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# Youth wellbeing through the lens of the Senian capability approach: insights from the occupied Palestinian territory: a cross-sectional study

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## Abstract

**Background** Interest in the Senian capability framework as an alternative approach to wellbeing measurement has increased in recent decades. The aim of this study was to look at the extent to which an individual's capability to achieve wellbeing in one dimension is associated with his or her attempt to achieve wellbeing in another dimension in a fragile setting affected by conflict.

**Methods** Capability is defined as the ability to achieve health, knowledge, and wealth and is measured as latent variables using a structural equation model. Health capability is identified by self-assessed health, mental health, lifestyle, and knowledge of sexually transmitted diseases. Knowledge capability is captured using school attendance, completion of compulsory education, and media access. Wealth capability is identified using indicators on utilities, asset ownership, and housing conditions. Estimation results are used to derive normalised capability scores with values close to 1 indicating high capabilities. A nationally representative sample of 4329 youth aged 15–29 years was drawn from the 2010 Palestinian Family Survey.

**Findings** Interpretations are made in terms of standardised units, which measure the change in the explained variable due to a standard deviation's change in the explanatory variable. Achieving good health is associated with knowledge capability (0.125;  $p=0.098$ ) and vice versa (0.462;  $p=0.004$ ). Health capability is positively associated with wealth capability (0.109;  $p=0.021$ ); however, the reverse is not the case ( $-0.753$ ;  $p=0.021$ ). Men are more likely than women to have higher health knowledge and living conditions capabilities but lower knowledge capabilities. Results suggest the importance of some exogenous factors in the conversion of capabilities into achievements (eg, location of residence). With the exception of health, the data show higher capabilities in Areas A and B of the West Bank than in Area C and the Gaza Strip (mean 0.71 and 0.69 vs 0.60 and 0.61 vs 0.57 and 0.68 for wealth and knowledge, respectively).

**Interpretation** Although achieving good health appears to entail knowledge capabilities, the wealth-health association is blurred by the effect of exogenous factors (eg, health-care access). Capability deprivation in the local context seems to derive from geographical barriers, as is captured by the contribution of location of residence. This reflects the effect of geopolitical segregation that restricts the movement of people.

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## Contributors

MA-Z developed the conceptual framework, did the empirical analysis, and wrote the Abstract. MEW prepared the data, did the empirical analysis, and reported results. RG contributed to the discussion and interpretation of the main results.

## Declaration of interests

We declare no competing interests.

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