

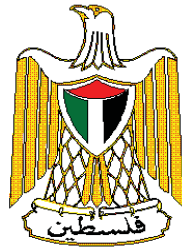


**Palestinian National Authority
Palestinian Central Bureau of Statistics**



**Palestinian Children-Issues and Statistics
Annual Report, 2008**

April, 2008



Palestinian Central Bureau of Statistics
Child Statistics Series (No.11)

Palestinian Children-Issues and Statistics
Annual Report, 2008

April, 2008

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On this occasion, the PCBS extends special thanks to the members of the Core Funding Group (CFG) who contributed in funding this report for their support.

Preface

The availability of statistics on children in the world has improved since the United Nations General Assembly launching of the Convention on the Rights of the Child. The objective is to provide a statistical database of the conditions of children and to measure progress achieved to meet their needs. The United Nations reemphasized the concerns of the international community in children rights. The Convention, signed and approved by almost all member countries, constitutes a reference and an international legal framework for monitoring progress made in meeting child's needs and requirements. The different countries translate their commitment to protect child rights through allocation of their own reports. The Palestinian Central Bureau of Statistics took on itself the task of providing the enabling atmosphere, as well as promoting awareness among policy makers, planners, and other parties engaged in defending children rights and interested in bringing about sustainable and comprehensive developments for children.

The Palestinian Central Bureau of Statistics is pleased to introduce its elventh annual report on the socio-economic situation of the Palestinian child, as a part of the activities of the Child Statistics Program. This report is significant as it is issued after fifteen years of PNA inception. PCBS attempts through statistics to give specialists, concerned parties and decision makers an opportunity to identify the extent of progress achieved-as PNA, local and international NGOs, and private sector-in providing care, protection and development for our children in the Palestinian Territory.

The report presents available statistics on the socio-economic environment of the Palestinian child and sheds light on the immediate deficiencies and gaps in the child's reality, especially in the fields of health, education, culture, recreation, poverty, and child labor.

Developing the reality of the status of the child and commitment to enforce child rights can not be attained without the accumulation of the efforts of all parties interested in childhood. It is worthy to point that the database we are intending to construct is based-in framework and content-on the nature of our own understanding of the monitoring role assigned to us by the principles of collective participation in defining work priorities. This effort is to be enhanced in coordination with Palestinian, regional and international institutions in a way that is in harmony with the tools used in measuring indicators pertinent to child rights, as adopted by the General Assembly of the United Nations, and in a way that fulfills these requirements in light of the peculiarities of the Palestinian reality and the unique conditions of our children.

The PCBS hopes that this report will be utilized in planning, policy making and strategic decision-making in the child sector in Palestine. No doubt, the continuous flow of data for the main indicators about children is one of the basic pillars for monitoring changes in this regard.

April, 2008

Luay Shabaneh, Ph.D

PCBS President

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Chapter One

Social characteristics

A child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier. *(Convention on the Rights of the Child, Article 1)*

Children are an important sector in the society, and a major asset for future community development. Childhood is an important stage when the future life of the child is defined, so it has prompted many states to ensure that children are provided care for their integrated balanced growth in all aspects of mental, psychological and social health.

The Universal Declaration of the Rights of the Child, adopted by the United Nations General Assembly in 1989, constitutes the highest standard of attention to children, since this declaration included a number of principles aimed at providing guarantees for survival, development and protection of children. The implementation of this convention requires a supportive environment to meet and cater for the rights of the child that is rich with incentives to encourage decision and policy makers, and all workers in the childhood sector, to work for achieving the goals of the declaration.

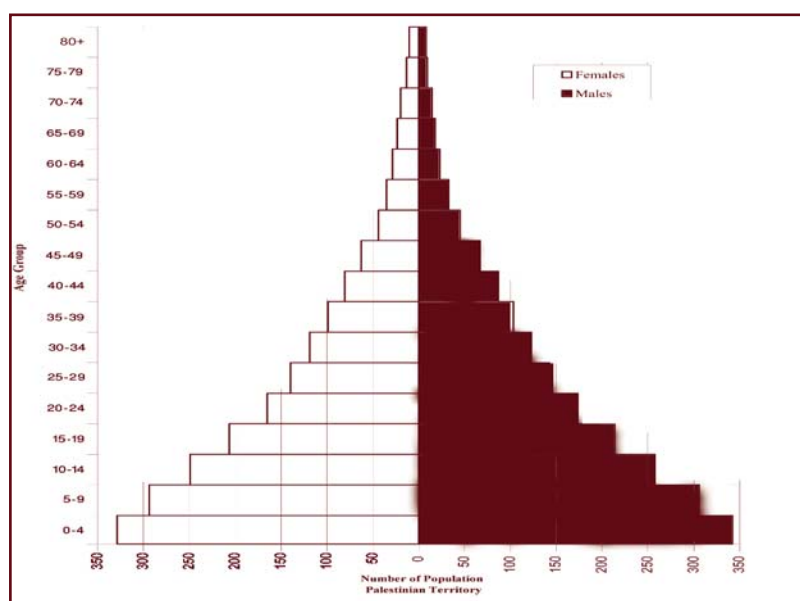
The environment surrounding children is a key element in the evolution and development of the child's physical, mental, and psychological development, and affects the circumstances surrounding the way the child is raised, including the formation of ideas and beliefs, perceptions and attitudes towards the core issues relating to his life. This chapter presents the basic statistics about the environment surrounding the Palestinian children in the Palestinian Territory, including the demographic composition of the population and social and environmental status in which a Palestinian child lives.

Demographic Status

The study of age and gender contributes to understanding the demographic changes. The preliminary results of the Population, Housing and Establishment Census, which was carried out by the Palestinian Central Bureau of Statistics in late 2007; showed that the population in the Palestinian Territory is 3,761,646 million people, of whom 2.3 million are in the West Bank (62.3%), and 1.4 million people in Gaza Strip (37.7%), compared to 2,895,683 million in 1997, a rise in the population of 29.9% during the last ten years.

The Palestinian population pyramid in the Palestinian Territory in 2006 showed a high proportion of individuals under the age of 15 years (45%), while the proportion of elderly individuals is low. These percentages indicate high fertility rates and the fact that Palestinian society is a young society with a broad, young pyramid base.

Figure (1-1): Population pyramid in the Palestinian Territory, mid 2006

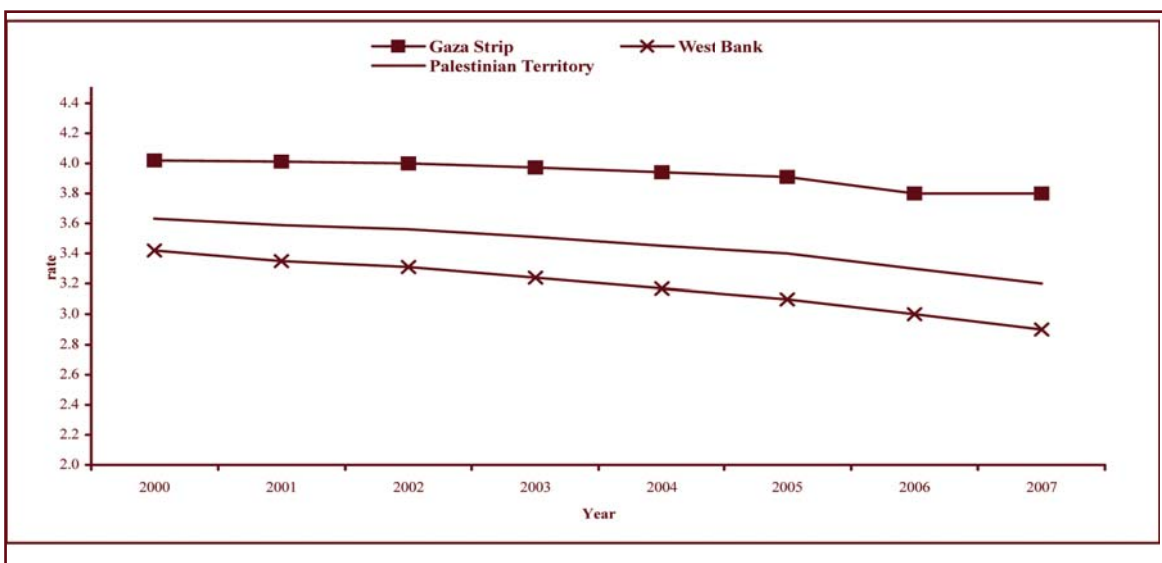


Source: Palestinian Central Bureau of Statistics, 2007. Palestinian Family Health Survey, 2006. The final report. Ramallah -Palestine.

Although the Palestinian community is a young society, there was a difference in the percentages of age groups in the different governorates. Statistical indicators show that the percentage of elderly persons in the governorates of Tubas, Jenin, Bethlehem and northern Gaza are higher than in the governorates of Gaza and Rafah where a high percentage of individuals under the age of 15 years is noticed.

The decline in the rates of mortality and the stability of high fertility rates would lead to a high natural increase rate of population, which requires appropriate economic and social policies to confront the implications of this increase. It has been estimated by the PCBS that the rate of natural increase in the population of the Palestinian Territory was about 3.5% annually during the years (2000-2007). This is one of the highest rates in the world, where the average annual rate does not exceed 1.4%. These results suggest the existence of a huge labor force, which in turn has the potential of building a strong economy. There is a clear need for good planning to invest in labor force potential and further efforts to reduce unemployment rates.

Figure (1-2): Estimated natural increase rate of population, 1997-2007



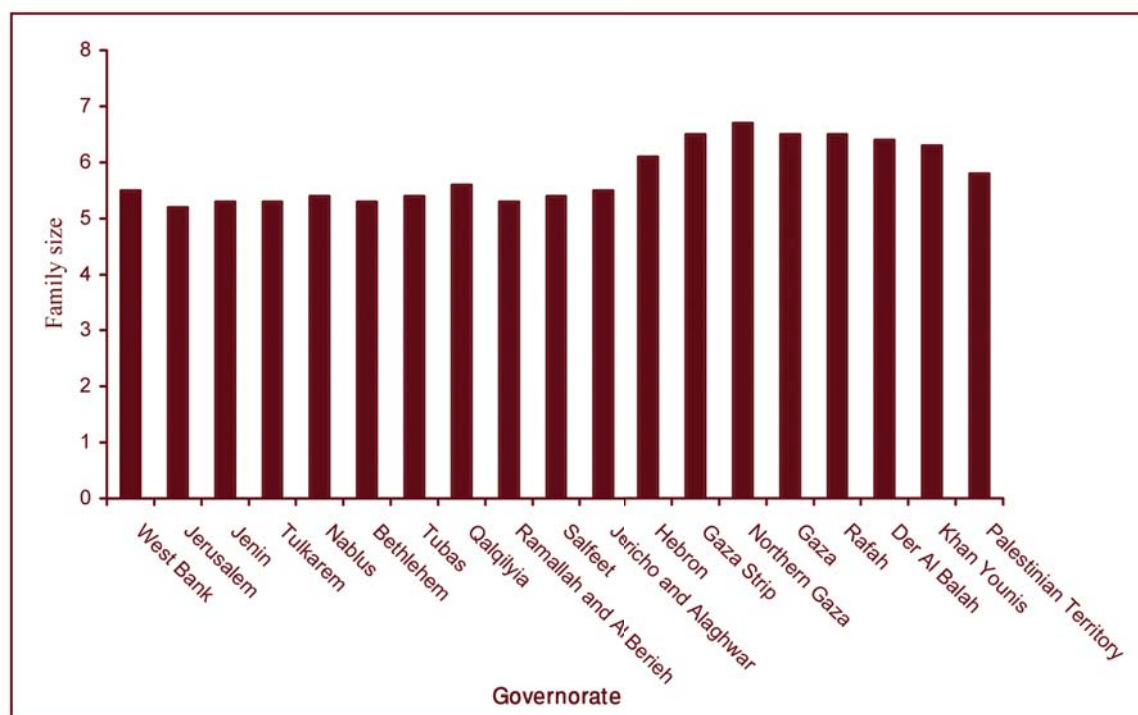
Source: Palestinian Central Bureau of Statistics, 2007. Projections of the population in the Palestinian Territory, 2007. Ramallah - Palestine.

Household structure

Household size impacts on the economic and social situation of their members: large families are overcrowded, which in turn leads to unacceptable health conditions. The (Figure 1-3) highlights the distribution of households by size and governorate. The average Palestinian household size was 5.8 members in 2007, with a difference in the average household size between the West Bank (5.5 individuals) and Gaza Strip (6.5 members). This needs to be further researched and factors which affect the size of the household such as child preferences should be investigated.

Hebron governorate has the largest households in the West Bank (average household size is 6.1), followed by Qalqilya governorate (5.6 individuals), Jericho and Alaghwar (5.5 individuals), while Jerusalem has the smallest households (average size 5.2). At the level of Gaza Strip, the governorate of Northern Gaza has the largest household size (6.7 individuals), followed by the governorates of Gaza and Rafah (6.5 members), while Khan Younis governorate has the smallest household with an average of 6.3 members.

Figure (1-3): Average household size by Governorate, 2007



Source: Palestinian Central Bureau of Statistics, 2008. Preliminary results of Population, Housing and Establishment Census 2007. Ramallah - Palestine.

Household Type

Indicators show in 2006 that the majority of Palestinian households are nuclear (including husband and wife without children, husband and wife and their unmarried children, the father or the mother with their unmarried children). Family Health Survey results showed that 18% of Palestinians live in extended families (including at least one nuclear family in addition to other relatives). In Gaza Strip, most Palestinians are within nuclear households where the proportion of families consisting of one person is less than 3%.

