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A Compendium of Social Statistics

Issue No. 13

ECONOMIC AND SOCIAL COMMISSION FOR WESTERN ASIA (ESCWA)

**ARAB SOCIETY:
A COMPENDIUM OF DEMOGRAPHIC AND SOCIAL STATISTICS**

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This publication was prepared by Marwan Khawaja (population), Valeria Cetorelli (household composition and family formation), Raffi Shirinian (housing conditions), Zeina Sinno (health), Dina Karanoh (education), Ismail Lubbad (labour), Bilal Kiswani (poverty) and Nathan Reece (culture and social participation).

CONTENTS

| | <i>Page</i> |
|---|-------------|
| Acknowledgments | iii |
| Symbols and abbreviations..... | viii |
| Introduction | 1 |
| 1. Population..... | 5 |
| 2. Household composition and family formation | 13 |
| 3. Housing conditions..... | 17 |
| 4. Health | 20 |
| 5. Education..... | 28 |
| 6. Labour | 32 |
| 7. Poverty and inequality..... | 37 |
| 8. Culture and social participation..... | 42 |
| <i>References</i> | 46 |

LIST OF TABLES

| | | |
|-----------|---|----|
| Table 4.1 | Expenditure on health care as a share of gross domestic product, 2005-2014..... | 25 |
| Table 4.2 | Expenditure on health care as a share of total government expenditure, 2005-2014..... | 26 |
| Table 4.3 | Total per capita expenditure on health care at average exchange rates, 2005-2014 | 26 |
| Table 5.1 | Expenditure on education as a percentage of total government expenditure, 2005-2015 | 31 |
| Table 5.2 | Government expenditure on education as a percentage of GDP, 2005-2015 | 31 |

LIST OF FIGURES

| | | |
|-------------|---|----|
| Figure 1.1 | Annual population growth rates, 2001-2015..... | 6 |
| Figure 1.2 | Population sizes, latest available data | 6 |
| Figure 1.3 | Gender composition of nationals versus non-nationals in Gulf countries, latest available data | 7 |
| Figure 1.4 | Age pyramid, Qatar, 2015..... | 7 |
| Figure 1.5 | Age pyramid, Egypt, 2014 | 7 |
| Figure 1.6 | Gender ratios, latest available data | 8 |
| Figure 1.7 | Population by age group, sex and country recent data..... | 8 |
| Figure 1.8 | Trends in total fertility rates, children per woman, latest available data | 9 |
| Figure 1.9 | Life expectancy at birth for total population, by sex, latest available data | 9 |
| Figure 1.10 | Infant mortality by sex, latest available data..... | 10 |
| Figure 1.11 | Relative size of international migrant populations, 2015..... | 11 |
| Figure 1.12 | Trends in the size of the international migrant stock by country, 1990-2015..... | 11 |
| Figure 1.13 | Refugee populations by host country, 2015 and 2016 | 12 |
| Figure 2.1 | Average household size, latest available data | 13 |
| Figure 2.2 | Percentage of households headed by women, latest available data | 13 |

CONTENTS *(continued)*

Page

| | | |
|-------------|--|----|
| Figure 2.3 | Trends in registered marriages, 2000-2015..... | 14 |
| Figure 2.4 | Trends in registered divorces, 2000-2015..... | 14 |
| Figure 2.5 | Percentage ever-married among girls aged 15 to 19, latest available data | 15 |
| Figure 2.6 | Women's marital status by age group, latest available data | 15 |
| Figure 2.7 | Percentage of women aged 15 to 49 in marriages with one or more co-wives, latest available data | 16 |
| Figure 2.8 | Percentage of women who have never given birth, by age group, latest available data | 16 |
| Figure 3.1 | Percentage of households owning their housing, latest available data | 17 |
| Figure 3.2 | Occupied housing units by type, latest available data..... | 17 |
| Figure 3.3 | Households using an improved drinking water source, latest available data..... | 18 |
| Figure 3.4 | Percentage of households using improved sanitation, latest available data..... | 18 |
| Figure 3.5 | Percentage of households with electricity, latest available data | 19 |
| Figure 4.1 | Contraceptive prevalence rates, latest available data..... | 20 |
| Figure 4.2 | Prenatal care rates, latest available data..... | 20 |
| Figure 4.3 | Births attended by skilled health professionals, latest available data | 21 |
| Figure 4.4 | Births delivered in health facilities, latest available data..... | 21 |
| Figure 4.5 | Maternal mortality ratios, latest available data | 21 |
| Figure 4.6 | Immunization coverage rates, latest available data..... | 22 |
| Figure 4.7 | Stunting by sex, latest available data | 23 |
| Figure 4.8 | Wasting by sex, latest available data | 23 |
| Figure 4.9 | Underweight children by sex, latest available data..... | 23 |
| Figure 4.10 | Obese adults (18 years and older) by sex, 2016..... | 23 |
| Figure 4.11 | Smoking rates by sex, latest available data..... | 24 |
| Figure 4.12 | Non-communicable diseases, latest available data | 24 |
| Figure 4.13 | Disability prevalence per 100,000 people, by sex, latest available data | 25 |
| Figure 4.14 | Main causes of death, latest available data | 25 |
| Figure 4.15 | Average number of inhabitants per physician, latest available data | 26 |
| Figure 4.16 | Average number of inhabitants per nurse and midwife, latest available data..... | 27 |
| Figure 5.1 | Adult literacy by sex, latest available data..... | 28 |
| Figure 5.2 | Youth literacy by sex, latest available data..... | 28 |
| Figure 5.3 | Primary enrolment ratio by sex, latest available data | 29 |
| Figure 5.4 | Secondary enrolment ratio by sex, latest available data | 29 |
| Figure 5.5 | Pupil-teacher ratio in primary education, latest available data | 30 |
| Figure 5.6 | Pupil-teacher ratio in secondary education, latest available data..... | 30 |
| Figure 5.7 | Pupil-teacher ratio in tertiary education, latest available data | 31 |
| Figure 6.1 | Labour force participation rate, by sex, latest available data..... | 32 |

CONTENTS *(continued)*

Page

| | | |
|-------------|--|----|
| Figure 6.2 | Youth labour force participation rate (15 to 24 years), by sex, latest available data | 33 |
| Figure 6.3 | Distribution of individuals outside the labour force, by sex and reason, latest available data | 33 |
| Figure 6.4 | Unemployment rates by sex, latest available data | 34 |
| Figure 6.5 | Youth unemployment rates by sex, latest available data | 34 |
| Figure 6.6 | Percentage of workers employed in the public sector, latest available data | 35 |
| Figure 6.7 | Employment status, latest available data | 35 |
| Figure 6.8 | Employment by economic activity, latest available data | 36 |
| Figure 7.1 | Poverty headcount ratio, latest available data | 37 |
| Figure 7.2 | Poverty gap, latest available data | 37 |
| Figure 7.3 | Gini index, latest available data | 37 |
| Figure 7.4 | Income share held by richest and poorest quintiles, latest available data | 38 |
| Figure 7.5 | Allocation of consumption expenditure, latest available data | 38 |
| Figure 7.6 | Allocation of consumption expenditure, Egypt, 2000-2015 | 38 |
| Figure 7.7 | Allocation of consumption expenditure by the poorest and richest quintiles, Egypt, 2015 | 39 |
| Figure 7.8 | Allocation of consumption expenditure, Egypt, 2000-2015 | 39 |
| Figure 7.9 | Allocation of consumption expenditure, Morocco, 2001 and 2007 | 39 |
| Figure 7.10 | Allocation of consumption expenditure for the lower and upper quintiles of the population, Morocco, 2007 | 39 |
| Figure 7.11 | Trends in allocation of consumption expenditure, Morocco, 2001 and 2007 | 40 |
| Figure 7.12 | Allocation of consumption expenditure, State of Palestine, 2005, 2010 and 2011 | 40 |
| Figure 7.13 | Allocation of consumption expenditure for the richest and poorest quintiles, State of Palestine, 2011 | 40 |
| Figure 7.14 | Trends in allocation of consumption expenditure, State of Palestine, 2005-2011 | 40 |
| Figure 7.15 | Allocation of consumption expenditure, Tunisia, 2005-2015 | 41 |
| Figure 7.16 | Allocation of consumption expenditure, Lebanon, 2005 and 2012 | 41 |
| Figure 7.17 | Allocation of consumption expenditure, Kuwait, 2013 | 41 |
| Figure 8.1 | Religiosity, by sex, 2013-2016 | 42 |
| Figure 8.2 | Share of respondents who believe most people can be trusted, 2010-2014 | 43 |
| Figure 8.3 | Share of respondents who find work or leisure very important, 2010-2014 | 43 |
| Figure 8.4 | Share of respondents who find work very important, by sex, 2010-2014 | 43 |
| Figure 8.5 | Active membership in sports or recreational organizations, by sex, 2010-2014 | 44 |
| Figure 8.6 | Cinema attendance, admissions per capita per year, latest available data | 44 |
| Figure 8.7 | Internet users, per 100 inhabitants, 2005-2016 | 45 |
| Figure 8.8 | Shares of respondents reporting daily Internet usage, 2006-2016 | 45 |
| Figure 8.9 | Shares of respondents reporting daily Internet usage, by sex, recent data | 45 |

SYMBOLS AND ABBREVIATIONS

| | |
|--------|--|
| .. | In tables: data not available |
| BCG | Bacillus Calmette-Guerin |
| DTP | Diphtheria, tetanus and pertussis |
| ESCWA | Economic and Social Commission for Western Asia |
| GCC | Gulf Cooperation Council |
| GDP | gross domestic product |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |
| WHO | World Health Organization |

Introduction

The present compendium is the latest in a series published biennially by the Statistics Division of the Economic and Social Commission for Western Asia (ESCWA) under the title *Arab Society: A Compendium of Demographic and Social Statistics*. It presents a broad description of Arab society and the ways in which it is changing. It focuses on population dynamics, household composition, family formation, housing conditions, health, education, labour, poverty, inequality, culture and social participation.

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, 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 it is diversifying. Population growth varies widely from country to country, from less than 1 per cent to over 3 per cent per year. The average population growth for the region is 2.1 per cent per year. Based on that rate of growth, the population of the region is 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. Children below 15 years of age make up less than 15 per cent of the population in Qatar to 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 have even experienced a slight increase (for example Egypt, Iraq, Mauritania and Tunisia).

Improvements in the health and longevity of the population are evident, although the data show clear disparities across countries. Life expectancy at birth ranges from 62/64 years (for men and women, respectively) in Yemen to 77/81 years in Qatar. Gender differences in life expectancy at birth are generally small, less than 2 years in some countries (for example Bahrain, Jordan and Yemen). Infant mortality rates barely differ by gender in 10 out of the 15 countries for which recent data are available. These figures are suggestive of discrimination against girls, because on purely biological grounds, the differences should be greater.

The number of international migrants in the region has more than doubled since 1998. According to the latest available data, 8 out of 18 countries classify at least 25 per cent of their populations as international migrants. The GCC countries have relatively large migrant populations, consisting primarily of labourers from South and Southeast Asia. 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.

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 seven persons in Oman and Yemen to around four persons in Lebanon and Tunisia. Female household headship is generally low in the region, except in Mauritania, where about one third of households are headed by women.

Throughout the region, the number of registered marriages and divorces has surged in recent years. The mean age at first marriage has increased for both men and women, although in some countries it is still common that girls are married as children. In Iraq, Mauritania and the Sudan, the proportion of ever-married girls aged 15 to 19 lies above 20 per cent. Polygyny is no longer prevalent in the region, except in the Sudan, where around

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 they live in, except in GCC countries. The low home ownership in GCC countries is attributable to the high number of non-nationals living there. Overall, 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, Jordan and Tunisia to below 20 per cent in Mauritania and the Sudan. According to recent data, most pregnant women in the region receive at least one antenatal visit, and most births are attended by a skilled health professional and delivered in health facilities. However, 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).

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 the five main vaccinations. Mauritania, the Sudan and Yemen have the lowest immunization coverage in the region. Children's nutritional status is also particularly poor in these three countries.

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. Smoking is more common among men, with the highest rates found in Egypt and the State of Palestine, where over 40 per cent of men smoke. The most prevalent causes of death in all countries for which recent data are available are diseases of the circulatory system, followed by neoplasms and diseases of the respiratory system.

From 2010 to 2014, per capita health expenditure increased significantly in GCC countries, and it rose by more than 50 per cent in Bahrain and Saudi Arabia. With the exception of Lebanon, all other countries reported smaller increases. In Lebanon, per capita health expenditure decreased by about 10 per cent from 2010 to 2014. The number of people per physician varies widely across the region, from about 300 in Qatar to almost 4,000 in Yemen. The density of nurses and midwives also varies widely.

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 is reported by Mauritania: around 70 per cent. Enrolment in primary schools is generally high and in some countries the gender gap in the net enrolment ratio has significantly narrowed in recent years (for example in Iraq and the Sudan). Enrolment in secondary education is lower than in primary education. The difference between primary and secondary enrolment ratios is only around 5 percentage points in Kuwait and Qatar, but over 50 percentage points in Yemen.

Wide variations are observed between countries in the pupil-teacher ratios at the primary, secondary and tertiary levels. In terms of public expenditure on education as a percentage of total government expenditure, Bahrain, Mauritania, Oman, the State of Palestine, Tunisia and Yemen reported a decrease in recent years, while Lebanon and Kuwait reported an increase.

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 and Qatar are the only countries where

the female labour force participation rate is over 30 per cent. Youth labour force participation is also low, at less than 40 per cent for all countries.

Recent data show that unemployment in most non-GCC countries exceeds 10 per cent. Mauritania and the State of Palestine even reported unemployment rates in excess of 25 per cent. Unemployment among women is systematically higher than among men. Youth unemployment is also high, exceeding 20 per cent in most countries in the region.

Employment in the public sector is high among the nationals of GCC countries, whereas non-nationals in GCC countries tend to work in the private sector. All non-GCC countries reported that less than 40 per cent of workers are employed in the public sector. Most workers are salaried, except in Morocco and the Sudan, and the service sector employs more workers than any other sector by a wide margin.

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. Most countries have relatively low to moderate levels of inequality. According to recent data, Morocco has the most unequal distribution of consumption and Iraq the most equal.

Education and health accounts for the smallest share of consumption expenditure in the region. In Egypt, Morocco 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 practice a religion. Of the countries for which recent data are available, Lebanon reported the lowest proportion: 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 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 | Sudan |
| Lebanon | Syrian Arab Republic |
| Libya | Tunisia |
| Mauritania | United Arab Emirates |
| Morocco | Yemen |

1. Population

The Arab region has a fairly heterogeneous demographic profile. Countries in the region are at different stages of their demographic transitions owing to a wide range of country-specific social, economic, political and cultural factors (Tabutin and Schoumaker, 2012). Currently, the region includes countries with markedly different population sizes, age-sex structures, growth rates and population composition, because the three main drivers of demographic change are themselves changing rapidly, namely total fertility, mortality, and international migration.

Understanding demographic change is crucial from a policy perspective because it affects almost all aspects of life and has important implications for labour markets, economic growth, employment potential, housing needs and the demand for education, health and social services. Reliable data on the size and structure of populations and on the drivers of demographic change are, therefore, essential for understanding social and economic trends and for informing national public policy decisions. Such data are also important for measuring performance against the Sustainable Development Goals.

This section provides a descriptive account of demographic structure and change in the Arab region, based mainly on data from national statistical offices. It describes changes in population size and structure resulting from changes in fertility, mortality and migration.

A growing population

Demographic transitions in the Arab region are believed to follow the standard pattern of a rapid decline in mortality followed by a delayed decline in fertility. The mortality decline 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 transition across countries, coupled with migration patterns that included forced displacement, resulted in a rather polarized demographic profile and considerable variations in population growth rates across countries. Some countries in the region have some of the lowest rates of population growth in the world, while others have some of the highest.

According to United Nations estimates, the Arab region experiences a population growth rate of 2.1 per cent per year, well above the world average (United Nations, 2017). At that rate, the population of the region is expected to double in size in approximately 35 years. However, current population estimates for the period 2001-2016 obtained from 13 national statistical offices in the region reveal large differences in population growth rates (figure 1.1). Data for the period 2013-2016 show growth rates ranging from 1 per cent in Tunisia to about 9 per cent in Qatar. In general terms, the countries in the region can be grouped into three demographic categories. The first has fairly high population growth rates (about 3 per cent or more per year) and includes a few GCC countries. The second category comprises countries with ongoing demographic transitions, with growth rates of 2.5 to 2.9 per cent per year (for example Egypt, Iraq and the State of Palestine). The third category is at an advanced stage of transition with fairly low growth rates (for example Lebanon, Morocco and Tunisia). In the GCC countries, trends in population growth have fluctuated widely over time owing to changes in net international migration.

Thus, although population growth in the region as a whole has been declining, it will remain high in the decades to come.

A young population, overall

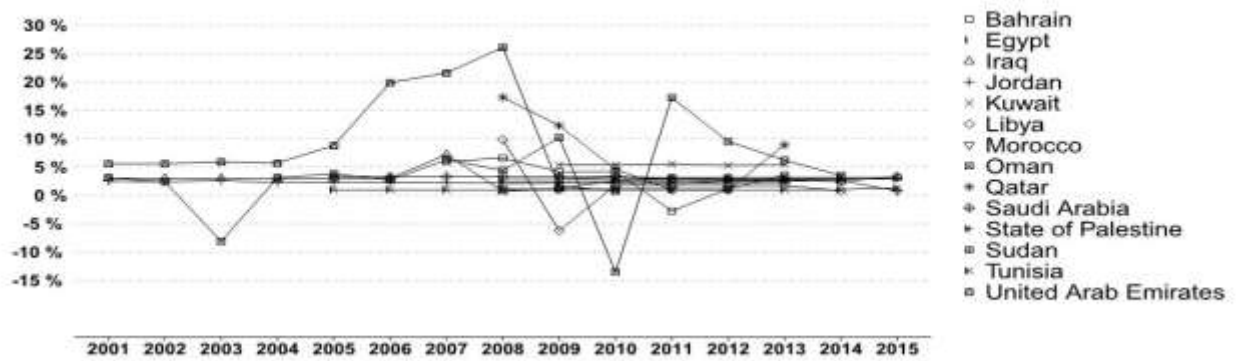
Figure 1.2 shows current population estimates for 17 countries based on the latest available figures in the period 2010-2015. Population sizes vary considerably, ranging from 87 million in Egypt to about 1 million in Bahrain. For some countries, such as Iraq, Libya, the Syrian Arab Republic and Yemen, the statistics no longer reflect the current situation owing to large displacements caused by armed conflict. The 2015 Jordan census, for example, put the population at 9.5 million, about 2 million more than previous United Nations population estimates, mainly because of the recent influx of refugees from the Syrian Arab Republic. The estimates are also affected by relatively large non-citizen labour migrant populations, especially in the GCC countries.

Data show that five GCC countries have significant migrant populations. Of those five, three have more non-nationals than nationals within their

borders. Figure 1.3 shows the sex distribution of populations in those five countries by nationality. As the figure shows, there is a disproportionate

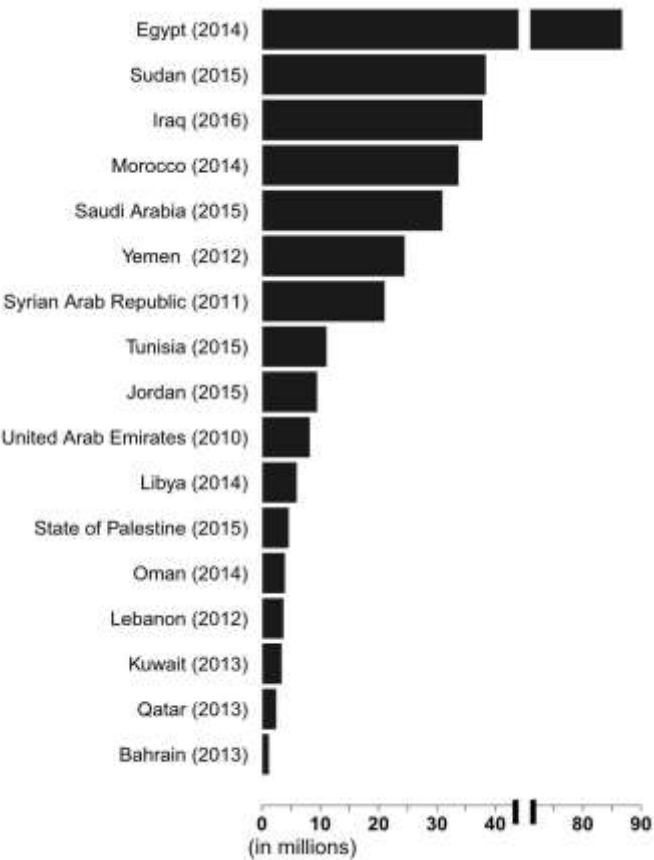
number of men among non-nationals in all five countries. In four of them, 70 per cent or more are men.

Figure 1.1 Annual population growth rates, 2001-2015



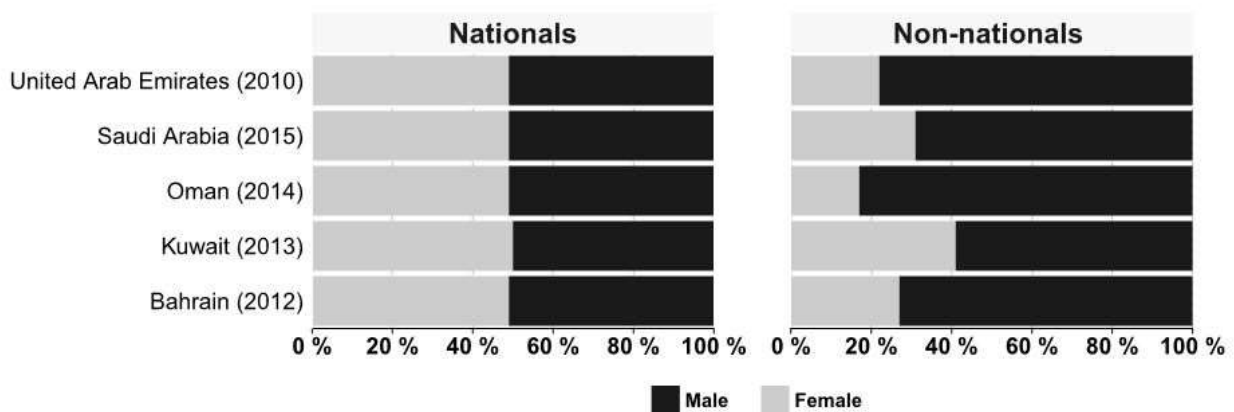
Source: Data from national statistical offices.

