



The determinants of adolescents and young people well-being in the Rabat-Salé-Kenitra region

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Abstract

Aim of the study: The aim of this study is to investigate the determinants of the well-being of adolescents and young people in Morocco.

Materials and methods: This is a quantitative cross-sectional study carried out over a 10-month period, from June 2024 to March 2025, among adolescents and young people in or out of school in the Rabat-salé-Kénitra region, to highlight the determinants of their well-being.

Results: By surveying 803 participants, this work found that the determinants of the well-being of adolescents and young people were family stability in 98.26%, access to the necessities of life in 92.90%, support of adolescents and young people by their families in

94.77%, the existence of caring adults in their entourage in 99.13%, self-esteem in 99.63%, regular participation in school in 92.53%, engagement in leisure activities in 99%, disease prevention in 99.5%, access to care in case of need in 99.13%, religious beliefs in 83.81%, clear projections for the future in 92.28%, the ability to make career or training plans in 78.21%, access to clean air and water in 100% and the existence of parks and other outdoor places of fulfillment in 97.63%.

Conclusion: Enabling Moroccan adolescents and young people to enjoy their well-being requires an integrated, multi-sectoral approach that spans several levels, to embrace all the determinants highlighted by this work.

Key words: Determinants, well-being, adolescents, youth

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Introduction

A country's sustainable development depends above all on promoting the health and well-being of its citizens (Di Ruggiero, 2019). The world is currently experiencing health crises that are causing suffering and disrupting the lives of billions of people around the globe (Baxerres and al, 2021). This underlines the importance of stepping up the efforts made by the various States to enable their citizens to enjoy their right to health and well-being, not only physically, but also psychologically and socially. Since countries have distinct vulnerabilities to crises and their combined effects, the nations and communities affected are prompted to act in very different ways (Agyapon-Ntra and al, 2023). For example, the COVID-19 pandemic highlighted fractures and inequalities within societies, underlining the importance of the social, economic and environmental determinants of health, and the centrality of adopting a truly multidimensional approach to health (Almeida and al, 2025).

As a result of the measures applied to control the spread of the COVID-19 pandemic, the lives of young people and adolescents were faced with several disruptions, including a delay in seeking or providing health care, reduced contact with peers and loved ones, reduced physical activity and a decline in their quality of life related to their physical and mental health, with a tendency to worsen over time (Nobari and al, 2021).

At 1.2 billion, i.e. 6th of the world's population, great importance must be attached to the adolescent population, which is already undergoing a double transition: the demographic transition, with the number of adolescents (aged 10 to 24) rising from 1.53 billion in 1990 to 1.2 billion in 2022 (UNFPA, 2021). and the epidemiological transition, in which the number of countries classified as multi-burden diseases has fallen to be classified as mainly non-communicable diseases (Weiss and al, 2019).

In 2014, Morocco had 4.8 million teenagers (2.3 million girls and 2.4 million boys), or 14.4% of the total population. In 2019, this percentage has fallen to 13.6%. Of these, 8.5% are aged between 10 and 14 and 5.12% between 15 and 17. Most of the teenage population is concentrated in the urban centers of Casablanca-Settat, Marrakech-Safi, Rabat-Salé-Kénitra and Fès-Meknès. According to estimates by the Haut-Commissariat au Plan (HCP), the share



of adolescents in the total population is set to fall steadily, representing 12.4% by 2030 and 9.9% by 2050 (i.e. 4.8 million individuals in 2030 and 4.2 million in 2050) (HCP, 2014).

Indeed, adolescence in Morocco is strongly conditioned by a divergent value system, a strong division of social and gender roles, difficulties in accessing services and significant economic inequalities. Adolescence begins at an early age in Morocco but living conditions for teenagers become more complicated as they grow older, with the 15-17 age group suffering the most deprivation. Rather than curbing the intergenerational transmission of poverty, adolescence in Morocco seems, on the contrary, to widen the gaps that have already existed since early childhood (Unicef, 2022).

A series of articles and scientific studies have attested to the fact that, for decades, approaches to working with young people and adolescents to improve their health often focused solely on problem behaviors with the aim of changing them. In contrast, "youth development" emphasizes the many positive attributes of young people and focuses on developing the inherent strengths and assets of young people to promote healthy behavioral development (Hysi, 2022). In view of these findings, the aim of this study was to investigate the determinants of adolescent and youth well-being in the Rabat-Salé-Kénitra region, and to provide decision-makers with results that could help them develop mechanisms to improve adolescent and youth health in Morocco.