Table (1-1): Percentage distribution of household by region, type of locality and household type, 2006

Region/Type Of Locality	Type of the household				
	One person	Nuclear	Extended	Composite	Total
Palestinian Territory	3.5	78.1	18.3	0.1	100.0
West Bank	4.1	80.7	15.0	0.2	100.0
Gaza Strip	2.4	73.0	24.5	0.1	100.0
Type of locality					
Urban	3.6	77.8	18.4	0.2	100.0
Rural	3.7	79.4	16.9	0.1	100.0
Camps	2.9	76.7	20.3	0.1	100.0

Source: Palestinian Central Bureau of Statistics, 2007. Palestinian Family Health Survey, 2006. The final report. Ramallah - Palestine

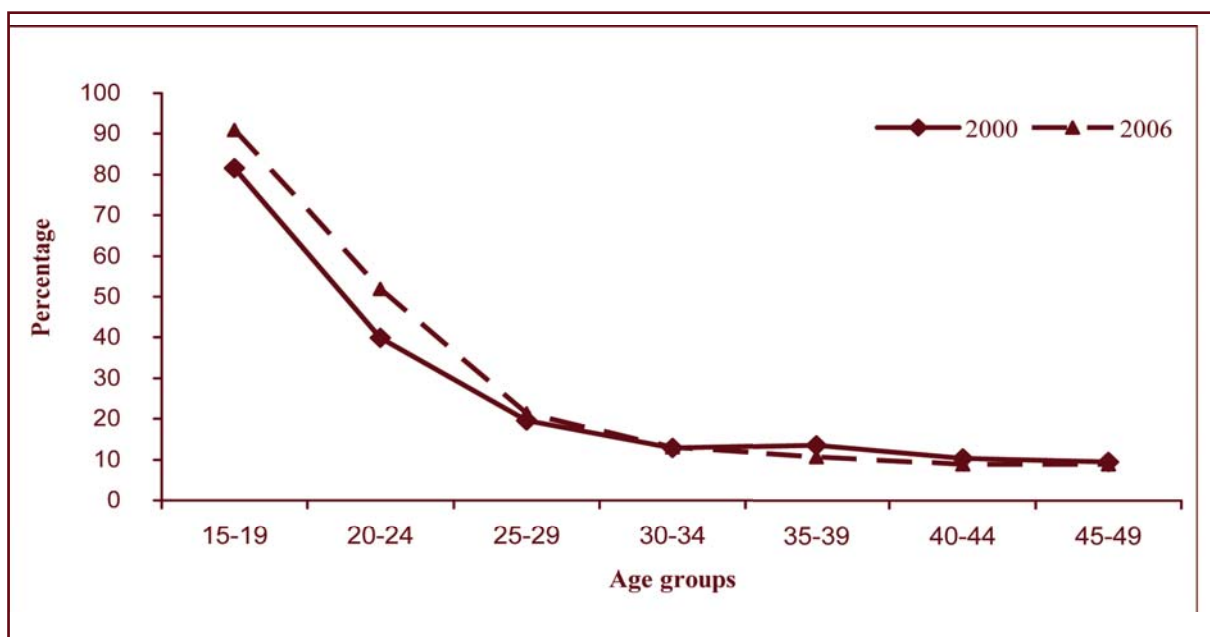
Fertility

Marital Status

Marital status, expected age at marriage and marriage stability are considered to be the factors that play a major role in determining fertility as a demographic determinant most responsive and decisive in influencing rates of population growth positively or negatively. The percentage of married males and females constitute more than half of the population. The percentage of married males to females is almost the same. The percentage of married females aged between 15-19 years was 47% in 2006; this figure shows the magnitude of the phenomenon of early marriage of females affecting educational attainment, and increasing the chances of reproduction and thus influencing the health of the mother and child.

As for singularity rate trends among Palestinian women between 15-49 years during the period between years 2000 and 2006, it was noticed that there has been a change in singularity rate and trends during the past six years. As is evident from Figure (1-4), rates of single women under the age 24 year have risen; the rate for the age group 15-19 years was 90.9% in 2006 compared with 81.6% in 2000. The percentage of single women in the age group 20-24 years reached 51.9% in 2006 compared to 39.9% in 2000. The trend changed after 35 years and above, which showed decline in singularity rates in 2006 compared to 2000.

Figure (1-4): Singularity rates trends among women aged 15-49 years in the Palestinian Territory, by age and selected years



Source:Palestinian Central Bureau of Statistics, 2007. Palestinian Family Health Survey, 2006. The final report. Ramallah - Palestine

Age at first marriage

There is no doubt that the age at first marriage is one of the important determinants of fertility. Early marriage tends to increase the rates of fertility because of the length of the reproductive period: raising the age of marriage has an effect in reducing fertility rates, whereas, delaying marriage necessarily is reflected on the age at first pregnancy or birth of the first baby, which is often associated with low fertility rates.

As seen from Table (1-2), more than two thirds of ever married and currently married women aged 15-19 years were less than 17 years age at first marriage. There was also a high percentage of this group of women who married at age 14 and under, which amounted to 12.1 % of ever married women aged

15-19 years, noting that this category represents only 3% of the total sample.

Data showed that marriage is still at an early age in the Palestinian Territory. These percentages did not differ significantly from those during the past six years. Marriage of Palestinian females under the age of twenty years is relatively high.

Table (1-2): Percentage distribution of ever married and currently married women aged (15-54 years) by age at first marriage and the current age, 2006

Age at first marriage	The current age								Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	
Ever Married									
14 and less	12.1	4.3	5.1	7.0	4.1	5.3	7.3	7.5	5.8
15	22.0	9.8	8.7	8.5	6.4	7.5	8.6	8.3	8.7
16	22.9	15.1	12.0	13.3	7.5	9.3	10.6	10.7	11.7
17	22.5	17.7	12.1	14.1	12.1	10.6	10.5	11.3	13.2
18	14.8	17.3	15.4	11.1	13.6	11.7	10.1	12.6	13.4
19	5.7	12.4	10.6	10.5	11.2	10.7	8.9	8.4	10.5
20+		23.4	36.0	35.5	45.2	44.9	44.0	41.2	36.7
Total	100	100	100	100	100	100	100	100	100
Currently Married									
14 and less	12.1	4.3	5.2	6.9	4.2	5.3	7.5	7.2	5.8
15	22.3	9.9	8.8	8.5	5.9	7.5	8.6	8.6	8.7
16	23.1	15.1	12.2	13.4	7.6	9.5	10.8	10.9	11.9
17	22.1	17.5	12.2	14.2	12.4	10.4	10.0	11.7	13.2
18	14.6	17.3	15.7	11.0	13.6	11.8	10.5	13.0	13.5
19	5.8	12.4	10.5	10.6	11.2	10.7	8.8	8.9	10.5
20+		23.5	35.3	35.4	45.1	44.8	43.8	39.7	36.4
Total	100	100	100	100	100	100	100	100	100

Source: Palestinian Central Bureau of Statistics, 2007. Palestinian Family Health Survey, 2006. The final report, Ramallah - Palestine.

It is also noticed that the median age at first marriage is still low at 18 years, meaning that about 50% of women were married before reaching the age of the eighteen. The median age at first marriage in the West Bank is higher than in Gaza Strip by one year. The median age at marriage for women in urban areas is lower than for women in rural areas and the camps by one year, which may be due to more concentration of some maternal and child health programs education in rural areas and in Palestinian camps than in urban areas or due to the impact of such programs and campaigns and their effectiveness on women in rural areas and camps than in urban areas. If so, this confirms the existence of the impact of these programs and the significant impact in changing community behavior with respect to age at first marriage. In addition to the impact of age at first marriage for women's fertility rates, marriage at an early age, particularly under the age of eighteen, negatively affects the health of both mother and child.

Current fertility levels

(Table 1-3) showed the age specific fertility rates by age (per thousand women) during the three years preceding to the Family Health Survey in 2006, as is evident from the table and in accordance with current levels of birth, the Palestinian women give birth to 4.5 children throughout her reproductive life, as equal total fertility rate as in the year 2004, as expected, the rates will not change significantly (decrease) during the coming period as that the determinants of fertility interlacing between levels of social and economic life in the Palestinian society and inter cultural concepts and traditions, and the table indicates that the total fertility rate is higher in Gaza Strip than in the West Bank. Fertility rates is relatively low in urban areas compared with the camps, and this seems logical to different lifestyles, in the camps, desire for having children is greater than in urban areas, whereas there was no significant difference in fertility rates between urban and rural.

Table (1-3): Age specific and total fertility rates (per thousand) using the direct method during the past three years by region and type of locality, 2006

Age group	Region			Type of locality		
	Palestinian Territory	West Bank	Gaza Strip	Urban	Rural	Camps
15-19	49.0	41.5	60.6	53.2	37.5	56.2
20-24	220.4	207.2	242.9	216.3	222.6	230.0
25-29	244.0	227.8	273.6	237.3	242.2	270.9
30-34	207.4	190.9	241.1	203.3	205.6	225.2
35-39	130.5	115.0	161.8	124.9	131.3	147.4
40-44	46.5	37.4	64.2	43.7	43.4	62.6
45-49	4.6	3.4	7.2	5.3	3.7	4.2
Total Fertility Rate	4.5	4.1	5.3	4.4	4.4	5.0

Source: Palestinian Central Bureau of Statistics, 2007. Palestinian Family Health Survey, 2006. The final report. Ramallah - Palestine.

These findings indicate that the fertility rate in the Palestinian Territory is still quite high, which may be due to many social factors --- demographic, economic, cultural, and political --- in addition to many other factors that are determinants of fertility and trends in the Palestinian Territory, including fertility levels in the early ages (15- 19) years, the desire for large families, low female participation in the labor market, the importance of the demographic component in the Palestinian-Israeli conflict, the low age of women at first marriage and first pregnancy and the median age at first marriage not exceeding 18 years.

Adolescent fertility

Many studies dealt with the early marriage of girls (under the age of twenty), and its multiple risks to girls' health, the social and psychological health risks of pregnancy at a young age and risk of not carrying to full term because her body had not yet completed its growth and the risk of repeated abortions. Girls are subject to anemia, especially during pregnancy. Maternal mortality rate among young mothers aged 15- 19 years may exceed those rates among mothers over the age of twenty years. It may also increase the mortality rate of children of young mothers compared to older mothers due to the lack of knowledge and awareness of child bearing and nutrition. Some studies pointed to the existence of social and psychological risks of early marriage on girls during adolescence since they cannot express their opinion in matters of marital life with confidence and satisfaction and may fall under the influence of parents and relatives regarding their personal affairs.

Data of Table (1-4) showed that the percentage of women who become mothers in the age group 15- 19 years in the Palestinian Territory is 4.3%, and 1.7% who become pregnant with their first baby. The differences in the percentages of Palestinian women who become mothers under the age of twenty is significant between the West Bank and Gaza Strip.

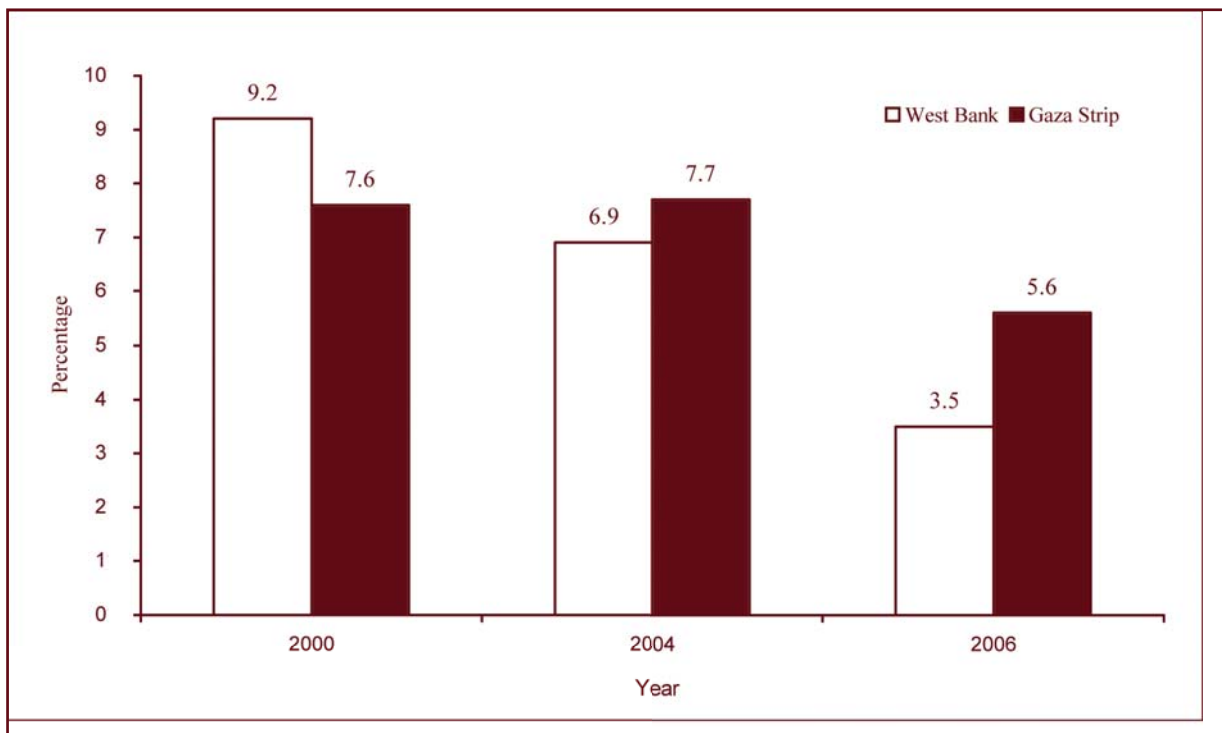
Table (1-4): Percentage of women in the age group (15-19) who are mothers or pregnant with first birth and the region, 2006

Single years age	Palestinian Territory		West Bank		Gaza Strip	
	Pregnant with first baby	Mothers	Pregnant with first baby	Mothers	Pregnant with first baby	Mothers
15	0.3	0.0	0.4	0.0	0.3	0.0
16	0.8	0.9	0.4	0.7	1.6	1.3
17	2.0	3.1	1.6	2.0	2.6	4.9
18	3.1	6.5	3.4	4.9	2.7	8.9
19	3.2	14.6	2.1	13.1	5.0	17.0
Grand total for women	1.7	4.3	1.4	3.5	2.2	5.6

Source: Palestinian Central Bureau of Statistics, 2007. Palestinian Family Health Survey, 2006. The final report. Ramallah - Palestine

In looking at the trend of Palestinian women who become mothers under the age of twenty through the results of the demographic and health surveys carried out by PCBS during the period 2000 and 2006, as indicated in Figure (1-5), there has been a significant decline in the percentage of Palestinian women who become mothers under the age of twenty; the rate dropped by half in the Palestinian Territory in 2006 compared with 2000. It is clear that the decline is more in the West Bank compared with Gaza Strip.

Figure (1-5): Percentage of women who are mothers aged 15-19 years by region and selected years



Source: Palestinian Central Bureau of Statistics, 2007. Palestinian Family Health Survey, 2006. The final report. Ramallah- Palestine

It is also noticed that there is a much greater decline in the percentage of Palestinian women aged under twenty years pregnant with their first child than in the percentage of Palestinian women who become mothers, which decreased between year 2000 and 2006. Clearly, the decline is more in the West Bank compared with Gaza Strip. Table (1-5) shows the percentage of women in the age group 15-19 years who became mothers among rural women (2.6%) and women living in the camps (4.2%) compared to urban women (5.2%).