Figure 1.2 Population sizes, latest available data



Source: Data from national statistical offices.

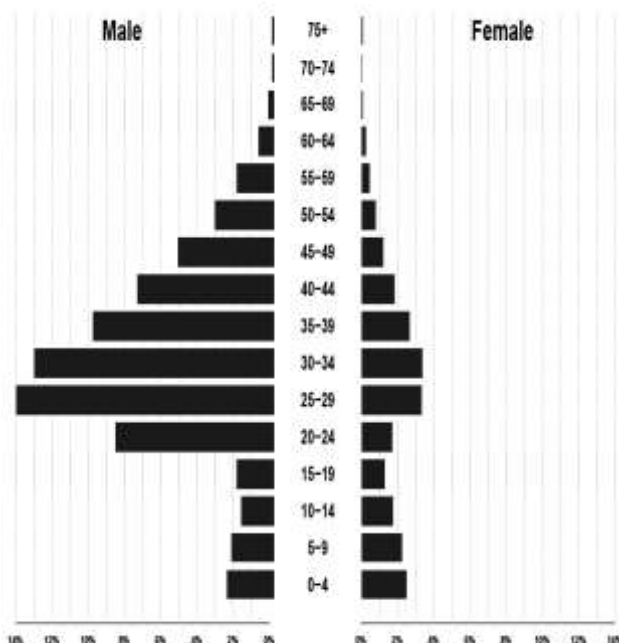
Figure 1.3 Gender composition of nationals versus non-nationals in Gulf countries, latest available data



Source: Data from national statistical offices.

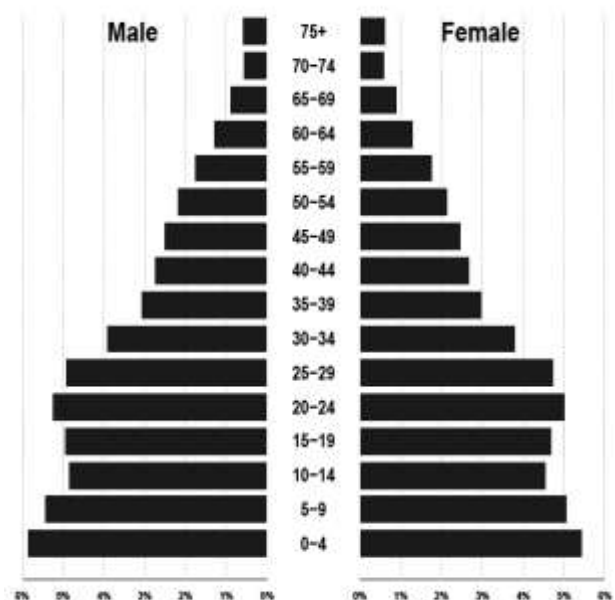
The presence of non-nationals therefore has a significant impact on the age-sex structure of every GCC country. Figure 1.4 and figure 1.5 contrast the age pyramid of Qatar, a country that has significant migrant labour, to that of Egypt, which does not.

Figure 1.4 Age pyramid, Qatar, 2015



Source: Data from Qatar, Ministry of Development Planning and Statistics.

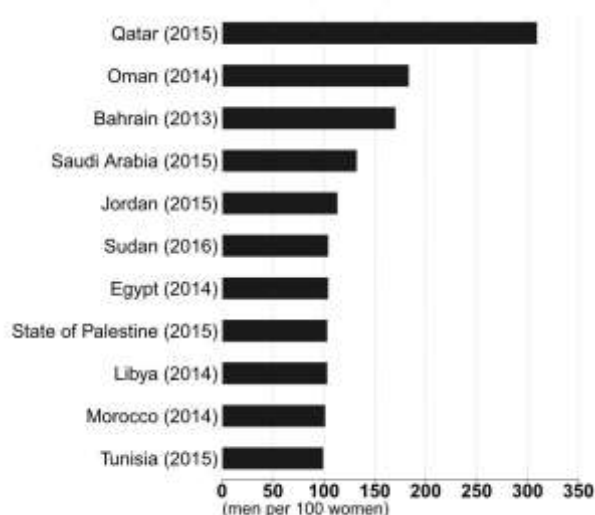
Figure 1.5 Age pyramid, Egypt, 2014



Source: Data from Egypt, Central Agency for Public Mobilization and Statistics.

As a result of labour migration, the sex ratios for all GCC countries are large, meaning that there are considerably more men than women. For example, there were 309 men per 100 women in Qatar, and 183 men per 100 women in Oman (figure 1.6). The difference is most notable in the age groups between 15 and 64 years.

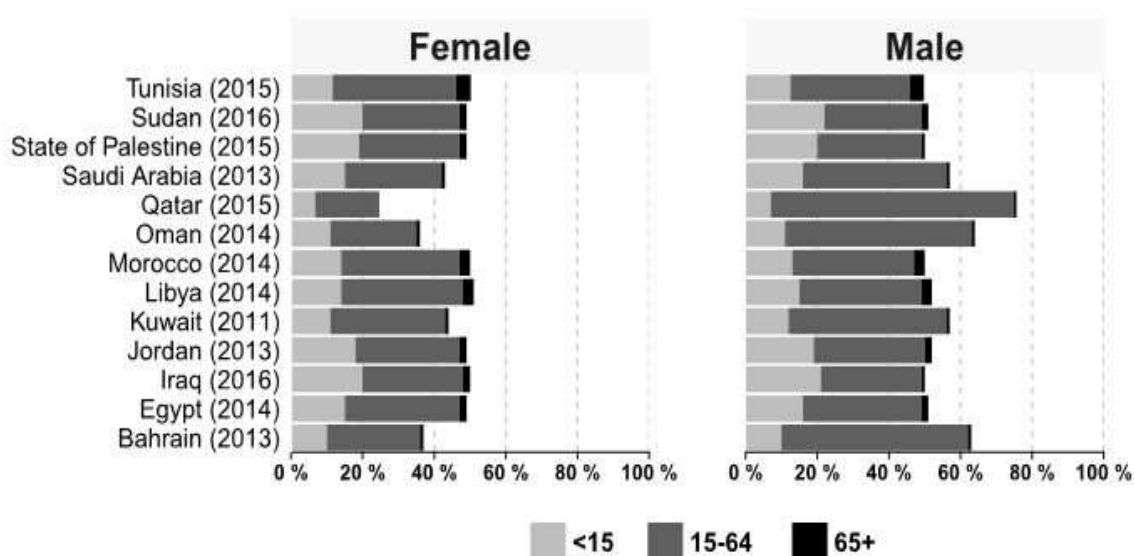
Figure 1.6 Gender ratios, latest available data



Source: Data from national statistical offices.

According to United Nations estimates, the region overall has a relatively young population, with a median age of only 22 years, compared with a world average of 28.5 years (United Nations, 2017). However, as shown in figure 1.7, there is considerable heterogeneity in the age distribution of countries in the region owing to varying demographic transitions and migrant labour populations. The proportions of children under 15 years of age in the population range from a low of 14 per cent in Qatar (2015) to a high of 40 per cent in Iraq and 42 per cent in the Sudan (2016). By contrast, the proportion of the working-age population in Qatar is 84 per cent, compared with 57 per cent in Iraq and 54 per cent in the Sudan. Available data reveal that the proportions of elderly persons in each country are still small, less than 4 per cent, except in Libya, Morocco and Tunisia.

Figure 1.7 Population by age group, sex and country recent data



Source: Data from national statistical offices.

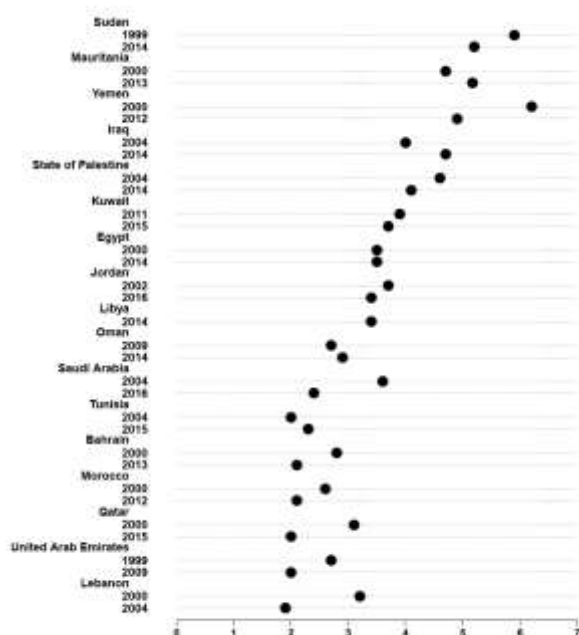
Rapid decline in total fertility rates in most countries, recent stabilization or increase in others

Many countries in the region have experienced a rapid, although delayed, decline in total fertility rates over the past few decades. The speed of the decline varied widely across countries, with some showing little or none during the past

decade, and others, more recently, even showing a slight increase.

Figure 1.8 shows the most recent estimates of total fertility in 18 Arab countries. Total fertility varies significantly, from below or near the replacement level in Bahrain, Morocco, Lebanon, Tunisia and the United Arab Emirates to over 5 children per woman in Mauritania and the Sudan.

Figure 1.8 Trends in total fertility rates, children per woman, latest available data



Source: Data from national statistical offices.

Trends in fertility over time show a mixed picture, with a rapid decline in some countries, slow decline or stabilization in others, and a slight increase in a few. Eight countries show a rapid decline of about 2 per cent per year. Six countries – Jordan, Kuwait, Oman, the State of Palestine, and the Sudan – show a slow decline of about 1 per cent or less per year. A few countries show a stabilization or even a slight increase in fertility. These include Egypt, Iraq, Mauritania, and Tunisia.

For GCC countries, the fertility figures refer to the population as a whole, including non-nationals, and hence they tend to be relatively low. Except for Bahrain, the estimated total fertility in the GCC countries is more than 3 children per woman among nationals.

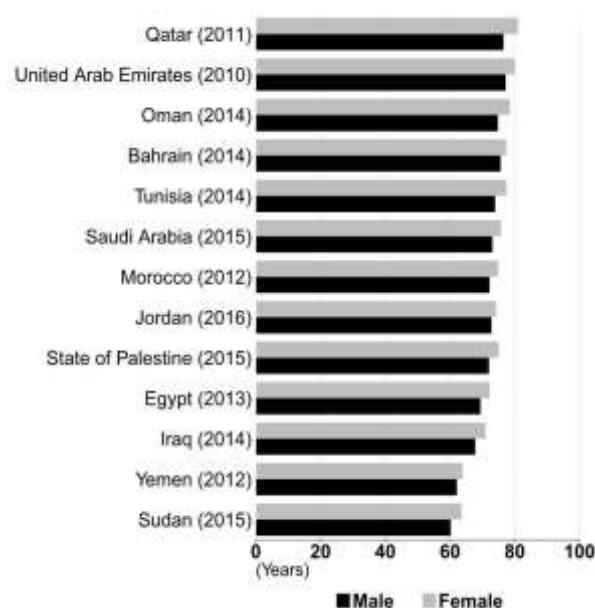
After remaining stable for some years, fertility in Jordan began a slight decline from 3.7 children per woman in 2002 to 3.5 children per woman in 2012 and 3.4 children per woman in 2016. Also, after stalling for a long time, recent estimates from Egypt show a recent rise in fertility from 3 children per woman in 2008 to 3.5 children per woman in 2014, the same as in 2000. The rise was noticeable in almost all age groups and especially sharp for women aged 20 to 24 years. It coincided with the recent rise in armed conflict in the region and could

be the result of an increase in the number of marriages, an increase in the demand for children, or both.

Small female advantage in life expectancy at birth

The Arab region has experienced remarkable improvements in the health of the population. According to United Nations estimates, life expectancy at birth has increased by around 20 years since the 1960s (United Nations, 2017). 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 still persist in many countries.

Figure 1.9 Life expectancy at birth for total population, by sex, latest available data



Source: Data from national statistical offices.

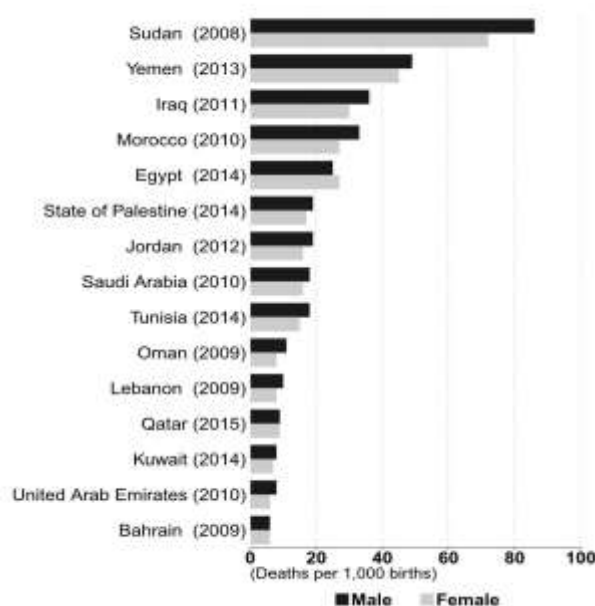
Only 13 countries submitted recent estimates of life expectancy at birth. As shown in figure 1.9, recent estimates of life expectancy at birth range from 62/64 years (for men and women, respectively) in Yemen, to 77/81 years in Qatar. Qatar and the United Arab Emirates have the highest life expectancy at birth for both men and women. Interestingly, some middle-income countries, such as Morocco and Tunisia, have a life expectancy at birth similar to that of some richer GCC countries. Gender differences in life expectancy at birth are generally small, with a

difference of less than two years in Bahrain, Jordan and Yemen. Coale (1991) estimated that, under ordinary circumstances, life expectancy at birth for males was 0.924 to 0.946 that of females. Based on that estimate, values above 0.946 indicate that, relative to males, females are living shorter than they might be expected to and, hence, that they may be at a disadvantage. Except in Qatar, all countries with data on life expectancy show values above 0.946. However, trend data from some countries reveal that improvements in life expectancy at birth over the past decade are generally greater for females than males.

Large variations in infant mortality are also evident across countries in the region (see figure 1.10). Infant mortality rates range from 79 deaths per 1,000 births in the Sudan and to very low rates of 10 or fewer deaths per 1,000 births in all GCC countries except Saudi Arabia. The rate of 9 deaths per 1,000 births reported in Lebanon for 2009 is surprisingly low in the light of previous estimates (for example that of the Pan-Arab Project for Family Health in 2004). It could have resulted from estimation bias associated with indirect methods of estimation using the multiple-indicator cluster survey data. Gender differentials in mortality are generally too small to be statistically significant, but they tend to favour females, as would be expected in most countries. In Egypt, recent estimates show a male advantage. In countries with gender equality, for example Sweden, the sex ratio for infant mortality is around 1.20 males to each female. Of the 15 countries for which data are available, only 6 have sex ratios for infant mortality above 1.20. The lack of gender differences in infant mortality in 9 out of the 15 countries mean that more girls die than in countries with gender equality, and it may therefore indicate that girls are being discriminated against.

Data on trends in infant mortality from some countries indicate continued improvements over time. However, reductions in mortality seem stalled in countries with low mortality rates (specifically, in GCC states), but also in countries with relatively high levels of infant mortality (Egypt, Iraq and the Syrian Arab Republic). Recent estimates from Jordan (17 deaths per 1,000 births) and Palestine (18 deaths per 1,000 births) show sharp declines in infant mortality in recent years.

Figure 1.10 Infant mortality by sex, latest available data



Source: Data from national statistical offices.

Number of international migrants nearly doubled in 20 years

International migration can have a profound impact on a country's population size, population age-sex structure and economic, social and health conditions. Sadly, data and literature on international migration in the Arab region are in short supply. The authors have used the limited data available from international sources to discuss the size of migrant and displaced populations, as well as net migratory movements.

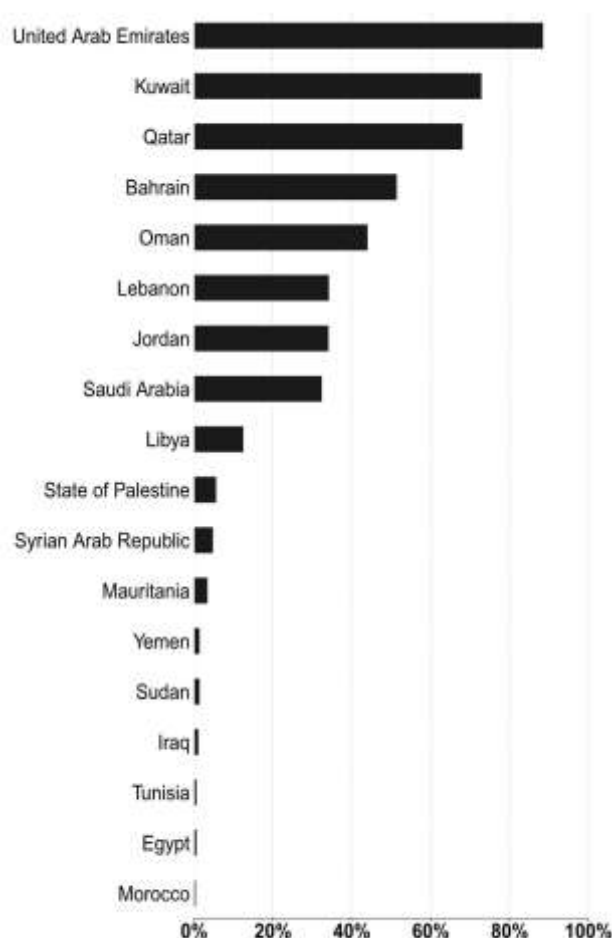
Most countries in the region have relatively large migrant populations. Data for 2015 reveal that 8 out of 18 countries in the region classify at least 25 per cent of their populations as international migrants (figure 1.11). In the United Arab Emirates, more than 80 per cent of the population are international migrants, while in Bahrain, Kuwait, Omar and Qatar, more than 40 per cent are. The migrant population also relatively large in Jordan, Lebanon and Saudi Arabia. Unlike in the GCC countries, migrants in Jordan and Lebanon originate largely from neighbouring Arab countries, in particular Egypt, Iraq, the State of Palestine and the Syrian Arab Republic.

For the period 1990-2015, estimates of international migration stocks indicate a substantial increase in 18 Arab countries. The number of international migrants more than doubled in 11 countries and more than tripled in 6 of those, namely Bahrain, Iraq, Lebanon, Oman, Qatar and the United Arab Emirates (figure 1.12). For the 18 countries as a whole, the number of international migrants increased by nearly 260 per cent.

Estimated net migration (the number of immigrants less the number of emigrants per 1,000 people) was positive for 8 of the 18 countries for the period 2010-2015. Oman and Qatar had the highest positive rates, at 59 and 49 migrants per 1,000 people, respectively. By contrast, the Syrian Arab Republic had the highest negative rate, at 16 per 1,000 population. Trends in these rates show some fluctuations between 1990 and 2010, but have been increasing consistently in the GCC countries Bahrain, Kuwait, Qatar and the United Arab Emirates.

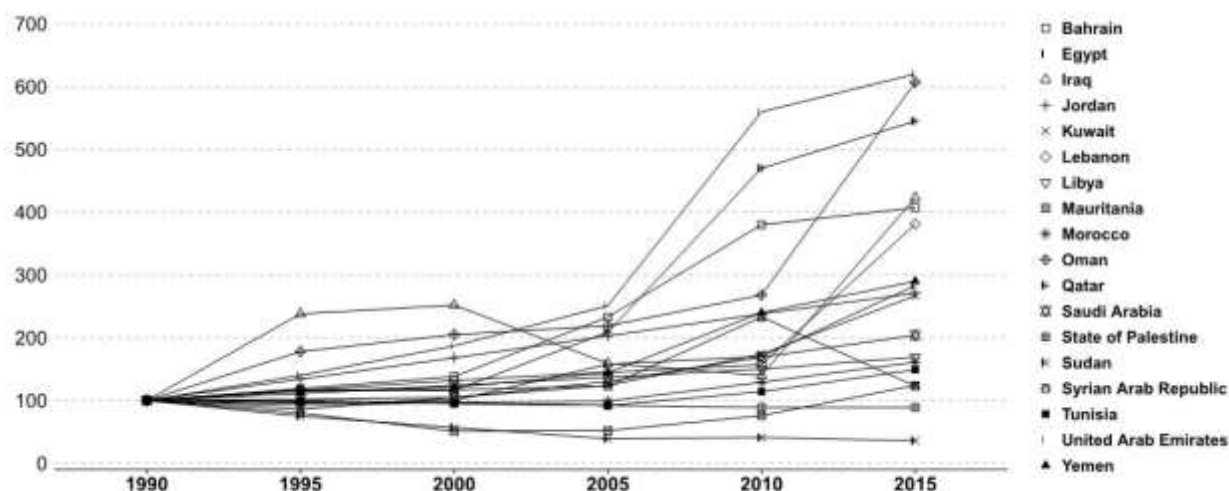
The Arab region has the largest refugee and displaced populations worldwide and the Palestinians are the largest and oldest group among them (UNHCR, 2015; UNRWA, 2015). As shown in figure 1.13, Jordan, Lebanon and the State of Palestine have over 1 million refugees each. The refugee populations in Jordan and Lebanon are so large that they affect labour markets and the capacity of the host countries to provide adequate health, education and social services to their populations.

