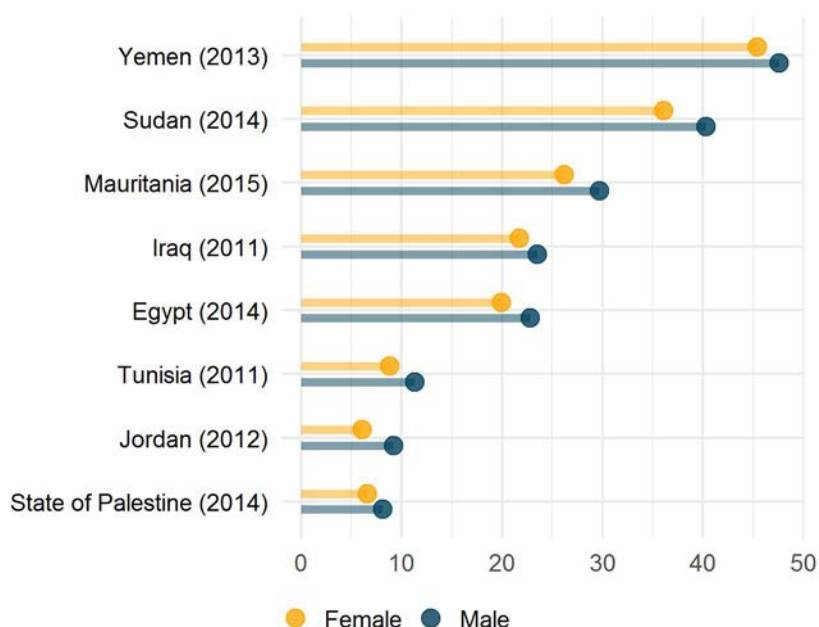
Source: Data from national statistical offices, compiled by ESCWA.

Poor child nutrition in Mauritania, the Sudan and Yemen

Nutrition is a primary determinant of a child's health and well-being. Nutritional levels in children are generally assessed using three standard indices of physical growth, namely, stunting (insufficient height for age), wasting (insufficient weight for height) and being underweight (insufficient weight for age). Stunting may be the result of long-term inadequate nutrition or of recurrent or chronic illness. Wasting results from inadequate nutrition, possibly caused by recent illness or acute food shortages. Being underweight children can result from stunting, wasting or both.

Trend data on child nutrition in the Arab region are sparse; in this section, we report on the most recent data on nutrition from selected countries in the region (figure 4.6). One in five children in Egypt (2014) and Iraq (2011) were stunted. The nutritional statuses of children in Mauritania, the Sudan, and Yemen are particularly poor. Yemen reported that 47 per cent of children in 2013 were stunted, the highest rate in the region, followed the Sudan at 38 per cent in 2014 and 28 per cent in Mauritania in 2015. The State of Palestine in 2014 reported that 7 per cent of children are stunted, the lowest in the region, followed by Jordan at 8 per cent in 2012. As shown in the figure, boys are generally more likely to be stunted than girls, but the differences by sex are rather small. The largest difference was observed in the Sudan in 2014 at 4 percentage points, where 40 per cent of boys were stunted compared to 36 per cent of girls.

Figure 4.6 Stunting by sex, latest available data

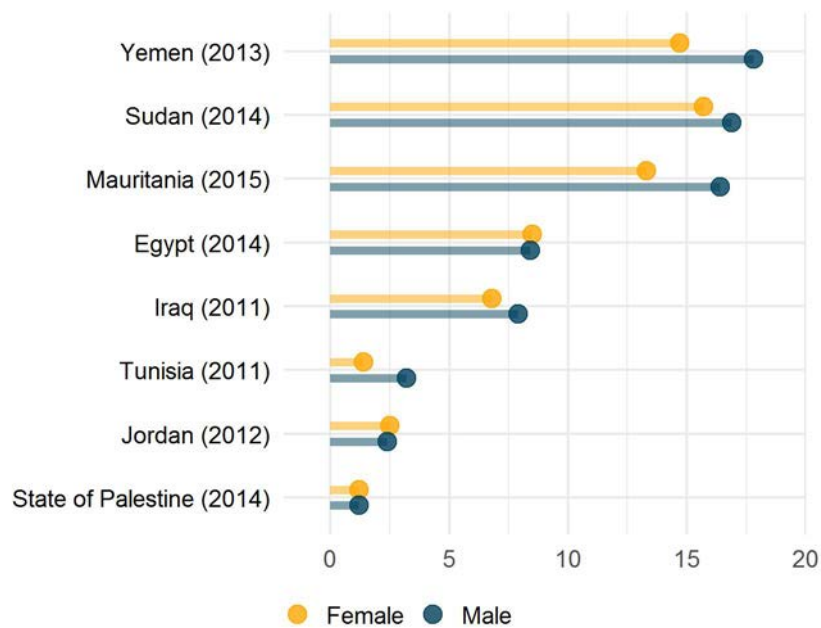


Source: Data from national statistical offices, compiled by ESCWA.

Wasting is less common than stunting in all countries for which recent data are available. In all countries less than half as many children are wasted than stunted (figure 4.7). Yemen (2013) and the Sudan (2014) both reported that 16 per cent of children were wasted, the highest rates in the region followed by Mauritania at 15 per cent in 2015. The lowest rate was reported in the State of Palestine at 1 per cent. The largest disparities in wasting prevalence between boys and girls were observed in Mauritania and Yemen, at 3 percentage points.

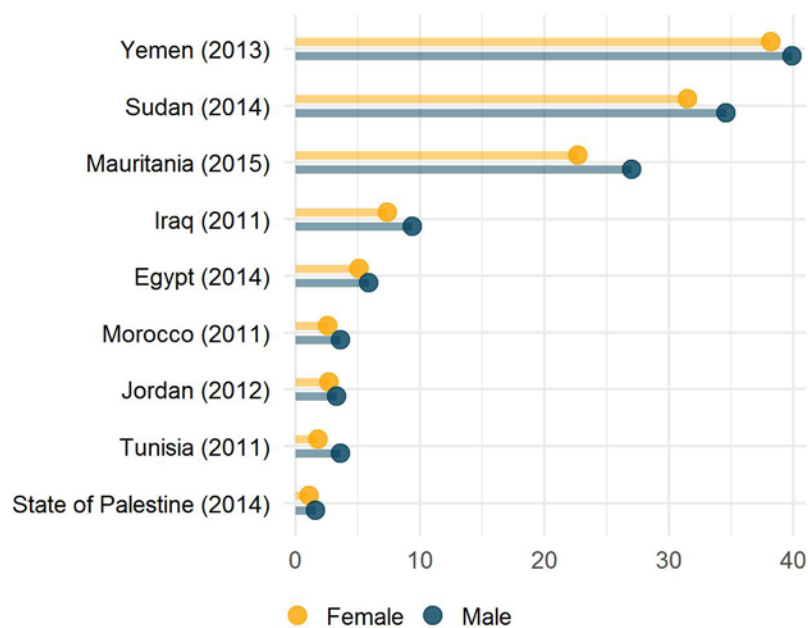
The proportion of children who are underweight was below 10 per cent in all countries for which recent data are available, except Mauritania, the Sudan and Yemen (figure 4.8). Yemen reported the highest proportion of underweight children, at 39 per cent in 2013, followed by the Sudan at 33 per cent in 2014 and Mauritania, at 25 per cent in 2015. Throughout the region, the nutritional status of boys is worse than that of girls, although the difference by sex is small.

Figure 4.7 Wasting by sex, latest available data



Source: Data from national statistical offices, compiled by ESCWA.

Figure 4.8 Underweight by sex, latest available data

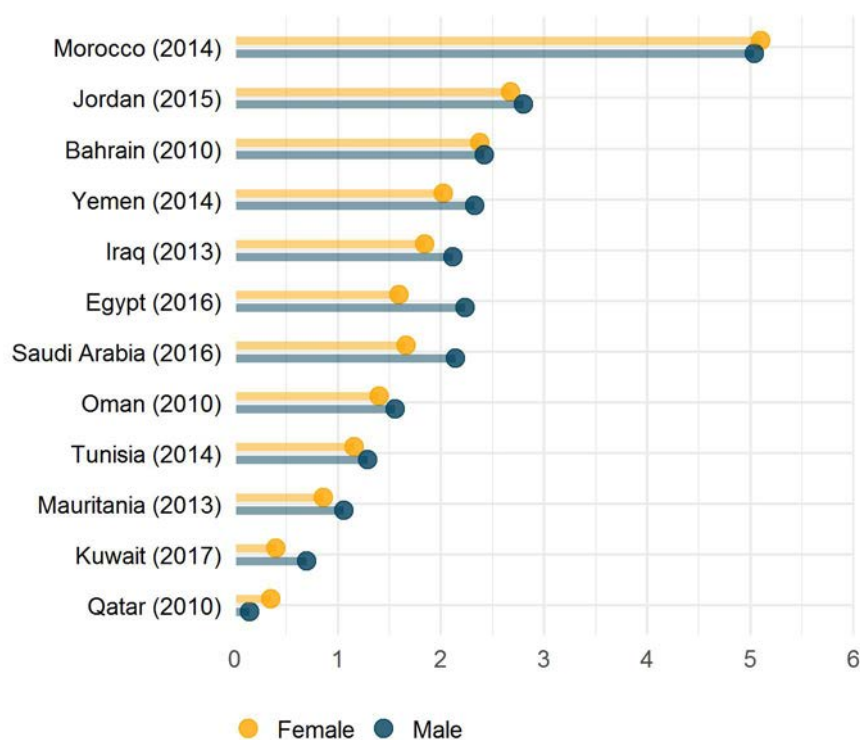


Source: Data from national statistical offices, compiled by ESCWA.

Disabilities most prevalent in Morocco

The WHO International Classification of Functioning, Disability and Health defines disability as an umbrella term for impairments, limitations on activity and restrictions to participation (WHO, 2011b). Figure 4.9 shows the most recent available data on disability prevalence rates per 100,000 people. Disability rates ranged between almost 0 per cent of men and women in Qatar in 2010 to 5 per cent of men and women in Morocco in 2014. The rates were similar for men and women, with all countries reporting gender gaps less than one percentage point.

Figure 4.9 Disability prevalence, percentage, by sex, latest available data



Source: Data from national statistical offices, compiled by ESCWA.

Obesity increasing throughout the Arab region, more prevalent among women

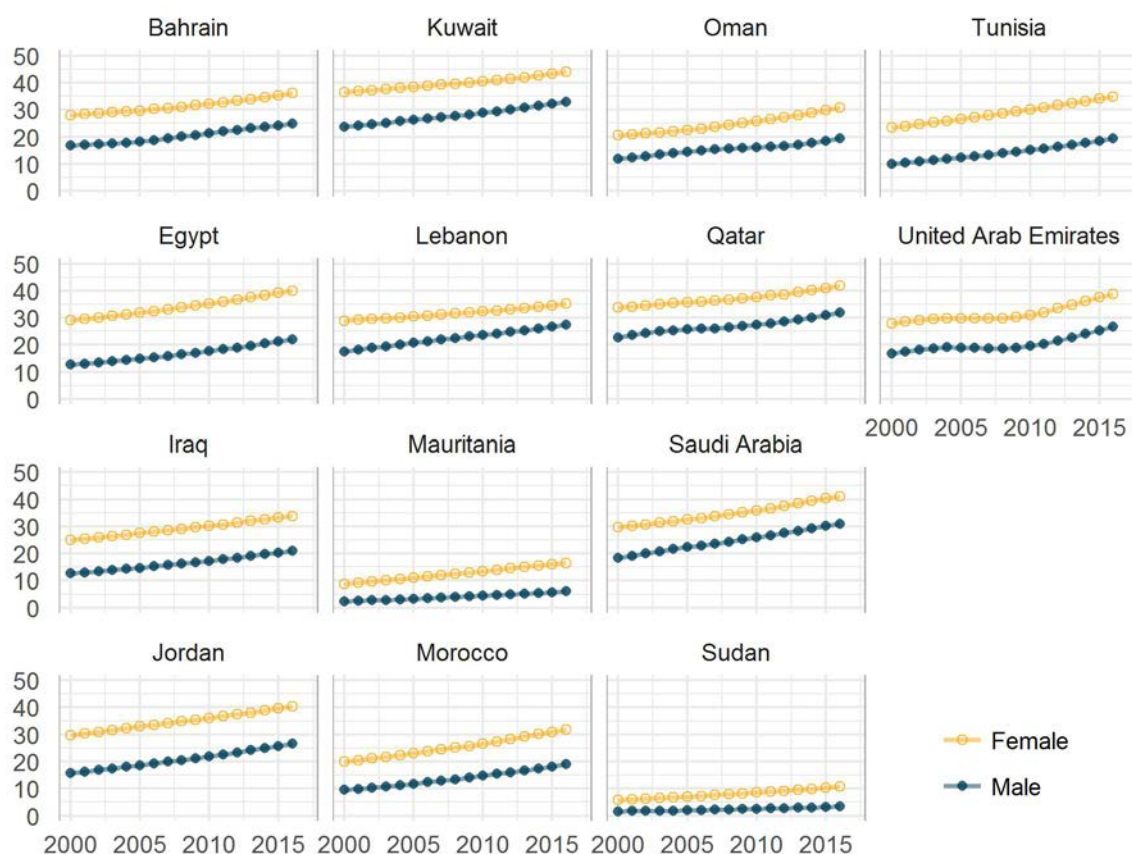
Being overweight can contribute to a range of health conditions such as heart disease, high blood pressure, diabetes and indigestion. Obesity can be measured using the body mass index (BMI), which expresses an individual's weight relative to their height. A person with a BMI of 30 or more is generally considered obese. A person with a BMI equal to or more than 25 is considered overweight.³

According to the WHO, obesity is increasing throughout the Arab region, and women are more likely to be obese than men. Obesity prevalence is particularly high in the GCC; in 2016, 44 per cent of women and 33 per cent of men in Kuwait were obese, the highest proportions in the region, followed by 42 per cent of women and 32 per cent of men in Qatar. Outside the GCC, Jordan and Egypt reported the highest proportions of women being obese at 40 per cent in 2016, whereas Lebanon reported the highest proportion of men being obese at 27 per cent in 2016. Egypt reported the largest gender disparity in obesity prevalence, with the proportion of women who were obese almost twice that of men, at 40 per cent and 22 per cent respectively, in 2016. From 2000 to 2016, obesity among women in Egypt increased by 11 percentage points, whereas among men it increased by 9 percentage points.

Since 2000 obesity among women has increased the fastest in Morocco and Tunisia, by 12 percentage points. The largest observed increase in obesity among men was in Saudi Arabia, from 19 per cent in 2000 to 31 per cent in 2016, an increase of 12 percentage points. Obesity is lowest and increasing the slowest in the Sudan. In the Sudan in 2000, 2 per cent of men and 6 per cent of women were obese, compared to 3 per cent of men and 11 per cent of women in 2016.

³ See the WHO definition at <https://www.who.int/topics/obesity/en/>.

Figure 4.10 Obese adults (18 years and older), percentage, by sex, 2000-2017



Source: Data from national statistical offices, compiled by ESCWA.

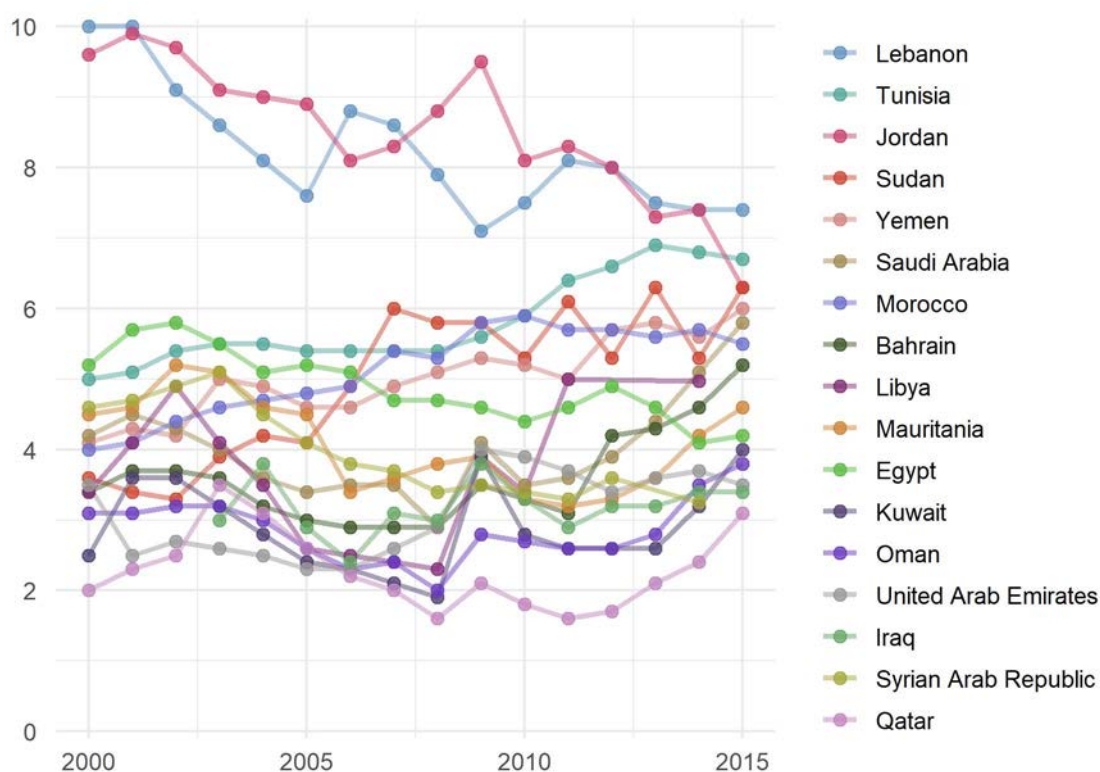
Expenditure on health care as a share of GDP decreasing in Lebanon and Jordan

The financing of health care is a critical component of health systems that can lead to complete access to health services and thus improve the health status of the population. The next two figures concern total health-care expenditure as a share of gross domestic product (GDP) and per capita government expenditure in United States dollars.

In 2015, of the countries for which recent data were available, health-care expenditure as a share of GDP ranged from 3 per cent to less than 8 per cent, the lowest being in Qatar and the highest in Lebanon. From 2000 to 2015, Jordan reported a decrease of 4 percentage points from 10 per cent of GDP in 2000 to 6 per cent in 2015, the largest decrease in the region. This was followed by Lebanon, which reported a decrease of 3 percentage points from 10 per cent of GDP in 2000 to 7 per cent of GDP in 2015.

The largest observed increase in the region from 2000 to 2015 in total health expenditure as a share of GDP was 2 per cent, reported in Bahrain, Kuwait, Libya (2000-2014), Morocco, Saudi Arabia, the Sudan, Tunisia and Yemen.

Figure 4.11 Expenditure on health care as a percentage of gross domestic product, 2000-2015



Source: Data from national statistical offices, compiled by ESCWA.