Table (1-5): Percentage of women aged (15-19) who are mothers or pregnant with their first baby by single years age and type of locality 2006

Single years age	Urban		Rural		Camps	
	Pregnant with first baby	Mothers	Pregnant with first baby	Mothers	Pregnant with first baby	Mothers
15	0.6	0.0	0.0	0.0	0.0	0.0
16	1.1	1.3	0.0	0.4	1.4	0.7
17	3.1	3.6	0.9	1.7	1.3	4.0
18	3.6	8.5	2.7	3.8	0.9	3.7
19	3.9	15.9	1.3	10.1	3.7	15.9
Grand total	2.3	5.2	0.8	2.6	1.4	4.2

Source: Palestinian Central Bureau of Statistics, 2007. Palestinian Family Health Survey, 2006. The final report. Ramallah - Palestine

Spacing between births

A remarkable decrease is noted in the average spacing between births for women in the Palestinian Territory during the five years preceding the Family Health Survey 2006: about 28.5 months compared to 33.7 months in 2004. The decline was about the same level in both the West Bank and Gaza Strip. It is also noted that women of the West Bank have periods of relatively greater spacing between births (29.3 months) compared to women in Gaza Strip (27.2 months).

Table (1-6): Average spacing between births (months) in the five years preceding the survey by region and some selected years

Background characteristics	2000	2004	2006
Palestinian Territory	33.0	33.7	28.5
West Bank	34.1	34.7	29.3
Gaza Strip	31.2	32.3	27.2

Source: Palestinian Central Bureau of Statistics, 2007. Palestinian Family Health Survey, 2006. The final report. Ramallah - Palestine.

The use of family planning methods

Couples resort to the use of family planning methods either for spacing between pregnancies for specific periods or for birth control and to stop reproduction.

The results of the survey of Palestinian family health, 2006 showed that 81.4% of women (15-49 years) generally agree on the use of family methods, compared with only 5.9% with a conditional agreement and 11.6% disagreeing absolutely. The indicators also show clear differences in the trends of the use of family planning methods between the West Bank and Gaza Strip, and in the percentage of women who agree in general to use family methods without conditions, 83.9% in the West Bank compared with 76.8% in Gaza Strip, and the percentage of women who disagree, 10.1% in the West Bank compared with 14.3% in Gaza Strip. These results pointed to an expected impact on population growth and trends between the West Bank and Gaza Strip, and on family size by region in the coming years.

Regarding women's age, it is noticed that there is a close relationship between the approval of family planning use and the age of women, particularly those women in the age groups less than 40 years. The higher age in this category shows a higher proportion approving the desire to use family planning methods by couples, unlike the age group (45-49 years) and the high rejection rate (disapproval) compared with other age groups, perhaps because when women reach menopausal age they may desire to feel that they are still able to reproduce, while not forgetting other influential factors such as the number of alive children, the duration of marriage, the relationship to labor force rates, as well as the educational level of women.

Table (1-7):Percentage distribution of women aged (15 – 49) by age group and extent of couple’s approval to use family planning method, 2006

Age Group	Agree	Agree on Conditions	Disagree	Do not know Not sure	Total
15-19	76.8	4.7	16.5	2.0	2.0
20-24	81.4	5.6	11.8	1.3	1.3
25-29	84.3	4.8	10.3	0.6	0.6
30-34	83.0	5.9	10.2	1.0	1.0
35-39	81.1	5.6	12.1	1.1	1.1
40-44	80.1	7.6	10.9	1.3	1.3
45-49	76.0	7.0	14.9	2.0	2.0
Total	81.4	5.9	11.6	1.1	1.1

Source: Palestinian Central Bureau of Statistics, 2007. Palestinian Family Health Survey, 2006. The final report. Ramallah - Palestine.

Table (1-7) shows that the curve direction regarding agreements takes a "U"-shape where the percentage increases at the edges and decreases in the middle age groups. On the other hand, the refusal direction according to age takes a bell shape where the percentage decreases on the edges and increases in the middle age groups.

The Birth Rates

The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by his or her parents.

(Convention on the Rights of the Child, Article 7)

Birth rates are affected by many factors directly or indirectly such as: levels of fertility and giving birth, developed health services, the country's role in maternal and child health care and reducing the death rates. The total number of children, less than eighteen years old, increased in the middle of the last decade from 1.3 million to 2.1 million in 2007. The estimates of the Palestinian Central Bureau of Statistics point to a decline in the crude birth rate during the last decade in the Palestinian Territory where the birth rate has been estimated at 42.7 births per one thousand of the population in 1997 declining to 36.0 in 2007 and is expected to continue declining in the Palestinian Territory to reach 33.8 in 2010. This decline is greatly correlated with the decline in fertility levels, in addition to the beneficial application of the health programs concerning reproductive health. At the regional level, it is noticed that there is discrepancy in the crude birth rate in both the West Bank and Gaza Strip, which reached 32.8 in the West Bank in 2007, and 41.3in Gaza Strip

Mortality

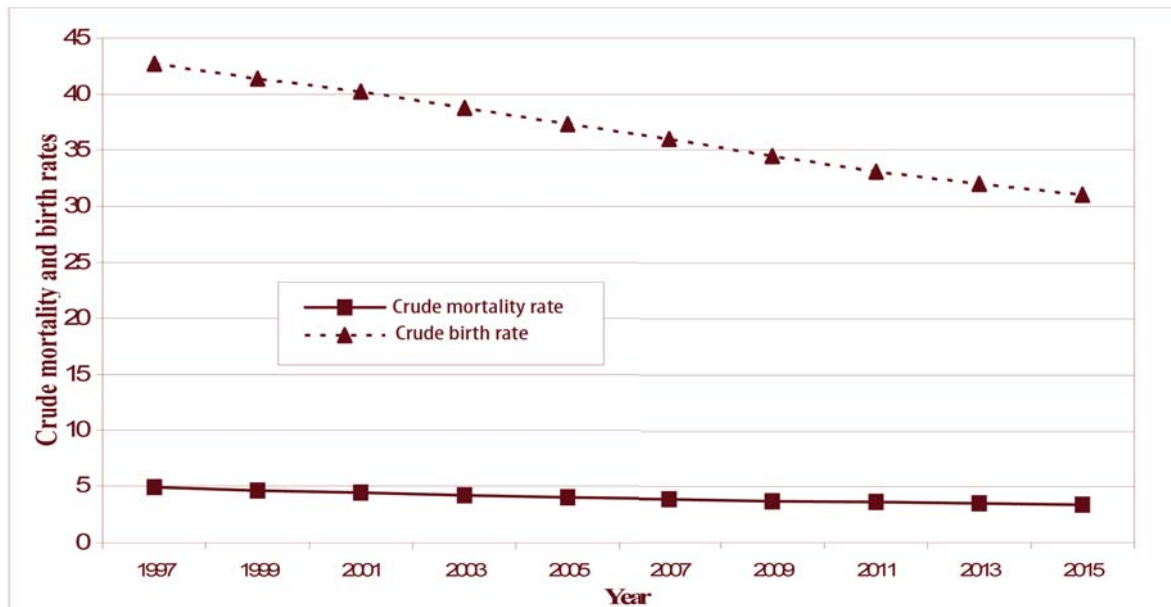
State Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. State Parties shall strive to ensure that no child is deprived of his or her right to access to such health care services.

(Convention on the Rights of the Child, Article 24)

The available data point out that the mortality level is relatively low if compared with the current mortality rates in the Arab countries. The crude mortality rate has declined in the Palestinian Territory from 27.7 per one thousand of the West Bank population and 19.6 in Gaza Strip in 1968 to 4.0 and 3.7 respectively in 2007. This indicates the improvement in the quality of life, the opportunities of receiving medical services, improvement in health awareness among the population and the improvement in health services.

The infant mortality rate also declined during 1990-1994 from 27.3 to 25.3 per one thousand live births during 2005-2006. A rise in life expectancy resulted from life expectancy at birth, that is, the number of years that the child is expected to live under the current risks of death of a random sector of the population at birth; this reached 71.8 year for males and 73.3 year for females in 2007 in the Palestinian Territory.

Figure (1-6): Estimated crude birth and the mortality rates in the Palestinian Territory, 1997- 2015



Palestinian Central Bureau of Statistics, 2007. The series of population estimates in the Palestinian Territory. Revised Estimates 2005. Ramallah-Palestine.

Housing Conditions

The findings of the Palestinian family health survey 2006 indicates that more than half of the houses (52%) consist of two to three rooms, nearly 30% consist of four rooms and 19% consist of five rooms and more. About 57% of the West Bank houses have two persons per room compared to 48% in Gaza Strip. This percentage differs in the camps where about half of the houses have two persons and more living in one room. 43.9% of the households in the West Bank and 39.1 in Gaza Strip have a housing density ranging between 1.00 to 1.99 persons per room. It is noteworthy that Gaza Strip has higher population density: 35.1% of the population lives in houses of a density of 2.00 to 2.99 persons per room and 16.8% with three persons and more per room, compared with 28.7% and 14.7% in the West Bank.

At the ownership level, the survey findings showed that about 84.9% of Palestinian families own the houses they are living in, a rate of 82.4% in the West Bank and 89.6% in Gaza Strip, whereas the percentage of households that live in rented houses reached 8.6%, 10.1% in the West Bank and 5.8% in Gaza Strip.

Concerning the availability of safe drinking water, the survey finding showed that 26.7% of households use the public network as a drinking water source, 9.0% use catchment wells in addition to interior pipes and 16.1% use mineral water and tinkered water. The findings also pointed out that 87.8% of households have a safe available drinking water source.

The findings showed that 40% of the residential units utilize the public sewage networks. This indicates clearly the low percentages of houses that utilize this system declining from 50.9% in 2004 to 40% in 2006. This is especially noticed in the Gaza Strip, but there is a clear improvement in this field in the West Bank.

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Child Health

Chapter Two

Understanding the significance of children to the proper preparation for building the future and their reflection on the level of civilization of any nation, the ongoing development of children renders them vulnerable to the impact of surrounding internal and external factors. All UN international conventions addressed healthcare for every human, child or adult, as a human right; furthermore, the Convention on the Rights of the Child- CRC, considered to be the universal constitution for child rights, addressed children's right to healthcare.

Although the Palestinian National Authority is not a sovereign state, which means that it could not sign international conventions, it adopted all aspects of the Convention on the Rights of the Child. The strategy of the Palestinian Child's National Program was drafted based on the CRC as a general framework for that strategy. The program focuses on a number of services provided to children, which include areas such as health, education, youth, culture and social affairs. As for health, for instance, the program proposes developing the health system to better improve the Palestinian child's health and to make that system accessible to all children and mothers as well. The program further adopts the principle of strengthening health through schools, clinics and the media.

The National Health Plan 1999-2003 addresses the need to improve the quality of health care services for mothers and children at all levels, ensuring equal distribution and optimum access to all levels of care. In addition it takes into account the Millennium Development Goals, especially those amendments which were added to the fourth and fifth goals, to reduce child mortality by two thirds between 1990 and 2015, to improve maternal health by reducing maternal mortality by three quarters in the period between 1990 and 2015.

The health status of children can be measured and evaluated through the use of indicators which include infant mortality rate and under five child mortality rate, nutritional status, child health status, affected by certain factors or direct determinates (factors associated with age and education of the mother and some other background characteristics at birth) and indirect (including social and economic situation of the child's family and the availability of health services in general).

Nutritional status of children

The index of child nutrition is considered to be an indicator for the general health of the child and the extent of his access to adequate food, since the nutritional situation of the child is affected by the quality and quantity of food, and also affected by the extent of the child's vulnerability to recurrent diseases. Stunting remains the most common problem among children under the age of five, while the Demographic Health Survey in 2004 showed that 9.9% of the children suffered stunting (height-for-age). Also the results of the Palestinian Family Health Survey of 2006 showed that 10.2% of the children suffered from stunting, and as for the children of the same age group who suffer from underweight (weight-for-age), the percentage amounted to about 4.9% in 2004, compared with 2.9% in 2006; the percentage of children suffering from wasting (weight-for-height) changed from 2.8% in 2004 to 1.4% in 2006.

Table (2-1): Percentage of children under five who suffer moderate malnutrition (less than two deviations) of malnutrition by region and sex, 2004, 2006

Region and Sex	Weight for age (Underweight)		Height for age (stunting)		Weight for height (wasting)	
	2004	2006	2004	2006	2004	2006
Region						
Palestinian Territory	4.9	2.9	9.9	10.2	2.8	1.4
West Bank	4.8	3.2	8.8	7.9	3.4	1.7
Gaza Strip	4.9	2.4	11.4	13.2	1.8	1.2
Sex						
Males	4.7	7.2	9.3	10.4	3.0	1.4
Females	5.1	3.1	10.5	10.0	2.6	1.5

Source: Palestinian Central Bureau of Statistics, 2004. Demographic and Health Survey, 2004: Main Findings. Ramallah-Palestine. Palestinian Central Bureau of Statistics, 2007. Palestinian Family Health Survey, 2006. Final Report. Ramallah - Palestine.

The findings of the Palestinian family health survey 2006 showed that 10 children out of every 100 children under 5 years of age suffer from chronic or severe stunting, and at the region level, this percentage was higher in Gaza Strip (13.2%) compared to the West Bank (7.9%), and was highest in the northern Gaza Strip (29.6%), According type of locality, the percentage of children who suffer from stunting was less in rural areas compared to urban areas and refugee camps.

The mortality of infants and children under five years

The second item of Article 24 of the Convention on the Rights of the Child indicates the need for Member States to take appropriate measures to reduce infant and child mortality. The millennium development goals and aspirations of societies to a better life are reflected through a series of selected targets that are specified in numbers and clear time frames, during the period between 1990-2015, as the countries agreed to reduce rates of poverty and hunger by half, to ensure primary education at a global level, promote gender equality, reduce the mortality rate among children under five years by two thirds, as well as reduce maternal mortality rate by three quarters. Indicators associated with these objectives contribute in monitoring and evaluating these plans and programs; for example, indicators associated with the reduction of child mortality contribute to the process of evaluating the plans and health programs, as well as contribute to drafting necessary health policies.