Figure 1.11 Relative size of international migrant populations, 2015



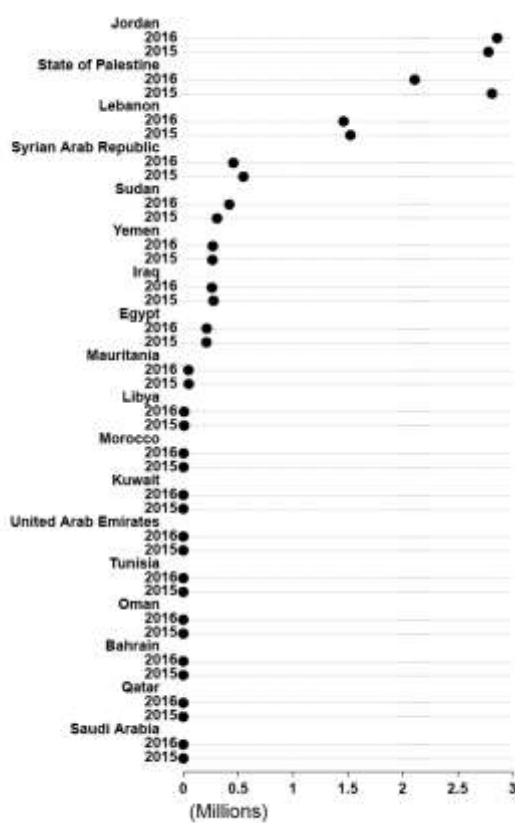
Source: United Nations (2017).

Figure 1.12 Trends in the size of the international migrant stock by country, 1990-2015 (index, 1990 = 100)



Source: United Nations (2017).

Figure 1.13 Refugee populations by host country, 2015 and 2016



Sources: UNHCR (2015) and UNRWA (2015).

2. Household composition and family formation

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). Early studies on household dynamics in the Arab region focused on the move away from a tradition of extended family households to nuclear households (Barakat, 1985). More recently, Khadr and El-Zeini (2003) confirmed that the nuclear family has become the most common living arrangement in the region.

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, increasing industrialization of the labour market, urbanization 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).

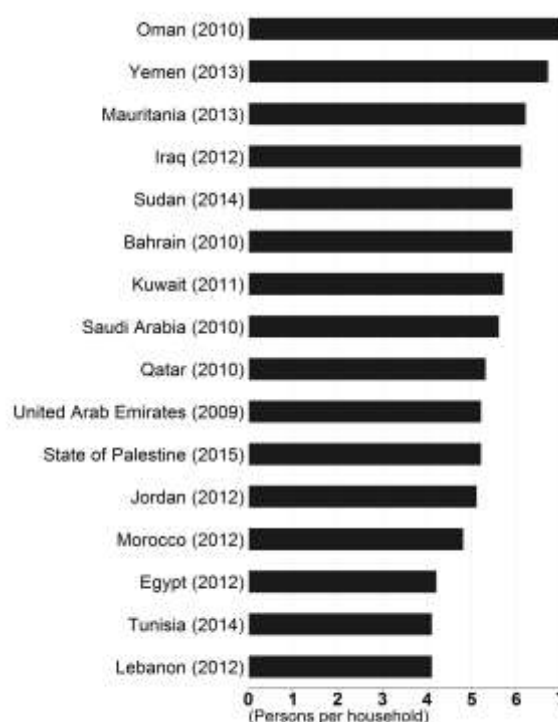
Largest households in Oman and Yemen, smallest in Lebanon and Tunisia

Figure 2.1 shows average household sizes across the Arab region based on data available for recent years. Household size ranges from around 7 persons in Oman and Yemen to around 4 persons in Lebanon and Tunisia. Although household size is related to the 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 household size in any given population. For example, Bahrain has a relatively low fertility rate but a large average household size of around 6 persons, similar to that of the Sudan.

Few households headed by women, except in Mauritania

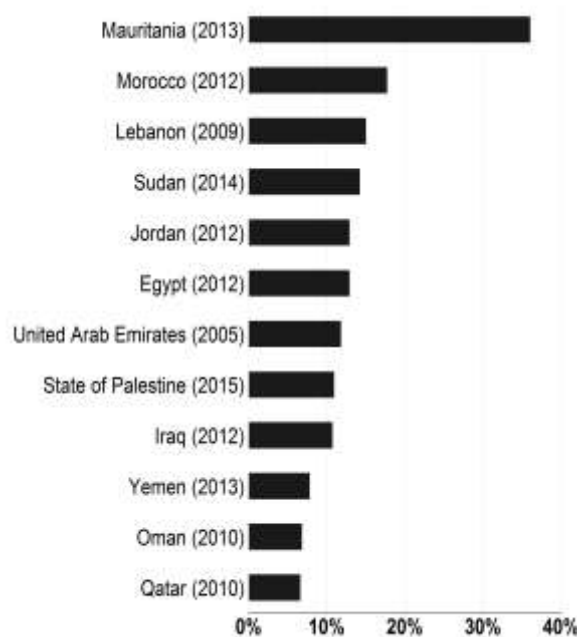
The percentages of households headed by women is shown in figure 2.2. The most recent official data from Mauritania suggest that 36 per cent of households are headed by women, whereas in Qatar and Oman, less than 7 per cent are. Out of 12 countries, 9 show a relatively low proportion of less than 15 per cent of households headed by women.

Figure 2.1 Average household size, latest available data



Sources: Data from national statistical offices, demographic and health surveys, and multiple-indicator cluster surveys.

Figure 2.2 Percentage of households headed by women, latest available data



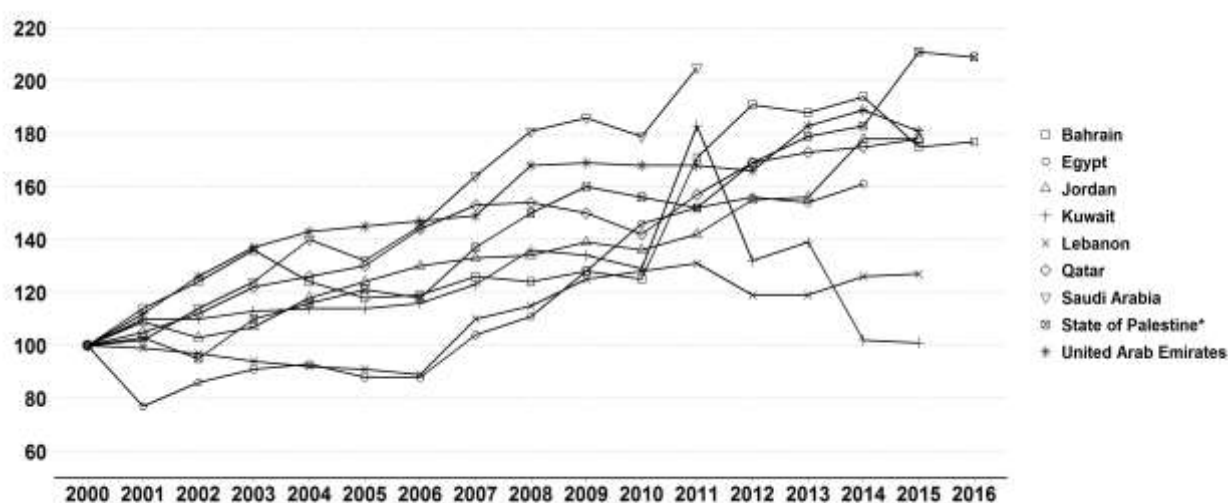
Sources: Data from national statistical offices, demographic and health surveys, and multiple-indicator cluster surveys.

Consistent rise in the number of registered marriages and divorces

Figure 2.3 shows changes in the numbers of registered marriages as compared with the baseline year of 2000. The number of registered marriages has increased consistently in most countries for which data are available. The most dramatic rise was recorded in Saudi Arabia, where the number of registered marriages doubled between 2000 and 2011. Similarly, the State of Palestine experienced a doubling in the number of registered marriages between 2000 and 2015.

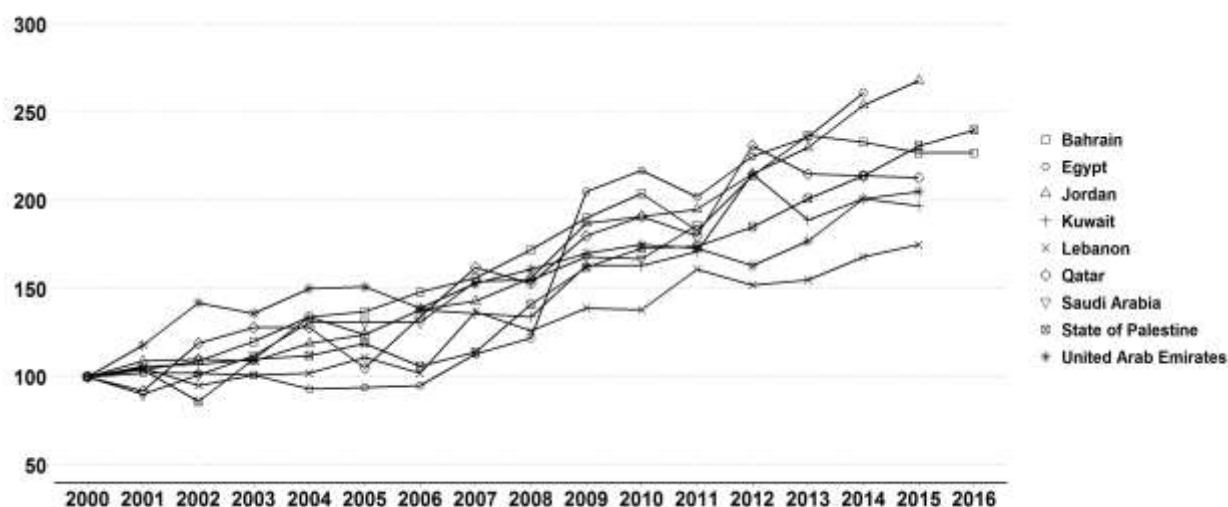
The index in figure 2.4 shows that the number of registered divorces has increased even more than the number of registered marriages. In all Arab countries for which data are available, the number of registered divorces has at least doubled, except in Lebanon, where it has increased by 175 per cent.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

Figure 2.3 Trends in registered marriages, 2000-2015 (index, 2000 = 100)



Sources: Data from national statistical offices, results of demographic and health surveys, and multiple-indicator cluster surveys.

Figure 2.4 Trends in registered divorces, 2000-2015 (index, 2000 = 100)



Sources: Data from national statistical offices, results of demographic and health surveys, and multiple-indicator cluster surveys.

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). Child marriage often results in childbearing at early ages, high fertility and reduced educational and labour market opportunities (Bunting, 2005).

Figure 2.5 shows the variation in the estimated percentage of ever-married girls aged 15 to 19 for countries in the region that have recently conducted a demographic and health survey or a multiple-indicator cluster survey. In Mauritania, 29 per cent of girls aged 15 to 19 were ever married, compared with 22 per cent in Iraq, 21 per cent in the Sudan, 18 per cent in Yemen, 15 per cent in Egypt, 9 per cent in the State of Palestine, 6 per cent in Jordan, and 1 per cent in Tunisia.

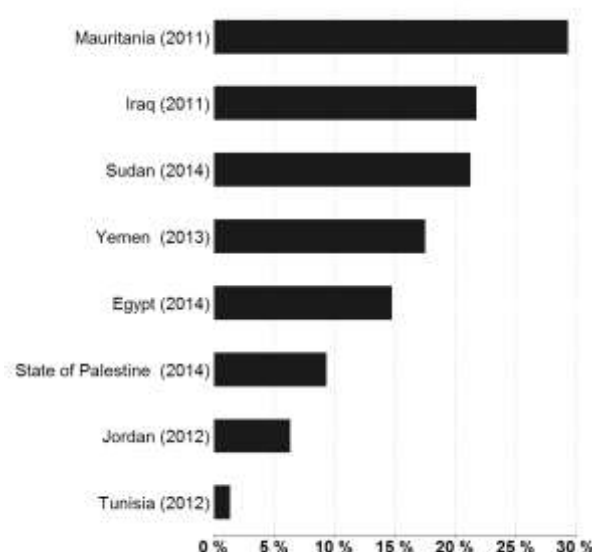
In most countries, most women aged 20 to 24 are married

Figure 2.6 shows the marital status of women by age group. According to the latest demographic and health surveys and multiple-indicator cluster surveys, in Egypt, Iraq, Mauritania, the State of Palestine, the Sudan and Yemen, between 50 and 60 per cent of women aged 20 to 24 years are married. In Jordan and Tunisia, that proportion is significantly lower, 22 per cent and 14 per cent, respectively.

Figure 2.6 also shows that in Egypt, Mauritania and Yemen, marriage is nearly universal among women aged 45 to 49. The same is no longer the case in Iraq, Jordan, the State of Palestine, the Sudan and Tunisia, where the rate of never-married women aged 45 to 49 ranges from 6 to 10 per cent.

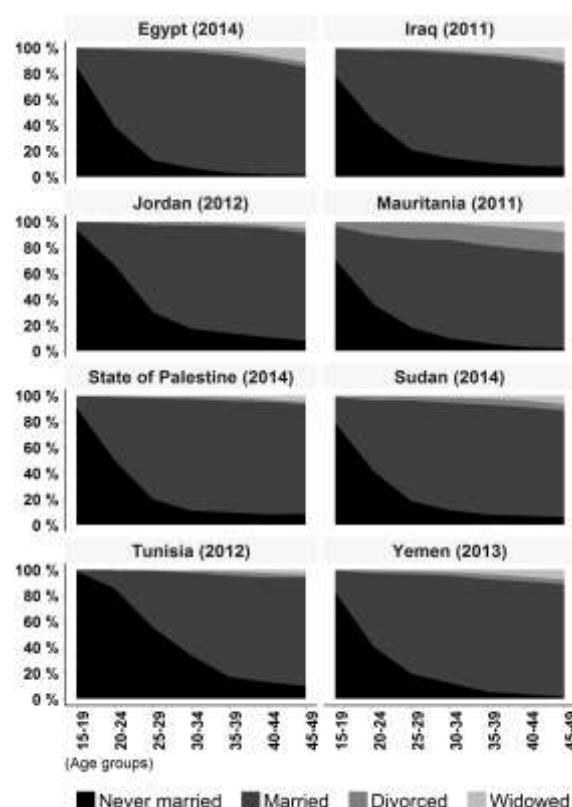
Divorce rates increase with age, but remain below 5 per cent in all countries for which data are available, except in Mauritania, where about 16 per cent of women aged 45 to 49 are divorced. The highest relative number of widows is found in Egypt and Iraq, where around 11 per cent of women aged 45-49 have lost their husband.

Figure 2.5 Percentage ever-married among girls aged 15 to 19, latest available data



Sources: Data from demographic and health surveys, and multiple-indicator cluster surveys.

Figure 2.6 Women's marital status by age group, latest available data

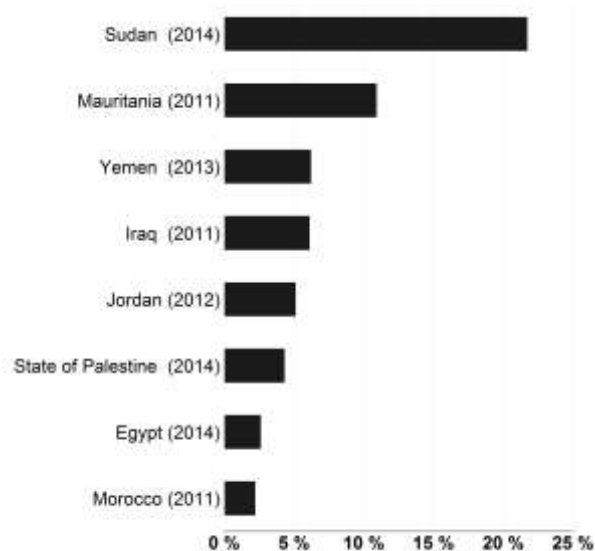


Sources: Data from demographic and health surveys, and multiple-indicator cluster surveys.

Low rates of polygyny, except in the Sudan

In most Arab countries, polygynous marriages are no longer prevalent. According to recent demographic and health surveys, and multiple-indicator cluster surveys, only around 3 per cent of women aged 15 to 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 being in marriages with one or more co-wives.

Figure 2.7 Percentage of women aged 15 to 49 in marriages with one or more co-wives, latest available data



Sources: Data from demographic and health surveys, and multiple-indicator cluster surveys.

Women tend to bear children soon after marriage

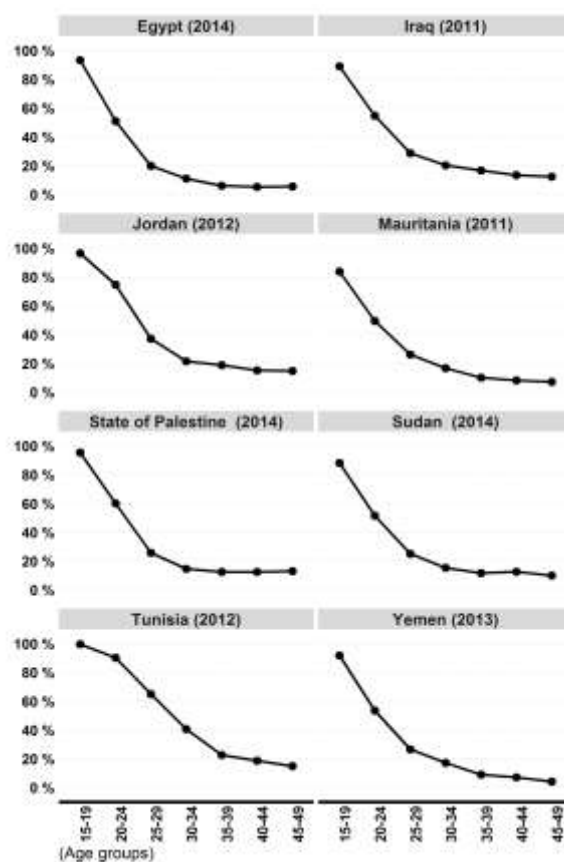
Figure 2.8 shows the estimated percentage of childless women (defined as women who have never given birth) by age group. In the Arab region, women tend to start bearing children soon after marriage. As the mean age at marriage has increased in recent decades, so, too, has the mean age at first birth. However, according to the latest demographic and health surveys and the latest multiple-indicator cluster surveys, 16 per cent of girls aged 15 to 19 in Mauritania have already started bearing children, 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. Childbearing before the onset of adulthood poses multiple serious risks to both mother and child. For the mother, early pregnancy is associated with adverse health, education and economic outcomes, while for the child, there is a substantially increased risk of perinatal and infant death (United Nations Population Fund, 2013).

Approximately one in two women start bearing children at age 20 to 24 in nearly all countries that have recently conducted demographic and health surveys or multiple-rising order, the State of Palestine, Jordan and Tunisia where 60 per cent, 75 per cent and 90 per cent, respectively, of women aged 20 to 24 are still childless.

Childlessness among women aged 45 to 49 ranges from 10 per cent to 15 per cent in Iraq, Jordan, the State of Palestine, the Sudan and Tunisia, whereas it is notably lower, at 4 per cent to 7 per cent, in Egypt, Mauritania and Yemen.

Figure 2.8 Percentage of women who have never given birth, by age group, latest available data



Sources: demographic and health surveys, and multiple-indicator cluster surveys.

3. Housing conditions

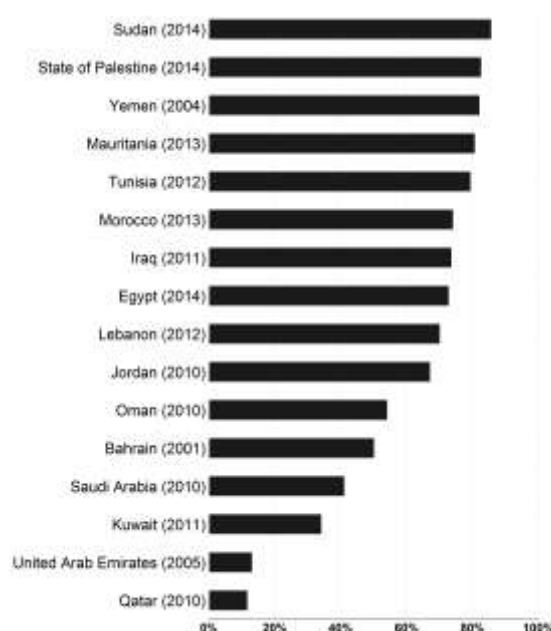
Housing is one of the most important aspects of people's lives, and adequate housing is recognized as a basic human right. It meets basic needs such as being sheltered from weather conditions and gives a sense of security, privacy and personal space. Adequate housing is also essential for people's health and it affects childhood development (Organization for Economic Cooperation and Development, 2011).

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, except in GCC countries. 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 (see figure 3.1). Qatar had the lowest home ownership rate, at 12 per cent. In Qatar, 42 per cent of housing units were rented by the household and the remaining 46 per cent were provided to the household by family or an employer. Similarly, in the United Arab Emirates, just 13 per cent of housing units were owned by the households living in them, while 54 per cent were rented and 33 per cent were provided by family or an employer.