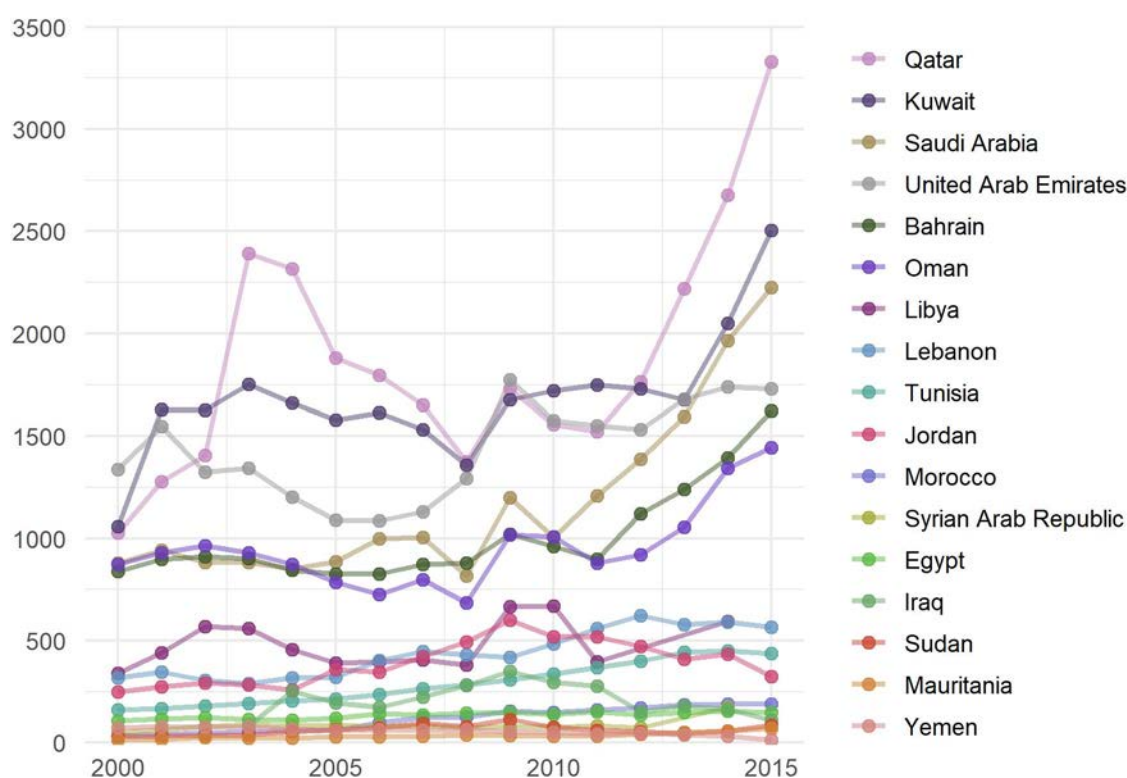
Per capita expenditure on health increasing among GCC states

Per capita health-care expenditure across the region converted to United States dollars at average exchange rates show that GCC countries reported the highest amount of per capita spending in 2015, most notably Qatar, Saudi Arabia and Kuwait, where per capita health-care expenditure was \$3,331, \$2,226 and \$2,504, respectively. The countries with the lowest per capita health-care expenditure in 2015 were Yemen, Mauritania and the Sudan, at \$15, \$69 and \$86, respectively.

All of the countries for which data are available increased their per capita expenditure on health care between 2005 and 2015 with the exception Yemen. The highest numerical increases were reported in the GCC countries; from 2005 to 2015, per capital government expenditure of health in Qatar increased by \$2,305, the highest in the region, followed by Kuwait at \$1,446.

As a percentage of their per capita health expenditure low-income countries of Mauritania and the Sudan reported consistent increases in per capita expenditure health. In Mauritania, per capita expenditure on health was \$14 in 2000 compared to \$69 in 2015; similarly, in the Sudan, per capita expenditure on health rose from \$29 in 2000 to \$86 in 2015. Yemen, the only country to report a decrease from 2000 to 2015 saw its per capita expenditure on health decrease from \$73 in 2000 to \$15 in 2015.

Figure 4.12 Per capita government expenditure on health (PPP in USD), 2000-2015



Source: Data from national statistical offices, compiled by ESCWA.

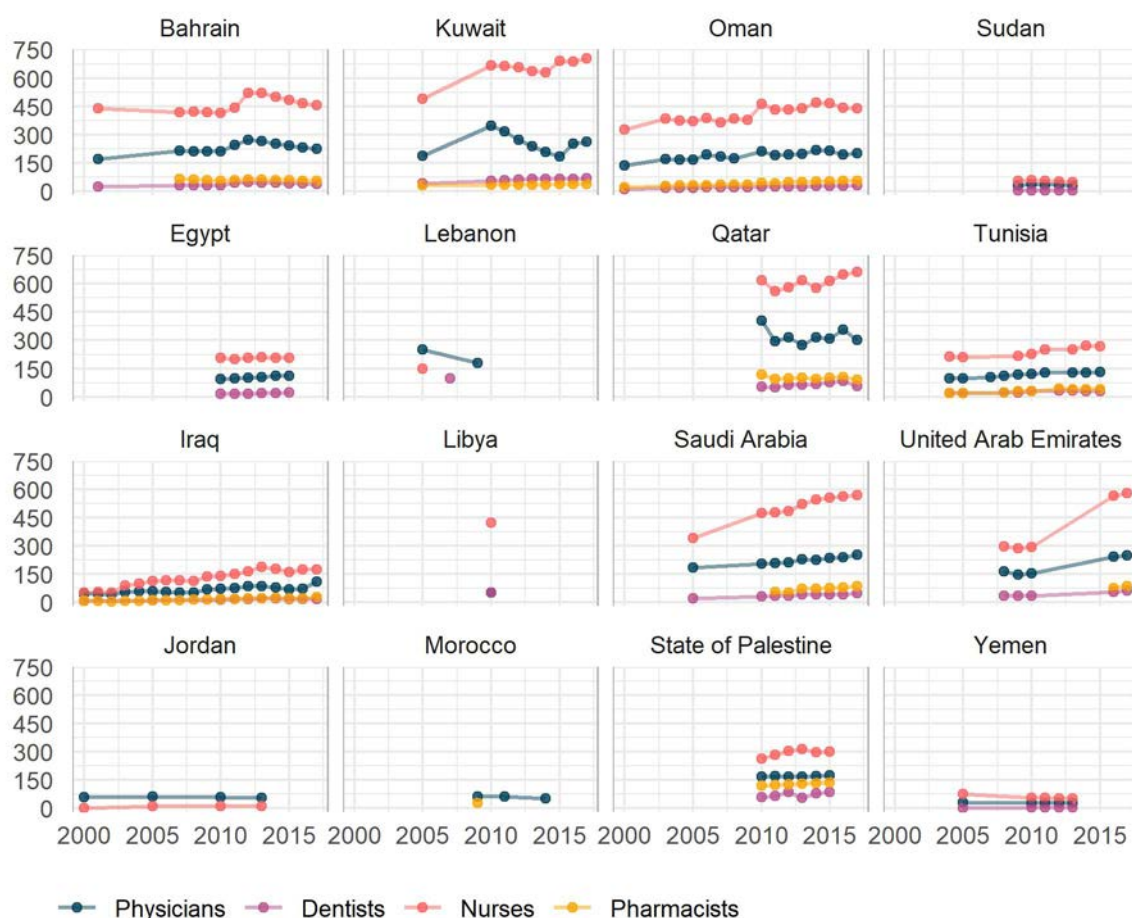
Wide variation in density of health-care personnel

In most countries of the Arab region, there are roughly twice as many nurses as physicians, and there are fewer dentists and pharmacists than nurses and physicians. GCC countries reported the highest density of health care personnel in the region, with Saudi Arabia and the United Arab Emirates reporting steady increases since 2005 and 2010, respectively (figure 4.12). In Saudi Arabia in 2005, there were 189 physicians, 21 dentists, and 343 nurses per 100,000 people; these numbers have since increased to 253, 48, and 569 in 2017, respectively. The number of physicians per 100,000 people similarly exceeded 200 in all other GCC countries in 2017, with Qatar observing the highest amount at 300. Of the most recent data available, the State of Palestine reported the next highest number of physicians per 100,000 people, at 173 in 2015.

Of the countries that provided recent estimates of the density of physicians, dentists and nurses, the Sudan and Yemen reported the lowest estimates. In the Sudan in 2013, there were 32 physicians, 3 dentists and 47 nurses per 100,000 people; similarly, in Yemen in 2013, there were just 27 physicians, 3 dentists, and 51 nurses per 100,000 people. In Yemen the density of physicians and dentists has remained relatively constant since 2005, although the density of nurses has decreased by about a third, from 76 nurses per 100,000 people in 2005.

Iraq has observed a steady increase in the density of health care personnel across the board since 2000 when there were 45 physicians, 9 dentists, 53 nurses and 8 pharmacists per 100,000 people. By 2010 health care personnel density had increased to 72 physicians, 16 dentists, 142 nurses and 19 pharmacists per 100,000 people, and then in 2017 Iraq reported having 111 physicians, 19 dentists, 174 nurses and 30 pharmacists per 100,000 people.

Figure 4.13 Density of health-care personnel per 100,000 people, 2000-2017



Source: Data from national statistical offices, compiled by ESCWA.

Number of hospitals steadily increasing in Iraq and Saudi Arabia

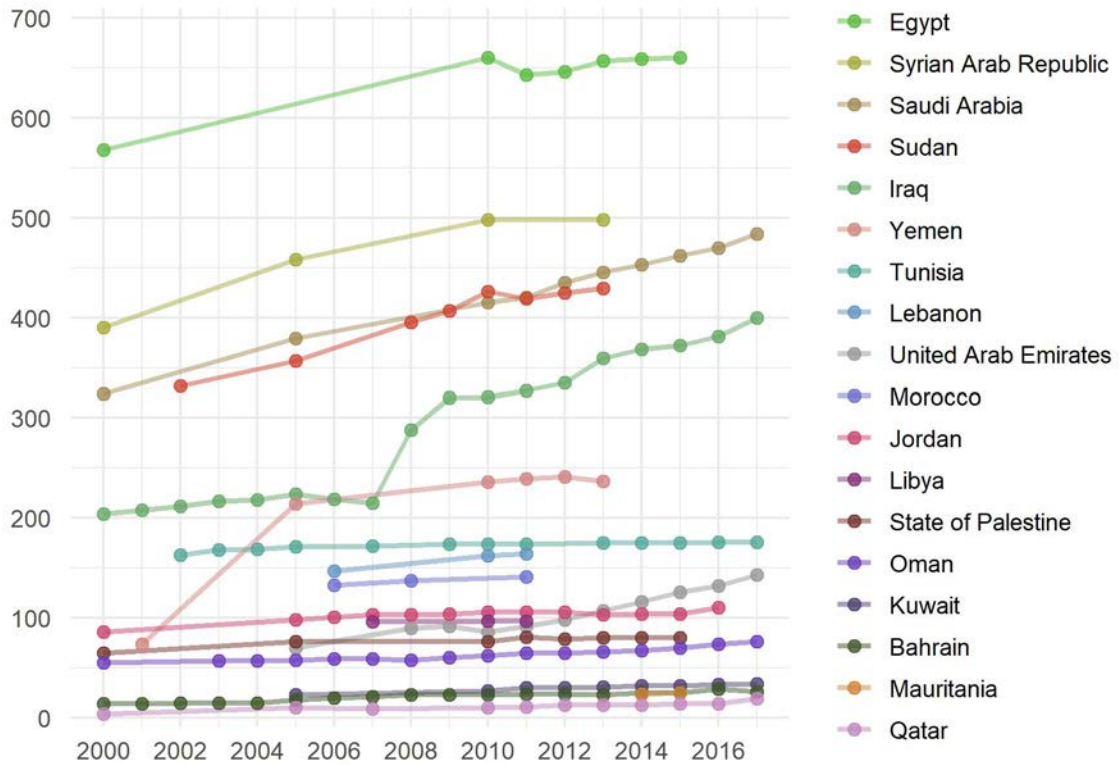
Hospitals are institutions providing health-care services ranging from prevention to treatment and operations, rehabilitation and even teaching. They include a wide variety of health personnel such as technicians, nurses, physicians as well as administrative personnel.

Egypt reported the highest number of hospitals of any country within the Arab region that provided recent estimates, at 660 hospitals in 2015. Egypt reported the same number of hospitals in 2010. In general, more populous countries have more hospitals although the most recent estimate from Morocco, which is the fourth most populous country of the region, would have ranked ninth in the year it was reported, 2011. The less populous of countries of Qatar, Mauritania and Bahrain reported the lowest number of hospitals at 19 in 2018, 25 in 2015 and 26 in 2017, respectively.

Consistent increases in the number of hospitals have been observed in Iraq, Saudi Arabia and the Sudan. Since 2007, the number of hospitals in Iraq have increased every year from 215 in 2007 to 335 in 2012 and 400 in 2017, an increase of 185 hospitals over 10 years. There were 379 hospitals in Saudi Arabia in 2005, which increased to 415 in 2010 and to 484 in 2017. In the Sudan in 2005 there were 357 hospitals, compared to 429 in 2013. The number of hospitals in the United Arab Emirates has doubled since 2005, from 70 hospitals in 2005 to 143 in 2017.

The number of hospitals in Tunisia has been relatively constant since 2005, when there were 171 hospitals; in Tunisia in 2017, there were 176 hospitals. Despite a large increase in Yemen in the beginning of the twenty-first century from 74 hospitals in 2001 to 214 hospitals in 2005, the number of hospitals in Yemen has not continued to grow at the same pace and there were 237 in Yemen in 2013.

Figure 4.14 Number of hospitals, 2000-2017



Source: Data from national statistical offices, compiled by ESCWA.

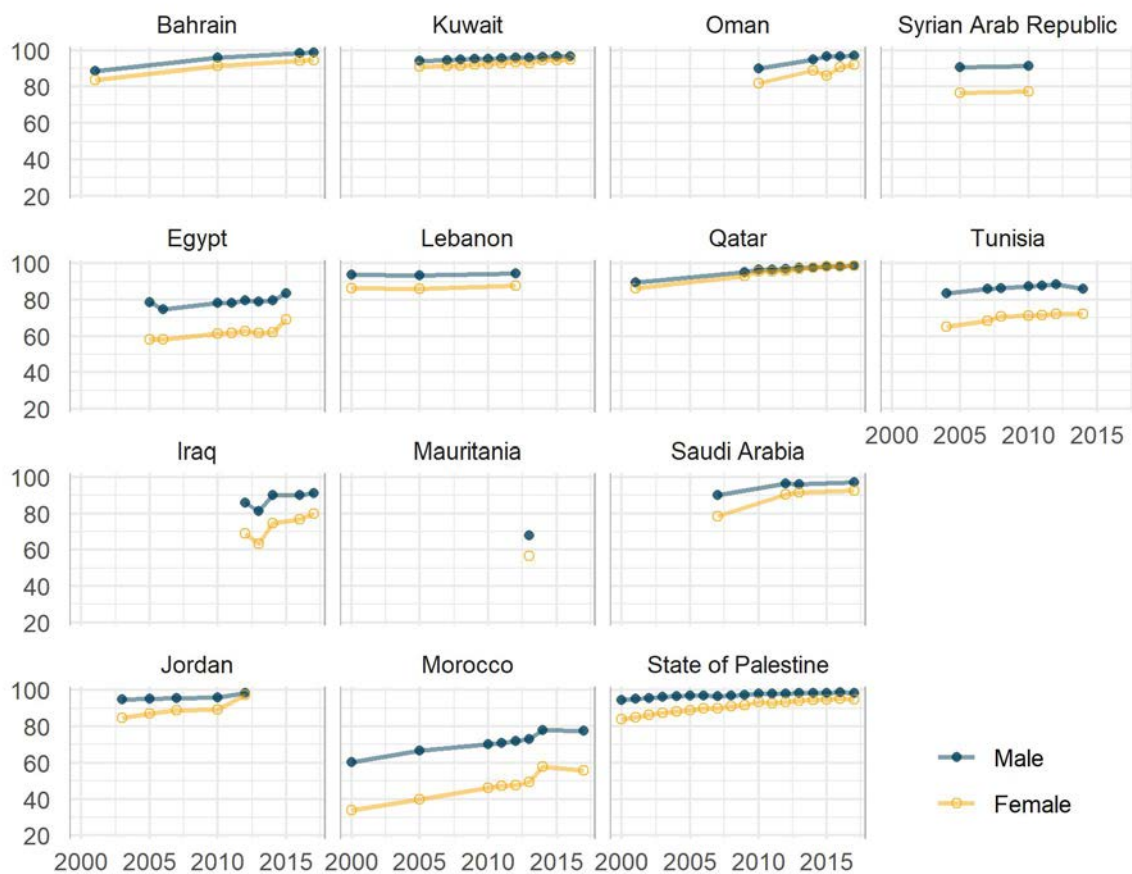
5. Education

Education is a key factor that fosters sustainable development. Formal schooling equips people with the skills required by modern labour markets and is directly related to employment and wages. It also contributes to the health and overall well-being of a population. The Arab region has experienced a dramatic expansion of the education sector in recent decades. Meanwhile, because of the high population growth in the region, the number of school-aged children increases every year, necessitating an increase in both the human and the financial resources made available for education. The data used in this section have been obtained from national statistical offices and UNESCO Institute of Statistics (UIS).

Literacy in the Arab region has increased, with higher literacy rates among men than women

Recent estimates of adult literacy exceed 90 per cent in eight of the 14 countries displayed below in figure 5.1, with nearly all countries showing gains since 2005. From 2005 to 2017, the adult literacy rate among men in Morocco increased by 11 percentage points and the adult literacy rate of women increased by almost 16 percentage points. Adult men tend to be more literate than women throughout the region, particularly in Northern Africa. In Morocco in 2017, the percentage of literate men was about 11 percentage points higher than that of women. This difference was also high in Tunisia in 2014 and Egypt in 2015 at about 14 percentage points.

Figure 5.1 Adult literacy, age 15 and over, percentage, by sex, 2000-2017

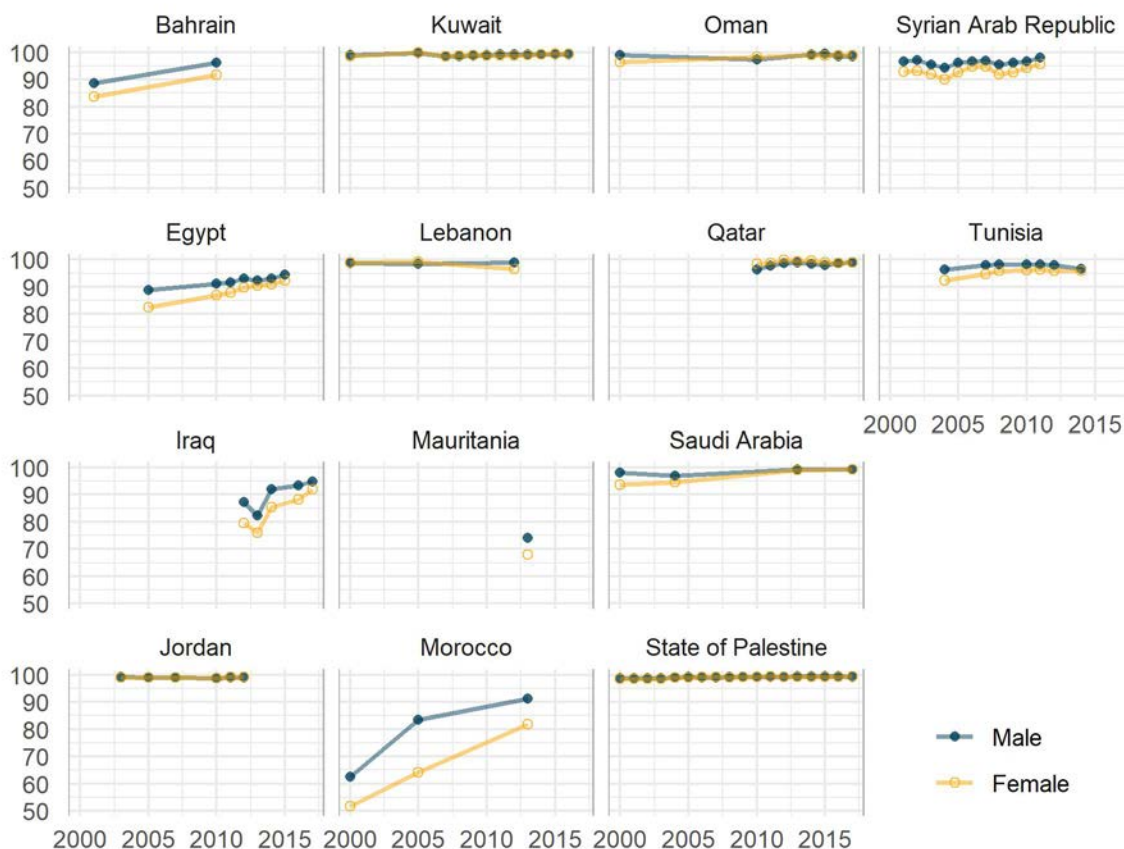


Source: Data from national statistical offices, compiled by ESCWA.