Materials And Methods

This is a quantitative cross-sectional study conducted over a 10-month period, from June 2024 to March 2025, among adolescents and young people in and out of school in the Rabat-Salé-Kénitra region.

3.1 Inclusion criteria

Adolescents and young people aged between 10 and 19, whether in or out of school, who were present at the time the questionnaire was handed out in the various neighbourhoods of the region, were included in the study. Adolescents and young people whose parents had given permission for the study to be carried out.



3.2 Exclusion criteria

Adolescents and young people whose parents refused to participate in the study were excluded. Young people over 19 years of age or those who refused to participate in the study.

3.3 Collecting data

This study was carried out using a mixed questionnaire pretested with five adolescents and five young people not involved in the study, to avoid subsequent bias.

Data collection was carried out by trained interviewers. The data collected covered.

- Socio-demographic characteristics of adolescents and young people.
- Determinants of well-being in adolescents and young people aged 10 to 19.

3.4 Ethical considerations

Permission for data collection was obtained from the parents of study participants. Informed consent was obtained from each adolescent and youth at the time of study entry. Participation in the study was free of charge, and confidentiality and anonymity were respected.

3.5 A few definitions

3.5.1 Well-being: As we have seen, definitions of well-being are generally broad and diverse, encompassing a wide range of areas that influence an individual's quality of life. As a rule, we define it as having the opportunity and ability to lead a life of personal and community value, with qualities such as good health, time to enjoy the things that matter in life, in an environment that fosters personal fulfillment (OMS, 2012), (Miranti and al, 2017).

3.5.2 Safety and security: Safety and security mean that young people enjoy stability and access to the necessities of life. It means that young people feel liberated from their emotions, with a sense of control over what happens in their environment and with the people in their lives.

3.5.3 Relationships: Well-being in relationships means that adolescents and young people can establish and maintain supportive interpersonal connections with peers, family and caring adults. This domain includes young people's sense of trust, their ability to communicate their needs and to manage the influence of those around them.

3.5.4 Mental health: Mental health refers to young people's self-esteem and their ability to cope with adversity and manage their emotions constructively, including



seeking help when needed.

3.5.5 Cognitive health: Cognitive health is the intellectual potential of adolescents and young people, as well as their engagement in activities that promote growth, curiosity and identity development. This includes regular participation in school, managing time and responsibilities, and engaging in leisure activities.

3.5.6 Physical health: Physical health is the ability of young people to take care of their bodies by preventing and managing disease, using health care services and adopting healthy behaviors.

3.5.7 Community: Community is young people's sense of belonging and connection to the people, cultures and places in their lives. Communities also offer accessible resources that are relevant to the overall well-being of adolescents and young people.

3.5.8 Objective: The objective is the ability and recognition by adolescents and young people of their place in the world. This area encompasses spirituality, religion, and future orientation, including career and educational planning.

3.5.9 Environment: The environment is young people's relationship and connection with nature. This includes access to clean air and water, the existence of parks and other outdoor spaces, and the balance of screen time.

3.6 Statistical analysis

The data collected were coded and subjected to computerized analysis using SPSS V20 software. Categorical variables were expressed as percentages.

Results and Discussion

4.1 Sociodemographic characteristics of study participants

Of the 803 adolescents and young people surveyed, 51.06% were male. Their age was between]15y -18y [in 62.52% and [12y -15y] in 21.05%. The parents of the adolescents and young people surveyed were married in 73.72% of cases. 49.44% of respondents had four or more siblings. Their sibling rank was 3rd or higher in 48.57%. 75.34% of respondents' fathers/guardians and 37.86% of their mothers were self-employed. 48.19% of adolescents and young people surveyed belonged to a family with an income of less than 4,000dhs. 62.52% of



those surveyed lived in shantytowns or social housing. 49.69% of respondents have attended school. (Table n°1)