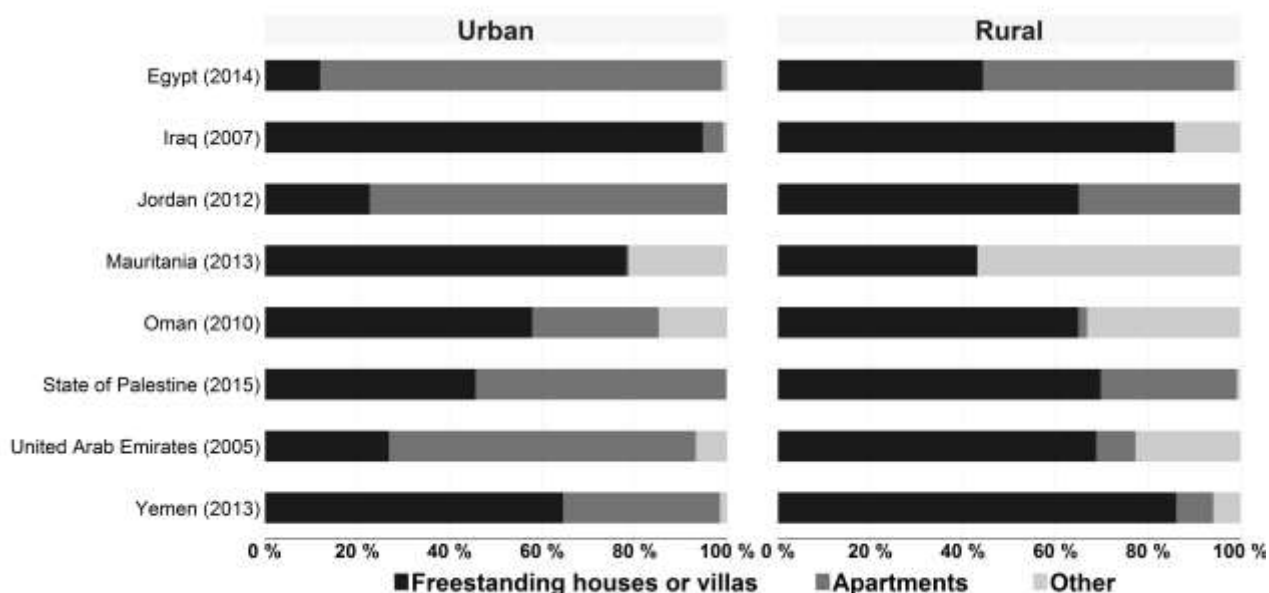
At 86 per cent, the Sudan had the highest proportion of households living in housing units they owned.

Figure 3.1 Percentage of households owning their housing, latest available data



Sources: Data from national statistical offices (latest population censuses and household surveys).

Figure 3.2 Occupied housing units by type, latest available data



Sources: Data from national statistical offices (latest population censuses and household surveys).

Higher percentages of apartments in urban areas

Apartments are more widespread in urban areas than rural areas in the Arab region. In rural areas, there is a larger percentage of freestanding houses and villas. Among eight countries, only Iraq and Mauritania have more freestanding houses and villas in urban areas than in rural areas. The reason is that in the rural areas of those two countries, many housing units classified as “other” in figure 3.2 are mobile homes, tents, shacks and huts. In Mauritania, the category “other” represents about 57 per cent of the housing units in rural areas. Iraq has the highest proportion of freestanding houses and villas in urban areas, at 95 per cent.

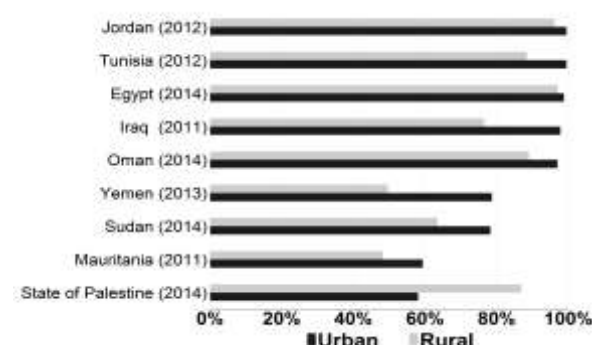
The highest proportion of apartments in both urban and rural areas across the region was found in Egypt, at 84 per cent and 37 per cent, respectively. By contrast, in Mauritania virtually none of the housing units in urban and rural areas were apartments.

Wide variation in the availability of improved drinking water sources

Figure 3.3 shows the estimated proportion of households using an improved drinking water source in nine countries. Improved drinking water sources are defined as sources likely to provide safe drinking water. Those 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. The only exception is the State of Palestine, where urban households are less likely to use an improved drinking water source than rural households. The reason is the widespread use of tanker water in Gaza; a tanker truck is not an improved water source.

More than 95 per cent of urban households have access to an improved source of drinking water in five out of nine countries (see figure 3.3). For urban households, the country with the highest proportion is Jordan (100 per cent), that with the lowest is the State of Palestine (58 per cent). For rural households, Egypt has the highest proportion with access to improved water sources (97 per cent) and Mauritania the lowest (48 per cent).

Figure 3.3 Households using an improved drinking water source, latest available data



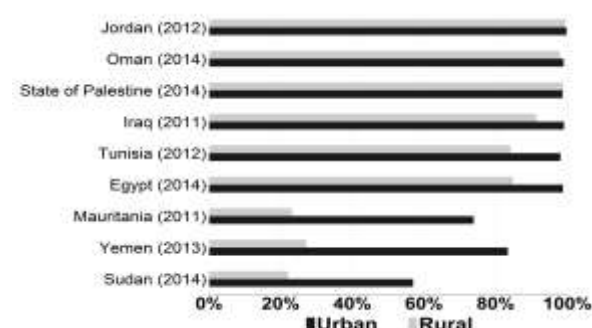
Sources: Data from national statistical offices (latest population censuses and household surveys).

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

Figure 3.4 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 six out of nine countries, more than 90 per cent of households in urban areas use improved sanitation. The figure is highest for Jordan, at 100 per cent, and the lowest for the Sudan, at 57 per cent.

The proportion of households using improved sanitation in rural areas lies above 80 per cent in six countries but is very low in the Sudan, Mauritania, and Yemen at 22, 23, 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 51 percentage points and 35 percentage points, respectively.

Figure 3.4 Percentage of households using improved sanitation, latest available data

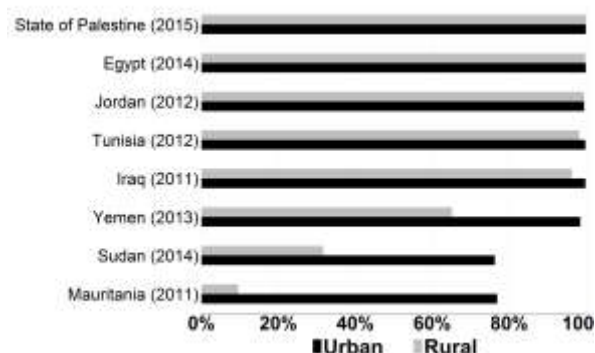


Sources: Data from national statistical offices (latest population censuses and household surveys).

Low access to electricity in Mauritania, the Sudan and Yemen

As shown in figure 3.5, in five of nine countries, the proportion of households with electricity is over 95 per cent in both urban and rural areas. Although in Yemen, 99 per cent of households has electricity in urban areas, just 64 per cent does so in rural areas. Access to electricity is particularly low in rural areas of Mauritania and the Sudan. In Mauritania, 77 per cent of urban households has electricity, compared with only 10 per cent of rural households. Similarly, in the Sudan, 76 per cent of urban households has electricity, compared with 32 per cent of rural households.

Figure 3.5 Percentage of households with electricity, latest available data



Sources: Data from national statistical offices (latest population censuses and household surveys).

4. Health

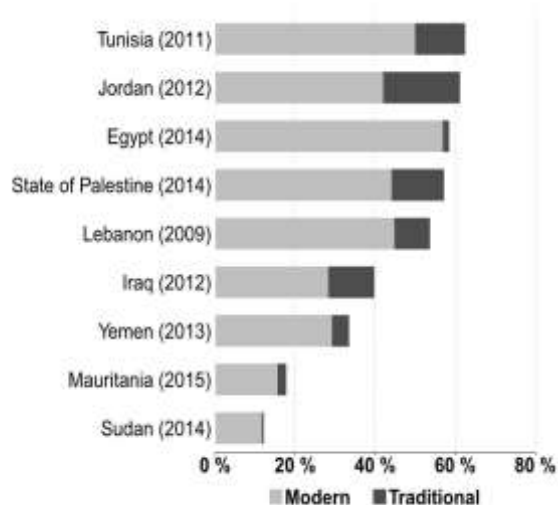
The state of health in a population is shaped by the prevailing sanitary and environmental conditions, the quality and accessibility of health services and the ability of individuals to make healthy choices in their lives.

Wide variation 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, intra-uterine 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.

As shown in figure 4.1, Tunisia reported the most widespread use of contraception, all methods combined, at 63 per cent, followed by Jordan and Egypt, at 61 per cent and 59 per cent, respectively. Egypt recorded the most widespread use of modern contraceptive methods, at 57 per cent. The most limited use of modern contraceptive methods was reported by the Sudan and Mauritania, at 12 and 16 per cent, respectively.

Figure 4.1 Contraceptive prevalence rates, latest available data

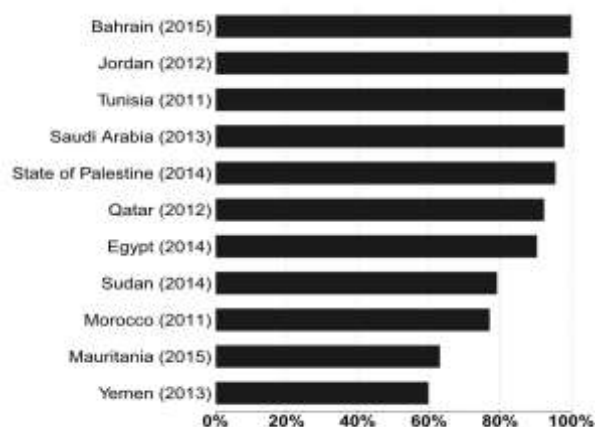


Sources: Data from national statistical offices and the World Health Organization.

The majority of pregnant women receive at least one antenatal visit by a health professional

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, 2011). Figure 4.2 shows the percentage of pregnant women who receive prenatal care by a skilled health personnel at least once. Prenatal care rates range from 60 per cent in Yemen to 100 per cent in Bahrain. Seven out of the 11 countries shown in figure 4.2 had prenatal care rates above 90 per cent.

Figure 4.2 Prenatal care rates, latest available data



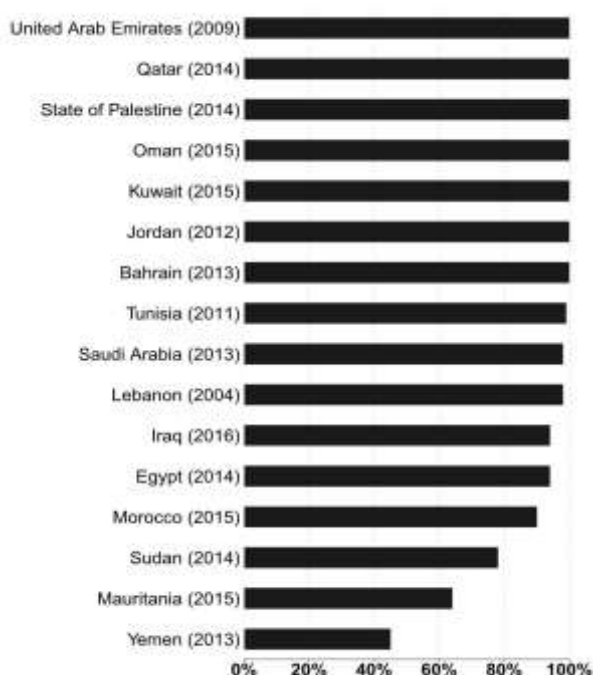
Sources: Data from national statistical offices and the World Health Organization.

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, 2011).

Out of 16 countries, 13 reported a proportion of births attended by a skilled health professional of 90 per cent or higher. The proportions were lower in the Sudan, Mauritania and Yemen at 78 per cent, 64 per cent and 45 per cent, respectively (see figure 4.3).

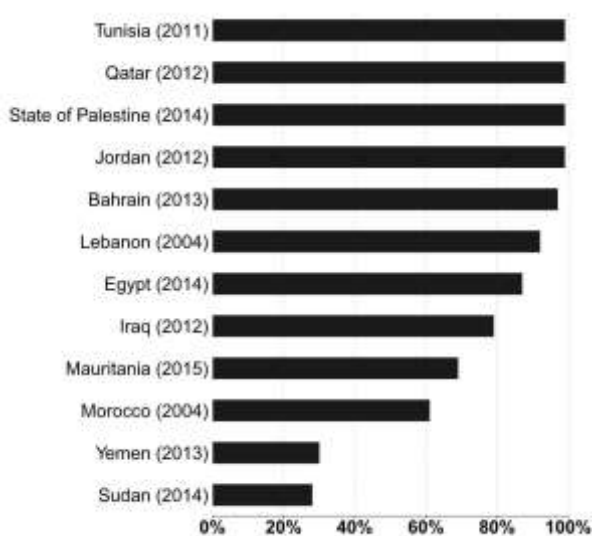
Figure 4.3 Births attended by skilled health professionals, latest available data



Sources: Data from national statistical offices and the World Health Organization.

Health facilities are defined as any location where health care is provided. They can range from small clinics to large hospitals. Giving birth in a health facility is an important factor in reducing infections, complications, morbidity, and mortality for both mother and child.

Figure 4.4 Births delivered in health facilities, latest available data



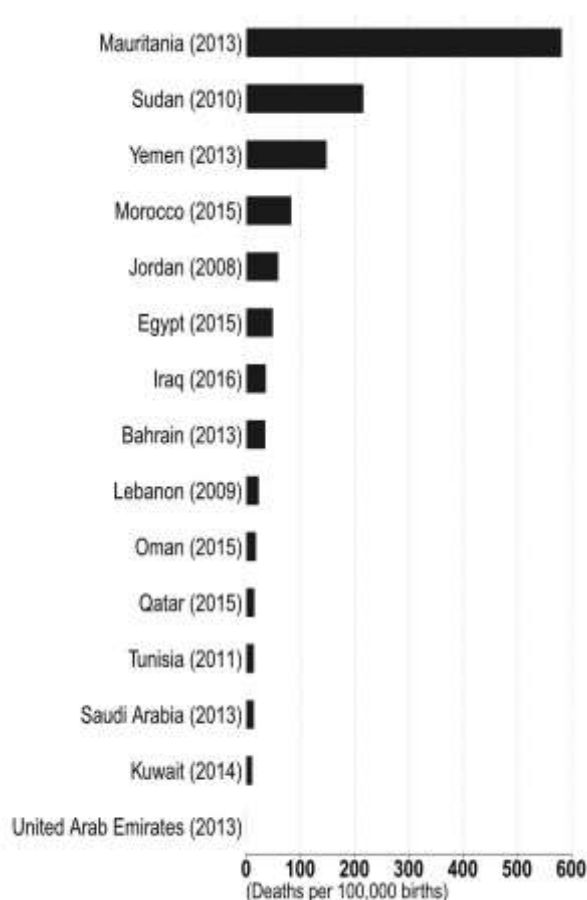
Sources: Data from national statistical offices and the World Health Organization.

Of the 10 countries for which recent data are available, 6 reported proportions of births delivered in health facilities above 90 per cent. The Sudan and Yemen reported the lowest proportions by a wide margin, at 28 per cent and 30 per cent, respectively.

High maternal mortality in Mauritania, the Sudan and Yemen

The maternal mortality ratio is the number of mothers who die during pregnancy, delivery, or within 42 days after delivery, reported per 100,000 births. According to the latest available data, most countries report maternal mortality ratios under 60 per 100,000 births. However, in Yemen and the Sudan, maternal mortality ratios are particularly high, at 148 and 216 per 100,000 births, respectively. The highest maternal mortality ratio in the region was reported in Mauritania, at 582 per 100,000 births, more than twice that of the Sudan (see figure 4.5).

Figure 4.5 Maternal mortality ratios, latest available data



Sources: Data from national statistical offices and the World Health Organization.

High childhood immunization coverage in most countries

Immunization is an effective approach to reducing under-five mortality. A child is considered fully immunized if he or she has received a bacillus Calmette-Guerin (BCG) vaccination against tuberculosis, three doses of diphtheria, tetanus and pertussis (DTP) vaccine, three doses of hepatitis B vaccine, at least three doses of polio vaccine and one dose of measles vaccine by the age of 12 months. 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.

Figure 4.6 shows the vaccination rates of children for DTP, measles, BCG, polio, and hepatitis B across the region in recent years. Almost all children (90 to 100 per cent) in Bahrain, Egypt, Jordan, Kuwait, Oman, Qatar, Saudi Arabia, the State of Palestine and Tunisia received the five main vaccinations.

Figure 4.6 Immunization coverage rates, latest available data



Sources: Data from national statistical offices and the World Health Organization.

In Iraq, Mauritania, the Sudan and Yemen, BCG vaccination rates were higher than those for DTP, measles, polio, and hepatitis B. In Mauritania, DTP, measles and polio vaccination rates were below 75 per cent, even though the BCG vaccination rate was 90 per cent. Similarly, in the Sudan, the BCG vaccination rate was 79 per cent, while DTP, measles and polio vaccination rates were 64 per cent, 61 per cent and 65 per cent, respectively.

Poor child nutrition in Mauritania, the Sudan and Yemen

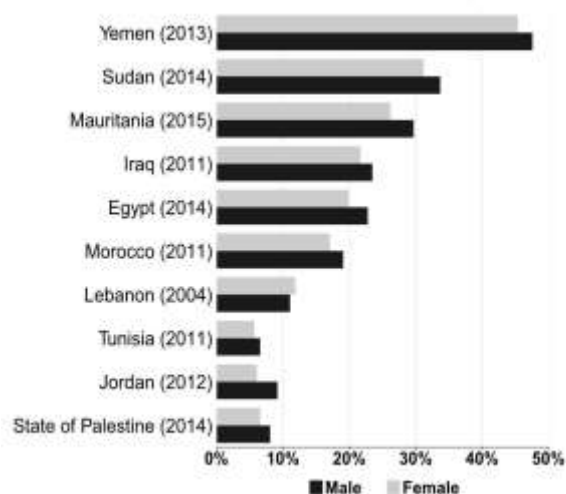
Nutrition is a primary determinant of a child's health and well-being. Nutritional levels in children are generally assessed using three standard indices of physical growth, namely, stunting (insufficient height for age), wasting (insufficient weight for height) and being underweight (insufficient weight 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.

As shown in figure 4.7, about one in five children in Egypt and Iraq are stunted. The nutritional status of children in Mauritania, the Sudan, and Yemen is particularly poor. Yemen reported that 47 per cent of children in the country were stunted, the highest rate in the region, followed by 38 per cent in the Sudan and 28 per cent in Mauritania.

Wasting is less common than stunting in all countries for which recent data are available, since in all countries other than Mauritania, less than half as many children are wasted than stunted (see figure 4.8). Yemen and the Sudan both reported wasting for 16 per cent of children, the highest rate in the region.

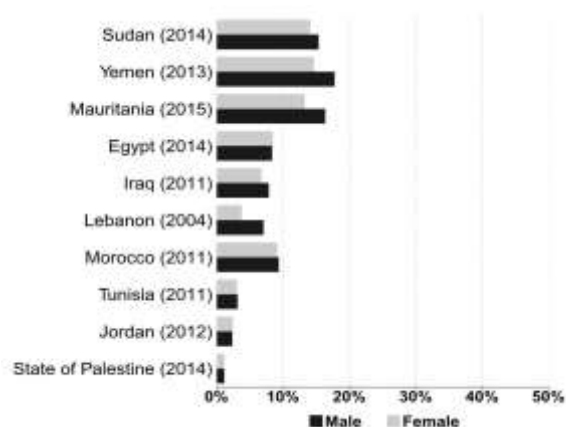
The proportion of children who are underweight is below 10 per cent in all countries for which recent data are available, except Mauritania, the Sudan and Yemen (see figure 4.9). Yemen reported the highest proportion of underweight children, at 39 per cent, followed by the Sudan, at 33 per cent, and Mauritania, at 25 per cent.

Figure 4.7 Stunting by sex, latest available data



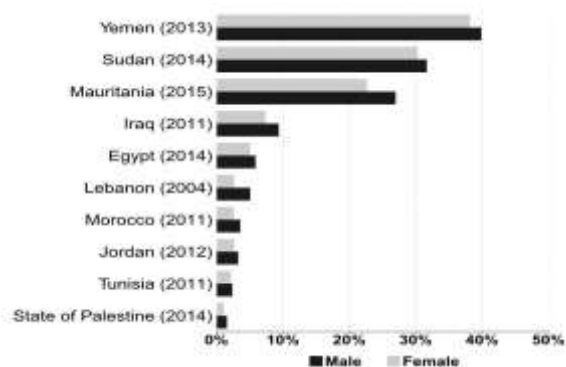
Sources: Data from national statistical offices and the World Health Organization.

Figure 4.8 Wasting by sex, latest available data



Sources: Data from national statistical offices and the World Health Organization.

Figure 4.9 Underweight children by sex, latest available data



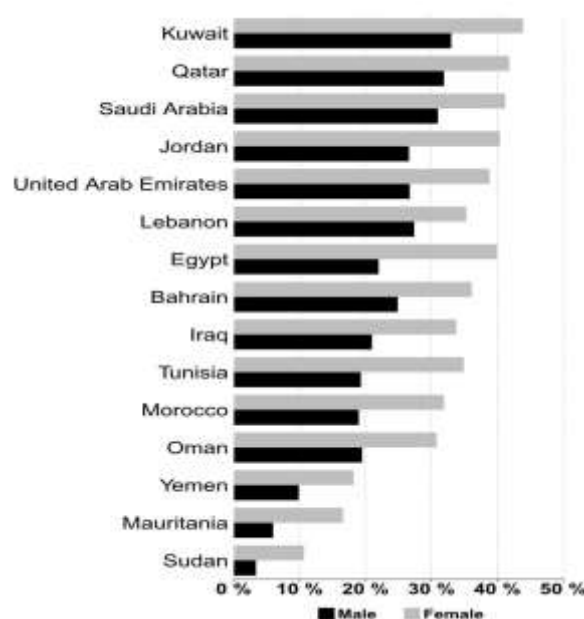
Sources: Data from national statistical offices and the World Health Organization.

Women are obese more often than men

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 BMI of between 25 and 29.9 is considered overweight, 30 or above is considered obese.