In Jordan, the gender gap in adult literacy rates has narrowed over time, as 95 per cent of men were literate in 2005 compared to 85 per cent of women, whereas in 2012, 98 per cent of men in Jordan were literate compared to 97 per cent of women.

Figure 5.2 shows literacy rate trends for young men and women aged 15 to 24. Youth tend to be more literate than the overall adult population (aged 15 and over), and although young men are generally more literate than young women in the Arab region, the difference is less pronounced than it is within the adult population. Iraq and Morocco reported noticeable increases in youth literacy rates for both men and women over time, and a narrowing of the gap between genders. In Iraq in 2012, 87 per cent of young men and 79 per cent of young women were literate, both of which increased to 95 per cent and 92 per cent in 2017, respectively. In Morocco in 2005, 83 per cent of young men and 64 per cent of young women were literate, whereas 91 per cent of young men and 81 per cent of young women were literate in 2013.

Figure 5.2 Youth literacy, age 15-25, percentage, by sex, 2000-2017



Source: Data from national statistical offices, compiled by ESCWA.

Gender gap in net enrolment ratio in primary education has narrowed in Iraq, Morocco

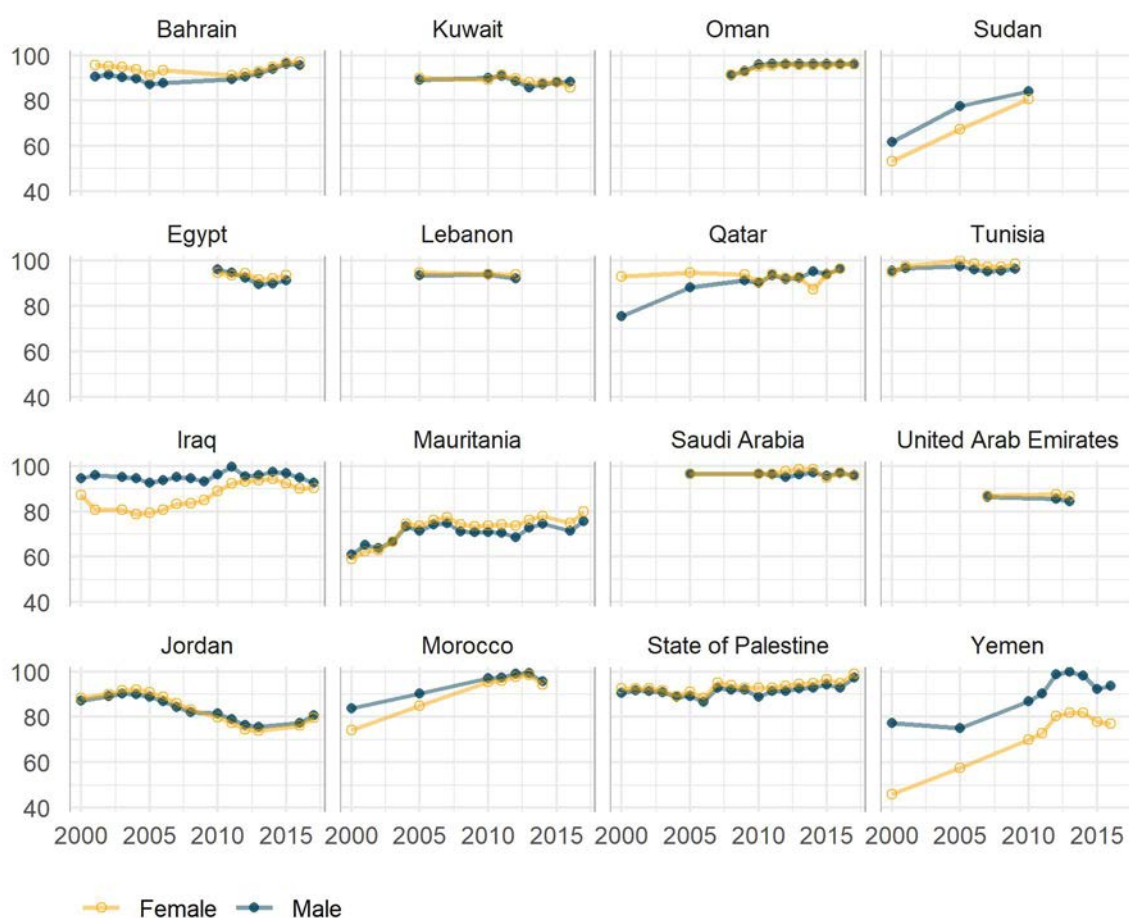
Figure 5.3 displays net enrolment ratios in primary education. Net enrolment ratios are defined as the total number of students in the theoretical age group for a given level of education enrolled in that level, expressed as a percentage of the total population in that age group.⁴ Recent estimates in the Arab region reveal high net enrolment ratios, above 90 per cent for boys and girls in 10 of the 16 countries displayed. Net enrolment in Yemen has increased significantly since 2005, when 75 per cent of primary school age boys and 58 per cent of primary school age girls were enrolled in primary school, compared to 2016 when 94 per cent of primary school age boys and 77 per cent of primary school age girls were enrolled.

The gender gap in primary enrolment ratios has narrowed in Iraq and Morocco since 2005. In Iraq from 13 percentage points in 2005 to 2 percentage points in 2017. In Morocco in 2005, 90 per cent of primary

⁴ According to the UNESCO Institute of Statistics (UIS) definition.

school age boys and 85 per cent of primary school age girls were enrolled in primary school, whereas in 2014 these ratios were 96 and 94 per cent, respectively.

Figure 5.3 Primary enrolment ratio, by sex, 2000-2017



Source: Data from national statistical offices, compiled by ESCWA.

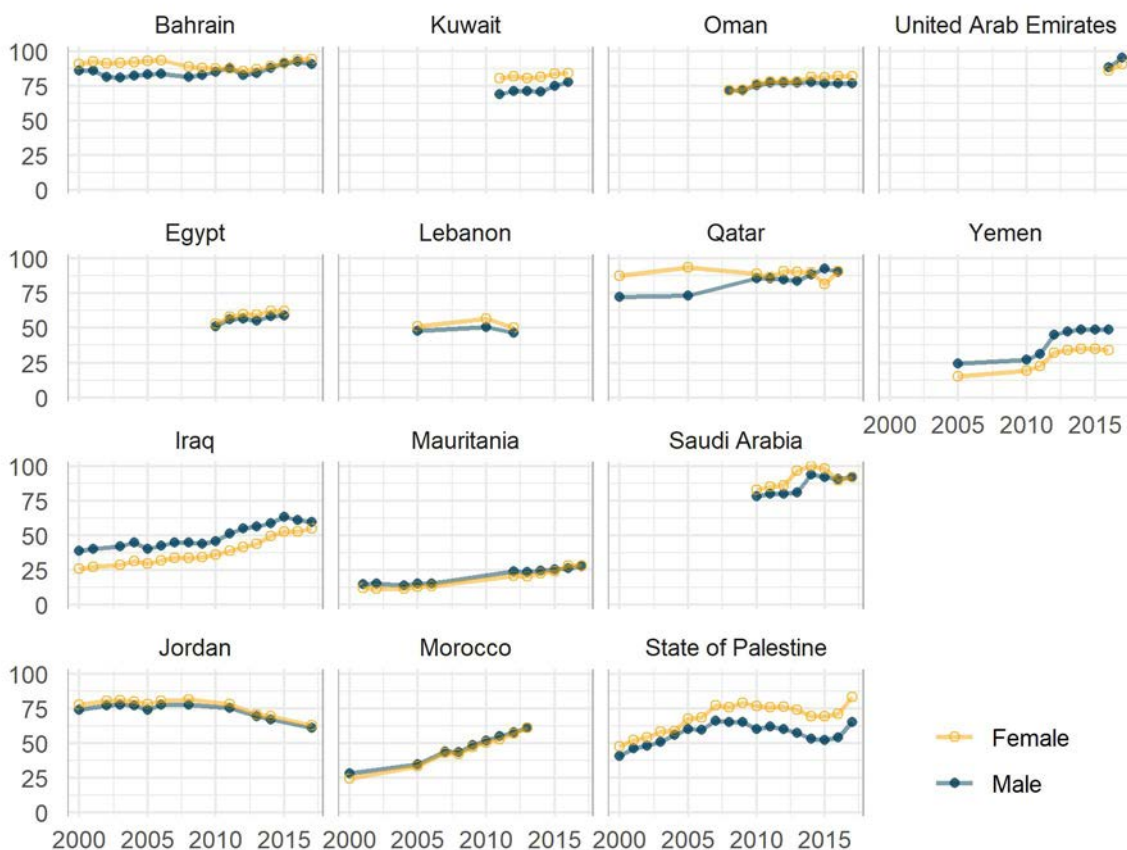
Net enrolment ratios in secondary education highest in GCC countries

Enrolment in secondary education is lower than in primary education in the Arab region, with some countries witnessing an increase in their secondary enrolment over time (figure 5.4). The highest net enrolment ratios in secondary education are consistently reported in GCC countries. Iraq, Morocco and Yemen have witnessed consistent, significant increases over time, whereas smaller gains were made in GCC countries (Kuwait, Oman, Qatar, Saudi Arabia), Egypt, Mauritania and the State of Palestine. In Yemen in 2005, just 24 per cent of secondary school-age boys and 15 per cent of secondary school-age girls were enrolled in secondary education; by 2016, these ratios had more than doubled to 49 per cent and 34 per cent, respectively. Between 2005 and 2014 Morocco saw a similar increase, from 35 per cent of secondary school-age boys and 33 per cent of secondary school-age girls enrolled in secondary education in 2005 to 61 per cent of secondary school-age boys and girls enrolled in secondary education in 2014. The increase in Iraq was not as large but still significant: the net secondary enrolment ratio of boys in 2005 was 41 per cent compared to 60 per cent in 2017; the net secondary enrolment ratio for girls in 2005 was 30 per cent compared to 55 per cent in 2017.

Over time, net enrolment ratios in secondary education have been consistently lower for girls than boys in Iraq and Yemen. They have been higher for girls than for boys in Kuwait, Saudi Arabia, the State of Palestine and Jordan, although the difference in Jordan is consistently marginal at around two per cent. The gender gap in

the State of Palestine has widened over time; in 2005, 67 per cent of secondary age girls were enrolled in secondary school compared to 60 per cent of secondary age boys, whereas 83 per cent of secondary age girls were enrolled in secondary school in 2017 compared to 65 per cent of secondary age boys, reflecting an increase in the gender gap in favour of girls from 7 percentage points to 18 percentage points.

Figure 5.4 Secondary enrolment ratio, by sex, 2000-2017



Source: Data from national statistical offices, compiled by ESCWA.

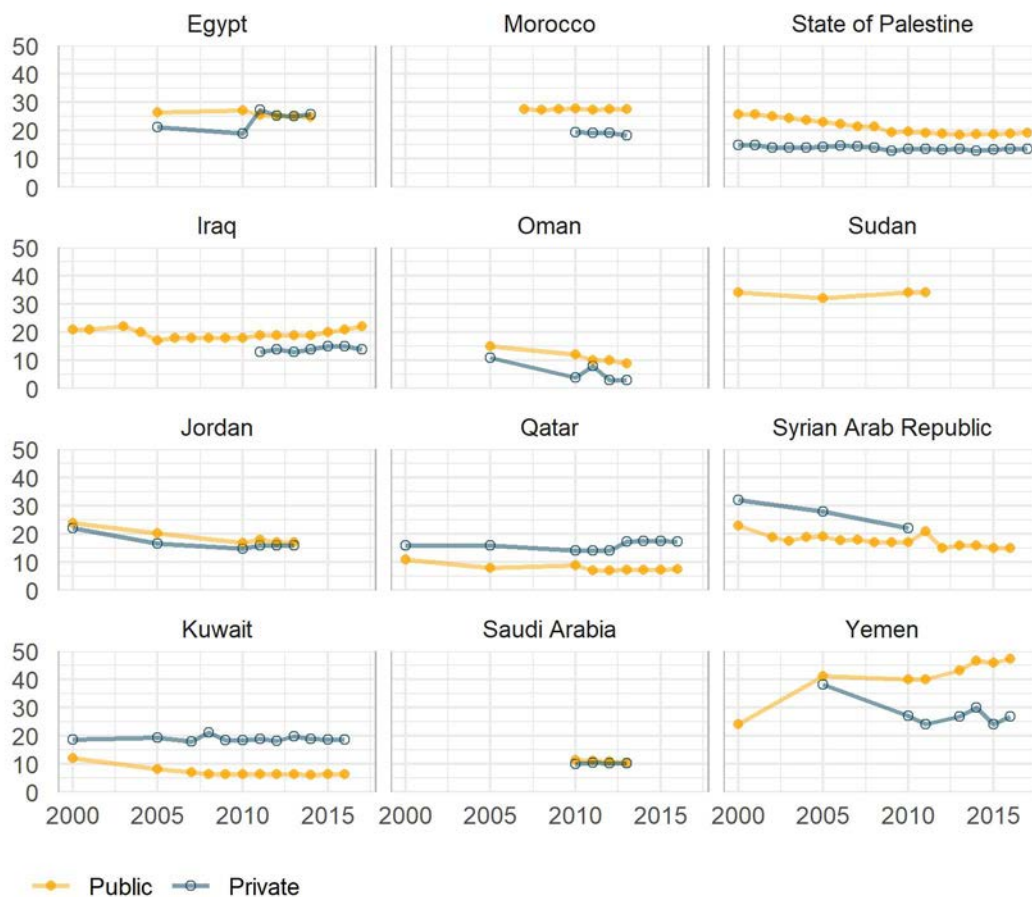
Pupil-teacher ratios in primary schools highest in the Sudan and Yemen

Pupil-teacher, or student-teacher, ratios can be indicators of the quality of education. In crowded classrooms, the quality of education may suffer as teachers may not be able to dedicate enough time to the needs of every pupil. Since 2005, the Sudan and Yemen have consistently reported the highest pupil-teacher ratios in primary schools in the region. In public primary schools in Yemen, the average pupil-teacher ratio increased from 41 students per teacher in 2005 to 47 students per teacher in 2016. Pupil-teacher ratios in public primary schools have decreased in Jordan and the State of Palestine, from 20 and 23, respectively, in 2005 to 17 in Jordan in 2013 and 19 in the State of Palestine in 2017.

The average pupil-teacher ratio in public primary schools in Iraq in 2017 (22) was higher than in private schools (14). Over time, private primary schools in Iraq have consistently exhibited lower pupil-teacher ratios than public primary schools; this is also the case in Morocco, Oman, the State of Palestine and Yemen. Conversely, Kuwait and Qatar have consistently reported higher average pupil-teacher ratios in private primary schools than in public schools. In 2015 in Kuwait, the average pupil teacher ratio in private primary schools (17) was more than double that of public primary schools (6). In Qatar a similar relationship between private and public primary schools was observed in 2017, when there were 17 students for one teacher, on average, in private primary schools compared to seven students for one teacher in public primary schools. Average pupil-

teacher ratios in public and private schools were equitable in Egypt, Jordan and Saudi Arabia according to the three most recent years available for each country, in which the difference in pupil-teacher ratios between public and private primary schools were no larger than one student per teacher.

Figure 5.5 Pupil-teacher ratio in primary education, 2000-2017⁵



Source: Data from national statistical offices, compiled by ESCWA.

Pupil-teacher ratios in secondary schools are consistently low in GCC countries, but much higher in Yemen than the rest of the region

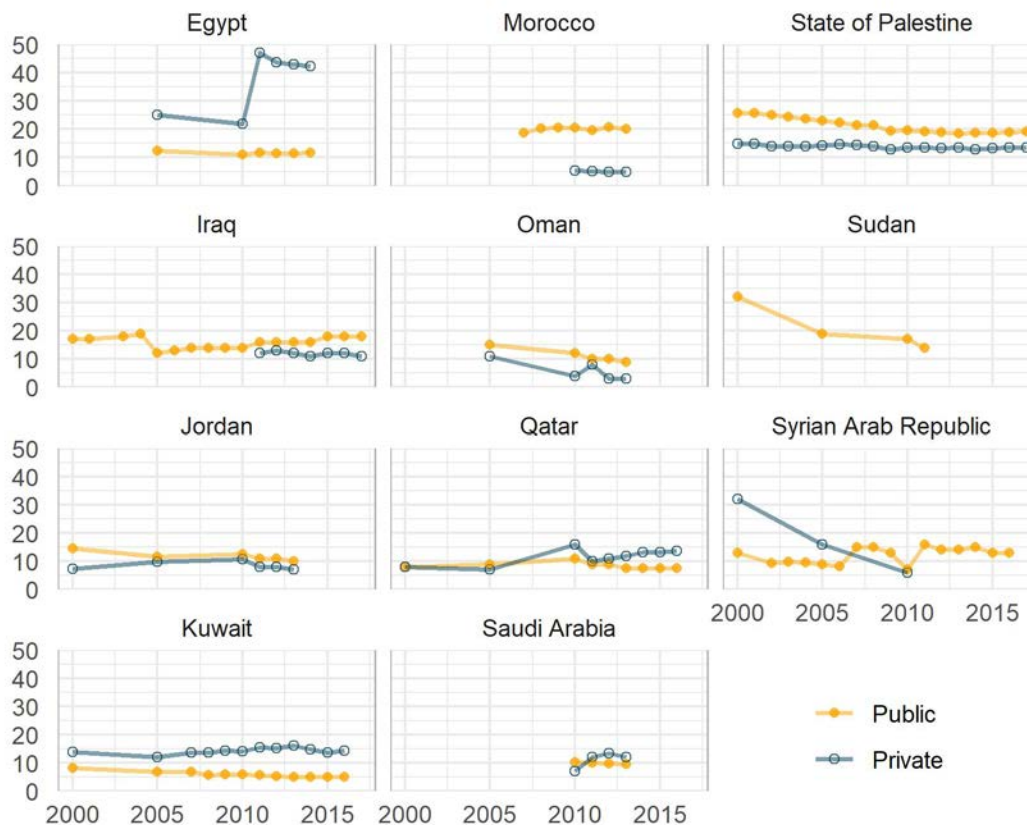
Trends in pupil-teacher ratios are not necessarily constant across different levels of education and between public and private education. In Egypt from 2010 to 2014, the average pupil-teacher ratio in public schools remained about the same in both primary and secondary schools. However, between 2010 and 2011, Egypt reported a much larger increase in the average pupil-teacher ratio in private secondary schools than in private primary schools. In private primary schools, the average pupil-teacher ratio increased from 19 to 27 students per teacher from 2010 to 2011, whereas in private secondary schools the ratio more than doubled during the same time period, from 22 to 47 students per teacher. In Morocco from 2010 to 2013, the average pupil-teacher ratio in public secondary schools (20 students per teacher) was consistently four times higher than that of private secondary schools (5 students per teacher).

In the Sudan, although the average pupil-teacher ratio in public primary school remained fairly constant at around 33 students per teacher from 2000 to 2011, in public secondary schools the ratio decreased over the same time period, from 32 students per teacher in 2000 to 14 students in 2011.

⁵ The Sudan only reported pupil-teacher ratios for public schools.