Date of Palestinian Family Health Survey, 2006 indicate that infant mortality rates in general and neonatal mortality (i.e., death during the first 28 days of age), and mortality post neonatal (i.e., death between one month and 11 months), infant mortality (i.e., death during the first year of age) decreased during the period of 1990-2006 from 27 per thousand live births to 25 per thousand live births in the Palestinian Territory. Direct estimates of infant mortality has shown that the neonatal mortality rate is the highest among infants, reaching 18.1 per thousand live births during 2005 and 2006, and is higher among males and in the Gaza Strip, and that the mortality of post neonatal amounted to 7.5 per thousand live births and was higher among females as well as in Gaza Strip.

Table(2–2): Child and infant mortality rates per one thousand live births 2005 - 2006

Region	Neonatal mortality	Post-neonatal mortality	Infant mortality	Child mortality (1 - 4 years)	Child mortality (under 5 years)
Palestinian Territory	18.1	7.5	25.3	2.9	28.2
Males	21.3	6.0	27.3	3.0	30.3
Females	14.5	9.2	23.7	2.7	26.3
West Bank	16.3	6.9	23.2	2.8	26.0
Gaza Strip	20.7	8.4	29.0	3.0	32.0

Source: Palestinian Central Bureau of Statistics, 2007. Palestinian Family Health Survey, 2006. Final Report. Ramallah - Palestine.

The shortage of qualified cadre and modern equipment can be one of the reasons leading to high mortality rates of neonatal, as the newly born children who have congenital abnormalities, or are underweight are referred from Gaza Strip to Israel or Jerusalem, but there remains the Israeli restrictions on Palestinian mobility, especially after the outbreak of the second Intifada.

Causes of Infant Mortality

The data on the causes of death among infants is based on reported registered data at the Ministry of Health records. Since there is no unified classification between the West Bank and Gaza Strip in registering deaths according to cause, we find significant discrepancy between the results.

The data of the annual report of the Ministry of Health 2006 states that the main leading causes of infant mortality is respiratory diseases including infections (37.8%), underweight births (14.6%), congenital abnormalities (13.3%, and clinical symptoms of sudden death(6.6%). In Gaza Strip, infant mortality was caused by congenital abnormalities (43.0%), and early infant mortality birth (18.2%).

Causes of child mortality (under five)

Congenital abnormalities constitute the major cause for child mortality (under five); and is followed by pre-birth related complications in 2006.

Data released by the Ministry of Health on the mortality of children under five reveal that congenital abnormalities constituted the major cause of child mortality under five in 2006, 43.0% in the Palestinian Territory. The causes of child mortality due to pre-birth related complications (premature or underweight births) constituted 18.2% in 2006 in the Palestinian Territory.

It is evident that respiratory infections and congenital abnormalities are key factors for the causes of death; as they are considered to be the common causes of child mortality, under five and infants. The rate of child mortality caused by respiratory infections was 11.8%, whereas, the child mortality rate resulting from the symptoms of sudden death was 6.9% in 2006.

Differential indicators for child survival (indicators related to maternal health)

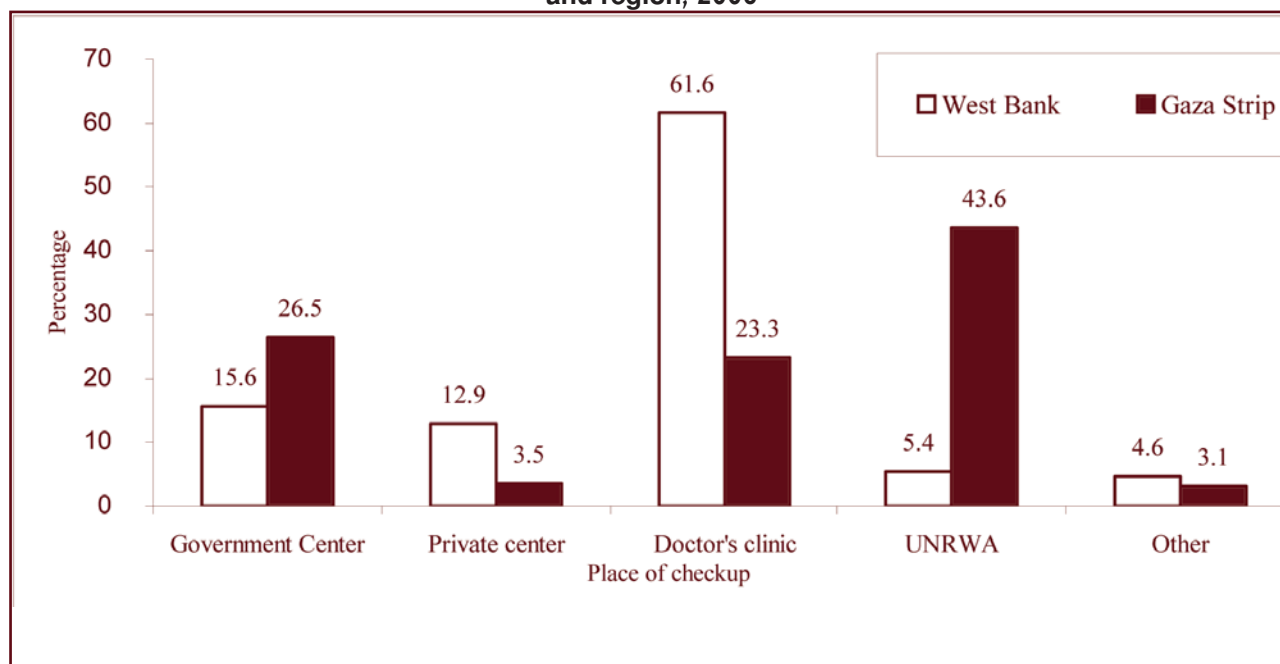
Prenatal Care

The significance of prenatal medical care lies in the detection and treatment of health problems that may accompany or precede pregnancy, but pregnancy contributed to the aggravation of such problems. Prenatal care also helps in identifying pregnant women who may require special health care and follow-up during pregnancy or at birth because of expected complications on the health of the newborn and mother alike.

Based on data from the Palestinian family health survey 2006, 98.8% of women in the Palestinian Territory received prenatal care, 98.7% in the West Bank and 99.1% in Gaza Strip. The survey considered every birth in the five years preceding the survey, and whether the mother had received prenatal care from any qualified source, whether it was a general medical practitioner or a specialist doctor or a nurse or midwives.

The survey data showed that the private doctor>s clinic was placed first on the list of sources providing healthcare to pregnant women in the Palestinian Territory. The percentage of pregnant women receiving medical care at private clinics was 46.5%, followed by UNRWA centers / hospitals at 20.5%, then at government health centers (hospitals and health centers) at 19.9%.

Figure (2 – 1): Percentage distribution of births (last born) in the last five years preceding the survey, where the mothers received prenatal care by place of checkup and region, 2006



Source: Palestinian Central Bureau of Statistics, 2007. Palestinian Family Health Survey, 2006.Final Report. Ramallah - Palestine.

The Palestinian Family Health Survey 2006 revealed that in 19.1% of last births mothers suffered severe headache during pregnancy.¹¹ This problem seemed to be the most common among women during pregnancy, whereas 17.8% of them suffered upper abdominal pain, 16.6% of them suffered pain during urination. It was evident that West Bank women suffered these problems more than Gaza Strip women, who were more likely to have suffered high blood pressure (12.2%) compared to 8.2% for West Bank women.

¹¹ A question was asked to women who gave birth to their last birth in the last five years preceding the survey if they suffered any of the following symptoms during their pregnancy: acute vaginal bleeding, high blood pressure, face and body swelling, severe headache, upper abdominal pain, high fever, convulsions, breathing difficulties and pain during urination.

Table (2–3): Percentage of births (last birth) that were born in the five years preceding the survey, where the mothers suffered health complications during pregnancy – by problem and region, 2006

Problem	Region		
	Palestinian Territory	West Bank	Gaza Strip
Strong vaginal bleeding	5.9	6.3	5.3
High blood pressure	9.7	8.2	12.2
Swell in the face and body	16.1	17.0	14.5
Strong headache	19.1	19.1	19.0
Upper abdominal pain	17.8	20.5	13.2
High fever	5.4	5.6	5.0
Non - fever convulsions	3.7	5.3	0.9
Pain during urination	16.6	18.1	14.0
Severe breathing difficulties	11.8	12.7	10.2

Source: Palestinian Central Bureau of Statistics, 2007. Palestinian Family Health Survey, 2006. Final Report. Ramallah - Palestine.

Pregnancy complications by region showed similarities more than differences as concerns the problems and their severity in the West Bank and Gaza Strip, as illustrated in Table 2-3 above. It is noticed that 85.3% of women who suffered health complications in their last pregnancy have received medical counseling or treatment for these problems. The distribution of these women was 82.6% in the West Bank and 90.0% in Gaza Strip. Furthermore, the majority of women (78.0%) who did not seek medical counseling or service attributed their reluctance to seek these services to their conviction that the symptoms were not of any problem to them. Out of these women, 76.0% were in the West Bank and 84.0% in the Gaza Strip. The second reason for their reluctance was attributed to the high unaffordable costs 12.0%, 13.7% in the West Bank and 6.8% in Gaza Strip.

Tetanus vaccination

Only 34.1% of pregnant women who gave birth received vaccination against tetanus in 2006.

Tetanus toxication is considered to be one of the reasons for neonatal and mother mortality, and it is worth mentioning that mortality caused by that kind of toxication does not exist currently among children in Palestine. The health survey results of 2004 indicated that 37.4% of women who gave birth in 2003 were vaccinated against tetanus at the rate of 43.6% in the West Bank and 33.3% in Gaza Strip. According to the Palestinian Family Health survey 2006, 34.1% of Palestinian women in the West Bank received at least one vaccination dose against tetanus during their last pregnancy, at the rate of 27.8% in the West Bank and 44.6% in the Gaza Strip. Generally, the percentage receiving this vaccination compared to the number of followed up pregnancies in these two years is considered to be low, as this percentage didn't meet the requirements of the national health plan for 1994 that aimed at a 100% coverage for vaccinations, especially for tetanus. The reason for not meeting the planned standards stated in the national health plan can be attributed to non adoption of correct policies in forcing the private sector to encourage pregnant women attending private clinics to receive immunization at the government centers.

healthcare during birth

Findings of the Palestinian family health survey of 2006 showed that the percentage of births given at government hospitals in the Palestinian Territory was 96.6%. In Gaza Strip, this percentage was 98.9% as compared to 95.2% in the West Bank, whereas, at the governorate level, Qalqilya had the least percentage at 88.7%.

The percentage of births delivered at home or on the way to hospitals or at military checkpoints was 3.4%, and was notably higher in the West Bank (4.8%) as compared to (1.1%) in Gaza Strip.

As for normal delivery births, the findings indicate that most of these births (last births) that took place in the last five years preceding the Palestinian family health survey 2006 were normal delivery (75.9%), while 15.0% were delivered through cesarean section and 9.1% were delivered in other ways, that is, surgery/ enlargement or through suction.

Postnatal care

It was noticed that the number of women visiting qualified medical specialists after birth, in comparison to the situation during pregnancy, has decreased. The results showed that 30.0% of women visited qualified medical specialists to receive postnatal care, whereas, the percentage in 2004 was 34.1%, with 29.7% in the West Bank and 30.5% in Gaza Strip. When asking about the problems encountered after giving birth, 17.9% of women stressed that they suffered at least one postnatal problem in the five years preceding the survey. It was evident that women suffering postnatal problems in the West Bank (21.5%) was higher than in the Gaza Strip (11.8%).

Differential indicators for mothers' health

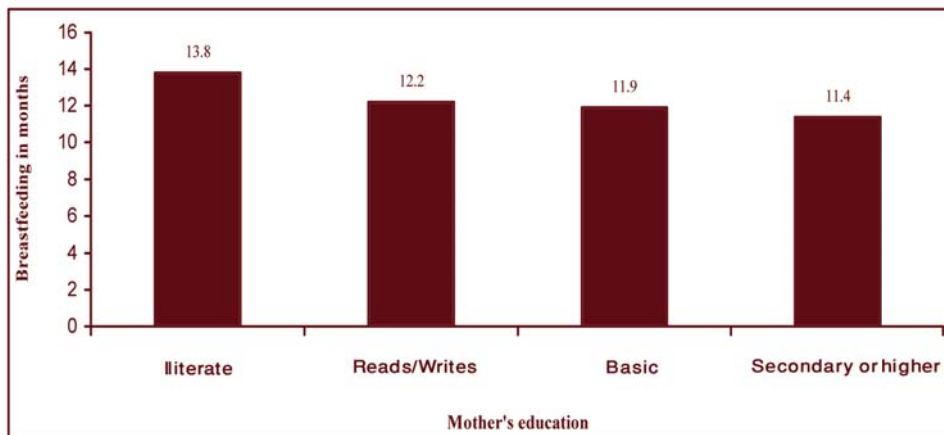
Breast feeding trends

As for breastfeeding in the Palestinian Territory, the Palestinian family health survey 2006 indicated that 97.5% of children have received breastfeeding, and it is noticed that the differences in breastfeeding percentages according to governorate or sex are too little to mention. The findings indicate that more than half of infants 65.0% have started breastfeeding in the first hour after birth. The results also indicated that 9.0% had breastfeeding six hours or more after their birth for one reason or another. The delay is attributed to infant or mother's health or birth nature reasons, as previous studies proved that cesarean births are contributing factors to delaying breastfeeding.

Breastfeeding average

The findings indicate that breastfeeding duration is almost 12 months as compared to 13.2 months in 2000 and 10.9 months in 2004. It is also noticed that the mean is higher among male infants than female infants, and indicated that duration is less the higher the mothers' education.

Figure (2-2): Average duration of breastfeeding for infants during the five years preceding the survey by mothers' education, 2006



Source: Palestinian Central Bureau of Statistics, 2007. Palestinian Family Health Survey, 2006.Final Report. Ramallah - Palestine.

Breastfeeding rates in the Palestinian Territory are good but, on the other hand, the practice of stopping breast feeding during the first six months continues to be practiced (96.7%); nonetheless, breastfeeding percentage continues to decrease among children aged (16-23 months) to reach 20%, meaning that most of the infants don't breastfeed for two full years.