Obesity is high in the Arab region, particularly among women. In figure 4.10, of the 15 countries included, 7 reported that 30 per cent or more of the adult population was obese. The highest adult obesity rate found was in Kuwait, at 37 per cent; the lowest was in the Sudan at a mere 7 per cent. Mauritania, the Sudan and Yemen were the only countries to report obesity rates below 20 per cent.

Figure 4.10 Obese adults (18 years and older) by sex, 2016



Sources: Data from national statistical offices and the World Health Organization.

In all 15 countries for which recent data are available, the obesity rate for women is higher than for men, and in 11 of those 15 countries, the difference between men and women is at least 10 percentage points (see figure 4.10). In Egypt, 40 per cent of women are obese, compared with 22 per cent of men, the largest nominal difference in the region. Of the countries where total obesity percentages exceeded 30 per cent, Lebanon reported the smallest gender gap, at 8 per cent.

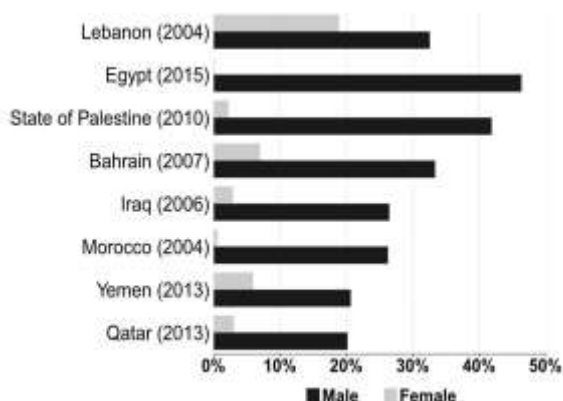
Men smoke more than women

Smoking is a major cause of asthma, lung cancer, cardiovascular disease and chronic pulmonary disease, and has been shown to reduce life expectancy by seven to nine years (Streppel and others, 2007).

Figure 4.11 shows the most recent sex-specific smoking rates available. Across the region, smoking rates for men are consistently higher than those for women. Egypt reported the highest proportion of men who smoke, 46 per cent, whereas Qatar reported the lowest, 20 per cent. In Lebanon, 19 per cent of women smoked, the highest proportion in the region, compared with less than 1 per cent of women in Egypt and Morocco.

The largest nominal difference between male and female smoking rates was reported in Egypt at 46 per cent, followed by 40 per cent in the State of Palestine. Of the countries for which recent data are available, Lebanon reported the smallest difference: 14 percentage points (see figure 4.11).

Figure 4.11 Smoking rates by sex, latest available data



Sources: Data from national statistical offices and WHO.

High blood pressure, diabetes, heart disease and asthma are among the most common non-communicable diseases

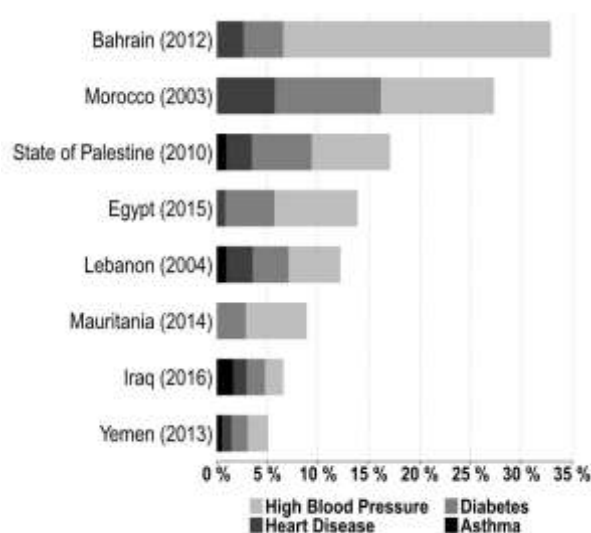
The four main types of non-communicable diseases are cardiovascular diseases (such as heart attacks and strokes), cancers, chronic respiratory diseases (such as asthma), and diabetes. Major risk factors for non-communicable diseases include the consumption of tobacco, the harmful use of alcohol, an unhealthy diet, insufficient physical activity,

overweight and obesity, raised blood pressure, raised blood sugar and raised cholesterol.

Figure 4.12 shows the latest available data concerning non-communicable diseases: high blood pressure (not a disease, but a major risk factor), diabetes, heart disease and asthma. Most countries reported that less than 10 per cent of the population has high blood pressure, with Bahrain reporting the highest rate, 26 per cent, and Iraq and Yemen the lowest, 2 per cent.

Iraq and Yemen also reported the lowest proportion of the population with diabetes, at 2 per cent. In Morocco, 10 per cent of the population has diabetes, whereas all other countries reported less than 10 per cent. Less than 6 per cent of the population has heart disease in all countries for which recent data are available, and 2 per cent or less has asthma (see figure 4.12).

Figure 4.12 Non-communicable diseases, latest available data



Sources: Data from national statistical offices and WHO.

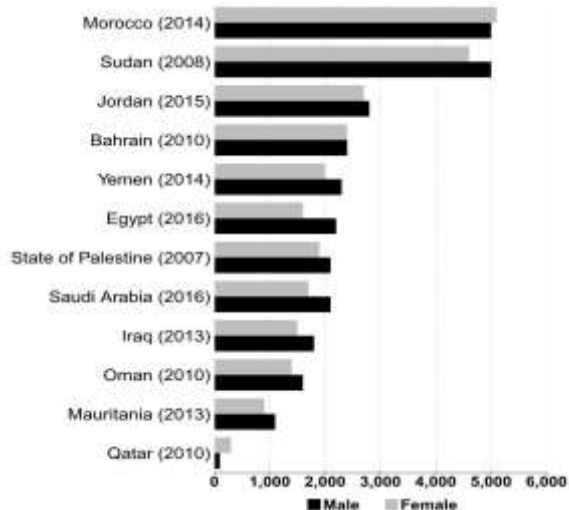
Disabilities more prevalent in Morocco and the Sudan

The WHO International Classification of Functioning, Disability and Health defines disability as an umbrella term for impairments, activity limitations and participation restrictions.

Figure 4.13 shows the disability prevalence rates per 100,000 people in countries for which recent data are available. Most reported rates between

1,500 to 3,000. The highest disability prevalence rate was in Morocco, at 5,100 per 100,000, whereas the lowest was in Qatar, at 200 per 100,000. Rates were similar for men and women; the difference between them was less than 1 percentage point for all countries concerned.

Figure 4.13 Disability prevalence per 100,000 people, by sex, latest available data



Sources: Data from national statistical offices and WHO.

Circulatory and respiratory system ailments and neoplasms are the most prevalent causes of death

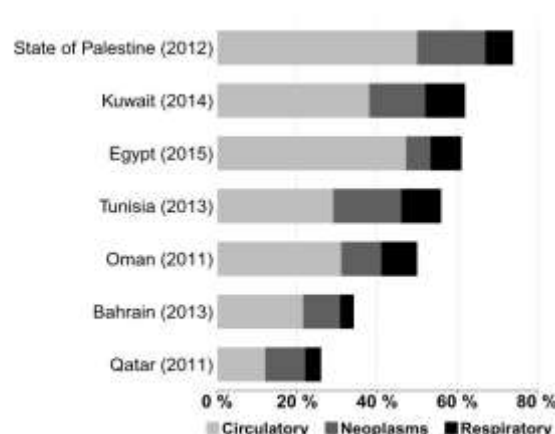
As shown in figure 4.14, the most prevalent causes of death in all countries in the region for which recent data are available are diseases of the circulatory system, followed by neoplasms and diseases of the respiratory system.

Deaths caused by circulatory disease were particularly prevalent in the State of Palestine, at 50 per cent of all deaths. Kuwait and Oman reported circulatory ailments as the cause of death in more than 30 per cent of cases.

Less than 20 per cent of deaths are caused by neoplasms in those countries for which recent data are available (figure 4.14). The State of Palestine and Tunisia both reported a rate of 17 per cent.

Deaths caused by respiratory ailments accounted for a lower proportion of total deaths than either circulatory disease or neoplasms. All countries providing recent data reported that 10 per cent or fewer deaths were caused by respiratory disease.

Figure 4.14 Main causes of death, latest available data



Sources: Data from national statistical offices and WHO.

Per capita health expenditure increased in most countries

The financing of health care is a critical component of health systems. Table 4.1, table 4.2, and table 4.3 show health-care expenditure as a share of gross domestic product (GDP), as a share of total government expenditure, and in absolute terms.

In 2014, of the countries for which recent data are available, health-care expenditure as a share of GDP ranged from 2 per cent in Qatar to 8 per cent in the Sudan (see table 4.1). From 2000 to 2014, most countries reported changes of 2 per cent or less, except Lebanon, where health expenditure as a share of GDP decreased by 5 percentage points. Another exception was the Sudan, where health expenditure increased by 5 percentage points.

Table 4.1 Expenditure on health care as a share of gross domestic product, 2005–2014 (per cent)

| Country | 2005 | 2010 | 2011 | 2012 | 2013 | 2014 |
|----------------------|------|------|------|------|------|------|
| Bahrain | 3.2 | 3.6 | 3.4 | 4.4 | 4.7 | 5.0 |
| Egypt | 5.1 | 4.8 | 5.0 | 5.3 | 5.5 | 5.6 |
| Iraq | 4.1 | 3.8 | 3.3 | 5.3 | 5.9 | 5.5 |
| Jordan | 8.9 | 8.4 | 8.4 | 8.0 | 7.2 | 7.5 |
| Kuwait | 2.4 | 2.8 | 2.6 | 2.6 | 2.6 | 3.0 |
| Lebanon | 8.4 | 7.2 | 7.1 | 7.0 | 6.6 | 6.4 |
| Mauritania | 4.2 | 3.3 | 2.9 | 3.4 | 3.6 | 3.8 |
| Morocco | 5.1 | 5.9 | 6.0 | 6.2 | 5.9 | 5.9 |
| Oman | 2.6 | 2.7 | 2.5 | 2.5 | 2.8 | 3.6 |
| Qatar | 3.0 | 2.1 | 1.9 | 2.2 | 2.2 | 2.2 |
| Saudi Arabia | 3.4 | 3.5 | 3.6 | 3.9 | 4.3 | 4.7 |
| Sudan | 3.2 | 8.0 | 8.0 | 8.2 | 8.4 | 8.4 |
| Tunisia | 5.6 | 6.5 | 7.2 | 7.2 | 7.3 | 7.0 |
| United Arab Emirates | 2.3 | 3.9 | 3.7 | 3.5 | 3.5 | 3.6 |
| Yemen | 4.6 | 5.2 | 5.0 | 5.7 | 5.8 | 5.6 |

Source: WHO (2017).

Table 4.2 Expenditure on health care as a share of total government expenditure, 2005-2014 (per cent)

| Country | 2005 | 2010 | 2011 | 2012 | 2013 | 2014 |
|----------------------|------|------|------|------|------|------|
| Bahrain | 8.7 | 9.1 | 8.7 | 9.4 | 10.6 | 10.5 |
| Egypt | 6.1 | 5.6 | 6.3 | 5.9 | 5.6 | 5.6 |
| Iraq | 3.2 | 4.8 | 4.9 | 6.5 | 6.5 | 6.5 |
| Jordan | 12.3 | 19.5 | 17.8 | 17.5 | 13.7 | 13.7 |
| Kuwait | 6.8 | 5.2 | 5.8 | 5.8 | 5.8 | 5.8 |
| Lebanon | 11.8 | 9.2 | 9.6 | 10.7 | 10.7 | 10.7 |
| Mauritania | 7.1 | 6.8 | 5.7 | 4.6 | 6.0 | 6.0 |
| Morocco | 4.4 | 6.5 | 6.1 | 6.1 | 5.8 | 6.0 |
| Oman | 6.1 | 6.7 | 5.3 | 4.8 | 5.4 | 6.8 |
| Qatar | 8.1 | 5.1 | 5.1 | 5.8 | 5.8 | 5.8 |
| Saudi Arabia | 8.1 | 6.2 | 7.0 | 7.8 | 8.2 | 8.2 |
| Sudan | 5.5 | 11.7 | 11.8 | 11.7 | 11.7 | 11.7 |
| Tunisia | 11.9 | 15.7 | 14.6 | 14.2 | 14.2 | 14.2 |
| United Arab Emirates | 8.7 | 8.7 | 8.7 | 8.7 | 8.7 | 8.7 |
| Yemen | 4.8 | 4.3 | 4.3 | 3.9 | 3.9 | 3.9 |

Source: WHO (2017).

According to the most recent data available, health expenditure as a percentage of total government spending is less than 10 per cent in 10 of the 15 countries for which recent data are available (see table 4.2). In Tunisia, 14 per cent of government spending is devoted to health care, the largest share in the region, whereas Yemen has the lowest with just 4 per cent.

The largest decrease in health-care spending as a percentage of government expenditure between 2005 and 2014 was reported by Qatar at 2.3 percentage points. The largest increase was observed in Sudan: 6.2 percentage points over the same period.

Table 4.3 Total per capita expenditure on health care at average exchange rates, 2005-2014 (United States dollars)

| Country | 2005 | 2010 | 2011 | 2012 | 2013 | 2014 |
|----------------------|-------|-------|-------|-------|-------|-------|
| Bahrain | 582 | 742 | 757 | 1,007 | 1,143 | 1,243 |
| Egypt | 64 | 126 | 139 | 161 | 159 | 178 |
| Iraq | 55 | 145 | 164 | 294 | 339 | 292 |
| Jordan | 210 | 341 | 358 | 354 | 337 | 359 |
| Kuwait | 849 | 1,041 | 1,244 | 1,309 | 1,253 | 1,386 |
| Lebanon | 450 | 630 | 622 | 626 | 597 | 569 |
| Mauritania | 29 | 40 | 40 | 43 | 47 | 49 |
| Morocco | 99 | 166 | 183 | 179 | 184 | 190 |
| Oman | 321 | 547 | 540 | 552 | 563 | 675 |
| Qatar | 1,603 | 1,483 | 1,717 | 2,032 | 2,068 | 2,106 |
| Saudi Arabia | 454 | 655 | 829 | 961 | 1,052 | 1,147 |
| Sudan | 35 | 119 | 120 | 113 | 119 | 130 |
| Tunisia | 178 | 271 | 305 | 298 | 309 | 305 |
| United Arab Emirates | 935 | 1,349 | 1,473 | 1,433 | 1,551 | 1,611 |
| Yemen | 43 | 68 | 65 | 74 | 79 | 80 |

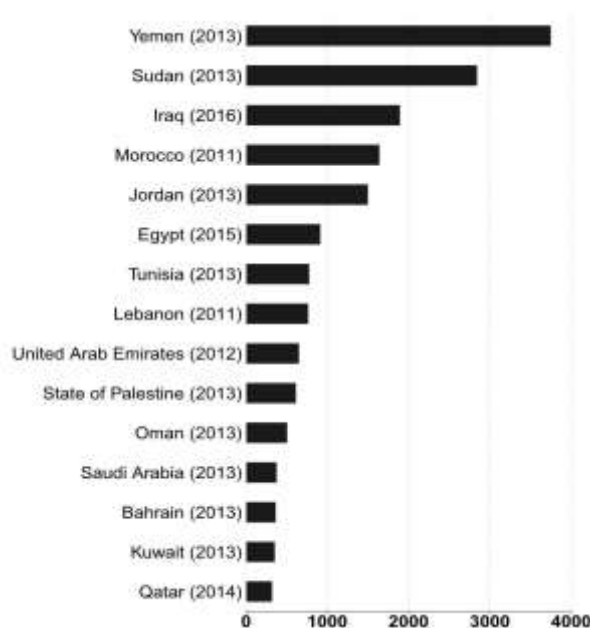
Source: WHO (2017).

Table 4.3 shows per capita health-care expenditure across the region converted to United States dollars at average exchange rates. GCC countries reported the highest amount of per capita spending in 2014, most notably Kuwait, the United Arab Emirates and Qatar, where per capita health-care expenditure was \$1,356, \$1,611 and \$2,106, respectively. The countries with the lowest per capita health-care expenditure in 2014 were the Sudan, Mauritania and Yemen, at \$28, \$49, and \$80, respectively.

All of the countries for which recent data are available increased their per capita expenditure on health care between 2005 and 2014 (see table 4.3). The Kingdom of Saudi Arabia reported the largest increase of \$694 from 2005 to 2014, followed by the United Arab Emirates at \$676 during the same time period.

Wide variation in the density of health-care personnel

Figure 4.15 Average number of inhabitants per physician, latest available data

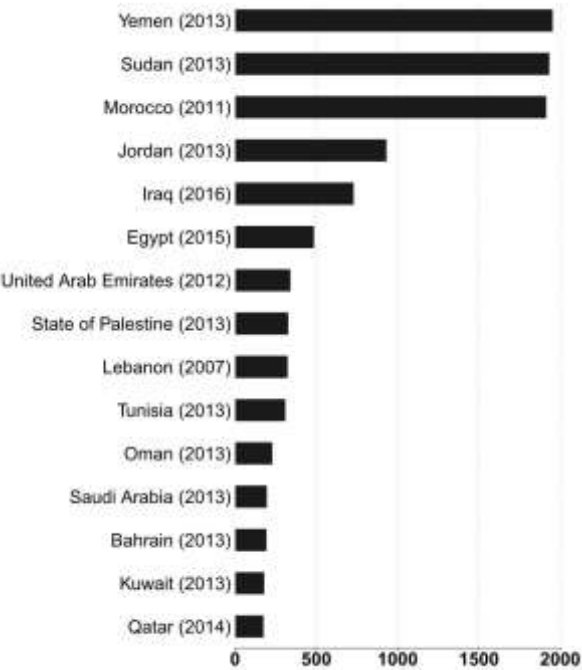


Source: Data from national statistical offices.

Figure 4.15 and figure 4.16 show the average number of people per physician and per nurse and midwife, respectively, for 15 Arab countries. In 10 of those, the average was lower than 1,000 people per physician. Yemen reported the highest, at 3,744 people per physician, Qatar reported the lowest, at 318 people per physician. Morocco, the Sudan, and Yemen reported very high numbers of people

per nurse and midwife, at 1,912, 1,931, and 1,952, respectively. The remaining 12 countries all reported numbers below 1,000 of people per nurse and midwife (see figure 4.15).

Figure 4.16 Average number of inhabitants per nurse and midwife, latest available data



Source: Data from national statistical offices.

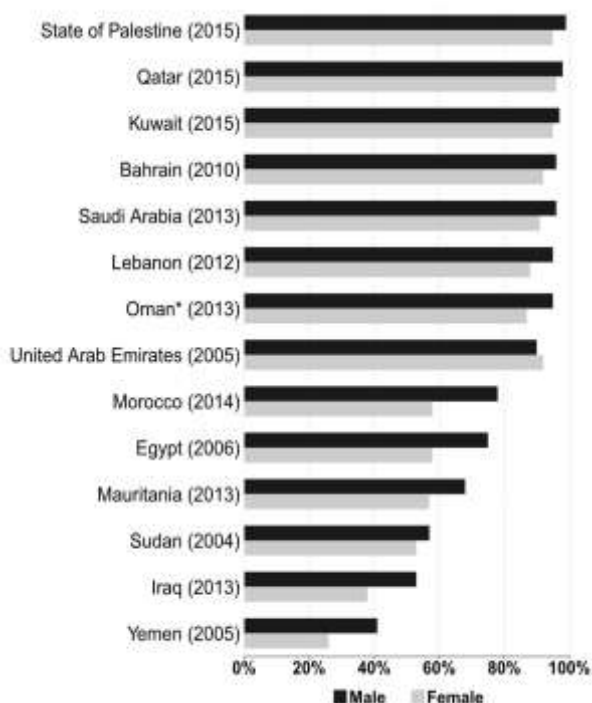
5. Education

Education is among the major factors that foster sustainable development. Formal schooling equips people with 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.

High youth literacy rates in most countries

The overall adult literacy rate exceeds 90 per cent in 8 out of 14 Arab countries (see figure 5.1). Of those, Qatar has the highest adult literacy rate, at 98 per cent. At the opposite end of the spectrum, the adult literacy rate was a mere 44 per cent in Iraq and 34 per cent in Yemen.

Figure 5.1 Adult literacy by sex, latest available data



* Nationals only

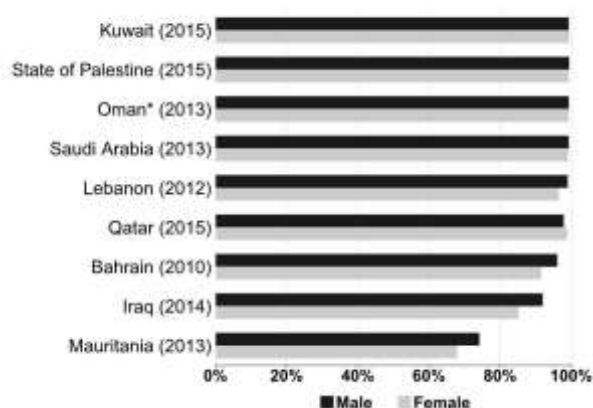
Sources: Data from national statistical offices and UNESCO.

Adult literacy rates are higher for men in all 14 countries except the United Arab Emirates, where the literacy rate for women is 2 per cent higher than that for men. The gender gap is more noticeable in countries with lower overall adult literacy rates; it was largest in Morocco at 20 percentage points, followed by Egypt at 17 percentage points.

Figure 5.2 shows literacy rates for young men and women aged 15 to 24. Overall, the youth literacy rate is high in the region, above 90 per cent in 7 out of 10 countries. Kuwait, Saudi Arabia, the State of Palestine and Oman reported the highest youth literacy rates, at approximately 99 per cent, while Mauritania reported the lowest, 71 per cent.

The gender gap in youth literacy is relatively small. The largest difference between literacy rates among young men and women was 7 per cent in Iraq, followed by Morocco at 5 per cent.

Figure 5.2 Youth literacy by sex, latest available data



* Nationals only

Sources: Data from national statistical offices and UNESCO.