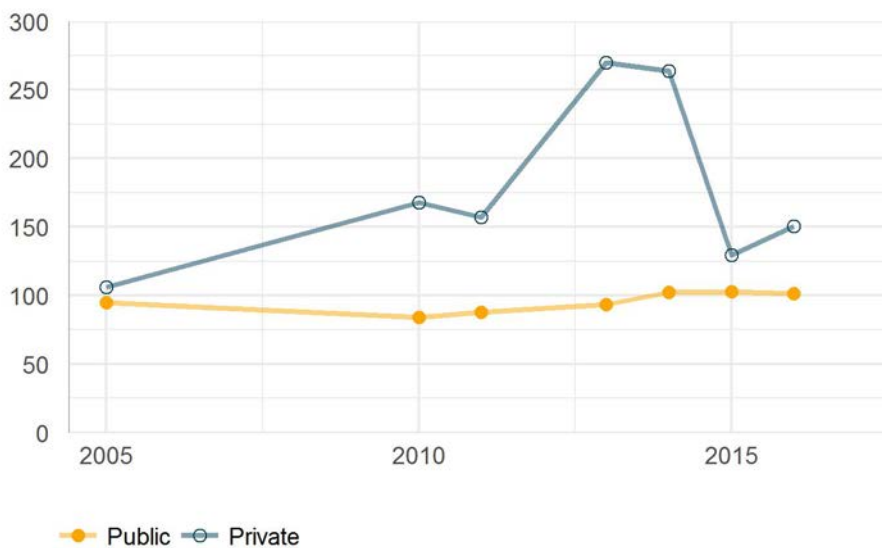
The GCC countries of Kuwait, Oman, Qatar and Saudi Arabia have consistently reported pupil-teacher ratios in secondary education that are among the lowest of the region, in both public and private schools. In Kuwait, on average, there were five students per teacher in 2015 in public secondary schools and 11 students per teacher in private secondary schools. Secondary pupil-teacher ratios in public schools in Saudi Arabia were similarly low and constant between 2010 to 2013, at 10 students per teacher.

Figure 5.6 Pupil-teacher ratio in secondary education



Source: Data from national statistical offices, compiled by ESCWA.

Figure 5.7 Pupil-teacher ratio in secondary education, 2000-2017, Yemen



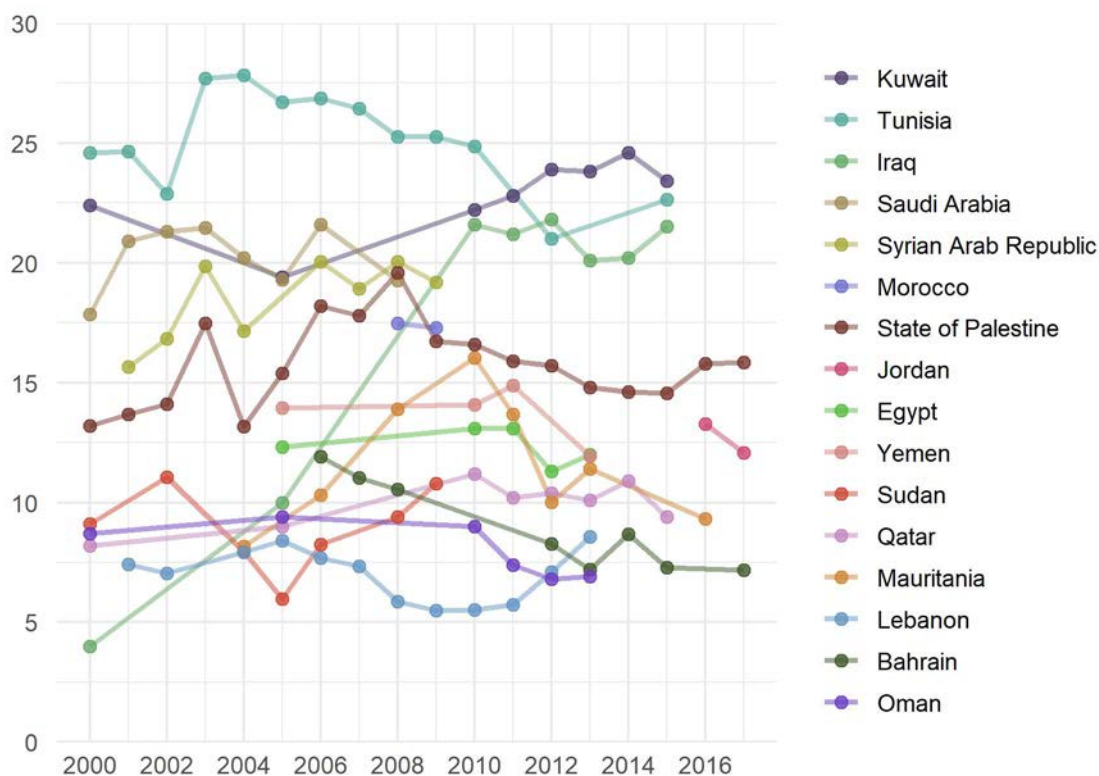
Source: Data from national statistical offices, compiled by ESCWA.

Figure 5.7 shows the pupil-teacher ratios of public and private secondary schools in Yemen from 2005 to 2016; they are dramatically higher than any other country in the region, at 101 students per teacher in public schools and 151 in private schools in 2016. Although the pupil-teacher ratio in public secondary schools has stayed relatively constant over time, in 2013 and 2014 the average pupil-teacher ratio in private secondary schools spiked to 270 and 264 students per teacher, respectively.

Public expenditure in education increased in some countries and decreased in others

The UNESCO Institute for Statistics (UIS) provides data on education expenditure for most Arab countries. Figures are reported as a percentage of total government expenditure and as a percentage of GDP. The information indicates how each country prioritizes education in relation to its overall resources. Public expenditure on education as a percentage of total government expenditure has increased over time in some countries and decreased in others (figure 5.8), although, in general, significant trends are not prevalent. From 2000 to 2010, expenditure on education as a percentage of total government expenditure increased in Iraq from 4 per cent to 22 per cent, respectively, but has remained relatively constant since. In 2016 Mauritania reported that 9 per cent of total government expenditure was spent on education, which was almost half of the percentage reported in 2010 (16 per cent). Tunisia observed a decrease from 2003 to 2015, from 28 per cent to 23 per cent, respectively.

Figure 5.8 Expenditure on education as a percentage of total government expenditure, 2000-2017



Source: Data from national statistical offices, compiled by ESCWA.

6. Labour

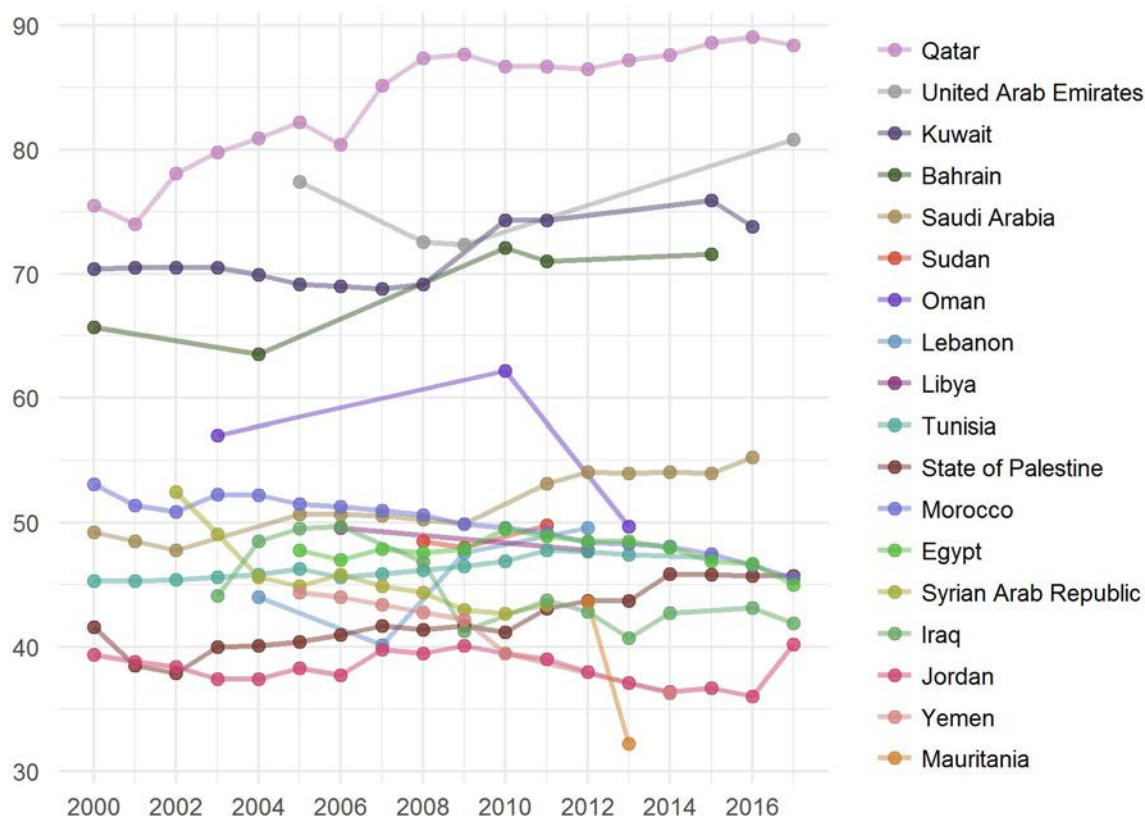
Labour market composition and trends are important determinants of macroeconomic performance. In the Arab region, women participate in the labour force at much lower rates than men, often by a wide margin. Youth and women who participate in the labour force in the region typically face high unemployment rates (Assaad and Krafft, 2014).

This section provides a brief overview of the labour market in Arab countries by using data from household surveys and population censuses provided by NSOs. Specifically, trends in labour force participation and unemployment are presented along with the most recent data available on employment in the public sector, agriculture, and salaried workers.

Low labour force participation outside of the GCC

Labour force participation is the percentage of adults (15 years and older) who are either working or not working but actively seeking work. Labour force participation is low in most of the Arab region, specifically outside of the GCC; as seen below in figure 6.1, no country outside of the GCC reported a labour force participation rate above 55 per cent for any year within the period of 2000 to 2017. This is mainly due to the low labour force participation rate of women.

Figure 6.1 Labour force participation rate, 2000-2017



Source: Data from national statistical offices, compiled by ESCWA.

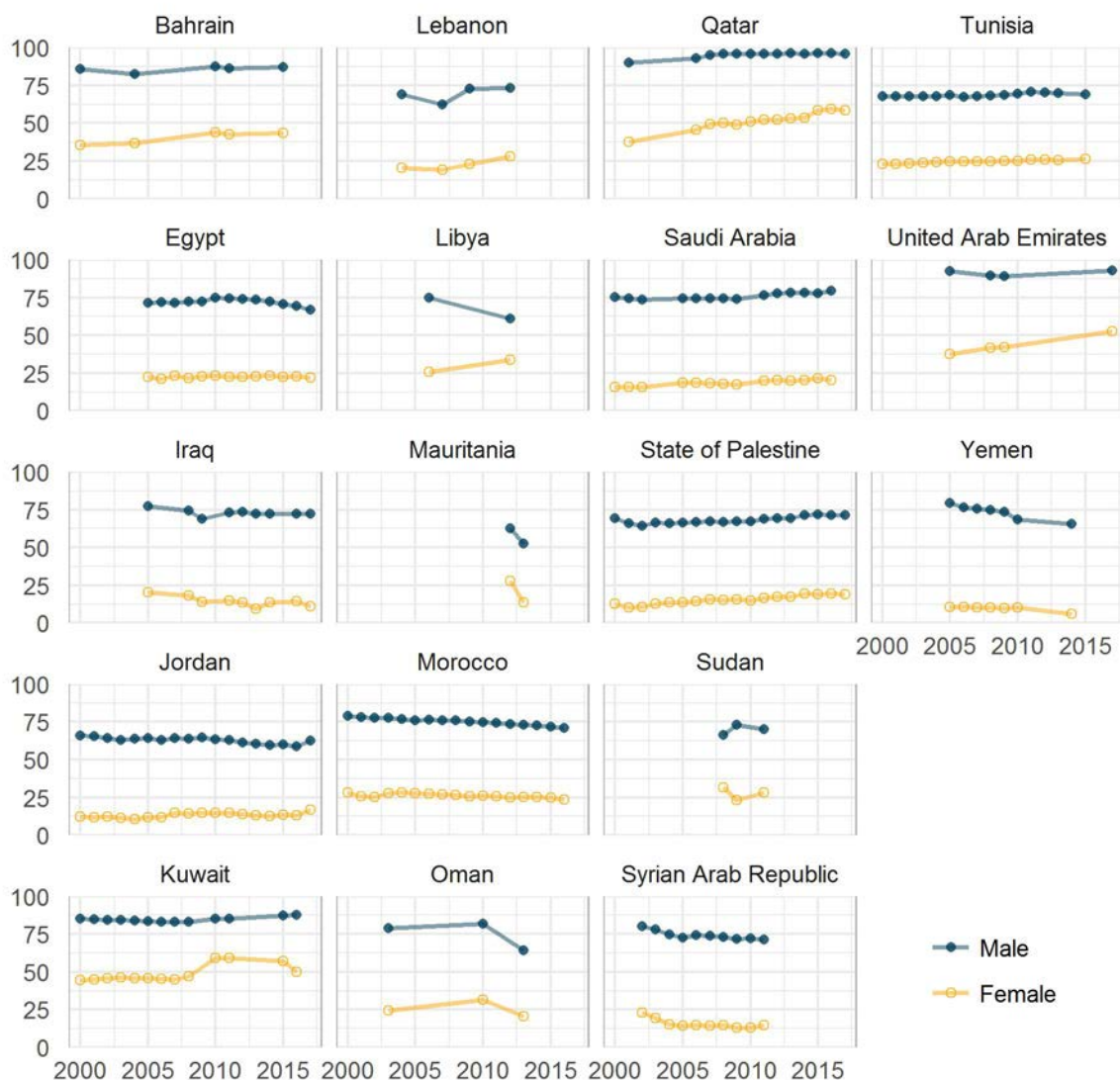
Labour force participation rates vary across the region. Mauritania reported a rate of 32 per cent in 2013, the lowest in the region, followed by Jordan at 36 per cent in 2016. Qatar has consistently reported the highest labour force participation rate in the region, and from 2000 to 2017 it has steadily increased from 76 per cent to 88 per cent, respectively. The majority of countries within the region have reported labour force participation

rates between 35 and 55 per cent for all years in which data are available, and significant trends are not prevalent. For example, in Tunisia from 2000 to 2015, the labour force participation rate remained between 45 per cent and 48 per cent.

Women participate in the labour force much less than men

In all 18 ESCWA member States, women participate in the labour force less than men do, and in 13 out the 18 countries labour force participation rates for women are less than half of what they are for men. This gender gap has decreased in some countries over time, specifically in Qatar, where an increase in the total labour force participation rate is being driven by increasing labour force participation among women. Since 2006, female labour force participation in Qatar has increased from 45 per cent to 59 per cent in 2017, compared to a smaller three percentage point increase among men from 93 per cent in 2006 to 96 per cent in 2017.

Figure 6.2 Labour force participation rate, by sex, 2000-2017



Source: Data from national statistical offices, compiled by ESCWA.

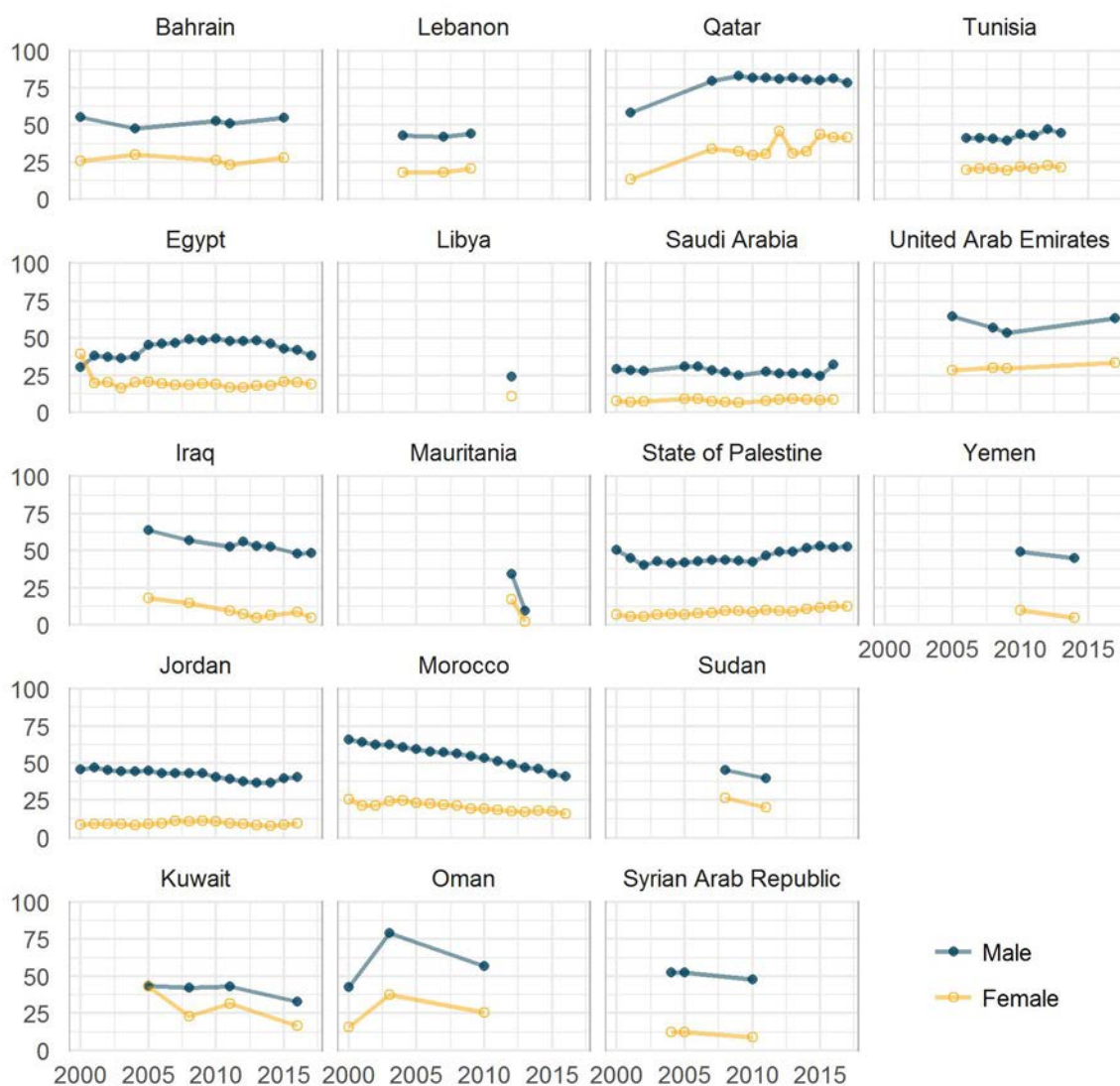
Morocco and Yemen reported decreases in labour force participation for both men and women over time. In Morocco, labour force participation rates have been decreasing, albeit slowly, since 2004, when 77 per cent of men and 28 per cent of women participated in the labour force. In 2016, 71 per cent of men and 24 per cent

of women participated in the labour force, reflecting a 6 and 4 percentage point decrease, respectively. In Yemen, decreases in labour force participation for men and women have been more pronounced. In 2005, 79 per cent of men and 11 per cent of women participated in the labour force, compared to 65 per cent and 6 per cent in 2014, respectively; this estimate of female labour force participation is the lowest in the region, according to the most recent data available.

Youth labour force participation rates decreasing in Iraq and Morocco, increasing in the State of Palestine

Similar to that of adults, young men participate in the labour force at higher rates than young women (figure 6.3). However, trends in adult labour force participation rates are not necessarily reflected in trends in youth labour force participation rates, and vice versa. In Iraq and Morocco, labour force participation rates have been decreasing more rapidly than those of adults. From 2005 to 2017, the labour participation rate of young men steadily decreased from 64 per cent to 49 per cent, respectively, and the labour participation rate of young women decreased from 18 per cent in 2005 to 5 per cent in 2017. In Morocco over the same time period, the percentage of young men participating in the labour force steadily decreased from 60 (2005) to 41 (2017), and the percentage of young women participating in the labour force steadily decreased from 23 (2005) to 16 (2017).