Infant's weight at birth

The findings of the Palestinian Family Health Survey 2006 indicated that most of the infants born in the five years preceding the survey in the Palestinian Territory (99.5%) are weighed and that the percentage of underweight infants was (7.3%). The findings do not indicate to any significant difference between the West Bank and Gaza Strip; nonetheless, the highest percentages are found in Hebron, Jerusalem, Bethlehem, Khan Younes and Northern Gaza respectively. It is noticed that underweight is not affected by type of locality but rather by poverty rates, as the highest percentages were among poor families at 9.3% and the least among rich families at 6.2%. The findings also indicate that the weight of 12% of children was 4 kg and above at birth, and that the average weight of most of the infants (81%) varies between 2.5 kg and 4 kg, which is the normal infant weight at birth.

Immunization

At birth, infants receive natural immunity through breastfeeding as a first stage followed later on by the second stage which is immunization using vaccinations based on weakened uninfected viruses or bacteria so that it can be given to children to strengthen their immunity against diseases such as measles, cough, smallpox, and polio, whooping cough, Rubella, mumps, BCG and Hepatitis B). Immunization in the Palestinian Territory is provided by three health authorities, the Palestinian Ministry of Health, UNRWA, and the Israeli Ministry of Health (only for Jerusalem ID holders). Immunization programs used by the Palestinian Ministry of Health and UNRWA were unified. The findings of the Palestinian Family Health Survey indicated that two thirds of the children under five years have vaccination record cards (66.7%), where the percentage in the West Bank is higher (69.4%) than in Gaza Strip (62.8%), and is slightly higher among males 67.6% than females 65.6%.

The findings indicated that 98.9% of children (age group 12 -23 months) in the Palestinian Territory whose vaccination record card was inspected have received polio vaccination (third dose) and that 98.7% have received the DPT vaccination (third dose) and that 96.7% received measles vaccination. Children are considered to have completed all vaccinations if they receive vaccination against measles, polio, DPT, BCG and that percentages of children from the age group 12-23 months who received immunization against childhood diseases are the least in Jerusalem governorate as compared to the

other governorates, especially measles and BCG, since they follow the Israeli vaccination program. The percentage of children who received all vaccinations in the West Bank is less than that in Gaza Strip.

Table (2-4): Immunization coverage for children age 12-23 months, whose immunization record cards were inspected (based on the record card), by background characteristics, 2006

Background characteristics	BCG	Polio (Third dose)	Measles	DPT (Third dose)	All vaccines
Palestinian Territory	99.1	98.9	96.7	98.7	96.4
West Bank	98.4	98.2	94.8	97.8	94.4
Gaza Strip	100	100	99.4	100	99.4
Type of Locality					
Urban	98.4	98.2	95.5	98.1	95.0
Countryside	100.0	100.0	97.4	99.1	97.4
Refugee camps	99.5	99.5	98.9	99.5	98.9
Sex					
Males	99.4	99.4	96.7	99.0	96.6
Females	98.7	98.5	96.7	98.3	96.4
Mother's education					
Nothing	100.0	100.0	100.0	100.0	100.0
Read/ write	100.0	100.0	99.2	100.0	99.2
Basic	99.2	98.6	97.5	98.1	97.5
Secondary +	98.9	98.9	96.1	98.7	95.9

Source: Palestinian Central Bureau of Statistics, 2007. Palestinian Family Health Survey, 2006.Final Report. Ramallah - Palestine.

Childhood diseases

The spread of childhood diseases, such as respiratory infections and diarrhea, are considered to be the major cause for mortality among children, especially younger ones. As for children in the Palestinian Territory, the data of the Ministry of Health for 2006 indicated that respiratory infections were the second major cause of infant mortality, after congenital abnormalities and neonatal underweight problems (22.3%).

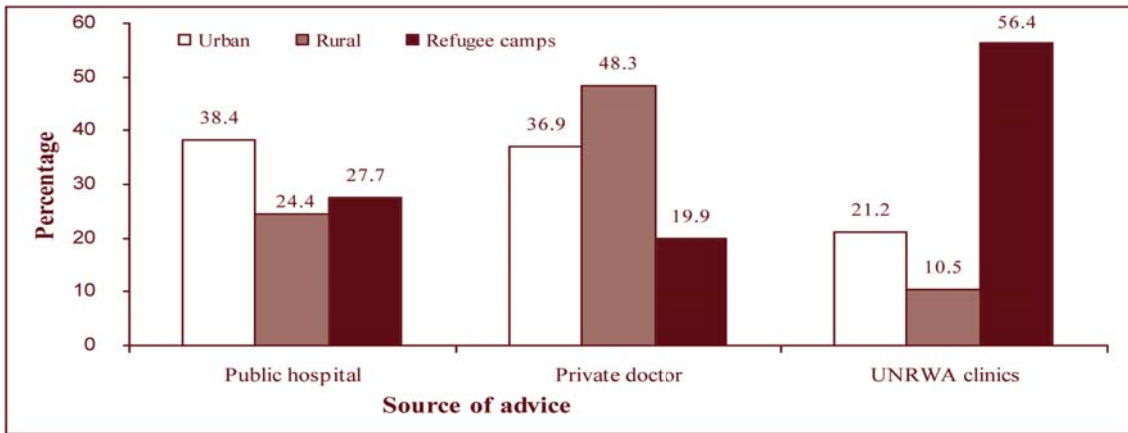
Respiratory infections

As mentioned before, severe respiratory infections, especially lung infections, are considered to be a major cause for child and infant mortality. It is worth mentioning that early diagnosis and treatment for the disease can avert a high percentage of mortalities. In the Palestinian Family Health Survey 2006, mothers were asked if the child has a cough or high temperature during the two weeks preceding the survey, and about the period of cough if the child has shallow breath. The results indicated that the percentage of children under five years of age who suffered lung infections was 14.1%, and it is noticed that the percentage in the West Bank of 14.5% was higher than that of Gaza Strip at 13.5%.

As for the source of medical advice and treatment, the percentage of mothers / babysitters of children who suffered respiratory infections and who sought advice from sources that include clinics or hospitals, was 73.0%. It is noticed that the percentage among male children of 76.1% is higher than that for female children at 69.7%. On the other hand, there is a difference between the West Bank and Gaza Strip in terms of place where mothers sought advice and treatment; it is noticed that children staying in refugee camps used public services more than private ones. This applies to children in Gaza Strip where the percentage was 38.7% for those approaching UNRWA clinics. Meanwhile 52.5% of children in the West Bank approached private clinics which can be attributed to the availability of these doctors in the rural areas, most of which are in the West Bank. 56.4% of children in the refugee camps approached UNRWA

clinics as expected.

Figure (2-3): Percentage of children under five years of age who suffered respiratory infections in the two weeks preceding the survey and whose mothers / baby sitters sought advice, by the type of locality, 2006



Source: Palestinian Central Bureau of Statistics, 2007. Palestinian Family Health Survey, 2006. Final Report. Ramallah - Palestine.

As for the type of treatment, it was found that 95.9% of the children were treated without any significant differences between the different groups, in terms of age or gender groups. It is worth mentioning that antibiotics were the major prescribed medication to children (70.1%), followed by cough medicine (69.9%) and herbals (45.6%). The results also showed clear difference at the region level, where 80.8% of infected children in Gaza were given antibiotics as compared to 63.0% of children in the West Bank, and 49.7% of infected children in the West Bank were given herbal medication compared to 39.4% of children in Gaza Strip.

Diarrhea

Dehydration resulting from diarrhea is considered to be a major mortality cause among children, and the simple initial response is to give children more liquids orally with some salts. During diarrhea, children are encouraged to have food, milk in case of infants less than 6 months and solid food for older children, so as to avoid malnutrition.²

As for the spread and treatment of diarrhea, according to selected background characteristics, the survey that was conducted between 1/11/2006 and 20/1/2007 on the health of the Palestinian family, it was noticed that 11.8% of children suffer diarrhea, and males suffered more than females. No significant differences were noticed by region, yet, there was a slight difference between the governorate; the least percentage was in the Ramallah and Al Bireh and Rafah districts. The highest percentage was among children of the age group 0-23 months, especially as children at this age are more vulnerable to the germs that can cause diarrhea which can be found in any unclean food provided to children and that children can pick up by putting objects in their mouths. After that age, children develop immunity and better health resistance which causes diarrhea percentages to drop by one third. Findings indicated that diarrhea rates are affected by mother's education, with the lowest rate among children of mothers who have secondary education or higher as compared to illiterate mothers.

As for responding to children's diarrhea and feeding them during infection time, the results indicated that 37.9% of mothers/ baby sitters of infected children increase liquids given to the children, while 35.9% of them kept the same quantity, 33.5% of them reduced food quantity for children and 30.2% kept the same food quantity. 64.5% mentioned that they gave treatment to the infected children (24.8% oral rehydration salts, 30.2% antibiotics and 32.2% homemade herbal drinks).

² World Health Organization (WHO) 1992, A training course on Diarrhea management, Participant manual

Maternity and childhood centers

Ministry of Health figures released in the 2004 annual report indicated that the ministry operates 413 mother and child centers, of which 356 are in the West Bank and 57 in Gaza Strip. Their number was 359 centers in 2000, of which 316 are in the West Bank and 43 in Gaza Strip, which indicates a significant increase in these centers, almost all of which have maternity and childhood services. It is also noticed that an improvement has been achieved in the geographical distribution to these centers, yet quality and sustainability of services provided in these centers remained the important issue.

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- Source: Palestinian Central Bureau of Statistics, 2007. Palestinian Family Health Survey, 2006.Final Report. Ramallah- Palestine.
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Educational Characteristics of Children

Chapter Three

States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular:

A- Make elementary education compulsory and available free to all;

B- Encourage the development of different forms of secondary education, make them available and accessible to every child, and take appropriate measures such as the introduction of free education and offering financial assistance in case of need.

(Convention on the Rights of the Child, Article 28-1)

The educational sector is one of the most important sectors in the society, which gets governments' special attention since it represents real investment in the future of the nations. Educational indicators are used to measure the government and society's performance in providing suitable environment for children and youths' right to education.

Such concern has had an unequivocal impact in bridging the educational gap between male and female students in basic and secondary education stages since both have recorded approximate comprehensive enrollment of basic school (from first grade to tenth grade). Compulsory education has been expanded from nine years to ten years and the new Palestinian curriculum reform plans were gradually introduced for implementation during the scholastic years 2000-2006. There has also been widening of educational facilities, which have reached areas where they were never before available. Despite the achievements in children's education, we cannot underestimate the future challenges of the educational process.

Educating children occupied a high priority in many national, regional, and international conferences such as Jumentian Conference on Societal Education in 1990, Dakar Conference on Evaluating Education for All in 2000, and the Convention on the Rights of the Child of 1989, which is the most comprehensive convention in the world on human rights. Moreover, human rights conventions have all emphasized providing quality education to children and gave such matter high priority.

Articles 28 and 29 of the Convention on the Rights of the Child stipulate that "State Parties shall make primary education compulsory and available free to all" and that "education of the child shall be directed to the development of the child's personality, talents, and mental and physical abilities to their fullest potential." Therefore, joining school and receiving good quality education are main factors to achieving such goal. Moreover, four more Articles in the Convention on the Rights of the Child reinforce the comprehensive legal principles of the child's education including Article 2, which stipulates that "State Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind;" Article 3, which states, "The best interest of the child shall be a primary consideration;" Article 6 states, "That every child has the inherent right to life... survival and development;" and Article 12, which stipulates, "The child who is capable of forming his or her own views (has) the right to express those views freely."³

Students

At the outset of the scholastic year 2007/2008, the number of students enrolled in the basic and secondary stage was 1,103,801 students. Female students constitute around 50.0%. Female percentage varies from one stage to another: in the basic education stage, females constitute 49.5%, compared with 52.9% in the secondary education stage.

In the scholastic year 2007/2008, 12.9% of all students were enrolled in the secondary education stage, and 87.1% are enrolled in the basic stage. 59.4% of all students were enrolled in the basic education stage

³ UNICEF, Education for All, 1999.

in the West Bank and 40.6% were in Gaza Strip. As for students enrolled in the secondary education stage, this percentage amounted to 58.9% in the West Bank and 41.1% in Gaza Strip.

Data showed that 70.0% of total students were enrolled in governmental schools, 23.0% were enrolled in UNRWA schools, and 7.0% of them were enrolled in private schools. The relatively large number of refugee students in Gaza Strip made the educational task of UNRWA in Gaza Strip bigger than its task in the West Bank.⁴

There was a steady increase in the numbers of school students between 1994/1995 and 2007/2008, whereas the percentage of increases in the basic and secondary education stage was 78.6%, distributed as 90.1% in Gaza Strip and 56.5% in the West Bank.

Pre-School Enrollment (Enrollment in Kindergartens)

Kindergartens are run by the private sector excluding two kindergartens, which are run by the Ministry of Education. One third of children aged 4-5 joined kindergartens in the scholastic year 2006/2007.

Kindergartens are run by the private sector with the exception of two kindergartens, which are operated by the Ministry of Education. However, according to effective rules and regulations, kindergartens must be licensed by the Ministry of Education.

The number of children in kindergarten rose from 69,134 in scholastic year 1996/1997 to 78,951 in scholastic year 2006/2007, an increase of 14.2%.

Net enrollment rate in kindergarten in 2006/2007 was 24.9%, distributed by 26.7% in the West Bank and 22.2% in Gaza Strip. For males it was 25.4% compared with 24.4% for females.