High net enrolment ratios in primary education and narrowing gender gaps in recent years

Enrolment in primary schools in the Arab region is high: 7 of 10 countries have net enrolment ratios exceeding 90 per cent (see figure 5.3). Iraq, Morocco, Oman, the State of Palestine and Saudi Arabia have net enrolment ratios in primary education of 95 per cent or higher. Primary education in 6 countries has experienced an increase

in net enrolment in recent years. The largest increase was observed in Yemen, at 15 percentage points between 2005 and 2011. The next largest increase was observed in Iraq, from 86 per cent in 2005 to 95 per cent in 2015. Net enrolment in primary education decreased in Kuwait between 2005 and 2015, from 90 per cent to 83 per cent, mainly due to a decrease from 77 to 68 per cent in net enrolment in primary education among non-nationals.

Figure 5.3 Primary enrolment ratio by sex, latest available data



* Nationals only

Sources: Data from national statistical offices and UNESCO.

Figure 5.3 also shows that, in some countries, the gender gap in the net enrolment ratio has significantly narrowed. The Sudan saw an increase of 11 per cent in female enrolment in primary education from 2005 to 2011, during which time the gender gap narrowed by about 10 percentage points. In Iraq, the gender gap narrowed by 9 percentage points from 2005 to 2015 as the female enrolment ratio in primary education increased from 79 per cent to 92 per cent. The largest gender gap was

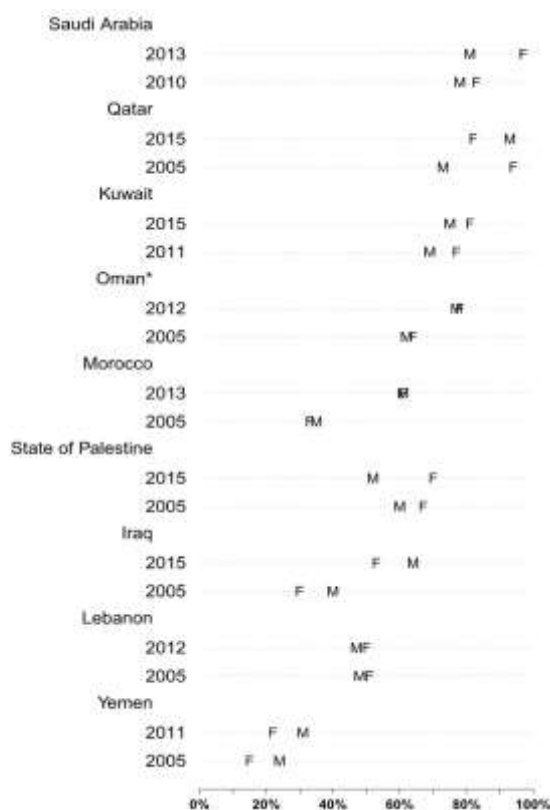
found in Yemen, where the enrolment ratio in primary education was 18 percentage points higher for boys than it was for girls.

Net enrolment ratios are lower in secondary education than in primary education

Enrolment in secondary education is lower than in primary education in the Arab region, in some countries even by a wide margin. In Yemen, the net enrolment ratio in secondary schools was 55 percentage points lower than that of primary education. That difference was notably smaller in Qatar and Kuwait, at 4 and 5 percentage points, respectively.

Net enrolment in secondary education has increased in most countries for which recent data are available (see figure 5.4). In Morocco, it increased by 27 percentage points from 2005 to 2013, the biggest change in the region. The next largest increase was observed in Iraq, at 23 percentage points from 2005 to 2015.

Figure 5.4 Secondary enrolment ratio by sex, latest available data



* Nationals only

Sources: Data from national statistical offices and UNESCO.

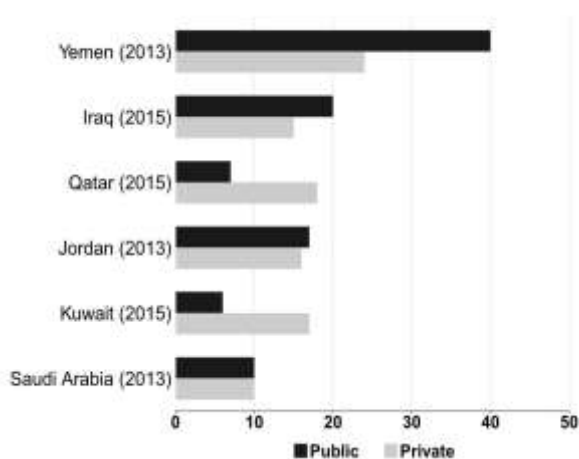
Enrolment in secondary education for women was highest in Saudi Arabia, at 97 per cent. The largest disparity between boys and girls was reported by the State of Palestine, where the enrolment ratio for girls was 17 percentage points higher than that for boys. In Saudi Arabia, the difference was 16 percentage points.

The gender gap in enrolment ratios for secondary education has widened in Saudi Arabia and the State of Palestine. In Saudi Arabia, the gender gap grew by 11 percentage points from 2010 to 2013 and by 10 percentage points in the State of Palestine from 2005 to 2015. In Qatar the gender gap narrowed; the secondary enrolment ratio in that country is now higher for boys than for girls, a reversal from 2005. Elsewhere, changes over time in the gender gap were small.

Wide variation in pupil-teacher ratios at the primary and secondary levels, and in student-teacher ratios at the tertiary level

The pupil-teacher and 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 or student.

Figure 5.5 Pupil-teacher ratio in primary education, latest available data



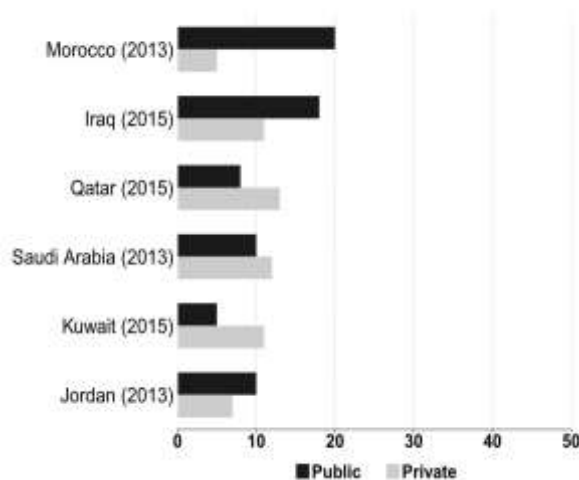
Sources: Data from national statistical offices and UNESCO.

Overall, the pupil-teacher ratio in secondary education is lower than in primary education in the countries for which data are available. Figure 5.5 shows that pupil-teacher ratios in primary education

varied widely from one country to another. In public education, the lowest ratio was 6 pupils per teacher in Kuwait, followed by 7 pupils per teacher in Qatar. The highest ratio at public schools was reported by Yemen, at 40 pupils per teacher. At private primary institutions, Saudi Arabia had the lowest pupil-teacher ratio, at 10. Yemen had the highest ratio at private schools, at 24 pupils per teacher.

Figure 5.6 shows the pupil-teacher ratio by sector at the level of secondary education. Kuwait, Qatar and Saudi Arabia had lower pupil-teacher ratios in public schools, whereas Iraq, Jordan and Morocco had lower ratios in private schools. The disparity between public and private schools was greatest in Morocco, where the difference was 15 pupils per teacher. The lowest ratio at public secondary schools was reported in Kuwait, at 5 pupils per teacher, and the highest was in Morocco, at 20 pupils per teacher. The lowest pupil-teacher ratio at private secondary schools was 5 in Morocco, and the highest was in Qatar, at 13.

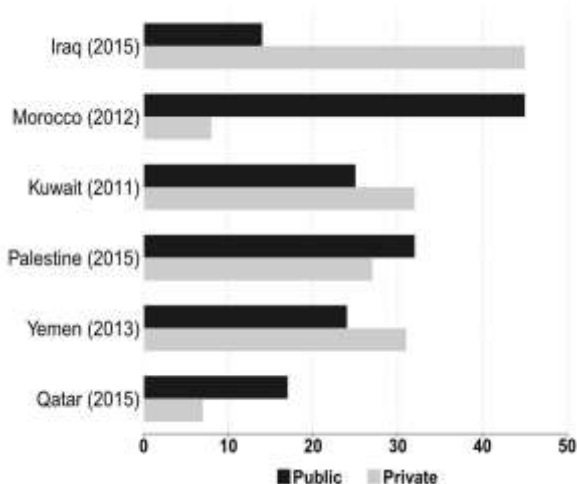
Figure 5.6 Pupil-teacher ratio in secondary education, latest available data



Sources: Data from national statistical offices and UNESCO.

Figure 5.7 shows the student-teacher ratios at the tertiary education level. At private tertiary institutions in Morocco, the ratio was almost 6 times lower than at public institutions. In Iraq, the student-teacher ratio for public tertiary institutions was more than three times lower than that for private institutions. Iraq had the lowest student-teacher ratio at public tertiary institutions, at 14, and Qatar had the lowest ratio at private institutions, at 7.

Figure 5.7 Pupil-teacher ratio in tertiary education, latest available data



Sources: Data from national statistical offices and UNESCO.

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

The UNESCO Institute for Statistics provides data on education expenditure for 14 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 increased over time in some countries and decreased in others (see table 5.1). Bahrain, Mauritania, Oman, the State of Palestine, Tunisia and Yemen reported a decrease in public expenditure on education as a percentage of total government expenditure, while Kuwait and Lebanon reported an increase.

Table 5.1 Expenditure on education as a percentage of total government expenditure, 2005-2015

| Country | 2005 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|---------------------------------|------|------|------|------|-------|------|------|
| Bahrain ^a | .. | .. | .. | 8.9 | 8.2 | 7.9 | 7.7 |
| Kuwait ^b | 19.4 | 22.2 | 22.8 | 23.9 | 23.8 | 24.6 | 23.4 |
| Lebanon ^a | 8.4 | 5.5 | 5.7 | 7.1 | 8.6 | .. | .. |
| Mauritania ^a | .. | 16.0 | 13.7 | 10.0 | 11.4 | .. | .. |
| Oman ^b | 9.4 | 9.0 | 7.4 | 6.8 | 6.9 | .. | .. |
| Qatar ^b | 9.0 | 11.2 | 10.2 | 10.4 | 10.1 | 10.9 | 9.4 |
| State of Palestine ^b | 15.4 | 16.6 | 15.9 | 15.7 | 14.8 | 14.6 | .. |
| Tunisia ^a | 26.7 | 24.4 | .. | 20.6 | .. | .. | .. |
| Yemen ^b | 14.0 | 14.1 | 14.9 | .. | 11.93 | .. | .. |

^a UNESCO (2017).

^b National statistical office.

Table 5.2 Government expenditure on education as a percentage of GDP, 2005-2015

| Country | 2005 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|---------------------------------|------|------|------|------|------|------|------|
| Bahrain ^a | .. | .. | .. | 2.6 | 2.5 | 2.5 | 2.7 |
| Kuwait ^a | 3.0 | 3.8 | 3.4 | 3.6 | 3.9 | 4.4 | 5.8 |
| Lebanon ^a | 2.7 | 1.6 | 1.6 | 2.2 | 2.6 | .. | .. |
| Mauritania ^a | .. | 3.6 | 3.1 | 2.8 | 2.9 | .. | .. |
| Oman ^a | 3.3 | 3.2 | 3.0 | 3.2 | 3.2 | .. | .. |
| Qatar ^b | 2.8 | 3.6 | 3.0 | 3.1 | .. | .. | .. |
| State of Palestine ^b | 4.3 | 4.6 | 4.4 | 4.3 | 4.0 | 4.0 | .. |
| Tunisia ^a | 6.5 | 6.2 | .. | 6.3 | .. | .. | .. |

^a UNESCO (2017).

^b National statistical office.

Kuwait had the highest expenditure on education as a percentage of government expenditure, at 23.4 per cent. Oman had the lowest, at 6.9 per cent. The highest public expenditure on education as a percentage of GDP was recorded in Tunisia, at 6.3 per cent, while the lowest was recorded in Bahrain, at 2.7 per cent. In Kuwait, Government expenditure on education as a percentage of GDP almost doubled from 2005 to 2015, increasing from 3.0 to 5.8.

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. Unemployment rates for young people and women are high (Assaad and Krafft, 2014).

Low labour force participation

Labour force participation is the percentage of adults (defined as 15 years and older) who are either working or actively seeking work. Labour force participation is low in the Arab region, mainly because of low participation rates among women.

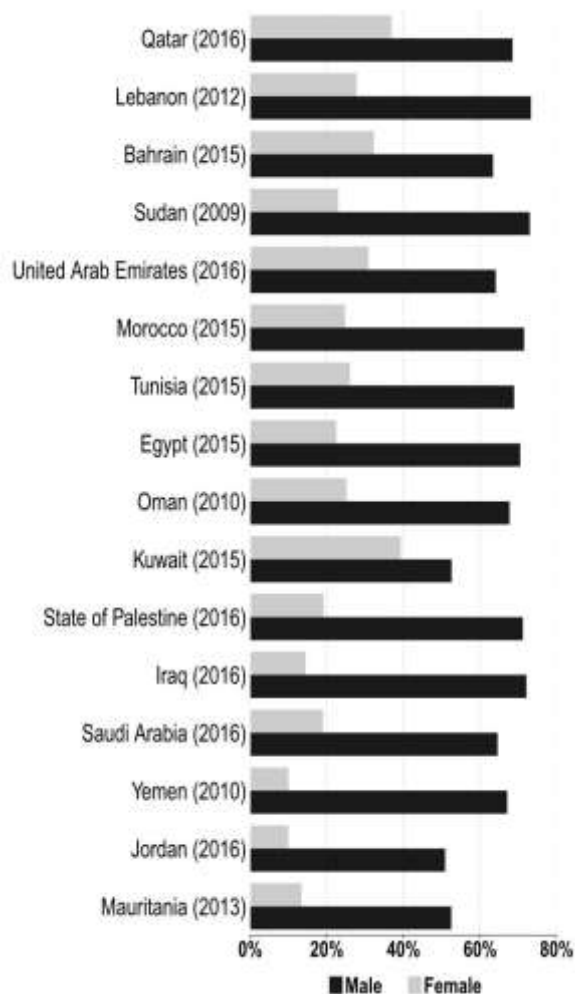
As shown in figure 6.1, labour force participation varies across the region. Mauritania reported a rate of 32 per cent, the lowest in the region, followed by Jordan, at 36 per cent. Qatar is the only country to have a labour force participation rate above 50 per cent, at 52 per cent for nationals and 89 for the total population. In all GCC countries, the rate for the population as a whole exceeds that for nationals by more than 10 percentage points.

Women participate in the labour force much less than men

Out of 16 countries in the Arab region, 13 reported labour force participation rates for women less than half that for men. In Jordan and Yemen, working-age men participated in the labour force at over five times the rate of working-age women. The largest difference between participation rates for men and women was in Iraq, at 58 percentage points. Bahrain, Kuwait and Qatar were the only countries to report female labour force participation rates higher than 30 per cent.

In all the countries included in figure 6.1, the labour force participation rate for men was over 50 per cent; in Egypt, Iraq, Lebanon, Morocco, the State of Palestine and the Sudan, it exceeded 70 per cent. The lowest male labour force participation rates were reported in Kuwait, Mauritania and Jordan, at 53, 53, and 51 per cent, respectively.

Figure 6.1 Labour force participation rate, by sex, latest available data

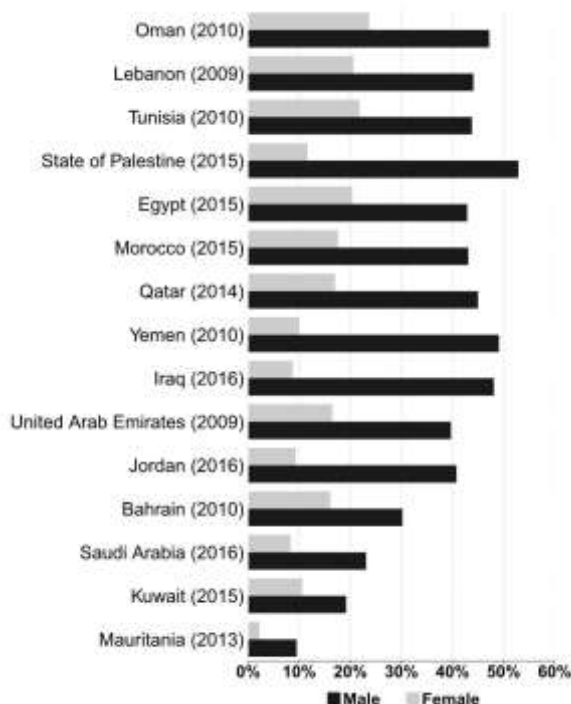


Source: Data from national statistical offices.

Labour force participation rate for young women below 25 per cent

For all 15 countries for which recent data are available, youth labour force participation (15 to 24 years of age) is less than 40 per cent (see figure 6.2). Although 40 per cent of young men or more participate in the labour force in 11 of the 15 countries, fewer than 25 per cent of young women do in any of those 15 countries. In Mauritania, just 2 per cent of young women participate, followed by 9 per cent in Jordan and Iraq.

Figure 6.2 Youth labour force participation rate (15 to 24 years), by sex, latest available data



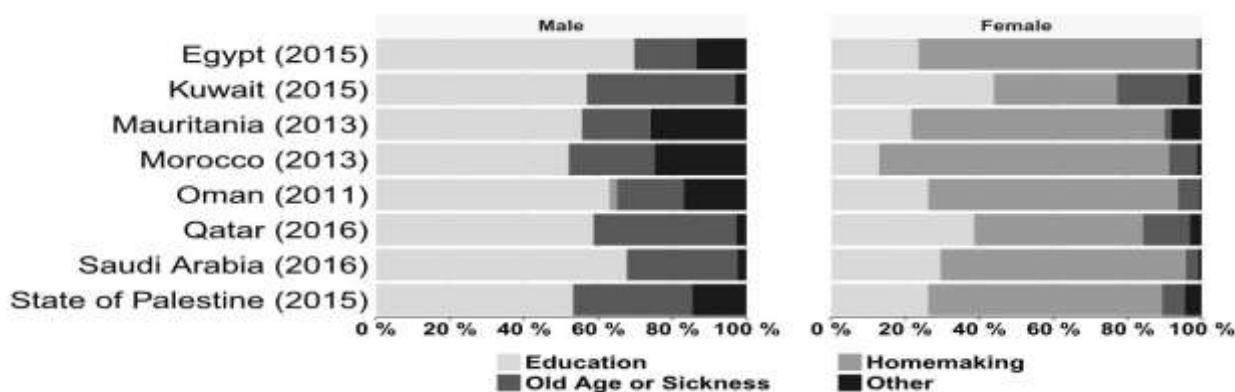
Source: Data from national statistical offices.

In Iraq, young men participate in the labour force at a rate more than five times that of women, at a difference of 39 percentage points. The largest absolute difference between the labour force participation rates among young men and women was reported for the State of Palestine, at 41 percentage points. In Bahrain and Kuwait, the relative difference between rates for men and women is the smallest; the youth labour force participation rate among women there is more than half that of men.

Most men outside the labour force are students, most women are homemakers

Figure 6.3 shows information for eight countries that have reported data on men and women outside the labour force. In general, most men outside the labour force are students and most women outside the labour force are homemakers. In Morocco, just 13 per cent of women outside the labour force are students, compared with 52 per cent of men. For all eight countries, more men than women were reported as being outside the labour force because of old age or sickness. Only Kuwait and Qatar reported more than 10 per cent of women as being outside the labour force owing to old age or illness.

Figure 6.3 Distribution of individuals outside the labour force, by sex and reason, latest available data



Source: Data from national statistical offices.

Unemployment much higher among women than men

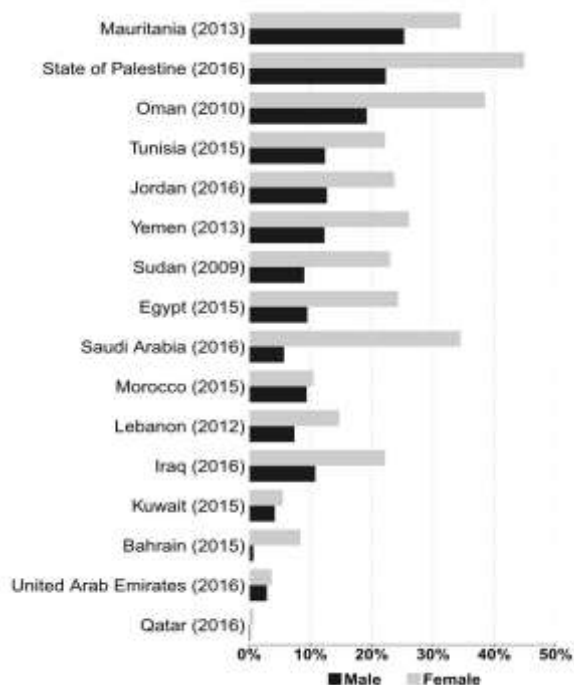
The unemployment rate, defined as the percentage of those economically active who cannot find work, is perhaps the most often-cited indicator of a country's labour market and a general indicator of the economy. Despite its limitations as a

summary indicator, the unemployment rate gives a rough sense of the difficulties faced by the economically active population in a country.

There is considerable variation in the unemployment rates of Arab countries. Mauritania reported the highest overall unemployment rate, at 28 per cent, while Qatar reported an unemployment

rate of almost nil. The United Arab Emirates, Bahrain, and Kuwait also reported low unemployment rates compared with the rest of the region, at 3, 3, and 5 per cent respectively.