Figure 6.3 Youth labour force participation rate (15-24 years), by sex, 2000-2017



Source: Data from national statistical offices, compiled by ESCWA.

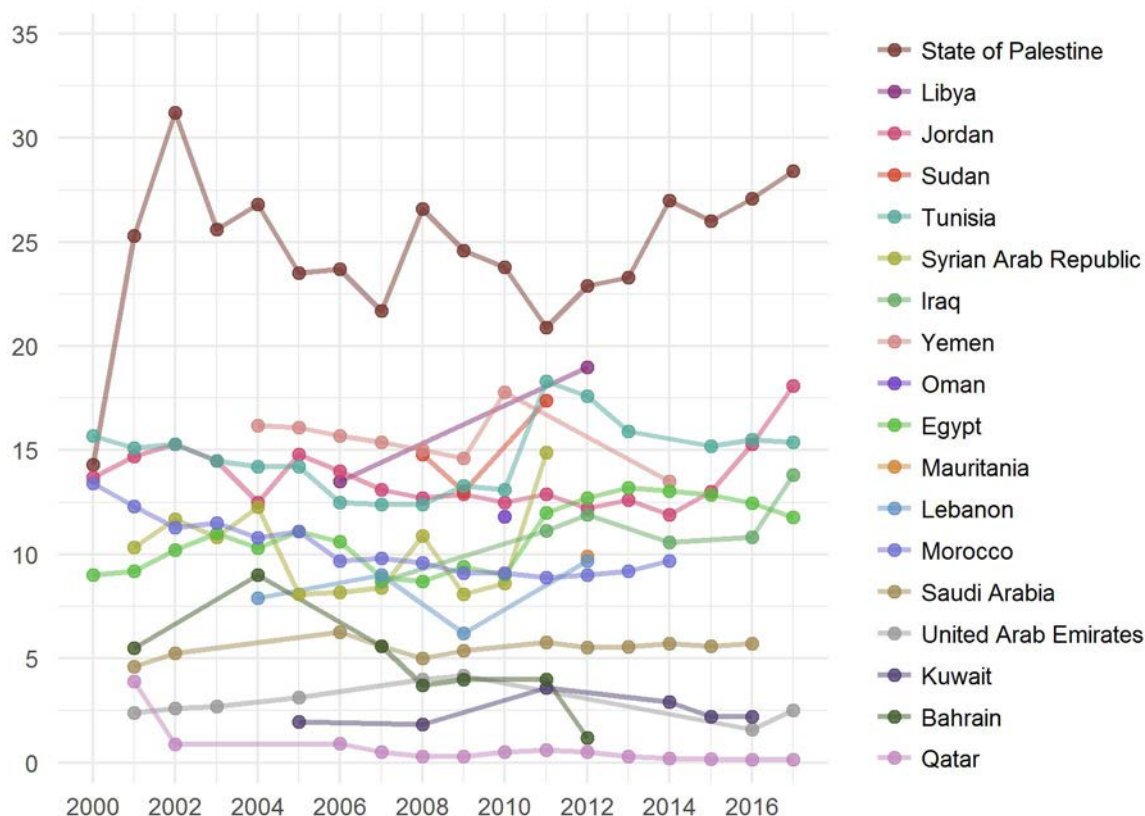
Youth labour force participation has been steadily increasing in the State of Palestine, especially since 2010, when just 43 per cent young men and 8 per cent of young women participated in the labour force. By 2017 these percentages had increased to 53 per cent of young men and 13 per cent of young women, reflecting a 10 and 5 percentage point increase, respectively.

Highest unemployment rate in the State of Palestine

As seen below in figure 6.4, the GCC countries of Bahrain, Kuwait, Qatar, Saudi Arabia and the United Arab Emirates consistently report the lowest unemployment rates in the region. In 2017, the unemployment rate in Qatar was almost 0 per cent. In Saudi Arabia, which reported the highest rate among the five countries listed above, the unemployment rate was 6 per cent in 2016.

Over the 2000 to 2017 time period the State of Palestine has consistently reported the highest unemployment rate in the region, in excess of 20 per cent in each year since 2001. Unemployment has also been steadily increasing in recent years: in 2011, 21 per cent of Palestinians were unemployed, whereas 28 per cent were unemployed in 2017. The unemployment rate of neighbouring Jordan has also been increasing recently, from 12 per cent in 2014 to 18 per cent in 2017, which was the second highest unemployment rate of the region among the countries who have reported unemployment figures since 2015. Unemployment could be higher, and increasing at a faster pace, in countries in conflict such as the Syrian Arab Republic and Yemen but recent data to verify this are not available.

Figure 6.4 Unemployment rate, 2000-2017



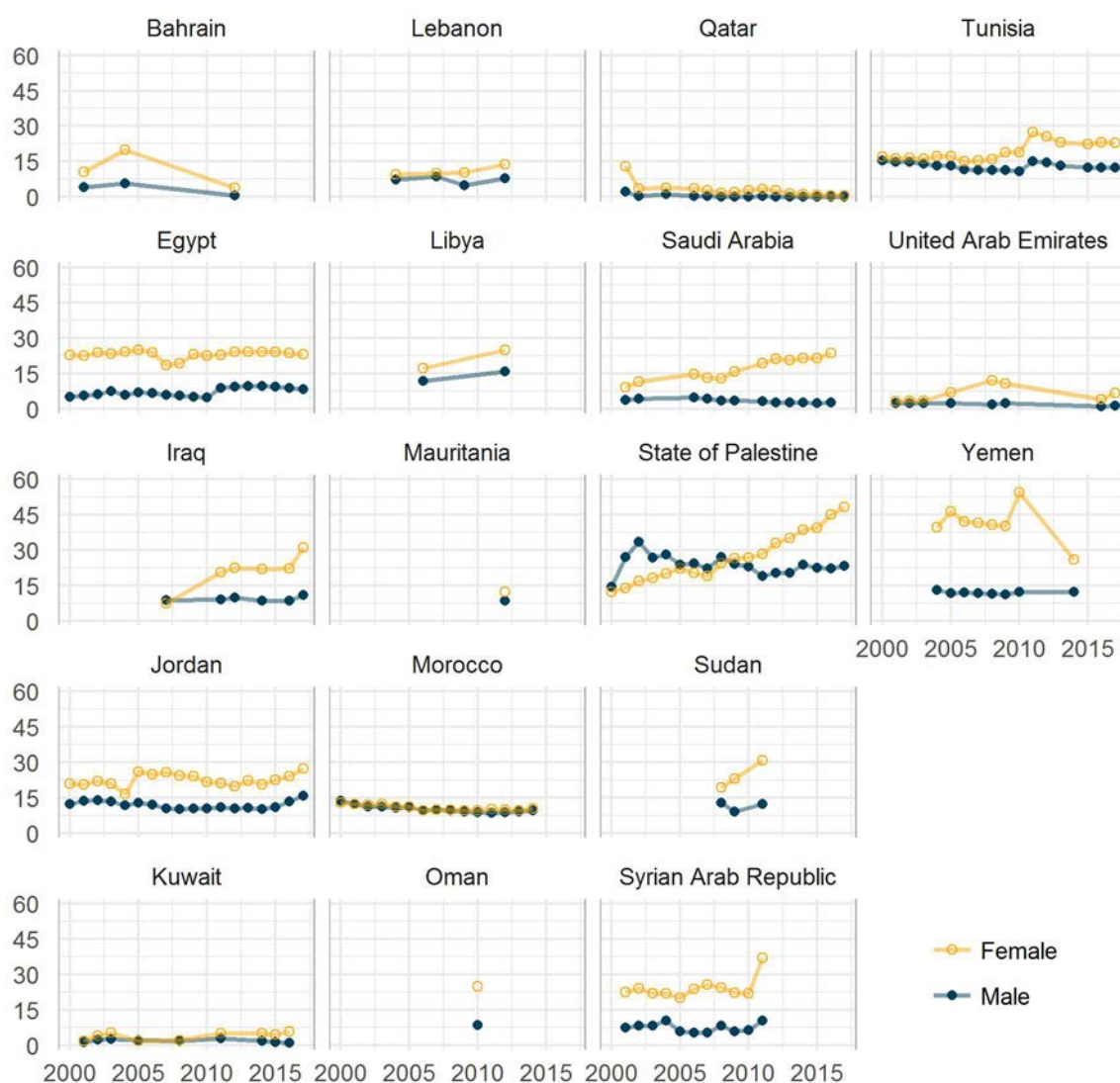
Source: Data from national statistical offices, compiled by ESCWA.

Female unemployment steadily increasing in Saudi Arabia and the State of Palestine

Although women participate in the labour force at much lower rates than men do in the Arab region, the extent of this disparity is not necessarily reflected in unemployment rates, which are more equitable among men and women in some countries. In Morocco and Qatar, for example, the unemployment rates of women are similar to or just marginally higher than those of men and have remained so over time (figure 6.5). In Morocco in 2005, the unemployment rate of men and women was nearly the same at about 11 per cent for both; in 2014, while a small gender gap persisted, the 10 per cent both men and women were unemployed.

Nevertheless, women are more likely to be unemployed than men in the Arab region, to an extent that has recently increased in Iraq, Kuwait, Saudi Arabia and the State of Palestine. Female unemployment in Tunisia spiked in 2011 to 27 per cent, widening the gender gap to 12 percentage points; in 2008, the gender gap was just 5. Since 2011, it has only decreased slightly to 10 percentage points in 2017.

Figure 6.5 Unemployment rate, by sex, 2000-2017

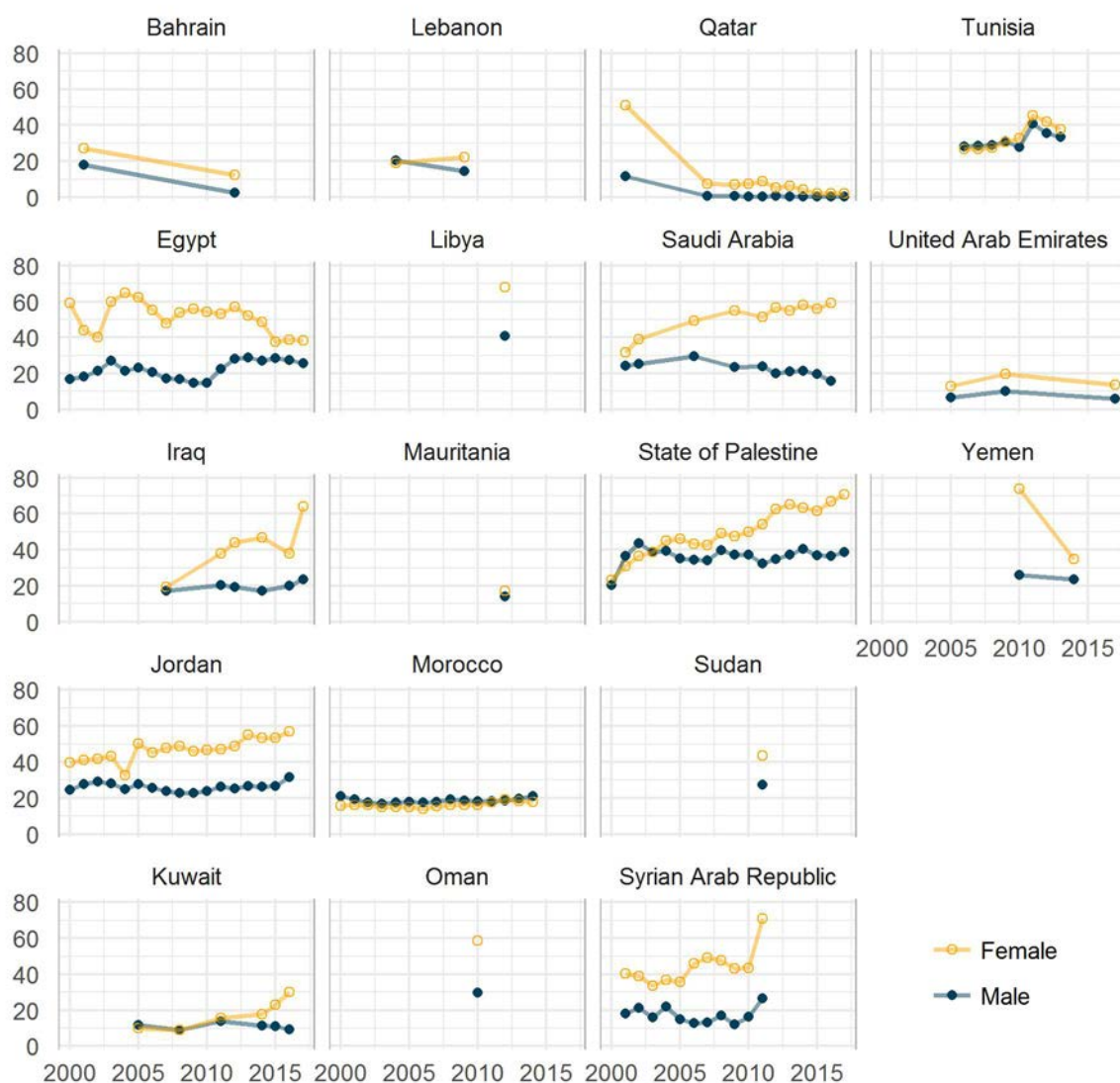


Source: Data from national statistical offices, compiled by ESCWA.

Since 2000, female unemployment has steadily been increasing in Saudi Arabia and the State of Palestine, widening the gender gap as male unemployment has steadily decreased in Saudi Arabia and fluctuated in the State of Palestine. Female unemployment in Saudi Arabia in 2006 was 15 per cent whereas male unemployment was 5 per cent; by 2011, female unemployment had increased to 19 per cent and male unemployment had decreased to 3 per cent. According to the most recent estimates (2016), female unemployment in Saudi Arabia is 24 per cent, the highest since 2000, and male unemployment is at 3 per cent; this reflects a doubling in the gender gap since 2006, from 10 to 21 percentage points.

Prior to 2009, female unemployment in the State of Palestine was actually lower than male unemployment; since then, female unemployment has rapidly increased while male unemployment has stagnated. In 2017, the female unemployment rate in the State of Palestine was the highest it has ever been since 2000 at 48 per cent, almost double that of 2009 when it was 27 per cent. Conversely, male unemployment was 24 per cent in 2009, and decreased to 19 per cent in 2011, the lowest reported male unemployment rate since 2000. However, male unemployment has risen since then, to 23 per cent in 2017, and the gender gap, at 25 percentage points, was the highest reported during the 2000 to 2017 period in the State of Palestine.

Figure 6.6 Youth unemployment rate (15-24 years), by sex, 2000-2017



Source: Data from national statistical offices, compiled by ESCWA.

Youth unemployment decreasing in Egypt, increasing in Jordan and the State of Palestine

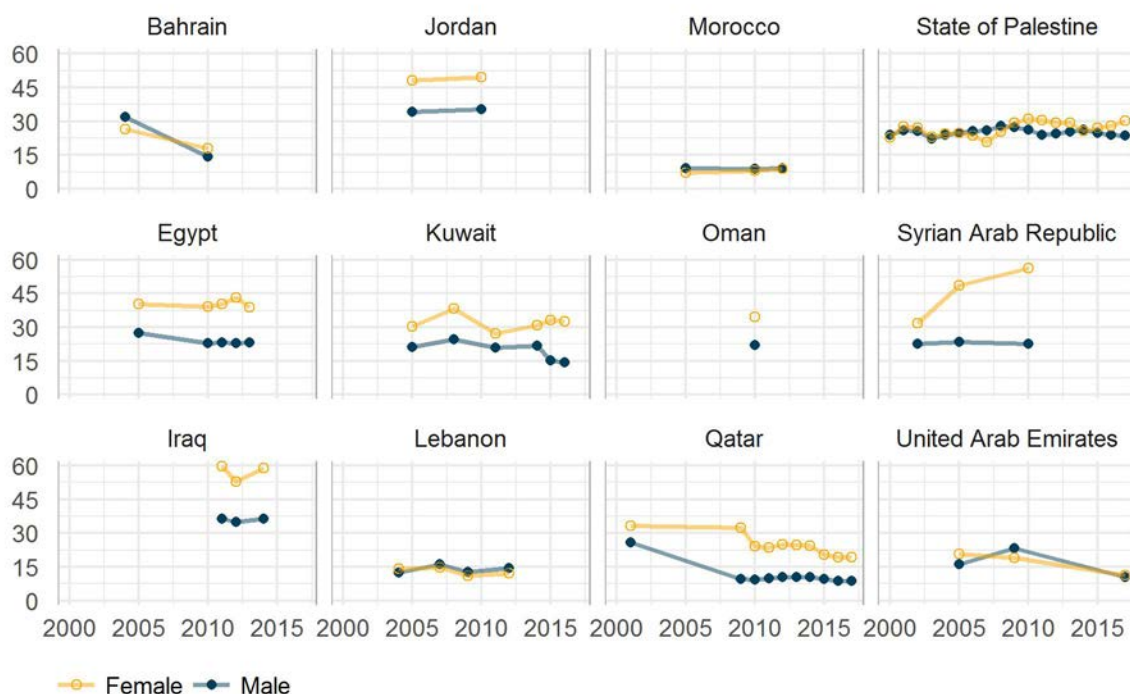
Trends in adult unemployment rates within the Arab region are largely reflected in youth unemployment, which is low in the GCC countries of Kuwait and Qatar, and high in Jordan, the State of Palestine and Tunisia. Youth unemployment has been steadily decreasing in Egypt since 2012, mostly due to decreasing female youth unemployment. Fifty-seven per cent of young women were unemployed in Egypt in 2012; this rate has decreased incrementally each year to reach 38 per cent in 2017. This trend coincided in a narrowing of the gender gap in youth unemployment in Egypt, down from 29 percentage points in 2012 to 12.7 in 2017. The gender gap in youth unemployment in Morocco has remained small, similar to that in adult unemployment. However, in Morocco, unlike any other country in the region, youth unemployment rates in Morocco have remained marginally lower for young women than for young men.

Jordan and to a greater extent the State of Palestine have observed sustained increases in youth unemployment since 2009, being driven mainly by increasing unemployment among young women in the latter. Male and female youth unemployment rates rose in Jordan from 23 and 46 per cent, respectively, in 2009 to 32 and 57 per cent, respectively, in 2017. Over the same time period, female youth unemployment in the State of Palestine increased from 47 to 71 per cent, the highest in the region, whereas male youth unemployment only increased by 1 percentage point to 39 per cent in 2017.

Employment in public sector decreasing among women in Qatar and men in Kuwait

Data for employment by sector in the Arab region is not as available as it is labour force participation and unemployment. Of the four countries displayed in figure 6.7 that provided estimates since 2015, overall employment in the public sector is highest in the State of Palestine, where 30 per cent of employed women and 24 per cent of employed men were employed in the public sector in 2017; these proportions have stayed relatively constant since 2010.

Figure 6.7 Employment in the public sector, percentage, by sex, 2000-2017



Source: Data from national statistical offices, compiled by ESCWA.