Basic School Enrollment

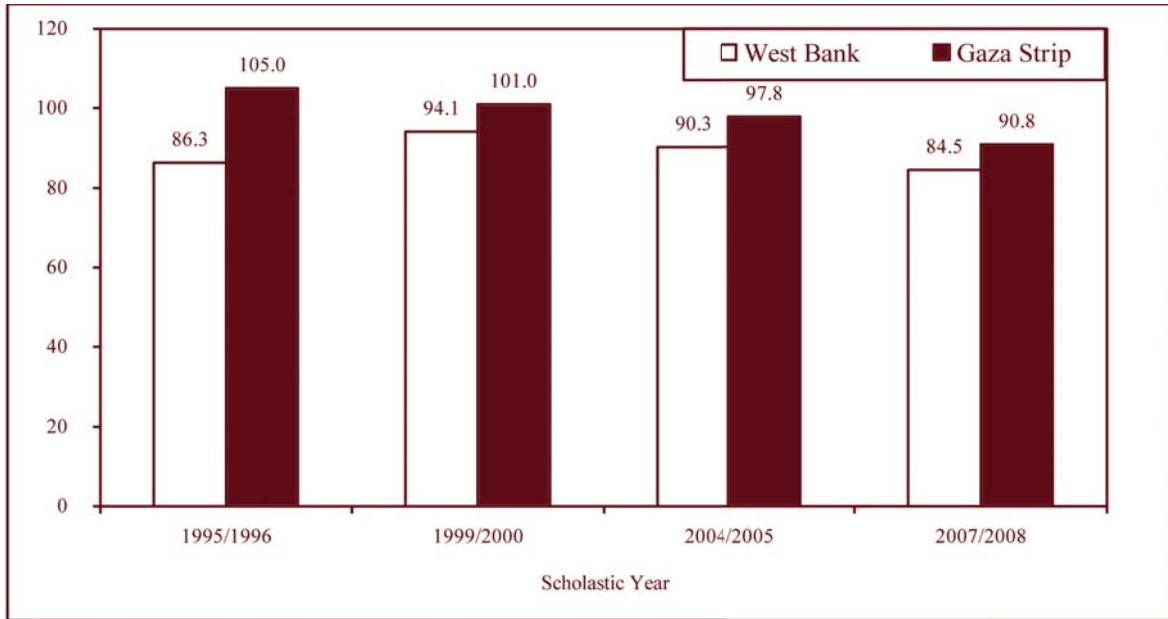
Students at basic stage increased from 572,529 in the scholastic year 1994/1995 to 961,320 in the scholastic year 2007/2008, an increase rate of 67.9%. Females and males constituted 49.5% and 50.5% respectively.

Female enrollment ratio in the basic education stage in the scholastic year 2007/2008 was 98.2 female students per 100 male students among basic school stage; it was 99.0 female students per 100 male students in the West Bank and 96.9 per 100 male students in Gaza Strip.

Gross and net enrollment rate are indicators of internal sufficiency of the educational system since they reflect phenomena like older age, repetition, and drop out. The variations between the averages during the years 1995/1996-1999/2000 show that gross and net enrollment rate in the basic stage increased from 91.4% in 1995/1996 to 96.8% in 1999/2000, then started to decrease during the period of Al Aqsa intifada beginning in September 2000 to reach 86.9% by 2007/2008, distributed as 84.5% in West Bank and 90.8% in Gaza Strip.

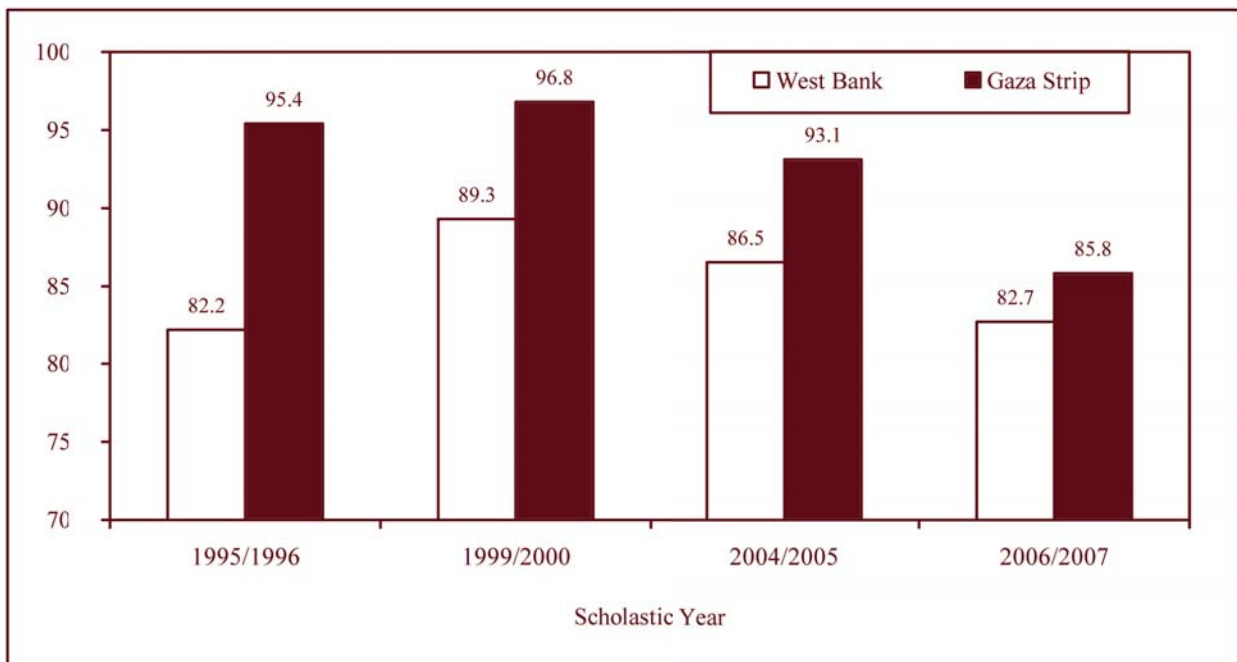
⁴ 50.4% of basic education stage children in Gaza Strip are enrolled in UNRWA schools while 9.9% in basic education stage students in the West Bank are enrolled in UNRWA schools during the scholastic year 2007/2008.

Figure (3-1): Gross enrollment rate in the basic stage by region and selected scholastic years



Source: Palestinian Central Bureau of Statistics 2008. Preliminary data.

Figure (3-2): Net enrollment rate in the basic stage by region and selected scholastic years



Source: Palestinian Central Bureau of Statistics 2008. Unpublished data.

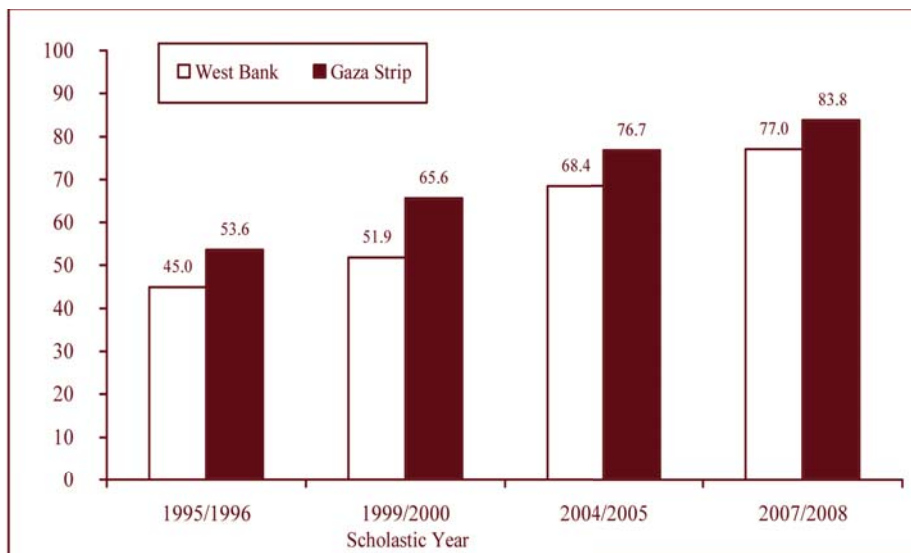
Secondary School Enrollment

Students at secondary education stage increased from 45,339 in 1994/1995 to 142,481 students during the scholastic years 2007/2008, an increase of 214.2%. Female students constituted 52.9% of the total number of students in the secondary stage in the scholastic year 2007/2008, compared with 45.5% in 1995/1996.

The gross enrollment rate in secondary school increased from one year to another; it increased for females from 43.0% in the scholastic year 1994/1995 to 85.5%, and for males from 48.8% to 74.0% in the scholastic year 2007/2008. Gross enrollment rate in secondary school in Gaza Strip is much higher than that of the West Bank at 83.8% in Gaza Strip and only 77.0% in the West Bank in 2007/2008.

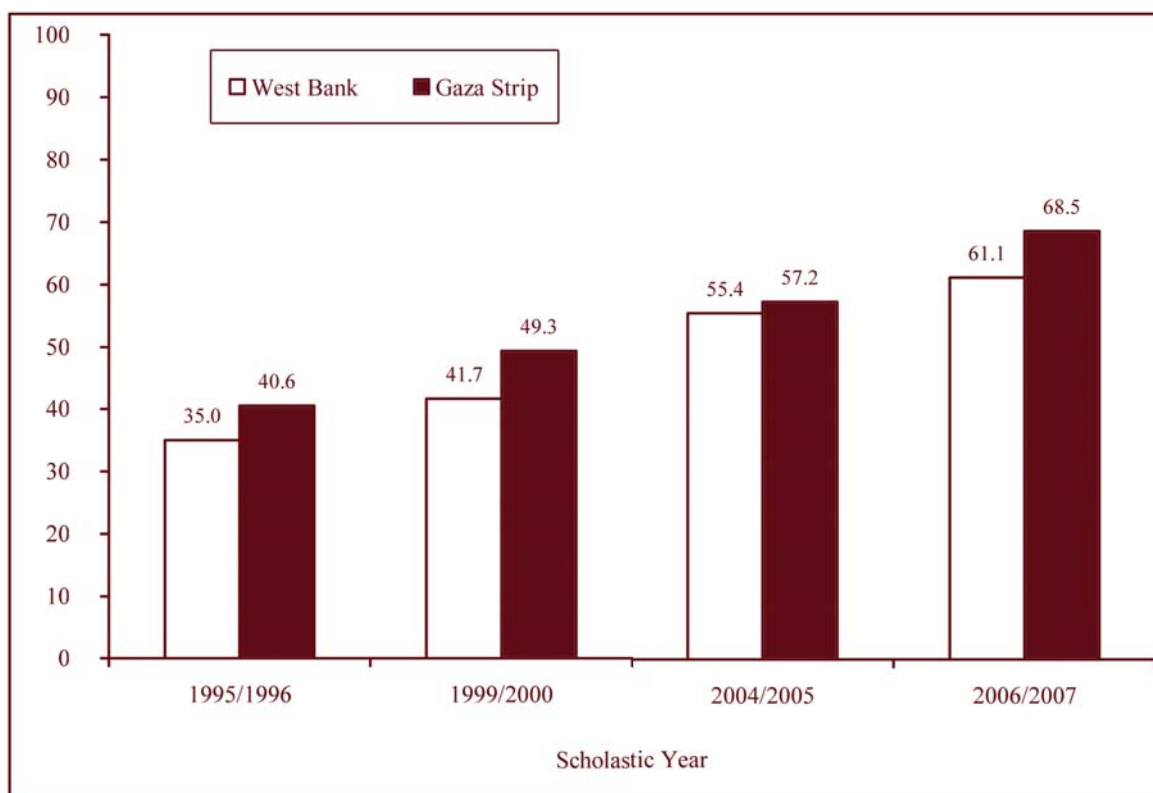
Academic education is still more attractive than vocational education. The number of students enrolled in vocational high school reached 7,002 in the scholastic year 2007/2008 representing 4.9% of the total number of secondary school students. Female students constituted only 34.1% of vocational high school students. On the other hand, they constituted 53.8% of academic secondary school students.

Figure (3-3): Gross enrollment rates in secondary schools by region and selected scholastic years



Source: Palestinian Central Bureau of Statistics 2008. Unpublished data.

Figure (3-4): Net enrollment rates in secondary schools by region and selected scholastic years



Source: Palestinian Central Bureau of Statistics 2008. Unpublished data.

Repetition

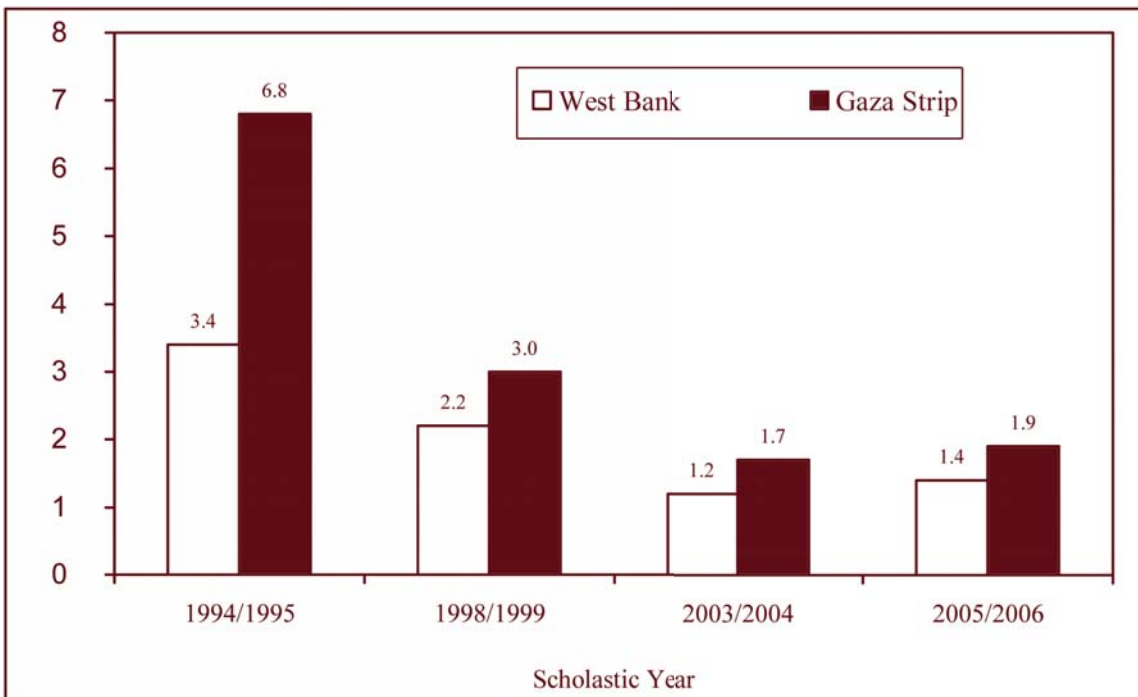
The percentages of repetition among male and female students at basic and secondary stages in the Palestinian Territory have significantly improved during the scholastic years 1994/1995-2005/2006.

The percentage of repetition at basic stage in the scholastic year 2005/2006 stood at 1.8% for males and 1.4% for females compared to 0.9% 0.7% at secondary stage for males and females respectively, while indicators revealed that there is no significant difference between Gaza Strip and the West Bank for the two stages, (it was 1.4% for the West Bank and 1.9% for Gaza Strip in the basic stage and 0.9% in the West Bank compared with 0.6% for Gaza Strip in the secondary stage).

The percentages of repetition among male and female students at basic and secondary stages in the Palestinian Territory dropped significantly during the scholastic years 1994/1995-2005/2006. For instance, female students who failed during basic stage dropped from 4.4% in 1994/1995 to 1.4% in 2005/2006. At secondary stage, female students who failed dropped from 1.3% in 1994/1995 to 0.7% in 2005/2006.