Figure 6.4 Unemployment rates by sex, latest available data



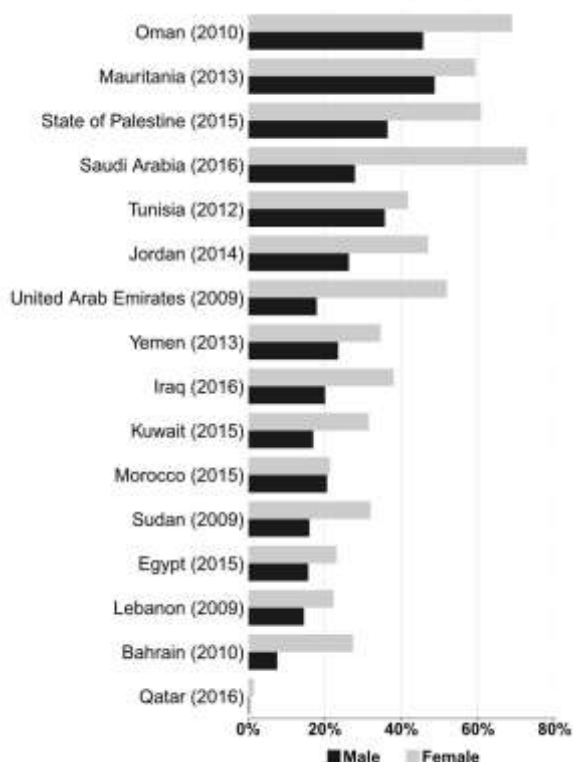
Source: Data from national statistical offices.

Unemployment rates for women are notably higher than for men throughout the region (see figure 6.4). Saudi Arabia reported an unemployment rate for women almost six times that for men (35 per cent and 6 per cent, respectively). Among the countries for which recent data are available, the State of Palestine reported the highest unemployment rate for women at 45 per cent, compared with 22 per cent for men. Countries with higher overall unemployment rates have wider gender gaps, although in Morocco the difference between unemployment rates for men and women was only 1 percentage point (9 per cent and 10 per cent, respectively).

High youth unemployment, especially for women

Young women looking for work face the double challenge of being female and being young (Assaad and Krafft, 2014). Recent data indicate higher unemployment rates for young women than for young men in all countries of the Arab region.

Figure 6.5 Youth unemployment rates by sex, latest available data



Source: Data from national statistical offices.

Unemployment rates for young women are over 20 per cent in all 16 countries for which recent data are available, except Qatar (see figure 6.5). In 5 out of those 16 countries, female youth unemployment is over 50 per cent. In Saudi Arabia, roughly 73 per cent of young women are unemployed, the highest rate in the region, followed by Oman, at about 69 per cent. Male youth unemployment rates are lower, but still high; more than half of the countries for which recent data are available reported rates above 20 per cent (see figure 6.5). Unemployment rates for young men are particularly high in Mauritania, Oman, Tunisia and the State of Palestine, at 49 per cent, 46 per cent, 36 per cent and 36 per cent, respectively, and lowest in Qatar and Bahrain, at 8 per cent and almost nil, respectively.

High shares of nationals employed in the public sector in States members of the Gulf Cooperation Council

Of the countries included in figure 6.6, employment in the public sector is highest in GCC countries. As previously mentioned, these data apply to nationals; there is a great disparity in public sector employment with non-nationals resident in

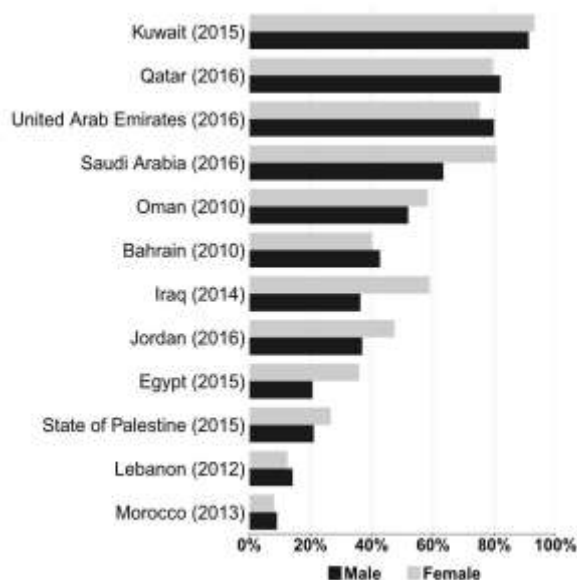
GCC countries. In Kuwait, Qatar and the United Arab Emirates, the proportions of nationals employed in the public sector were more than 70 percentage points higher than those of non-nationals. In all non-GCC countries for which recent data are available, less than 40 per cent of those working are employed in the public sector (see figure 6.6). In Morocco, just 9 per cent were public sector employees.

The share of women working in the public sector was more than 10 percentage points higher than that of men in Jordan, Egypt, Saudi Arabia and Iraq (11, 15, 17, and 23 percentage points, respectively).

Most employees are salaried workers

In 13 of 15 countries, a majority of those employed people have salaried positions (see figure 6.7). The only exceptions are Morocco (45 per cent salaried employees) and the Sudan (24 per cent salaried employees). By contrast, the vast majority of workers in GCC countries are salaried employees. In Saudi Arabia, 90 per cent of the country's nationals on the workforce are salaried employees, which is the lowest percentage among the GCC countries.

Figure 6.6 Percentage of workers employed in the public sector, latest available data

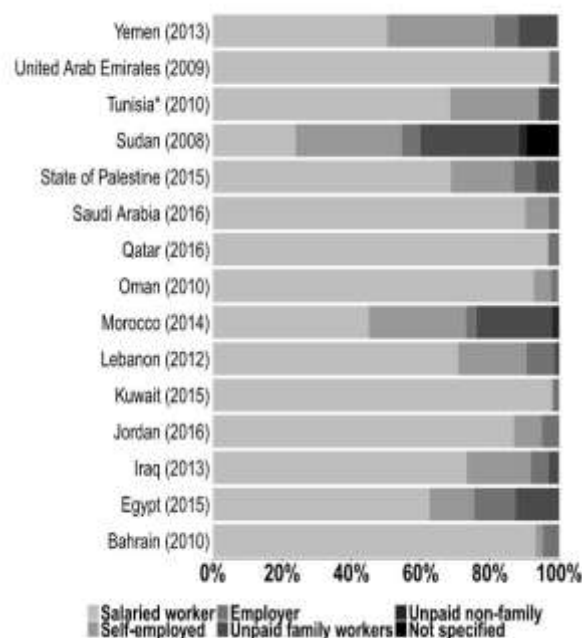


Source: Data from national statistical offices.

In the Sudan, 31 per cent of those working are self-employed and 29 per cent are unpaid family workers, the highest proportions in the region.

Similarly, in Morocco, 28 per cent are self-employed and 22 per cent are unpaid family workers. As regards employers, Egypt reported the highest percentage, at 12 per cent.

Figure 6.7 Employment status, latest available data



* For Tunisia, the category "self-employed" includes the category "employers".

Source: Data from national statistical offices.

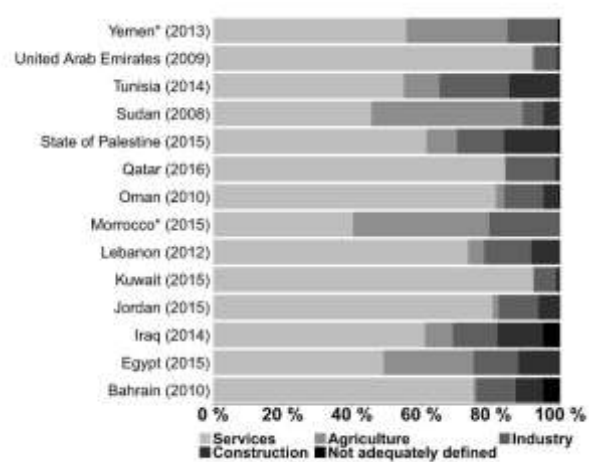
Heavy reliance on the service sector for employment

The labour market across the Arab region is dominated by the service sector, which employs more than 50 per cent of the workforce in 11 out of 14 countries (see figure 6.8). In Kuwait, 92 per cent of the country's employed nationals were in the service sector. In the GCC countries, more than 75 per cent of workers are employed in the service sector.

The proportion of workers employed in the service sector was the lowest in Morocco and the Sudan, at 40 per cent and 46 per cent, respectively, while the agricultural sector employs the greatest share: 39 per cent in Morocco and 44 per cent in the Sudan. Other than in Egypt, Morocco, the Sudan and Yemen, less than 15 per cent are employed in the agricultural sector, which is less than both the industrial and the construction sectors (see figure 6.8). In Tunisia, about 35 per cent of those working

are employed either in industry or construction, the highest proportion in the region.

Figure 6.8 Employment by economic activity, latest available data



* For Morocco and Yemen, the category “construction” includes the category “industry”.
Source: Data from national statistical offices.

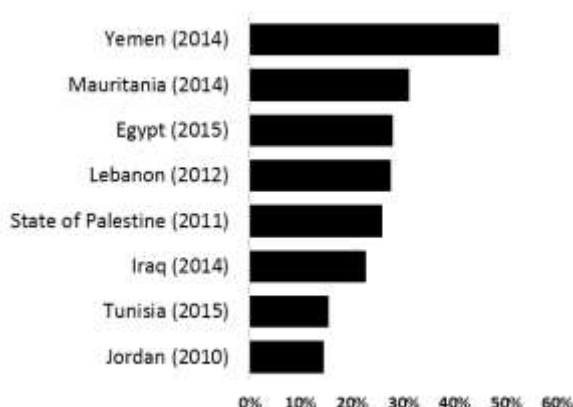
7. Poverty and inequality

Reducing poverty has been a priority on the international development agenda and it 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 ratios are lowest in Jordan and highest in Yemen

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 countries for which recent data are available. Jordan recorded the lowest poverty headcount ratio, at 14 per cent, while Yemen reported the highest, at 49 per cent. With a significant gap, Mauritania follows Yemen with the second-highest poverty headcount, at 31 per cent.

Figure 7.1 Poverty headcount ratio, latest available data



Sources: World Bank (2017) and national statistical offices.

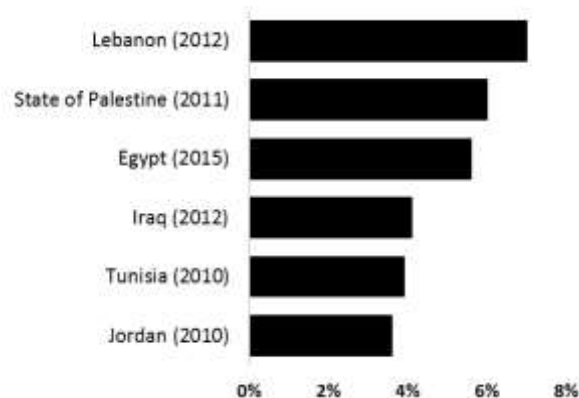
Lebanon has the widest poverty gap

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, 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 of the countries of the region for which recent data are available. Lebanon records the widest poverty gap, at 7 per cent, followed by Egypt and

the State of Palestine, at around 6 per cent each, and Iraq, Tunisia and Jordan, at around 4 per cent each.

Figure 7.2 Poverty gap, latest available data



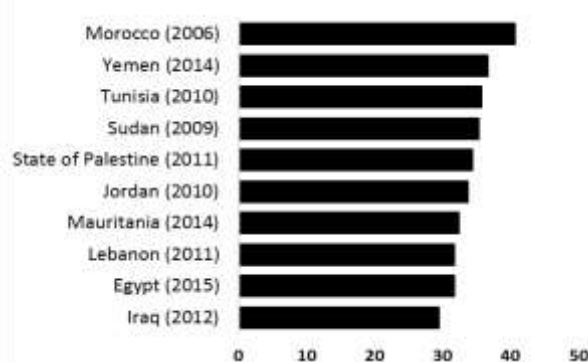
Source: World Bank (2017).

Inequality is greatest in Morocco and smallest in Iraq

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.

As shown in figure 7.3, most countries in the region for which recent data are available have relatively low to moderate levels of inequality. The most unequal distribution was found in Morocco, which has a Gini index of 41, followed by Yemen at 37. The country with the least unequal distribution was Iraq, at 30.

Figure 7.3 Gini index, latest available data



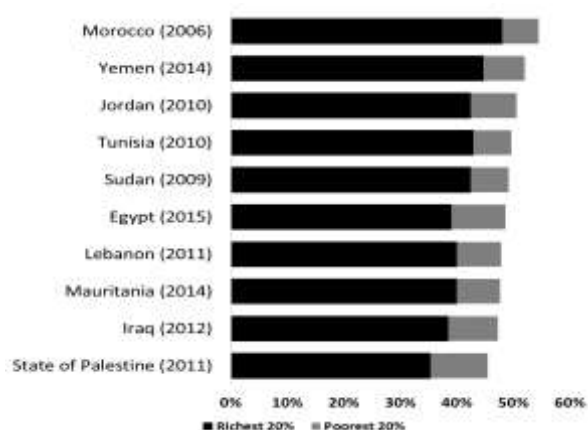
Source: World Bank (2017).

The richest 20 per cent account for more than 40 per cent of total consumption expenditure, the poorest 20 per cent for less than 10 per cent

In the countries for which recent data are available, the richest 20 per cent, or quintile, of the population account for more than 40 per cent of total consumption expenditure, while the poorest quintile accounts for less than 10 per cent.

Figure 7.4 shows a comparison between the share in total income earned by the richest and the poorest quintiles of the population in countries for which recent data are available. The richest quintile in Morocco earns the largest share of total income for any country measured (48 per cent) and that in the State of Palestine earns the smallest (35 per cent). Conversely, in the State of Palestine, the poorest quintile earns the largest share of total income in any country measured (10 per cent) and the smallest share in Morocco (less than 7 per cent).

Figure 7.4 Income share held by richest and poorest quintiles, latest available data



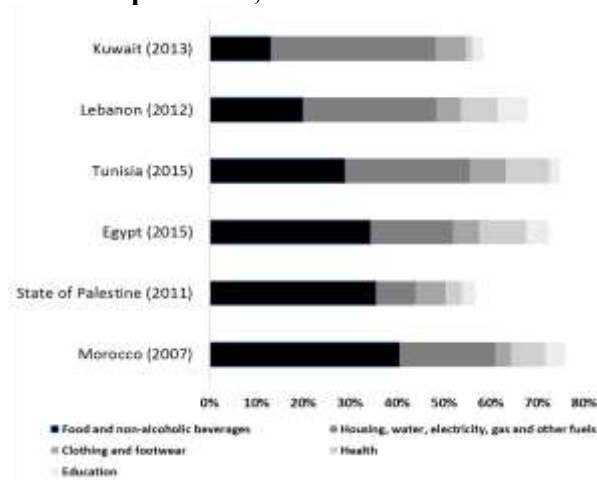
Source: World Bank (2017) and national statistical offices.

Consumption expenditure on education and health is lowest

Figure 7.5 shows how consumption expenditure is allocated to major expenditure categories such as food and non-alcoholic beverages, or clothing and footwear. Food and non-alcoholic beverages account for the largest share of consumption expenditure in Morocco (41 per cent), the State of Palestine (36 per cent) and Egypt (34 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 (1 per cent).

Figure 7.5 Allocation of consumption expenditure, latest available data

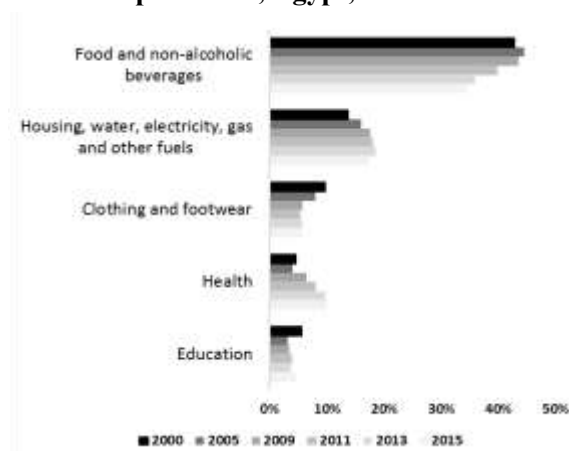


Sources: World Bank (2017) and national statistical offices.

In Egypt, consumption expenditure is highest on food and non-alcoholic beverages, and lowest on education

In Egypt, the greatest share of consumption expenditure goes to food and non-alcoholic beverages, followed by housing, water, electricity, gas and other fuels (see figure 7.6). The smallest share goes to education. This pattern has been since 2000. The share allocated to food and clothing has decreased over time, while that going to housing and health and, to a smaller extent, education, has increased.

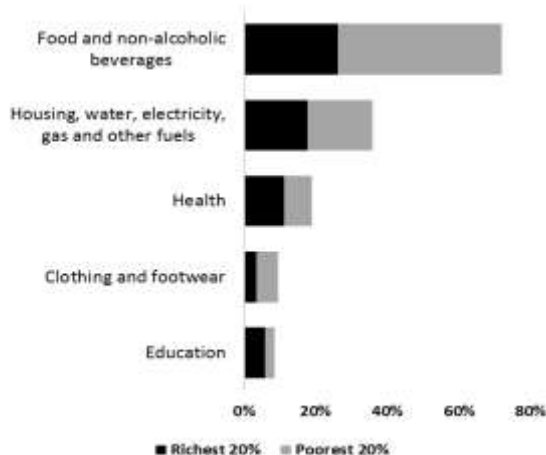
Figure 7.6 Allocation of consumption expenditure, Egypt, 2000-2015



Sources: World Bank (2017) and Egypt, Central Agency for Public Mobilization and Statistics.

In Egypt, both the richest and the poorest quintiles of the population allocate the greatest share of their consumption expenditure to food and non-alcoholic beverages. At the other end of the scale, the richest quintile allocates the smallest share of its expenditure to clothing and footwear (3 per cent) whereas the poorest quintile spends its on education (3 per cent) (see figure 7.7).

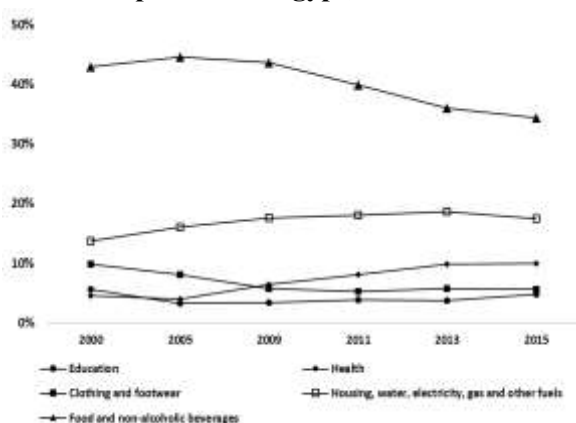
Figure 7.7 Allocation of consumption expenditure by the poorest and richest quintiles, Egypt, 2015



Sources: World Bank (2017) and Egypt, Central Agency for Public Mobilization and Statistics.

Between 2000 and 2015, the share of consumption expenditure on food and non-alcoholic beverages and on clothing and footwear decreased, whereas that for the remaining categories increased (see figure 7.8).

Figure 7.8 Allocation of consumption expenditure, Egypt, 2000-2015

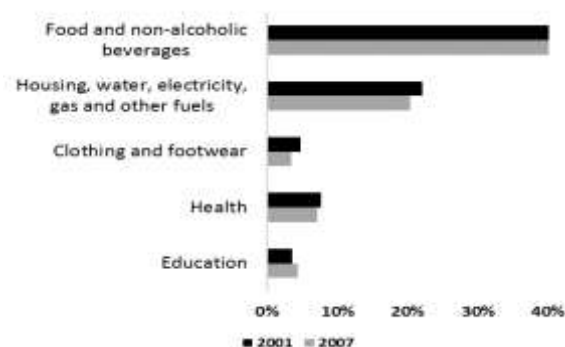


Sources: World Bank (2017) and Egypt, Central Agency for Public Mobilization and Statistics.

In Morocco, consumption expenditure is highest on food and non-alcoholic beverages, and lowest on clothing and footwear

For Morocco, data are available for the years 2001 and 2007. They indicate that the largest share of consumption expenditure in both years went to food and non-alcoholic beverages and remained stable at about 41 per cent (see figure 7.9). The smallest share went to education in 2001, and to clothing and footwear in 2007.

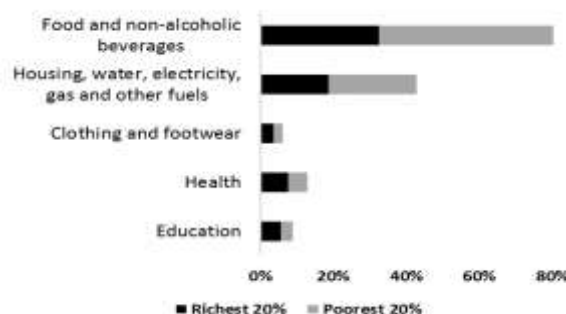
Figure 7.9 Allocation of consumption expenditure, Morocco, 2001 and 2007



Sources: World Bank (2017) and Morocco, High Commission for Planning.

Both the richest and poorest quintiles of the population in Morocco allocate the largest share of their consumption expenditure to food and non-alcoholic beverages and the smallest to clothing and footwear (see figure 7.10). The richest quintile allocates 33 per cent of its consumption expenditure to food and non-alcoholic beverages, the poorest quintile 53 per cent.

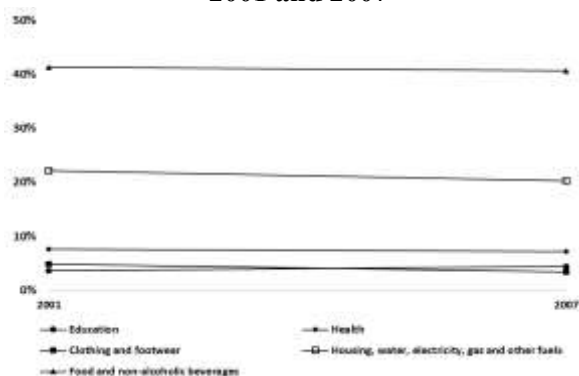
Figure 7.10 Allocation of consumption expenditure for the lower and upper quintiles of the population, Morocco, 2007



Sources: World Bank (2017) and Morocco, High Commission for Planning.

Between 2001 and 2007, there was a slight shift in relative expenditure towards education and away from housing, water, gas and other fuels; health; food and non-alcoholic beverages; and clothing and footwear (see figure 7.11).