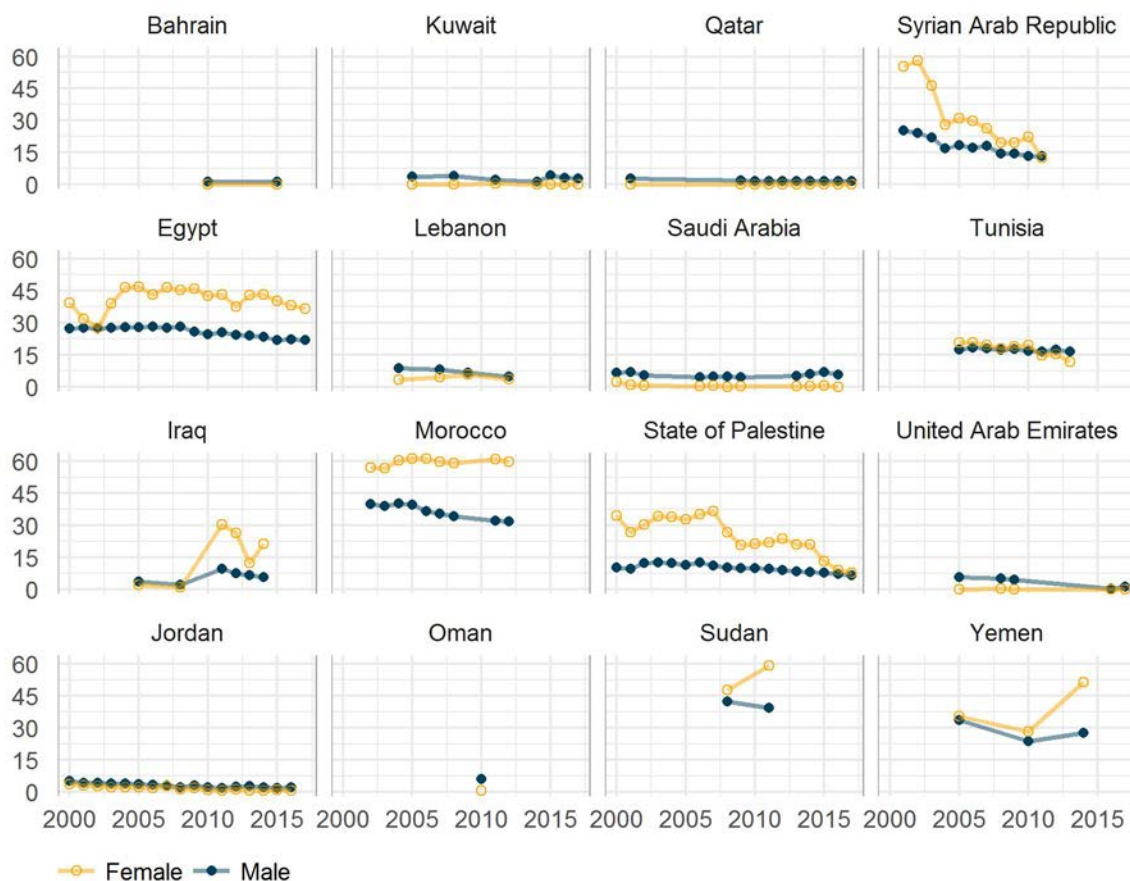
In Kuwait, male employment in the public sector noticeably decreased from 2014 to 2016, from 22 per cent to 14 per cent, respectively, while female employment marginally increased from 31 per cent to 33 per cent, respectively. In Qatar, female employment in the public sector has steadily been decreasing, from 32 per cent in 2009 to 19 per cent in 2017; over the same period, the percentage of employed men working in the public sector decreased by only 1 percentage point, from 10 per cent to 9 per cent.

Employment in agriculture decreasing in Egypt, Morocco and the State of Palestine

Labourers in GCC countries are seldom employed in agriculture: less than 10 per cent of men and women worked in agriculture in each GCC country for the period 2000 to 2017 (figure 6.8). In Saudi Arabia in 2016, 6 per cent of employed men worked in agriculture; this was the highest proportion of men or women working in agriculture of any GCC country that provided estimates since 2015.

Estimates from Jordan and Lebanon show similarly low employment rates in agriculture that have been decreasing over time among both sexes in Jordan and among men in Lebanon. In Jordan, 4 per cent of employed men and 2 per cent of employed women worked in agriculture in 2005; by 2016, just 2 per cent of employed men and 1 per cent of employed women were working in agriculture in Jordan. The most recent estimate from Lebanon shows that 5 per cent of employed men worked in agriculture in 2012, about half of the proportion in 2004 when 9 per cent of male laborers worked in agriculture. Over the same time period, from 2004 to 2012, female employment in agriculture fluctuated from 3 per cent in 2004, up to 6 per cent in 2009, and back down to 4 per cent in 2012.

Figure 6.8 Employment in agriculture, percentage, by sex, 2000-2017



Source: Data from national statistical offices, compiled by ESCWA.

Conversely, significant parts of the labour forces in Egypt and Morocco work in agriculture, although these proportions have been decreasing over time. The percentage of labourers working in agriculture in Egypt has been steadily decreasing since 2005 at similar rates for men and women. In 2005, 28 per cent of employed men and 47 per cent of employed women in Egypt worked in agriculture. In 2010, these percentages had dropped to 25 and 43 per cent, respectively, and continued to decrease steadily to 22 per cent of male labourers and 37 per cent of female labourers working in agriculture in 2017 in Egypt. In Morocco, decreasing employment in agriculture can be attributed to fewer men working in agriculture as female employment in agriculture has remained constant; from 2004 to 2012, the percentage of employed men working in agriculture decreased from 40 to 32 per cent, respectively, whereas the proportion of female labourers working in agriculture stayed at around 60 per cent for the duration of the time period.

The State of Palestine has witnessed decreasing employment in agriculture for both sexes, but at a faster rate for women. Female employment in agriculture peaked in 2007 at 37 per cent and has steadily decreased since, to 8 per cent in 2017. Over the same time period, male employment in agriculture in the State of Palestine has decreased from 11 per cent in 2007 to 7 per cent in 2017.

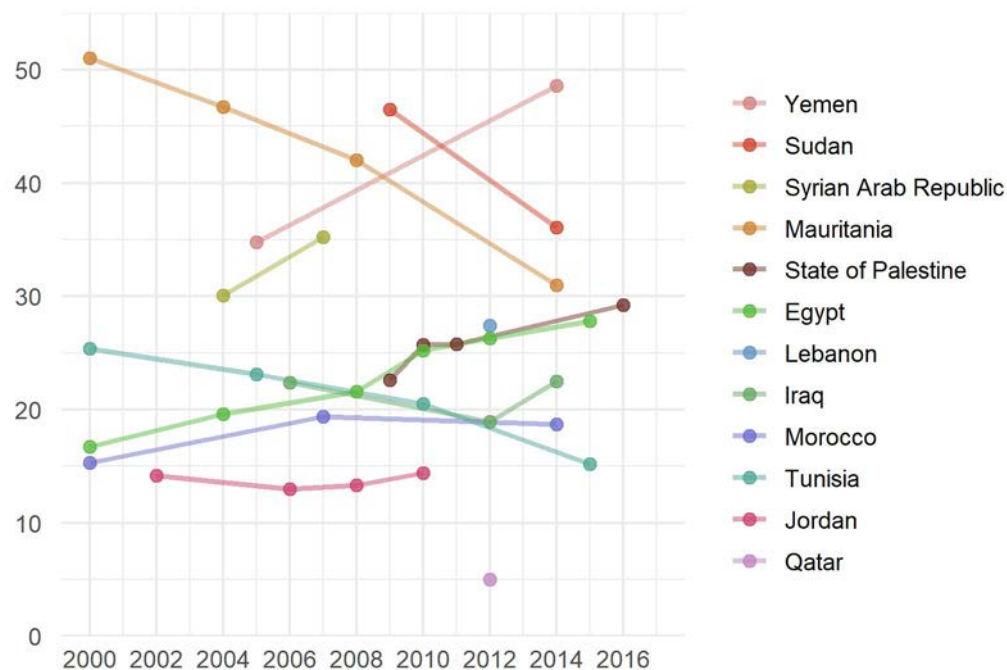
7. Poverty and inequality

Reducing poverty has been a priority on the international development agenda and is the first of the 17 Sustainable Development Goals. Accordingly, policymakers in the Arab region have been giving more attention to reducing poverty and eradicating extreme deprivation.

Poverty increasing in majority of countries

The poverty headcount ratio is defined as the percentage of the population living below the national poverty line of a country. Figure 7.1 shows the poverty headcount ratios in 12 Arab countries for which data are available. Of the 12 countries, Lebanon and Qatar had only one estimate for the 2000-2017 period. As clearly shown in the figure, there is no consistent trend in poverty across countries during this period: it has been increasing in the majority of countries, decreasing in three countries and remaining stable in two countries. Qatar recorded the lowest poverty headcount ratio, at 5 per cent in 2010, while Yemen reported the highest, at 49 per cent in 2014. With a significant gap, the Sudan follows Yemen with the second-highest poverty headcount ratio, at 36 per cent in 2014.

Figure 7.1 Poverty headcount ratio



Source: Data from national statistical offices, compiled by ESCWA.

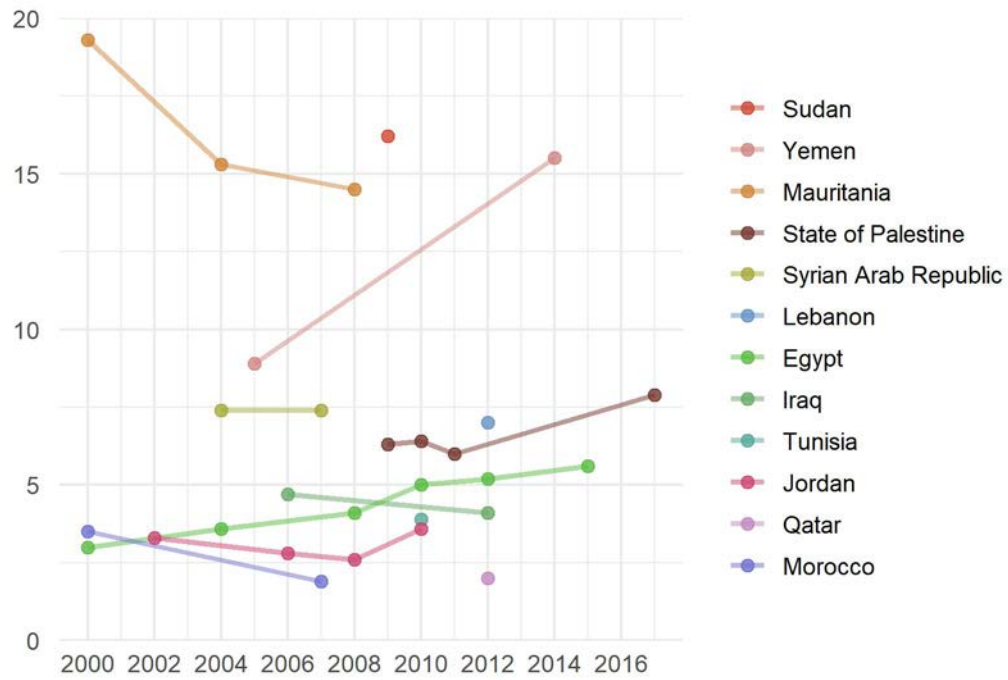
The Sudan has the widest poverty gap

The poverty gap expresses the intensity or depth of poverty. Unlike the headcount ratio, which is a simple count of the number of people below the national poverty line over the total population, the poverty gap shows how far, on average, the poor fall short of the poverty line. It is expressed as a percentage of the national poverty line.

Figure 7.2 gives a comparison of the poverty gaps for 12 countries during the period 2000-2017, with four countries having no trend data. Trends in poverty gaps are similar to the poverty head counts: four countries showing increase, three countries decrease and the rest showing essentially stable ratios. Note that for the majority of countries poverty gap ratios are rather small, with only three countries having ratios

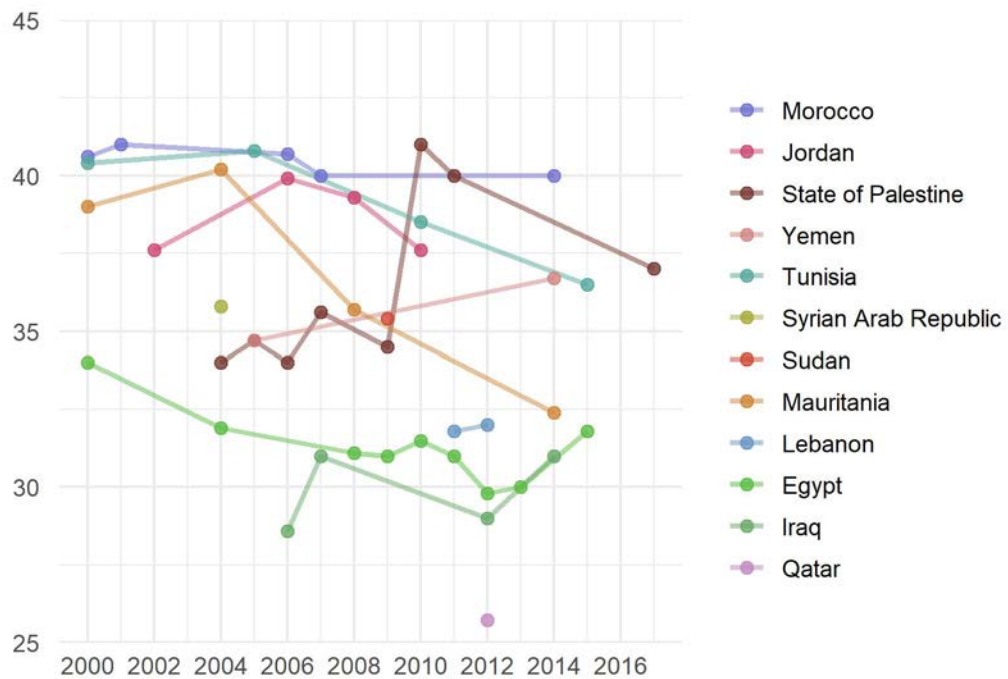
above 10 per cent. The Sudan records the widest poverty gap, at 16 per cent, followed by Yemen and the Mauritania, at around 16 per cent and 15 per cent, respectively.

Figure 7.2 Poverty gap at national poverty lines



Source: Data from national statistical offices, compiled by ESCWA.

Figure 7.3 Gini index



Source: Data from national statistical offices, compiled by ESCWA.

Inequality is greatest in Morocco and smallest in Qatar

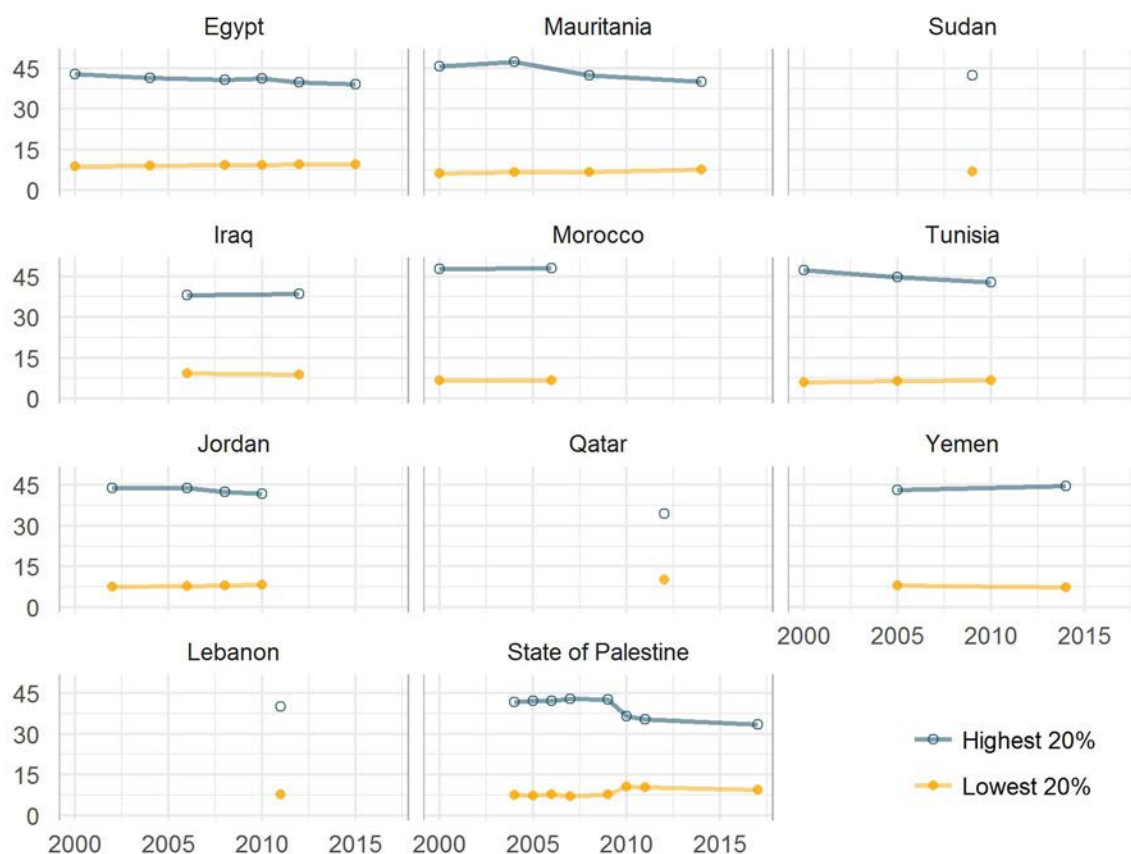
The Gini index measures the extent to which the distribution of income or, in some cases, consumption expenditure among individuals or households within an economy deviates from a state of perfectly equal distribution. It ranges from 0, representing perfect equality, to 100, representing perfect inequality.

Trend data for the Gini are available for nine countries. As shown in figure 7.3, three countries showed a modest increase in inequality, three showed a modest decrease and the remaining three remained relatively stable over time. Most countries in the region for which data are available had relatively low to moderate levels of inequality. Of the most recent data available, the most unequal distribution was found in Morocco, which had a Gini index of 41 in 2014, followed by Jordan at 38 in 2010. The country with the least unequal distribution was Qatar at 26 in 2012 followed by Iraq, at 31 in 2014.

Large gaps in total consumption expenditure between the richest and the poorest quintile of the population

Another widely used measure of inequality is the income/expenditure share of total consumption by the richest and poorest quintiles. Figure 7.4 shows trend data for these expenditure shares for eight countries, and a single estimate for three countries in the region. Four countries showed a slight decrease in inequality, while four showed a slight increase or no change over time.

Figure 7.4 Income (expenditure) share held by richest and poorest quintiles



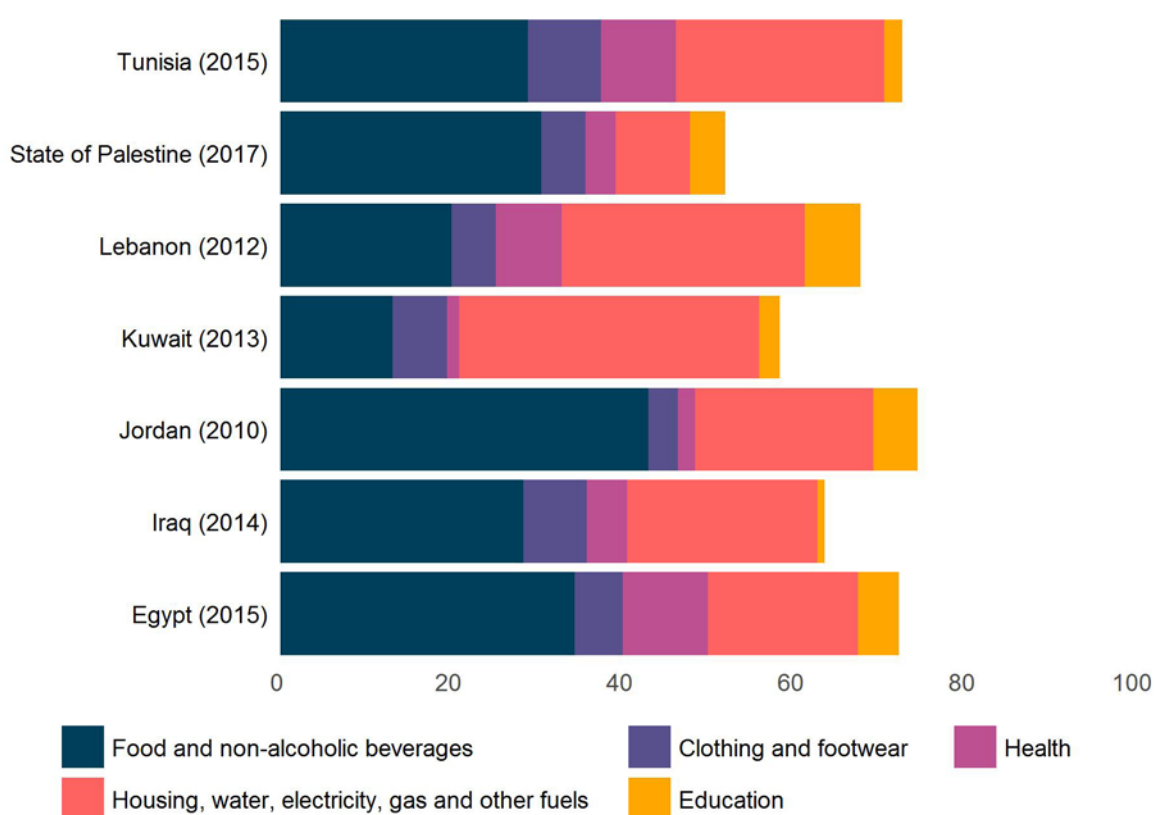
Source: Data from national statistical offices, compiled by ESCWA.