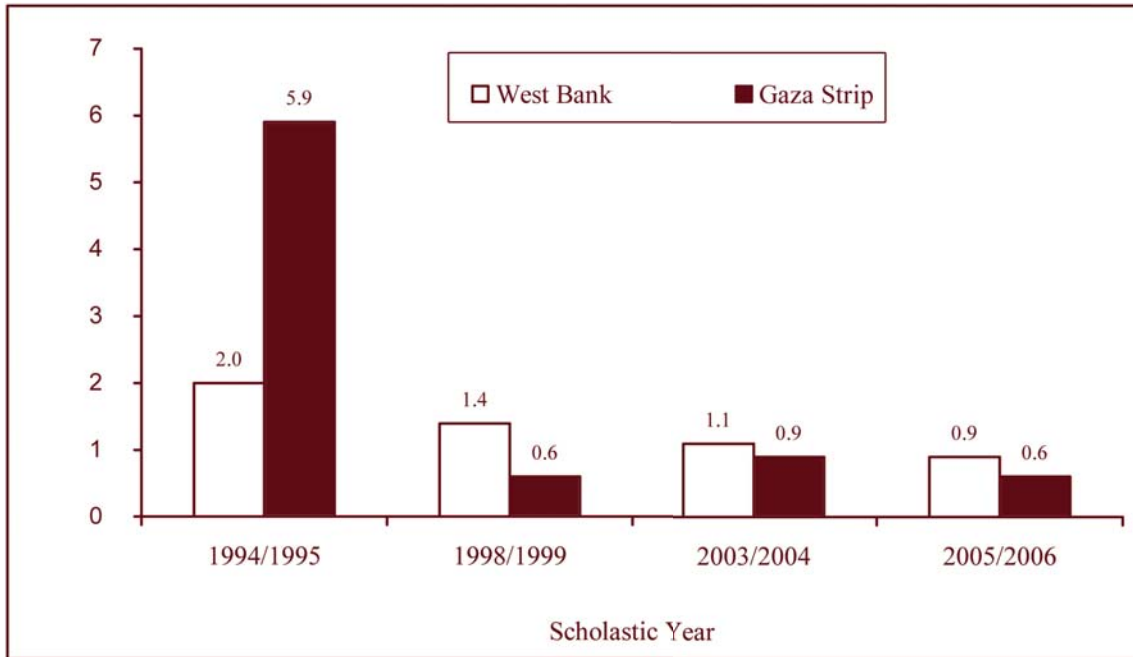
Caution should be exercised when examining the decrease in the percentages of repetition at school since the educational system has certain limitations to failing, such as students are allowed to repeat class twice and repetition starts at grade four. Also, repetition has been limited to 5% per class.

Figure (3-5): Repetition Rate in the basic stage by region and selected scholastic years



Source: Palestinian Central Bureau of Statistics 2008. Education Survey Database. 2005/2006. Ministry of Education and Higher Education. Ramallah-Palestine.

Figure (3-6): Repetition rate in the secondary stage by region and selected scholastic years



Source: Palestinian Central Bureau of Statistics 2008. Education Survey Database. 2005/2006. Ministry of Education and Higher Education. Ramallah-Palestine.

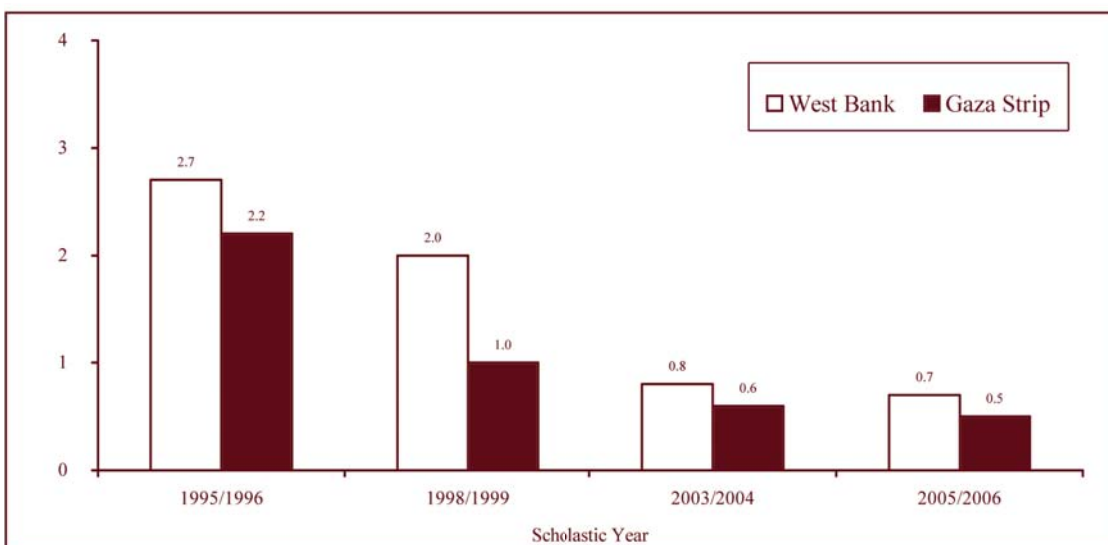
Drop-Out Rate

Female and male drop-out rates at basic and secondary stages in the Palestinian Territory dropped significantly in the scholastic year 1994/1995-2005/2006.

The drop-out rate at the basic stage in the scholastic year 2005/2006 in the Palestinian Territory was 0.8% for male students and 0.5% for female students. At the secondary stage, the rates were 2.3% for males and 2.9% for females.

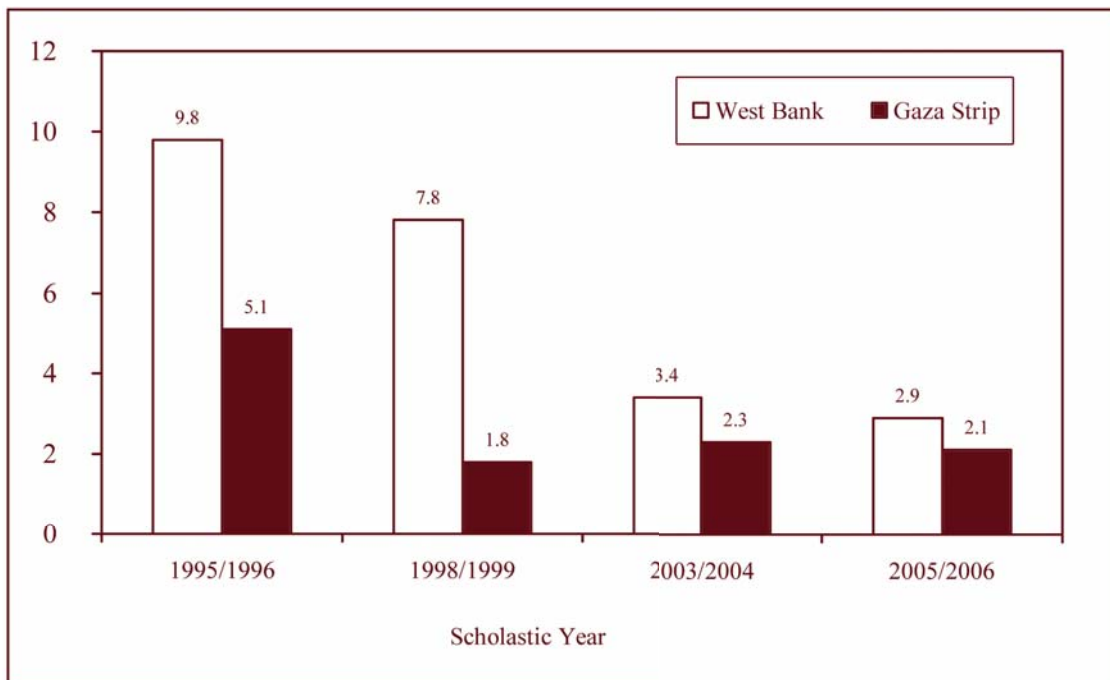
The drop-out rate among females at the secondary stage in 2005/2006 was 2.9%, distributed as 3.1% in the West Bank and 2.6% in Gaza Strip, while the rate at the basic stage was 0.5%, distributed as 0.5% in the West Bank and 0.4% in Gaza Strip.

Figure (3-7): Drop-out rates in the basic stage by region and selected scholastic years



Source: Palestinian Central Bureau of Statistics, 2008. Education Survey Database. Ministry of Education and Higher Education. Ramallah-Palestine.

Figure (3-8): Drop-out rates in the secondary stage by region selected scholastic years



Source: Palestinian Central Bureau of Statistics, 2008. Education Survey Database. Ministry of Education and Higher Education. Ramallah-Palestine.

Schools

Number of schools totaled 2,415 in 2007/2008: 1,599 basic stage and 816 secondary schools. 74.3% of schools are in the West Bank and 25.7% are in Gaza Strip.

Governmental schools constituted 75.8% of schools in 2007/2008, UNRWA-run schools constituted 12.6%, and private schools constituted 11.6%.

The number of schools increased since the PNA took control over education in 1994. There has been an emphasis on increasing school capacity to accommodate more students. The number of basic schools in 2007/2008 was 1,599, whereas the number of schools in 1995/1996 was 1,098. The number of secondary schools in 2007/2008 was 816, whereas the number of schools in 1995/1996 was 372.⁵

Learning Conditions

The educational environment is one of the major influences on the process of education. It is not only providing school buildings, offices, desks, and textbooks, but also creating a safe healthy environment. It also includes providing the right infrastructure such as electricity, heating, and health facilities since they all play a major role in providing the right educational climate and influence the results of the educational process. Building walls around schools is also important since they reduce the risks and threats of road accidents especially for urban schools where there is heavy movement of traffic.

According to 2007/2008 data, most schools are connected to the electricity network and the public sewers system; however, heating is only available for 12.0% of students at governmental schools, for 3.0% of UNRWA school students and 50.4% of private school students.

Classroom density (number of students per classroom) is a good indicator of having the right educational environment. The average number of students per classroom in the scholastic year 2007/2008 was 34.6 at basic stage and 31.1 at secondary stage.

⁵ Including schools that have both basic education and secondary school education as well as secondary schools.

Comparing classroom density according to region, it is noticed that the classroom density in basic schools is higher in Gaza Strip than in the West Bank (41.7 students per classroom in Gaza Strip and 31.0 students per classroom in the West Bank in 2007/2008). At the secondary stage, class density was 40.0 in Gaza Strip and 27.0 in the West Bank in 2007/2008.

The case worsens at UNRWA schools where classroom density in the basic stage was 42.0 compared with 33.5 students at governmental schools. However, the figure for private schools was 25.8 students per classroom in 2007/2008 (UNRWA does not provide secondary stage education).

Computer-Assisted Learning

Availability of computers at schools increased from 30.2% in 1995/1996 to 92.6% in 2006/2007.

The availability of computers in schools and kindergartens is an indicator of having modern technical educational methods. Computers develop children's knowledge and can improve the learning environment and assist in acquiring skills.

In the scholastic year 2006/2007, about 53.8% of kindergartens in the Palestinian Territory had computers, of which 55.5% were in the West Bank and 49.4% in Gaza Strip. The percentage of schools that have computers available in the Palestinian Territory increased from 30.2% in 1995/1996 to 92.6% in 2006/2007, distributed as 92.4 % in the West Bank and 93.3% in Gaza Strip.

The improvement in introducing computers to schools has been the result of a Ministry of Education policy and it has encouraged private schools to do the same. There are plans to introduce computers in all governmental schools.

Teachers

The number of teachers in schools and kindergartens reached 42,306 in the scholastic year 2006/2007 (19,084 male teachers and 23,222 female teachers).

About 71.1% of teachers teach at governmental schools, 19.1% teach at UNRWA schools, 9.8% teach at private schools.

The number of students per teacher at governmental schools was 23.7 in 2007/2008; in UNRWA schools, the figure was 28.9, while in private schools it was 13.8.

In 2006/2007 data indicated that 27.2% of teachers at basic and secondary schools have a intermediate diploma and 60.7% of them have a BA degree (including 7.9% who have both a BA degree and a diploma in education.), 0.5% of teachers have post graduate diploma, 0.9% have a secondary school certificate, and 2.8% have a Masters degree or higher.

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Child Cultural and Recreational Situation

Chapter 4

State parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the child age and to participate freely in cultural life and the arts.

(Convention on the Rights of the Child, Article 31-1)

State parties shall respect and promote the right of the child to participate fully in cultural and artistic life and shall encourage the provision of appropriate and equal opportunities for artistic, cultural and recreational and leisure time activity.

(Convention on the Rights of the Child, Article 31-2)

Children's education and culture is the basic function of culture as a social process of upbringing and transforming the newborn from a biological entity into a social being. Cultures go beyond socialization to develop the child's personality and national identity. Solidification of cultural and recreational rights of Palestinian children have been made through the incorporation of these rights into the Palestinian child national plan, prepared by the national committee and endorsed by the PNA in 1995. The plan is in line with the International Convention of the Rights of the Child sanctioned by the UN General Assembly in 1989. The child's cultural and recreational rights have since become inseparable parts of the child's rights as a human being, as stated in the Article 31 of this Convention.

The culture of Palestinian children stems from Palestinian Arabic heritage, philosophy, religion, norms, values, traditions, the 1988 Declaration of Independence, and the national Palestinian, Arab and Islamic ambitions. Knowledge and information are acquired through the Arabic language by which interpersonal communication, self-expression, and opening onto the Arab cultures are made possible. The child's knowledge is also enriched through arts, music, literature, technology, and investment in recreational activities and leisure time.

Using Computer

Data showed that the percentage of children (10-17 years) who use computers amounted to 70.7%, (of which 73.6% in the West Bank and 66.1% in Gaza Strip), with no significant differences between males (72.0%) and females (69.3%). Moreover, data point out to an increase in the rate of children who use computers in the Palestinian Territory with a percentage of 26.3% in 2006 compared to 2004 (of which 18.7% in the West Bank and 42.8% in Gaza Strip) .

In 2006, home represented the main place where children use computers (51.4%), followed by school 29.5%, and homes of friends (7.0%); while in 2004 the ratio was as follows: 45.7% at home, 30.9% in school, and 7.7% in the homes of friends.

In 2006, data revealed that about 47.8% of children (10-17) years who use computer used it for the purpose of entertainment and recreation, 45.8% for study and learning (educational programs).