Table 1: Socio-demographic characteristics of study participants

	Teenagers/young people surveyed N = 803	Workforce	Percentage (%)
Gender:			
Boy	410		51,06
Girl	393		48,94
Age:			
[12-15 years]	169		21,05
]15years -18years [	502		62,52
[18 years -19 years]	132		16,44
Family situation:			
Parents (one or two) deceased	52		6,47
Divorced parents	159		19,8
Married parents	592		73,72
Number of siblings:			
1-3	397		50,56
4 or more	406		49,44
Siblings:			
1 st	197		24,53
2 th	216		26,90
3 rd or more	390		48,57
Function of father or guardian:			
No function	89		11,08
Liberal profession	605		75,34
Civil servant	73		9,1
Other	36		4,48
Mother's function:			
No function	198		24,66
Liberal profession	304		37,86
Civil servant	38		4,73
Other	263		32,75
Family income:			
Less than 4000 dh	387		48,19
4000 dh and 8000 dh	221		27,52
More than 8000 dh	195		24,28
Type of accommodation:			
Slums, social housing	502		62,52
Medium standing	207		25,78
High standing	94		11,71
Schooling:			
Yes	399		49,69
No	404		50,31



4.2 Determinants of well-being among adolescents and young people aged 10 to 19

The determinants of well-being for the adolescents and young people surveyed were family stability in 98.26%, access to the necessities of life in 92.90%, control over life in 58.78%, supportive ties with peers in 65.88%, support for A&J by their families in 94.77%, the existence of caring adults in their environment in 99.13%, trust in their environment in 53.18%, self-esteem in 99.63%.J by their families in 94.77%, the existence of caring adults in their environment in 99.13%, trust in their environment in 53.18%, self-esteem in 99.63%, the power to ask for help when needed in 73.97%, regular participation in school in 92,53%, involvement in leisure activities in 99%, disease prevention in 99.5%, not being addicted to products harmful to health in 77.58%, access to care in case of need in 99.13%, healthy behaviors in 66.50%, A&J to society in 79.83%, religious beliefs in 83.81%, clear projections for the future in 92.28%, the ability to make career or training plans in 78.21%, access to clean air and water in 100% and the existence of parks and other outdoor places for self-fulfilment in 97.63%. (Table 2)

Table 2: Determinants of the well-being of adolescents and young people aged 10 to 19

Determinants	Teenagers/young people surveyed N = 803	
	Effective	Percentage (%)
Safety and security		
Family stability		
Yes	789	98,26
No	14	1,74
Access to the necessities of life		
Yes	746	92,90
No	57	7,09
Control over life		
Yes	472	58,78
No	331	41,22
Adolescent and youth relations		
Peer support links		
Yes	529	65,88
No	274	34,12
Family support for A&J		
Yes	761	94,77
No	42	5,23
Having caring adults around them		
Yes	796	99,13
No	7	0,87
Trusting their entourage		
Yes	427	53,18
No	376	46,82



Mental health		
Self-esteem		
Yes	800	99,63
No	3	0,37
Ability to manage emotions		
Yes	163	20,30
No	640	79,70
Ability to cope with adversity		
Yes	163	20,30
No	640	79,70
To be able to ask for help when needed		
Yes	594	73,97
No	209	26,03
Cognitive health		
Regular school attendance		
Yes	743	92,53
No	60	7,47
Time management		
Yes	165	20,55
No	638	79,45
Sense of responsibility		
Yes	385	47,95
No	418	52,05
Involvement in leisure activities		
Yes	795	99,00
No	8	0,10
Physical health		
Disease prevention		
Yes	799	99,50
No	4	0,50
Don't be addicted to health harmful products		
Yes	623	77,58
No	180	22,42
Access to care when you need it		
Yes	796	99,13
No	7	0,87
Healthy behaviors		
Yes	534	66,50
No	269	33,50
Community		
A&J's sense of belonging to society		
Yes	641	79,83
No	162	20,17
A&J's sense of belonging to their culture		
Yes	112	13,95
No	691	86,05
A&J's sense of belonging to their living environment		
Yes	349	43,46
No	454	56,54
Objective		
Religious beliefs		
Yes	673	83,81



No	130	16,19
Clear projections for the future		
Yes	741	92,28
No	62	7,72
The ability to plan careers and training		
Yes	628	78,21
No	175	21,79
Environment		
Access to clean air and water		
Yes	803	100
No	00	0
the existence of parks and other open-air spaces for personal development		
Yes	784	97,63
No	19	2,37
Don't be a screen addict		
Yes	14	1,74
No	789	98,26

With the aim of studying the determinants of the well-being of adolescents and young people in the Rabat-Salé-Kénitra region, this study found that

Access to the necessities of life in 92.90%, access to clean air and water in 100%, A&J's sense of belonging to society in 79.83% and control over life in 58.78% were determinants of the well-being of the A&J surveyed, corroborating the results of the study by Martela et al. According to this study, the main sources of subjective well-being were explained through the theory of self-determination, which proposes that three fundamental psychological needs - autonomy, competence and belonging - are necessary for well-being in all cultures. To understand their influence on well-being, they analyzed data from the European Social Survey covering 27 European countries with an N= 48,550 (Martela and al, 2022).