The richest quintile in Morocco spends the largest share of total consumption expenditure for any country measured (48 per cent). Qatar and the State of Palestine spend the smallest (34 per cent). Conversely, in the State of Palestine, the poorest quintile spends the largest share of total expenditure in any country measured (9 per cent) and the smallest share is spent in Morocco and the Sudan (less than 7 per cent).

Consumption expenditure on education and health is lowest

Figure 7.5 shows how consumption expenditure is allocated to major expenditure categories. Food and non-alcoholic beverages account for the largest share of consumption expenditure in Jordan (43 per cent), Egypt (34 per cent) and the State of Palestine (31 per cent). In Kuwait and Lebanon, the largest share of consumption expenditure goes to housing, water, electricity, gas and other fuels. In all the countries for which recent data are available, the smallest share was spent on education, except in Kuwait, where the smallest share was spent on health (2 per cent).

Figure 7.5 Allocation of consumption expenditure, latest available data



Source: Data from national statistical offices, compiled by ESCWA.

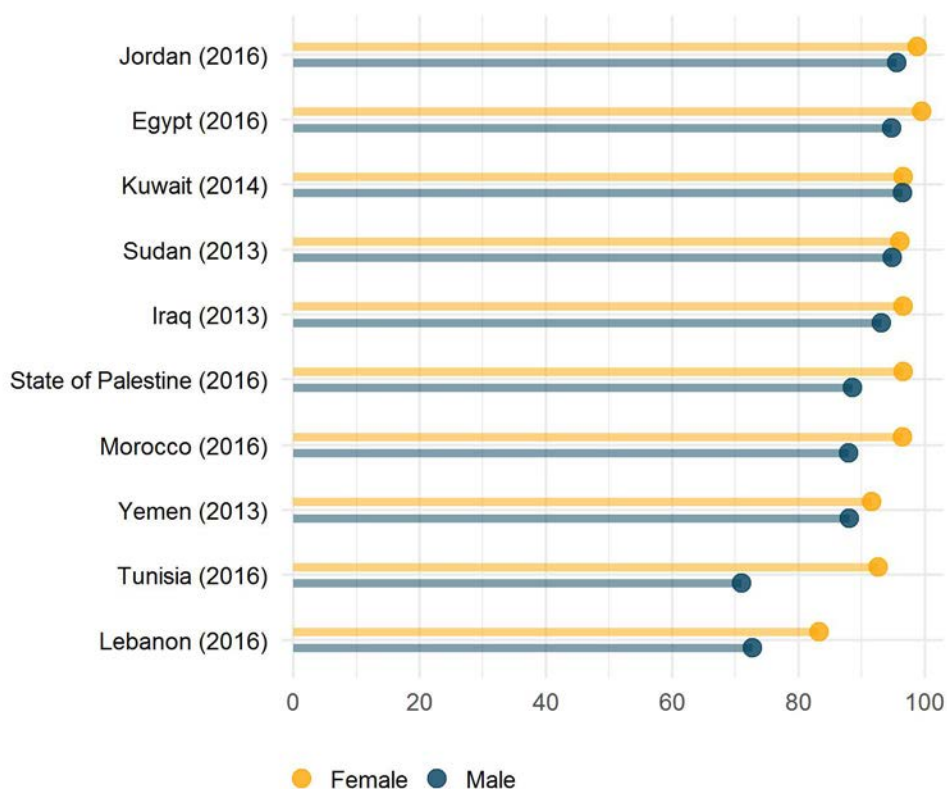
8. Culture

The culture of a region can be defined as an amalgamation of distinctive physical, spiritual, substantive and historical features and practices that characterize its population. The culture of the Arab region is particularly rich and varied.

In addition to data provided by NSOs, data used in this section have been taken from two survey projects, the Arab Barometer and the World Values Survey, and two online databases, UIS.Stat of UNESCO and the World Telecommunication/ICT indicators database of the International Telecommunication Union (ITU). The Arab Barometer survey was conducted in four waves: 2006-2009, 2010-2011, 2012-2014 and 2016. In this section of the compendium, we focus primarily on the two most recent waves. The third wave, from 2012-2014, was concerned with eleven ESCWA member States: Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, the State of Palestine, the Sudan, Tunisia and Yemen. The fourth wave, from 2016-2017, dealt with Egypt, Jordan, Lebanon, Morocco, the State of Palestine and Tunisia. Respondents were 18 years or older, and the size samples were approximately 1,200 respondents for each country and each wave, except in the case of Jordan, in the third wave, where the sample size was 1,795. In the fourth wave, the sample sizes for Lebanon and Jordan were 1,500, as they included 300 Syrian nationals living among the general population.

The World Values Survey was conducted in six waves. This section of the compendium focuses on the most recent one, the sixth wave, which was conducted from 2010 to 2014 in Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Qatar, the State of Palestine, Tunisia and Yemen. Respondents were 18 years or older and sample sizes were approximately 1,200 respondents, except in Libya, where the sample size was 2,131.

Figure 8.1 Religiosity, percentage, by sex, latest data available



Source: Data from national statistical offices, compiled by ESCWA.

High religiosity

In the Arab Barometer survey, respondents were asked to rate themselves as religious, somewhat religious or not religious. For the purposes of the present analysis, the categories “religious” and “somewhat religious” have been joined and will together be referred to as religious. The results of the survey are shown in figure 8.1.

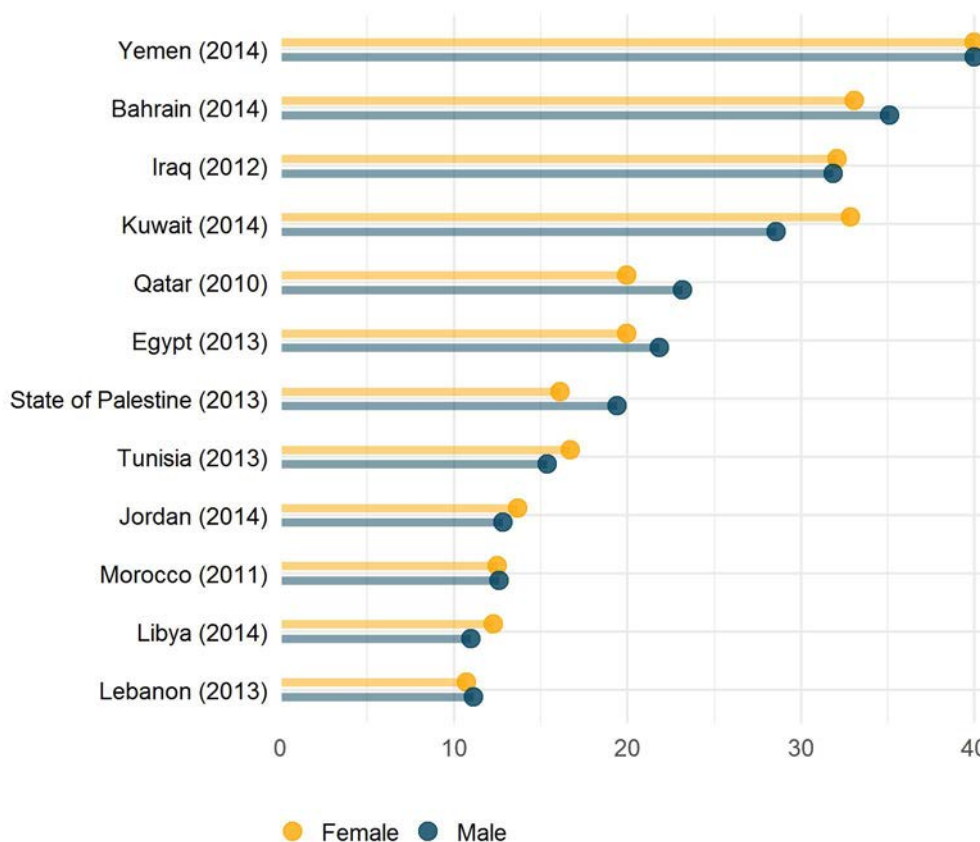
The adult population in the Arab region is largely religious. Lebanon and Tunisia are at the lower end of this spectrum, with 78 per cent and 82 per cent, respectively. The populations of Egypt and Jordan appear to be the most religious, at 97 per cent.

Some gender differences are noticeable across all waves of the Arab Barometer, with more women being religious than men. This is most apparent in Tunisia, where the gender difference in religiosity is about 20 percentage points, and in Lebanon, where the difference is about 10 percentage points.

Low trust

Trust in others is generally low for all countries in the Arab region included in the World Values Survey during the period 2010-2014 (figure 8.2). In Egypt, Jordan, Lebanon, Libya, Morocco, Qatar, the State of Palestine and Tunisia, fewer than 1 in 4 respondents reported that most people could be trusted. The lowest rate was found in Lebanon, where only 10 per cent of respondents answered that most people were trustworthy, whereas the highest rate, 39 per cent, was registered in Yemen. Levels of trust in others were similar for men and women.

Figure 8.2 Percentage of respondents who believe most people can be trusted, by sex, latest data available

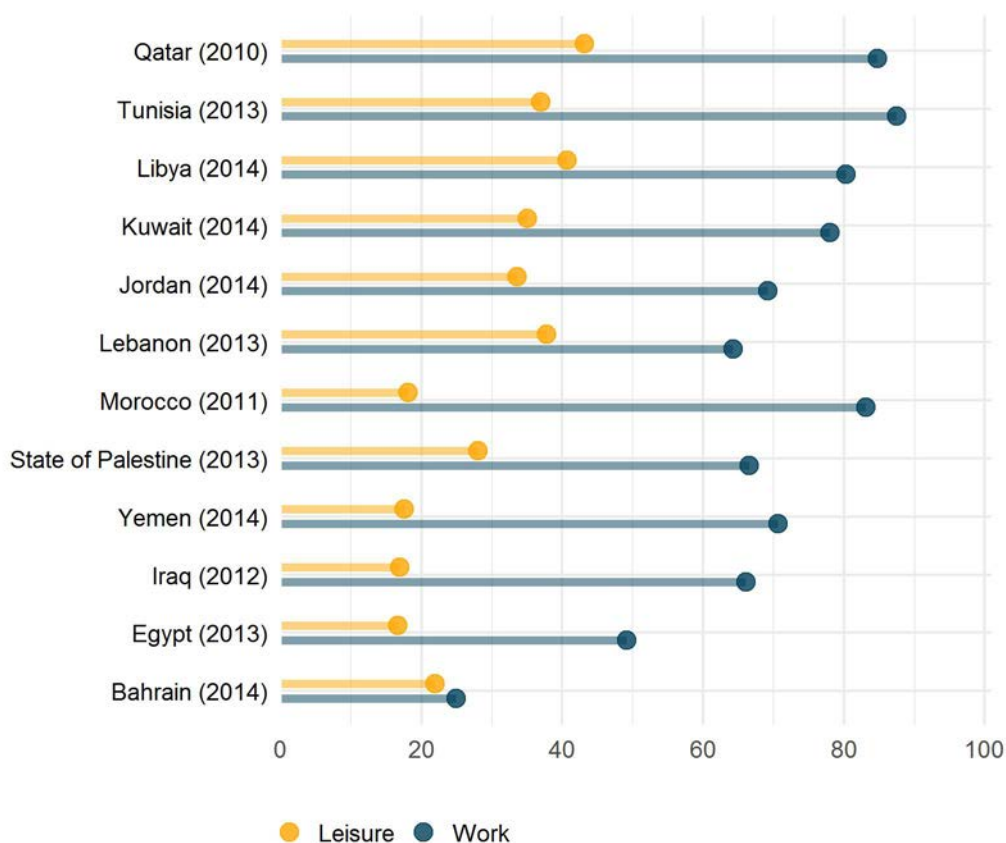


Source: Data from national statistical offices, compiled by ESCWA.

Work valued more than leisure

Recent data from the World Values Survey show that the vast majority of adults in Arab countries value work more than leisure. As shown in figure 8.3, 87 per cent of people in Tunisia consider work to be very important, the highest rate in the region. At the opposite end of the spectrum, in Bahrain, only about 1 in 4 adults consider work to be very important. Respondents in Qatar value leisure the most, with 42 per cent answering that leisure is very important, whereas respondents in Egypt value leisure the least, with only 17 per cent considering it to be very important.

Figure 8.3 Share of respondents who find work or leisure very important, latest data available

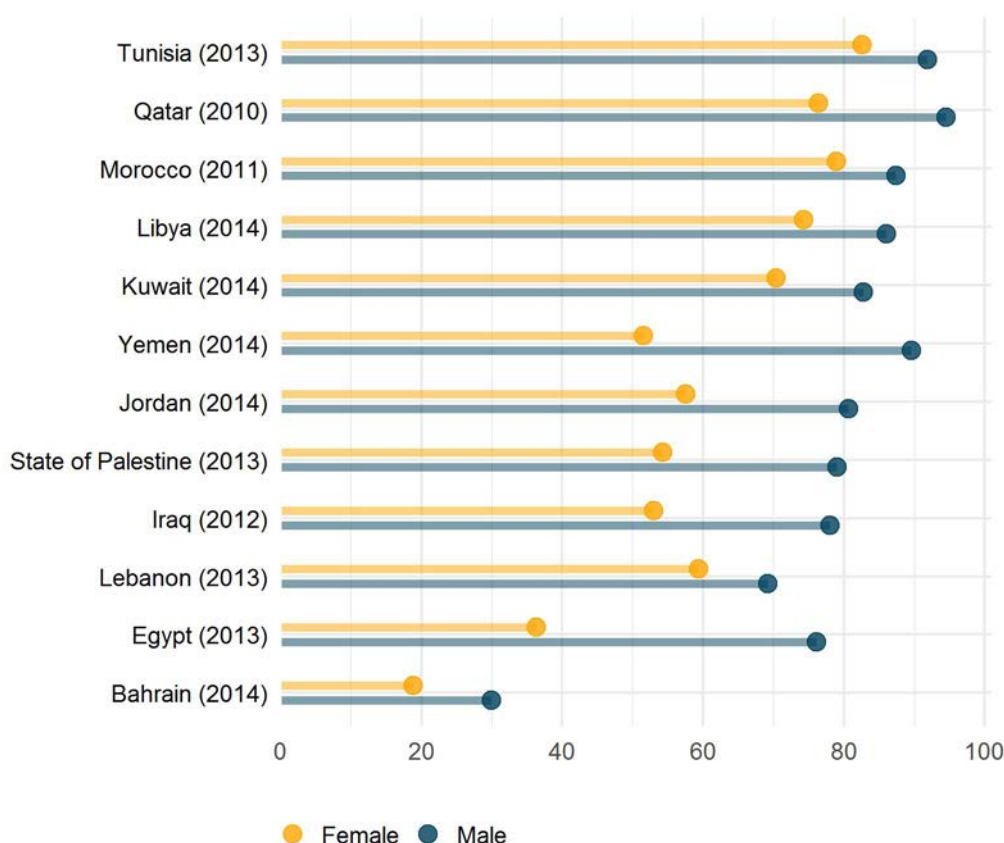


Source: Data from national statistical offices, compiled by ESCWA.

Men value work more than women

Figure 8.4 shows that men consistently value work more than women within the Arab region. In Egypt, 76 per cent of men believe that work is very important, compared with just 36 per cent of women, a difference of 40 percentage points. In Yemen this difference is just as pronounced, at 39 percentage points. The smallest differences are found in Morocco and Tunisia, at 9 percentage points.

Figure 8.4 Share of respondents who find work very important, by sex, latest data available



Source: Data from national statistical offices, compiled by ESCWA.

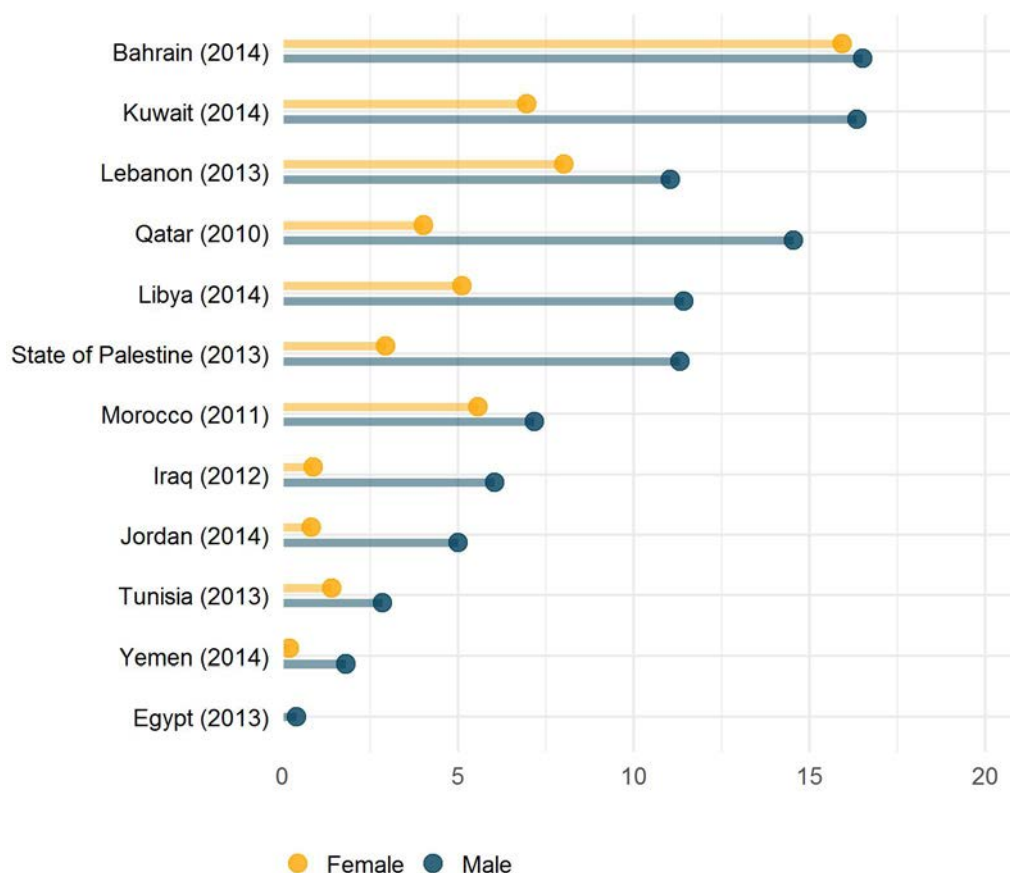
Low membership in voluntary civic organizations

Membership in sports or recreational organizations is very sparse in the Arab region. Recent data from the World Values Survey show that Egypt, Iraq, Jordan, Lebanon, Libya, Morocco, Qatar, the State of Palestine, Tunisia and Yemen all have active membership levels below 10 per cent. Of the countries surveyed, only Bahrain and Kuwait have active membership levels above 10 per cent, at about 16 per cent and 11 per cent, respectively. Sports and recreational organizations are particularly unpopular in Egypt, where almost no respondents are members.