Figure 7.11 Trends in allocation of consumption expenditure, Morocco, 2001 and 2007

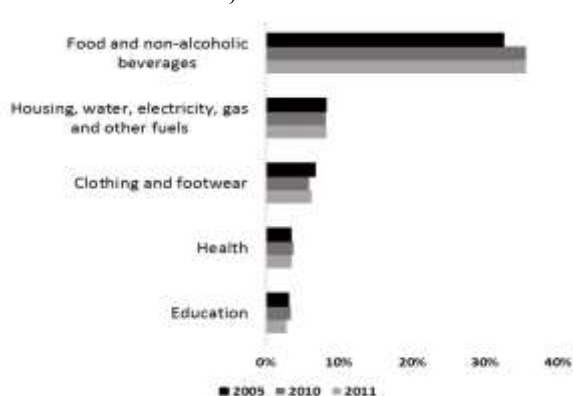


Sources: World Bank (2017) and Morocco, High Commission for Planning.

In the State of Palestine, consumption expenditure is highest on food and non-alcoholic beverages, and lowest on education and health

In the State of Palestine, people spend most on food and non-alcoholic beverages (36 per cent of consumption expenditure), followed by housing, water, electricity, gas and fuels (8 per cent), and clothing and footwear (6 per cent) (see figure 7.12). The smallest share goes to education and to health (around 3 per cent each).

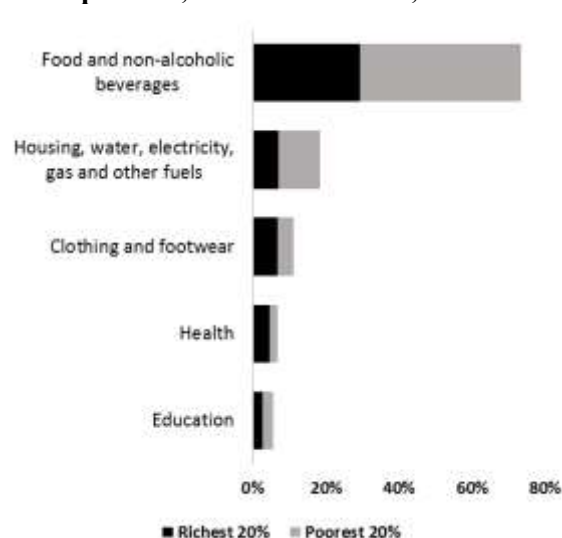
Figure 7.12 Allocation of consumption expenditure, State of Palestine, 2005, 2010 and 2011



Sources: World Bank (2017) and the State of Palestine, Palestinian Central Bureau of Statistics.

For both the richest and the poorest quintiles in the State of Palestine, the largest item on the household budget is food and non-alcoholic beverages. The smallest item is health for the poorest quintile (2 per cent) and education for the richest quintile (3 per cent) (see figure 7.13).

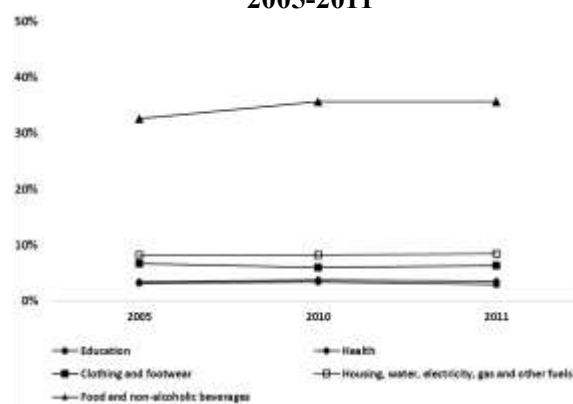
Figure 7.13 Allocation of consumption expenditure for the richest and poorest quintiles, State of Palestine, 2011



Sources: World Bank (2017) and the State of Palestine, Palestinian Central Bureau of Statistics.

Between 2005 and 2011, the shares of consumption expenditure allocated to clothing and footwear and to education barely changed, while that going to food and non-alcoholic beverages increased notably (see figure 7.14).

Figure 7.14 Trends in allocation of consumption expenditure, State of Palestine, 2005-2011

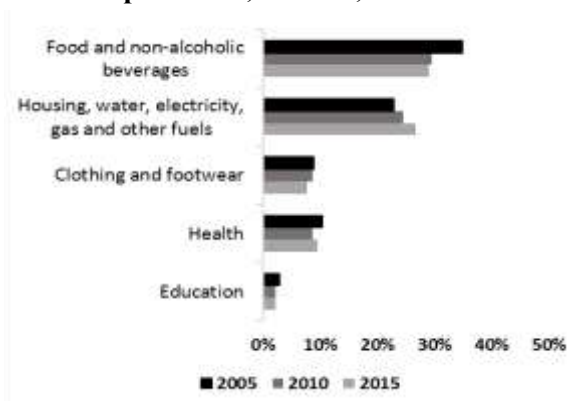


Sources: World Bank (2017) and the State of Palestine, Palestinian Central Bureau of Statistics.

In Tunisia, consumption expenditure is highest on food and non-alcoholic beverages, and lowest on education and health

In Tunisia, the largest share of consumption expenditure goes to food and non-alcoholic beverages (29 per cent), followed closely by housing, water, electricity, gas and fuels (27 per cent) (see figure 7.15). The smallest share goes to education (2 per cent). Between 2005 and 2015, the shares allocated to food and non-alcoholic beverages and to clothing and footwear fell. Those going to health and to education also decreased, but less so. On the other hand, the share going to housing, water, electricity, gas and fuels rose.

Figure 7.15 Allocation of consumption expenditure, Tunisia, 2005-2015

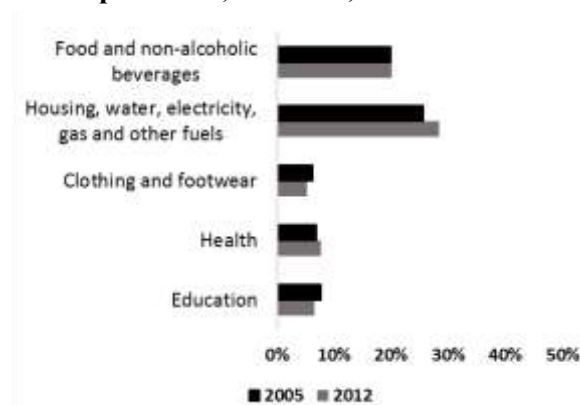


Sources: World Bank (2017) and Tunisia, National Institute of Statistics.

In Lebanon, consumption expenditure is highest on housing, water, electricity, gas and fuels and lowest on clothing and footwear

In Lebanon, the largest share of consumption expenditure goes to housing, water, electricity, gas and fuels (28 per cent), followed by food and non-alcoholic beverages (20 per cent) (see figure 7.16). The smallest share goes to clothing and footwear (5 per cent). Between 2005 and 2012, there was a slight increase in the share spent on health and housing, water, electricity, gas and fuels, and a slight decrease in spending on clothing and footwear, and on education. The share of consumption expenditure allocated to food and non-alcoholic beverages remained unchanged.

Figure 7.16 Allocation of consumption expenditure, Lebanon, 2005 and 2012

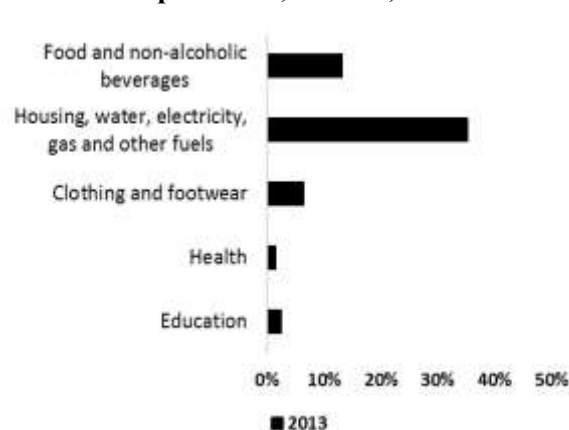


Sources: World Bank (2017) and Lebanon, Central Administration of Statistics.

In Kuwait, consumption expenditure is highest on housing, water, electricity, gas and fuels, and lowest on health

In Kuwait, the largest share of consumption expenditure, 35 per cent, goes to housing, water, electricity, gas and fuels (see figure 7.17). Of all the countries discussed in this section, the share of consumption expenditure on food and non-alcoholic beverages is the smallest in Kuwait, at 13 per cent. The smallest shares of consumption expenditure in Kuwait are allocated to education (2 per cent) and health (1 per cent).

Figure 7.17 Allocation of consumption expenditure, Kuwait, 2013



Sources: World Bank (2017) and the Kuwait Central Statistical Bureau.

8. Culture and social participation

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.

The data used in the present 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. 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 11 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 samples were approximately 1,200 in size 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 samples were approximately 1,200 in size, except in Libya, where the sample size was 2,131.

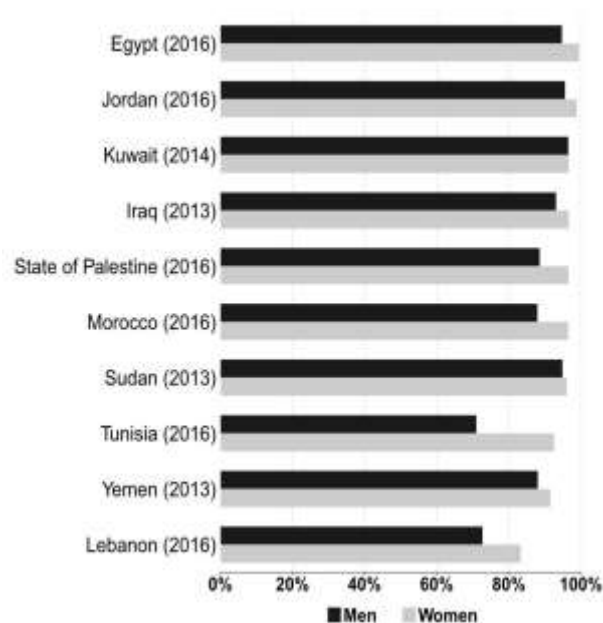
High religiosity

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.

It is clear that 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.

Figure 8.1 Religiosity, by sex, 2013-2016

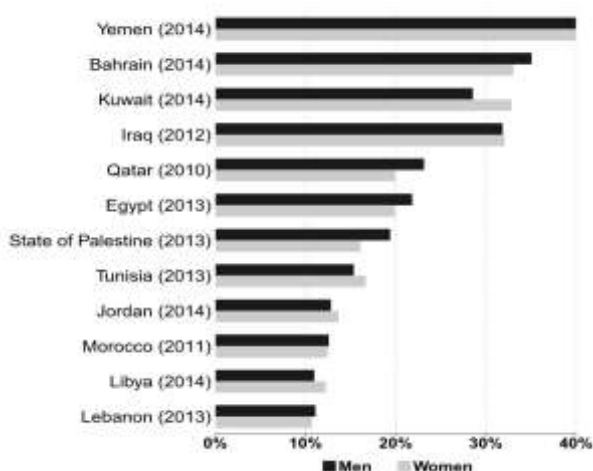


Source: Arab Barometer (2017).

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 (see 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 Share of respondents who believe most people can be trusted, 2010-2014

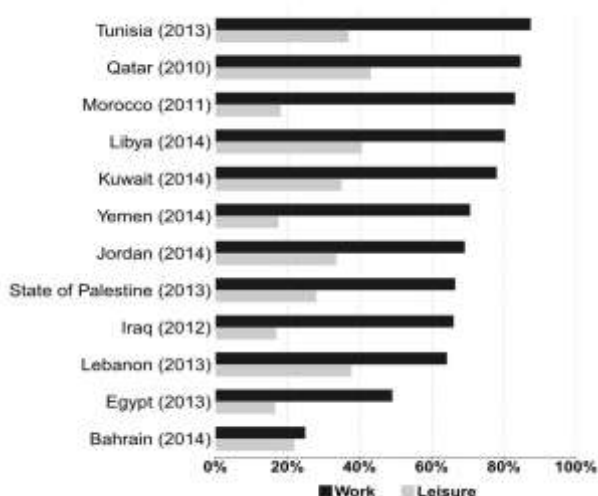


Source: World Values Survey Association (2017).

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, 2010-2014

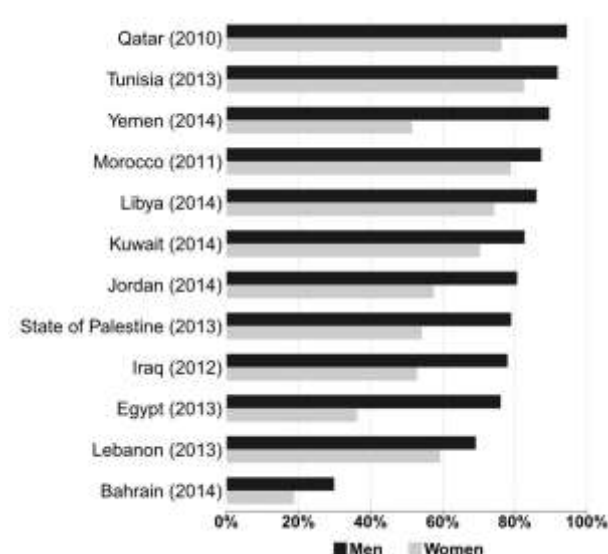


Source: World Values Survey Association (2017).

Men value work more than women

Figure 8.4 shows that men consistently value work more than women do for all countries surveyed. 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, 2010-2014



Source: World Values Survey Association (2017).

Low membership in voluntary civic organizations

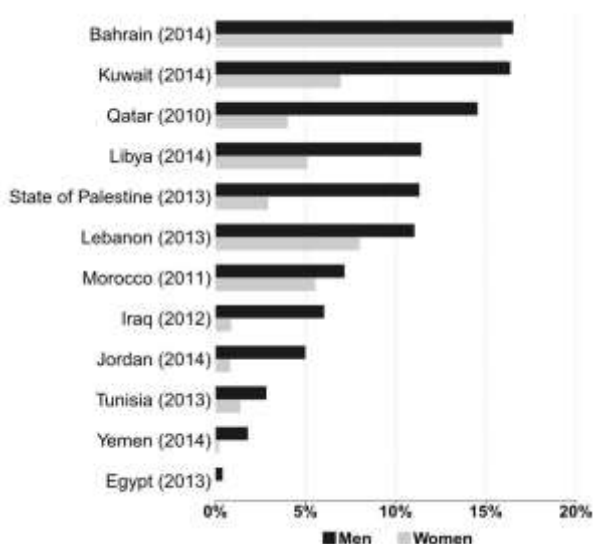
Membership in sports or recreational organizations is very sparse in the Arab region. Recent data from the World Values Survey show that Egypt, Iraq, Jordan, Lebanon, Libya, Morocco, Qatar, the State of Palestine, Tunisia, and Yemen all have active membership levels below 10 per cent. Of the countries 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, by sex, 2010-2014



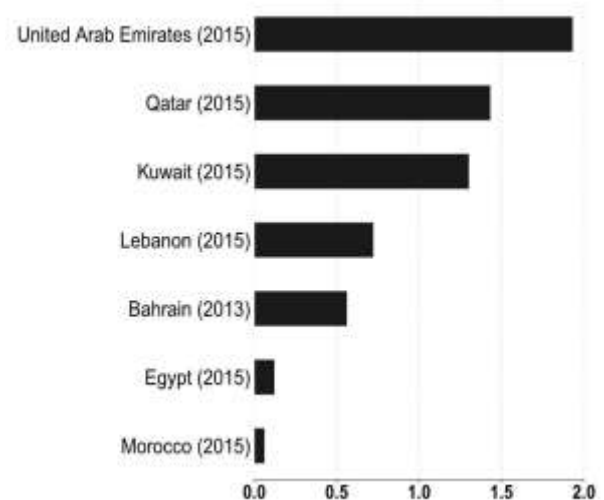
Source: World Values Survey Association (2017).

Low cinema attendance

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 seven Arab countries recently surveyed by UNESCO, only the United Arab Emirates ranks among the top 30 countries in terms of cinema attendance, at 1.93 admissions per capita per year. The United Arab Emirates also has the second-highest density of movie screens in the region (4.1 screens per 100,000 inhabitants). The highest density of screens in the region was found in Bahrain (4.8 screens per 100,000 inhabitants), which was outside the top 25 countries

worldwide for which data are available. By comparison, Norway, which came in tenth place worldwide, had 9.3 screens per 100,000 inhabitants, nearly double the number of Bahrain. Of the seven Arab countries for which there are recent data, four report cinema attendance per capita at less than 1.0 admissions per year. The lowest rates were recorded in Morocco (0.06 admissions per capita per year) and in Egypt (0.12 admissions per capita per year).

Figure 8.6 Cinema attendance, admissions per capita per year, latest available data



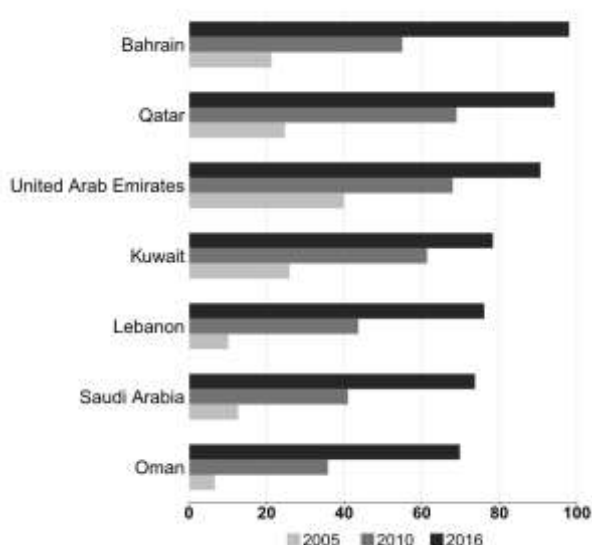
Source: UNESCO UIS.Stat database.

Dramatic increase in Internet usage

The Internet is used widely in the Arab region, but not uniformly. In 7 of the 11 countries surveyed in the Arab Barometer 2012-2014 survey period, over half of the respondents never used the Internet. Nonetheless, the Internet has become a major part of modern culture in the region, especially in GCC countries. Internet usage increased sharply between 2005 and 2016. Some countries, such as Bahrain, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia and the United Arab Emirates, experienced an almost tenfold increase in the number of Internet users (see figure 8.7).

Bahrain experienced the most explosive growth, 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.

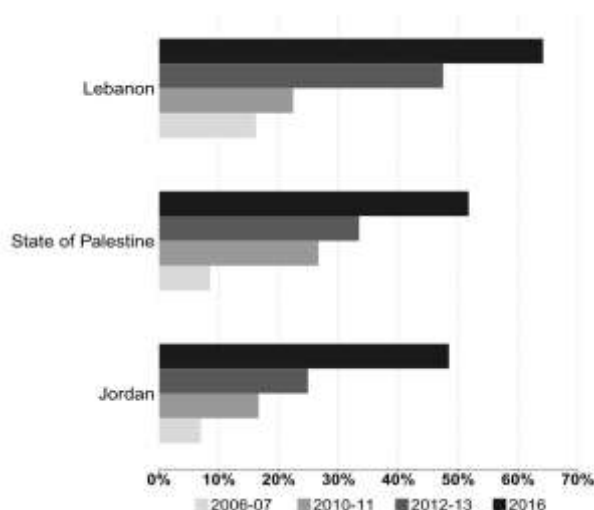
Figure 8.7 Internet users, per 100 inhabitants, 2005-2016



Source: International Telecommunication Union, 2015.

Arab Barometer data show a steady increase in daily Internet usage in all countries for which trend data are available (see figure 8.8). In 2016, 64 per cent of respondents in Lebanon used the Internet daily, about four times more than in 2007. During roughly the same period, the percentage of daily Internet users increased by a factor 6 for the State of Palestine and by a factor 7 for Jordan.

Figure 8.8 Shares of respondents reporting daily Internet usage, 2006-2016

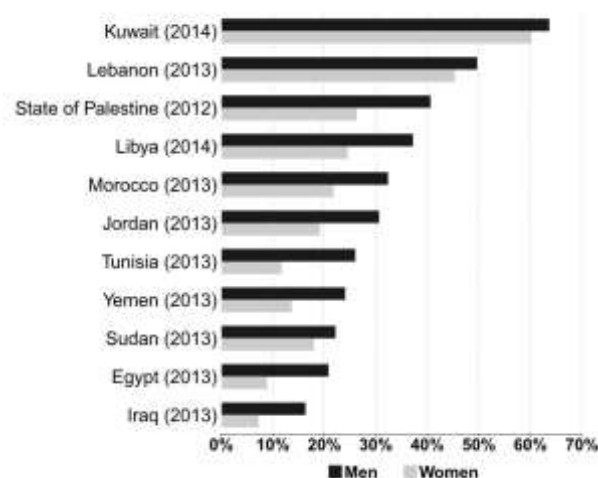


Source: Arab Barometer (2017).

Men use the Internet more than women

The proportion of respondents who use the Internet daily was higher for men than women for all 11 countries surveyed (see figure 8.9). In general, this difference was more pronounced in countries where Internet usage was less prevalent. In the State of Palestine and Tunisia, the gender gap was 14 per cent, the widest in the region. The gap was at its most narrow in Kuwait, Lebanon, and the Sudan, at 4 per cent.

Figure 8.9 Shares of respondents reporting daily Internet usage, by sex, recent data



Source: Arab Barometer (2017).

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Arab Society: A Compendium of Social Statistics, Issue No. 13 is the latest in a series of biennial compendiums of the Statistics Division of the Economic and Social Commission for Western Asia (ESCWA). It provides a general view of Arab society in the region and the changes it has known over time. Drawing on data provided mainly from national statistical offices (NSOs), it focuses on issues of population, labour, housing conditions, education, poverty, health and culture. Each issue of the Compendium focuses on a single theme; the twelfth issue concentrates on household composition and family formation.

Data were drawn primarily from NSOs of ESCWA member States and supplemented by publicly accessible data from international agencies, such as the International Labour Organization, World Health Organization, United Nations High Commissioner for Refugees, United Nations Educational, Scientific and Cultural Organization, and the World Bank. 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.

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