Family stability (98.26%), supportive peer relationships (65.88%), family support for A&J (94.77%), the existence of caring adults in their environment (99.13%), trust in their environment (53.18%) and the ability to ask for help when needed (73.97%) were all cited by respondents as determinants of their well-being. This confirms the results of other studies (Fernandez-Portero and al, 2023) which have identified the desire for high-quality social relationships as a psychological need essential to motivation and well-being. Indeed, numerous research studies attest to the importance of supportive relationships within the family, school and peers for emotional well-being and academic success, particularly in adolescence (Thomas



and al, 2017). Having social support in times of need has been positively associated with well-being and health. A longitudinal study of adolescents showed positive associations between perceived social support and well-being outcomes in early adulthood (Jakobsen and al, 2022). This protective effect can be understood from the perspective of relational regulation theory, which was introduced to explain the beneficial effects of perceived social support on mental health. The theory defines relational regulation as "a desired effect, action or thought that results from interaction with or reflection on specific others" (Lahey and al, 2011).

Social networks offer opportunities for such relational interactions. Several reviews and studies have indicated that social media provide feedback and interactions that could foster perceptions of social support and subsequently contribute as a positive factor to adolescents' mental health and well-being (Kross and al, 2021).

Self-esteem (99.63%), regular school attendance (92.53%), involvement in leisure activities (99%) and the existence of parks and other outdoor places for personal development (97.63%) were also determinants of the well-being of the adolescents and young people surveyed. This result confirms the findings of several studies that have highlighted the potential benefits of participation in school and extracurricular activities for the personal and prosocial development of adolescents and their well-being (Finnerty and al, 2021). Researchers from a variety of fields have looked at how participation influences health, well-being and social development. They have demonstrated a link between participation in structured activities and several indicators of positive youth development (Busseri and al, 2009). The activities can help young people accomplish developmental tasks, particularly the development of personal identity. The basic theoretical notion is that participation will support or reinforce a positive self-concept and sense of self-esteem. In general, research shows that participation in extracurricular activities is linked to self-esteem (Mahoney and al, 2006), (Du and al, 2017).

This study found that 99.5% of disease prevention, 77.58% of not being addicted to products harmful to health, 99.13% of access to care in case of need, and 66.50% of healthy behaviors are determinants of the well-being of adolescents and young people. These findings corroborate the advances of several studies that have attested to an association between deteriorating health and declining well-being, finding that declines in health status such as stroke and cancer predicted a decline in subjective well-being (Langevin, 2024), (Mathentamo and al, 2024).



Indeed, researchers found a strong negative correlation between frailty and physical well-being in a sample of elderly people (Hubbard and al, 2014). According to this work, several disease characteristics can increase the influence of health on

well-being. However, the influence of poor health on well-being is not a linear function of objective disease. The relationship between health and well-being is not a one-way street: health influences well-being, and well-being itself influences health. The effect of well-being on health is substantial (but variable) and comparable to other risk factors more traditionally targeted by public health, such as a healthy diet (Ruggeri and al, 2020).

83.81% of respondents cited religious beliefs as a determinant of well-being. Indeed, the role of religion is to help people give meaning to their lives. Religious beliefs enable a person's personality to find sufficient space within itself to blossom, overcome life's obstacles and achieve personal fulfillment. The spiritual sense engenders in man a feeling that life has a wider meaning than mere individual existence, enabling him to rise above the reductive mechanisms of the problems he encounters, and take a positive view of everything that happens in his life. Anthropologists have often stated that members of primitive societies lose sight of the meaning of their lives when their spiritual values are dissipated by exposure to the shock of modern civilization (Jung, 2015).

Clear projections for the future in 92.28% and the ability to make career or training plans in 78.21% were declared as determinants of respondents' well-being. This confirms the work of Das et al, who worked on theories of individual subjective well-being to understand well-being (Das and al, 2020). For them, personal orientations based around goals, needs and activities are the cornerstone of building and maintaining individual well-being.

Conclusion and Recommendation

Enabling Moroccan adolescents and young people to enjoy their well-being requires an integrated, multi-sectoral approach that spans several levels, to embrace all the determinants highlighted by this work.



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