Membership in art, music, and educational organizations is similarly low in the region. Only Bahrain and Lebanon have active memberships above 10 per cent (19 and 11 per cent, respectively), whereas the next highest level is found in Qatar, at 6 per cent. Again, almost no respondents in Egypt are members of such organizations.

As shown in figure 8.5, more men tend to join sports and recreational organizations than women. In Qatar, this difference is the most pronounced, as the proportion of men who are active members of sports or recreational organizations is about 11 percentage points higher than that of women. Membership levels in art, music, and educational organizations is more evenly distributed among the sexes than those for sports or recreational organizations.

Figure 8.5 Active membership in sports or recreational organizations, percentage, by sex, latest data available



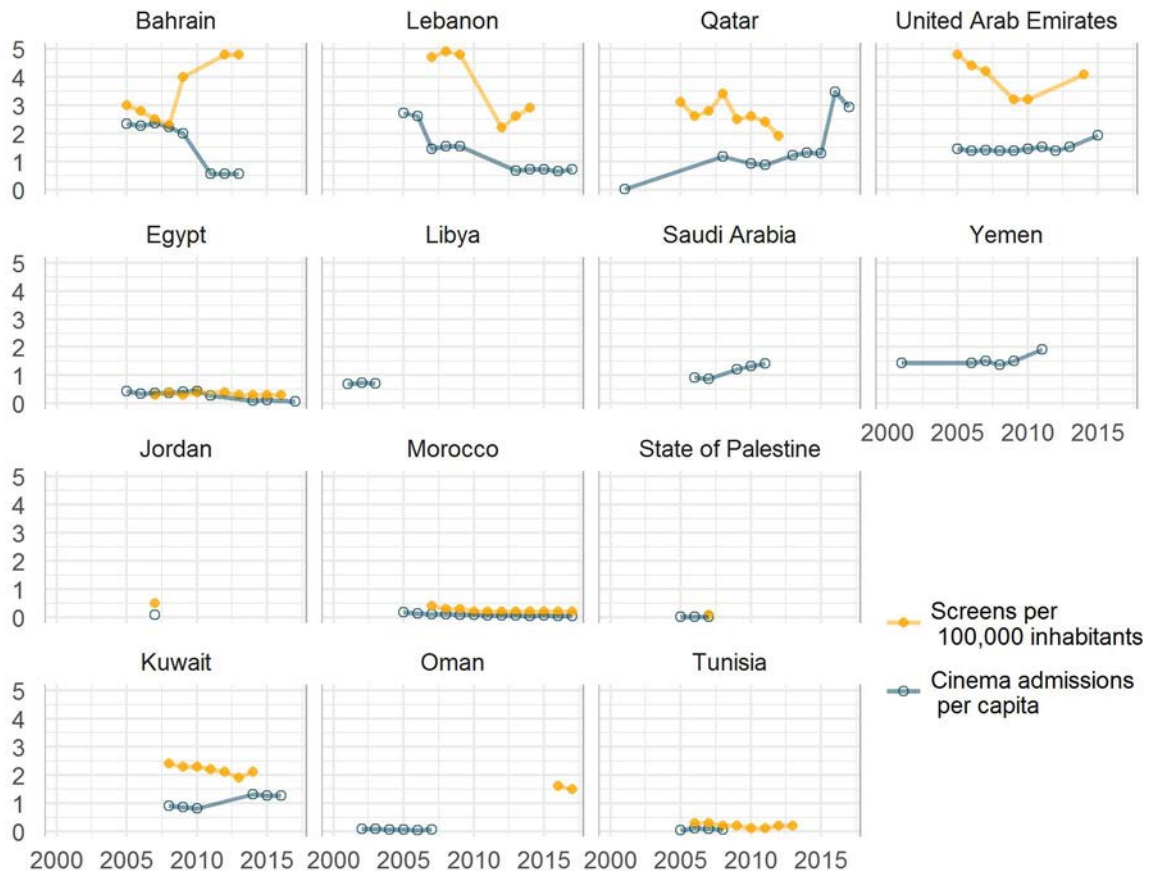
Source: Data from national statistical offices, compiled by ESCWA.

Low cinema attendance and infrastructure

Figure 8.6 below displays cinema admissions per capita and screens per 100,000 inhabitants. The most recent data show that cinema attendance per capita is relatively low in the Arab region and cinema infrastructure is lacking. As shown in figure 8.6, out of the six Arab countries for which there are data since 2015, only Qatar ranked in the top 10 per cent of countries worldwide, reporting three cinema visits per capita in 2017. Cinema attendance has more than doubled since 2008 in Qatar, from 1 to 3 in 2017. Otherwise, recent estimates are below two admissions per capita for countries that provided recent data. Bahrain and Lebanon reported decreasing cinema attendance since 2005, from 2 to 1 in 2013 and 3 to 1 in 2017, respectively.

Density of screens is similarly low in the Arab region; the highest density of screens in the region was reported in Bahrain (4.8 screens per 100,000 inhabitants in 2013), which would be outside the top 25 countries worldwide in 2017. By comparison, Spain, which ranked tenth in 2017 worldwide, had 9 screens per 100,000 inhabitants, nearly double the number of Bahrain. Screen density has been increasing in Bahrain even though cinema admissions per capita have decreased over the same period; from 2005 to 2013, screens per 100,000 inhabitants increased from 3 to 5. Conversely, Lebanon's decrease in cinema attendance generally coincided with a decrease in screen density, from 5 screens per 100,000 inhabitants in 2007 to 3 in 2014.

Figure 8.6 Cinema admissions per capita, and screens per 100,000 inhabitants, 2000-2017



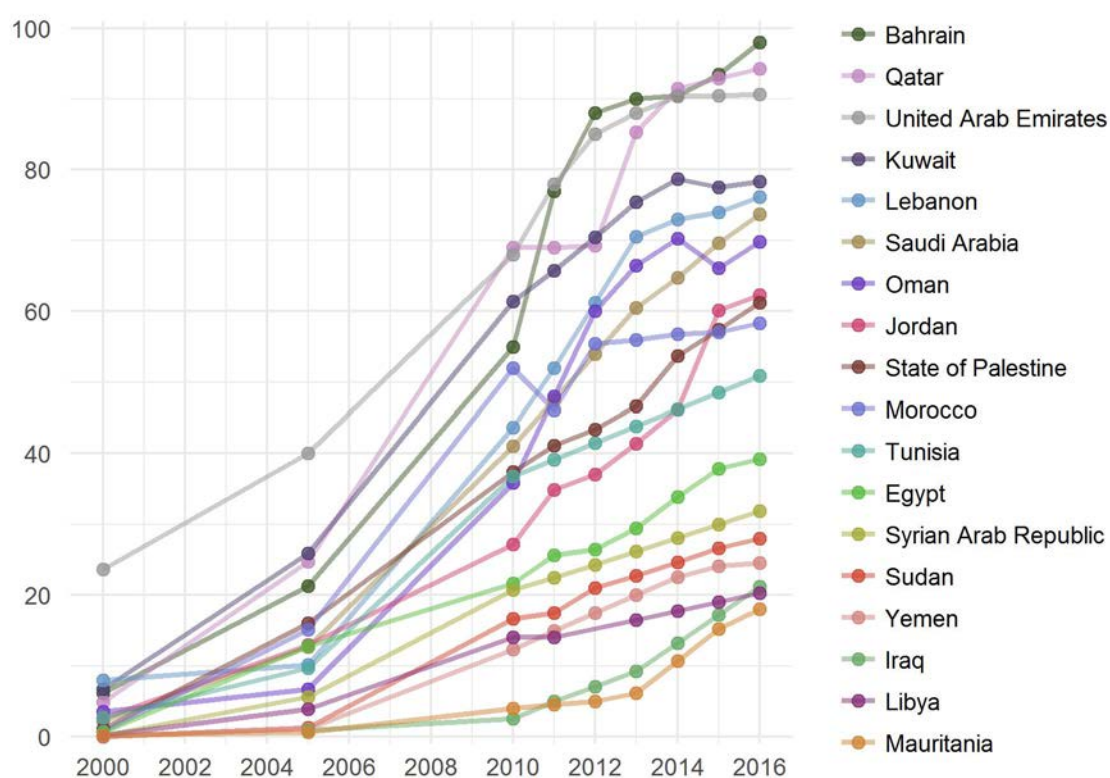
Source: UIS-Stat database, UNESCO.

Dramatic increase in Internet usage

Internet usage in the Arab region has increased dramatically since 2005, when less than 50 per cent of inhabitants in all 18 ESCWA member States used the Internet (figure 8.7). The Internet has since become a major part of modern culture in the region, especially in GCC countries which experienced an almost tenfold increase in the number of internet users. Bahrain has experienced the most pronounced growth in the region, from 55 Internet users per 100 inhabitants in 2010 to 98 users per 100 inhabitants in 2016. In Qatar and the United Arab Emirates, Internet usage also increased notably between 2010 and 2016, from 69 to 94 users per 100 inhabitants and from 68 to 91, respectively.

More than twice as many people in Jordan used the internet in 2016 than they did in 2010, from 27 per 100 inhabitants in 2010 to 62 in 2016. The State of Palestine observed a similar increase over the same time period, from 37 users per 100 inhabitants in 2010 to 61 in 2016. Morocco and Tunisia observed slower growth from 2010 to 2016, from 52 users per 100 inhabitants to 58 and 37 to 51 respectively.

Figure 8.7 Internet users per 100 inhabitants, 2000-2017



Source: ITU World Telecommunication/ICT Indicators database.

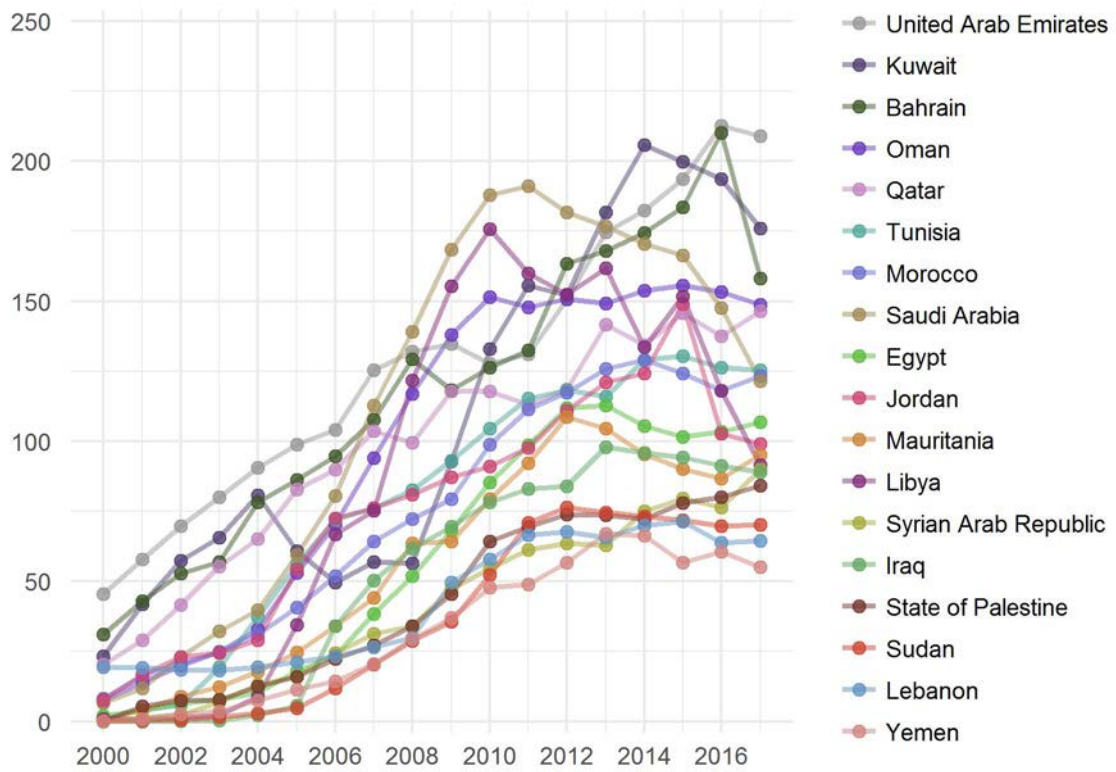
Mobile-cellular subscriptions increased dramatically from 2000 to 2010

Similar to rates of Internet use, GCC countries have consistently reported the highest amount of mobile subscriptions (figure 8.8). Lebanon and Yemen reported the lowest estimates of all countries in 2017, at 65 and 55 subscriptions per 100 inhabitants, respectively. In comparison, all GCC countries reported at least 120 mobile subscriptions per 100 inhabitants in 2017, the highest being 209 in the United Arab Emirates.

From 2000 to 2010, mobile subscriptions increased rapidly across the region. Iraq, the State of Palestine, the Sudan, the Syrian Arab Republic and Yemen all reported zero mobile subscriptions per 100 inhabitants in 2000; by 2010, there were 78 mobile subscriptions per 100 inhabitants in Iraq, 64 in the State of Palestine, 52 in the Sudan, 55 in the Syrian Arab Republic and 48 in Yemen. The largest numerical increases from 2000 to 2010 were observed in Saudi Arabia, Libya and Oman, at 181, 175, and 144 mobile-cellular subscriptions, respectively.

From 2010 to 2017, mobile subscriptions throughout the region increased at a much slower rate than that of the prior ten-year period; in fact, the countries that witnessed the largest increases in mobile subscriptions from 2000 to 2010, namely Libya, Oman and Saudi Arabia, observed decreases in the amount of mobile-cellular subscriptions per 100 inhabitants from 2010 to 2017. In Libya mobile subscriptions decreased by almost half, from 176 per 100 inhabitants in 2010 to 91 in 2017. The United Arab Emirates witnessed the largest numerical increase from 2010 to 2017, from 128 subscriptions per 100 inhabitants in 2010 to 209 in 2017.

Figure 8.8 Mobile-cellular subscriptions per 100 inhabitants, 2000-2017



Source: ITU World Telecommunication/ICT Indicators database.

References

- Arab Barometer (2017). Available at www.arabbarometer.org. Accessed on 1 December 2017.
- Assaad, Ragui, and Caroline Krafft (2014). Youth transitions in Egypt: School, work, and family formation in an era of changing opportunities. Silatech Working Paper Series, No. 14-1. Doha, Silatech. Available at <https://www.silatech.org/wp-content/uploads/2018/12/youth-transitions-in-egypt-school-work-and-family-formation-in-an-era-of-changing-opportunities.pdf>.
- Barakat, Halim (1985). The Arab family and the challenge of social transformation. In *Women and the Family in the Middle East: New Voices of Change*. Elizabeth Warnock Fernea, ed. Austin, Texas: University of Texas Press.
- Bunting, Annie (2005). Stages of development: marriage of girls and teens as an international human rights issue. *Social and Legal Studies*, vol. 14, No. 1, pp. 17-38.
- Coale, Ansley J. (1991). Excess female mortality and the balance of the sexes in the population: an estimate of the number of "missing females", *Population and Development Review*, vol. 17, No. 3, pp. 517-523.
- Deaton, Angus, Javier Ruiz-Castillo and Duncan Thomas (1989). The influence of household composition on household expenditure patterns: theory and Spanish evidence. *Journal of Political Economy*, vol. 97, No. 1, pp. 179-200.
- Khadr, Zeinab, and Laila El-Zeini (2003). Families and households: Headship and co-residence. In *The New Arab Family*, Nicholas Hopkins, ed. Cairo Papers in Social Science series, vol. 24, No. 1. Cairo: The American University in Cairo, pp. 140-164.
- Organisation for Economic Co-operation and Development (2011). Housing conditions. In *How's life? Measuring Well-being*. Paris. pp. 81-102.
- Rashad, Hoda (2000). Demographic transition in Arab countries: A new perspective. *Journal of Population Research*, vol. 17, No. 1, pp. 83-101. Available at www.springer.com.
- Rashad, Hoda, Magued Osman and Farzaneh Roudi-Fahimi (2005). Marriage in the Arab world. Washington, D.C.: Population Reference Bureau.
- Roudi-Fahimi, Farzaneh, and Shaimaa Ibrahim (2013). Ending child marriage in the Arab region. Policy Brief (May). Washington, D.C.: Population Reference Bureau.
- Salehi-Isfahani, Djavad (2013). The role of the family in social integration in the Middle East and North Africa. *DIFI Family Research and Proceedings, No. 1*, Special issue on Protecting the Arab Family from Poverty: Employment, Social Integration and Intergenerational Solidarity.
- Tabutin, Dominique and Bruno Schoumaker (2012). The demographic transitions: characteristics and public health implications. In *Public Health in the Arab World*, Samer Jabbour and others, eds. Cambridge: Cambridge University Press.
- United Nations, Department of Economic and Social Affairs, Population Division (2019a). World Population Prospects 2019, Online Edition. Rev. 1. Available at <https://population.un.org/wpp/>.
- _____ (2019b). International Migrant Stock 2019 (United Nations database, POP/DB/MIG/Stock/Rev.2019). Available at <https://www.un.org/en/development/desa/population/migration/data/estimates2/estimates19.asp>.

- United Nations, Economic and Social Commission for Western Asia (2015). Towards better measurement of poverty and inequality in the Arab countries: a proposed pan-Arab multipurpose survey (E/ESCWA/SD/2014/WP.1). Beirut.
- United Nations, Office of the High Commissioner for Refugees (UNHCR) (2017). Population Statistics Database. Available at <http://popstats.unhcr.org/en/overview>. Accessed on 1 December 2017.
- United Nations Population Fund (2013). *Motherhood in Childhood: Facing the Challenge of Adolescent Pregnancy*. Sales No. E.13.III.H.1.
- United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) (2017). *UNRWA in Figures*. Available at <https://www.unrwa.org/resources/about-unrwa/unrwa-figures-2017>.
- United Nations Statistics Division (UNSD). (2015). *Millennium Development Goals Indicators – the official United Nations site for the MDG Indicators*. New York, USA. Available at <http://mdgs.un.org/unsd/mdg/Metadata.aspx?IndicatorId=0&SeriesId=730>.
- World Health Organization (2011a). *Monitoring Maternal, Newborn and Child Health: Understanding Key Progress Indicators*. Geneva.
- _____ (2011b). *World report on disability 2011*. Geneva.
- _____ (2015). WHO recommendations for routine immunization—summary tables. 2015. Available at https://www.who.int/immunization/policy/immunization_tables/en/.
- _____ (2017). Global Health Observatory Database: Non-communicable Diseases. Geneva. Available at www.who.int. Accessed on 1 December 2017.
- World Values Survey Association (2017). World Values Survey Database. Vienna. Available at www.worldvaluessurvey.org. Accessed on 1 December 2017.



Arab Society: A Compendium of Demographic and Social Statistics, Issue No. 14 is the latest in a series of biennial compendia of the Statistics Division of the Economic and Social Commission for Western Asia (ESCWA). It presents a broad description of Arab society, focusing on population dynamics, household composition and family formation, housing conditions, health, education, labour, poverty and inequality, culture and social participation. Data are drawn primarily from National Statistical Offices of ESCWA member countries and supplemented by publicly accessible data from international agencies, such as the United Nations High Commissioner for Refugees, the World Health Organization, the International Labour Organization, the World Bank and the United Nations Education, Scientific and Cultural Organization. Not all available indicators are displayed in the body of this publication. A more exhaustive set of tables can be found on the ESCWA website.