Table (4-1): Percentage distribution of children (10-17 years) who use the computer by the purpose of use (most frequently) and region, 2004-2006

Purpose of Use	Region					
	Palestinian Territory		West Bank		GazaStrip	
	2004	2006	2004	2006	2004	2006
Entertainment	50.2	47.8	50.6	45.1	49.3	52.9
Windows Applications	8.4	1.7	9.1	2.1	6.8	1.0
Learning and Study	35.6	45.8	35.0	47.6	36.7	42.5
Internet	3.3	4.2	3.1	5.2	3.7	2.3
Other	2.5	0.5	2.2	-	3.5	1.3
Total	100	100	100	100	100	100

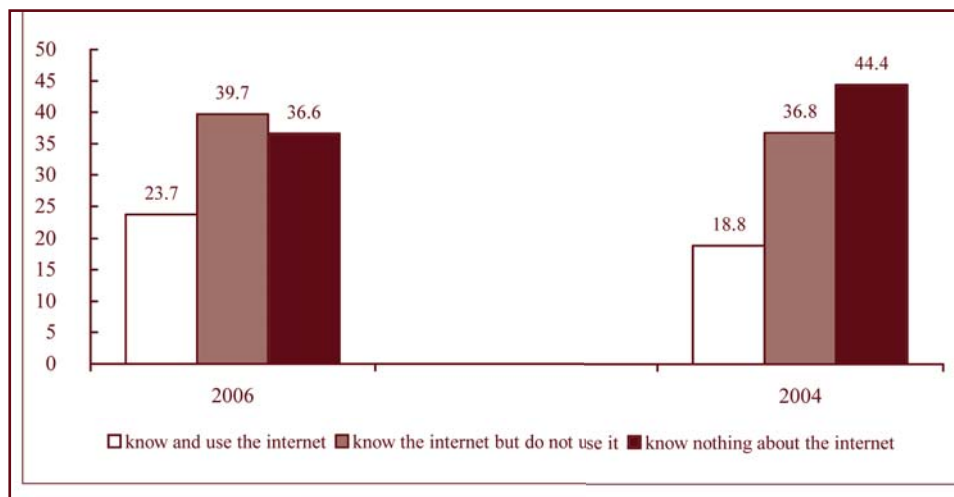
(-): means no sufficient observations.

Using Internet

About the extent of the knowledge and use of the internet by children aged 10-17, the results showed that two out of ten children (23.7%) have internet service and know and use it, while four out of ten children (39.7%) do not have the minimum knowledge of the internet.

Furthermore, findings revealed that the most common reason for using the Internet were: entertainment purposes (47.8%), and knowledge purposes, study and research (45.8%), with significant differences between males (56.6%) and females (36.3%) in the year 2006. Regarding duration of time of internet use, the results showed that 63.0% of children who use the Internet, use it between three in the afternoon and eight in the evening while 26.3% use it after eight in the evening.

Figure (4-1): Percentage distribution of children (aged 10-17) by use of Internet, 2004-2006



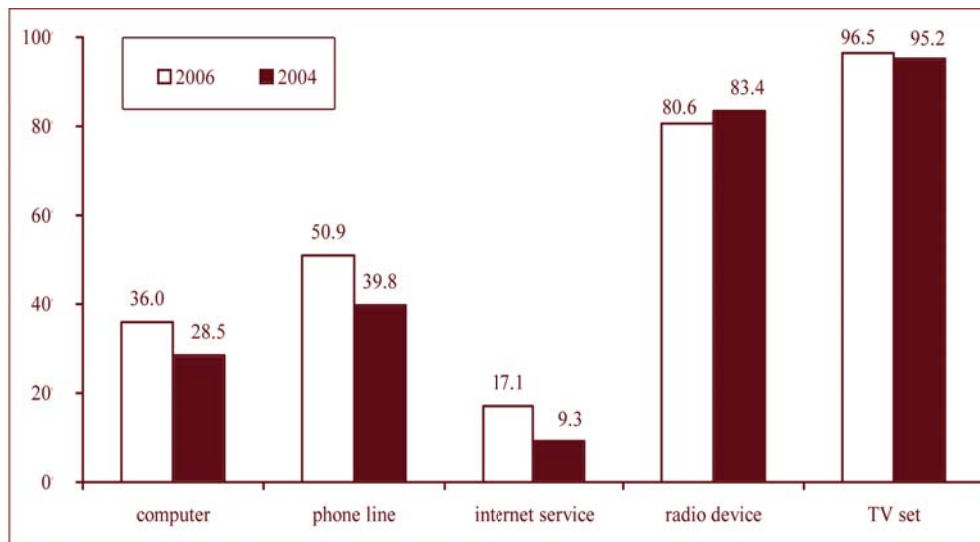
Availability of Knowledge Means in the Family

Since the family plays an important role in the development of the child’s personality, and in the pattern of social and cultural interaction with the child, the availability of the means of knowledge for the child’s family is an important factor in providing optimal use of cultural and recreational resources for the child.

Data showed that the percentage of households with children (less than 18 years old) who own computers amounted to 36.0% in year 2006 (an increase of 26.3% compared to year 2004), while the percentage of households with children who have internet access amounted to 17.1% in 2006 (an increase of 83.9%).

As for the availability of TV, data indicated that there is no significant difference in the percentage of households who own a TV between 2006 and 2004. The percentage of households with children who own a satellite dish in the Palestinian Territory was 82.3% in year 2006 and 19.8% of them owned video. Moreover, the findings indicated that 23.6% of Palestinian households with children owned a home library in 2006, compared to 28.4% in the year 2004.

Figure (4-2): Percentage of availability of entertaining instruments for households with children below 18 years of age during 2004-2006



Socio-cultural Activities

About 24.2% of the children (10-17) participated in sport activities in 2006 compared to 37.0% in 2004, while 32.7% of them were involved in a hobby of painting in 2006 compared to 29.8% in 2004. Indicators showed that there is a significant difference between male and female children in the nature of the activities that they practice; 44.0% of males participated in sports compared to 2.0% for females, and 23.7% of males had a hobby of painting versus 42.9% for females in the same age group in 2006.

As for the affiliation to cultural institutions, 47.6% of children (10-17) years attended sport clubs, 15.8% went to public libraries, 16.8% attended symposia, and 3.0% attended houses of worship in 2006. 56.4% of male children (10-17 years) attended sport clubs compared to 35.1% for females, and 24.9% of males attended public libraries compared to 3.0% for females. The number of cultural insitutions in the Palestinian Territory were 213 centers in 2005, 60.3% of the cultural centers had a library, and 74.3% of them had a special section for children, while 74.2% of public libraries held special events for children with a clear distinction between the West Bank and Gaza Strip (80.0% in the West Bank, and 63.6% in Gaza Strip).

As for the events and activities of cultural centres 2005, indicators showed that 82.8% of these centres held special events for children, (78.7% in the West Bank and 92.3% in Gaza Strip).

Practicing Activities in Free Time

The results of the IT and telecommunications survey 2006 showed that watching TV ranks number one in children (10-17 years) activities and reached a high percentage among media-related activities (76.4%) while 29.6% of children listen to the radio. 67.2% of children (10-17 years) do not want to implement any activity during their leisure time, compared to 32.8% of them who want to engage in a cultural activity in their leisure time and do not. Table (4.2) and table (4.3) showed that 36.2% of children (10-17 years) want to spend time participating in sports, 14.7% want a device that plays music, and 13.1% wish to participate

in music and dance teams and scouts. The main reasons that hinder children from performing any activity in leisure time are due to the lack of sufficient time (28.7%), lack of money (20.4%), lack of public facilities (27.4%), and/or of lack of personal motivation (10.6%).

Table (4-2): Distribution of children (10-17 years) by activities they daily perform, 2006

Child Activities	Sex		Both Sex
	Males	Females	
Writing	6.7	9.4	8.0
Playing Musical Instrument	11.0	18.7	14.7
Practicing activities of associations or clubs	10.0	12.1	11.0
Practicing Sport Activity	50.6	20.7	36.2
Attending Activity (Theatre, Dance Group, Acting)	11.6	14.8	13.1
Attending Activity (symposiums, public lecture	3.0	5.1	4.0
Singing	1.7	7.3	4.4
Drawing	5.4	11.9	8.6
Total	100	100	100

Table (4-3): Distribution of children (10-17 years) by the main reason for not practicing any activity during their free time, 2006

Main Reason	Sex		Both Sex
	Males	Females	
Do not have the time	26.7	30.9	28.7
Do not have any information about cultural activities	4.5	8.0	6.2
Do not have enough money	24.1	16.3	20.4
Lack of public cultural facilities	30.8	23.8	27.4
Lack of personal motivation	7.2	14.3	10.6
Difficult transportation	3.5	3.1	3.3
Family do not agree	0.8	1.4	1.1
Other	2.4	2.2	2.3
Total	100	100	100

Newspapers and Magazines

Newspapers and magazines are one of the most important means of written information and means of educating children. During the year 2006, at least 8.9% of the Palestinian families that have children (below 18 years old) receive daily newspapers permanently, compared with 31.3% who obtained papers sometimes, and 59.8% who do not receive daily newspapers. As for periodicals, 4.2% of the Palestinian families that have children (below 18 years old) receive periodicals always, as against 20.7% who obtain them sometimes, and 75.1% who do not receive them. It is worth mentioning that there was no discrepancy in these ratios between the West Bank and Gaza Strip.

Watching Television

During the year 2006, at least 30.6% of Palestinian families that have children (less than 18 years) watch Palestinian television constantly, while 47.8% watch it from time to time, and 21.6% do not watch Palestinian television.

The main reason for not watching Palestinian television is due to the inability to receive the broadcast or because of the availability of satellite channels. The rate was 24.6% for each (29.3% in the West Bank and 13.6% in Gaza Strip). The proportion of families with children (below 18 years) not watching Palestinian television because of the availability of satellite reached 26.9% in the West Bank and 19.5% in Gaza Strip.

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Children In Need of Special Protection

Chapter Five

This chapter attempts to analyze data and information on a specific age group referred to as “children in need of special protection.” This group comprises a variety of children subgroups experiencing difficult life circumstances hampering their mental and physical wellbeing. Sub groups are usually identified according to the type of difficulty they encounter or due to:

Children's separation from their parents due to institutionalization, hospitalization, family de-unification, adoption, or deprivation from family environment (CRC, Articles 9, 10, 20, and 21).

Other subgroups in need of special protection are children subject to all kinds of physical, sexual and mental/emotional abuse (CRC, Articles 19 and 34).

Disabled children (CRC, Articles 23).

Poor children (CRC, Articles 26 and 27).

Employed children (CRC, Article 32).

Children exploited to the use, sale and trafficking of drugs (CRC, Article 35).

Children deprived of their liberty or receiving juvenile institutional care (CRC, Articles 37 and 40).

Children afflicted by violence and armed conflicts (CRC, Articles 38 and 39).

Though many countries make serious efforts to ensure children's full enjoyment of their rights, as stated in the United Nations Convention on the Rights of the Child, 1989, this convention has not yet been implemented anywhere. This is very hard to accomplish especially given the number of uncontrollable political, economic and social factors involved. Undoubtedly all these factors have negative effects on children in general, and those in need of special protection, in particular. Furthermore, children experience a number of dramatic events resulting from individuals belonging to their environments such as negligence, abuse, exploitation, and violence from persons who should be their caretakers.

Child Labor

The findings of the Palestinian Labor Force Survey 2007 showed that children working ranging between (7-17) years in the Palestinian Territory total 28.8%. Results show that employed children paid or unpaid are 53,500 children, i.e., 4.6% of all children, 8.0% males and 1.1% females (6.5% in the West Bank and 1.7% in Gaza Strip) .

The prevalence of child labor phenomenon in Palestinian society has become annoying which demands great interest and effective procedures to stop it from expansion. Many experiments of different countries highlighted the negative impact of this phenomenon on the political, social and economical structure of the society and the future of the young. It is also a severe violation of the simplest children's rights. The argument in this area has two main dimensions: Using laws and legislations to overthrow this phenomenon, and an indepth understanding of the social, culture, economical and political factors causing, reinforcing and ruling it.

Table (5-1): Percentage distribution of children (7-17 years) by employment status and selected characteristics, 2006

Background characteristics	employed	Un-employed	Total
Palestinian Territory	4.6	95.4	100
West Bank	6.5	94.5	100
Gaza Strip	1.7	98.3	100
Sex			
Males	8.0	92.0	100
Females	1.1	98.9	100
Age			
7-9	1.2	98.8	100
10-14	4.6	95.4	100
15-17	9.2	90.8	100

The Concept of Child Labor

It has recently been acknowledged to differentiate between two kinds of child labor, <acceptable> and <unacceptable> kinds because an overall and general look at all child labor distorts the problem. This view leads to extra difficulties to end the violations. The extent of the impact of child labor on a child's growth is the main criterion to decide when it becomes a problem. For example, safe work for adults may be harmful for children. Here are the main growth characteristics of children which are affected by child labor: physical growth, including his general health, physiological growth, sight and hearing, knowledge development ability, read, write, calculate and gaining necessary knowledge for daily life, emotional development; self esteem, family unity, love and accepting the others, and social and moral development; being a member of group, cooperation and distinguishing between wrong and right.

The Educational Status of Children in Labor

There is a relationship between employed children and their educational level, and attainment, the family economical conditions, and the social position concerning education because working entails leaving school. Data showed that 37.6% of employed children aren't school students. Consequently, their earning continues to be continuously low even in adult age. In some cases, some parents consider education a waste of time. They sometimes <sacrifice> by having one or two sons leave school and contribute to the family income for educating their brothers. Education expenses, to some families, are considered a direct loss (fees, stationery and clothes) and indirect loss (losing children's supposed income) all of which makes children's learning a heavy burden to parents. It sometimes happens that some children do not go to school or drop out for many reasons: failing in the class which is harmful to children's psychology or costly to poor families, physical punishment and continuous beating, unsuitable timing of study for children working in agriculture, distant studying place (mainly for girls) and the absence of transportation.

Results showed that 4.3% of employed children are students (of which 5.9% in the West Bank and 1.6% in Gaza Strip and 7.5% males and 1.0% females), 37.6% don't go to school (of which 40.2% in the West Bank and 32.9% in Gaza Strip and 53.1% males and 4.8% females).

Table (5-2): Percentage of children (7-17 years) by school attendance by region and sex, (June-September 2007)

Region and Sex	Attending school	Not-attending school
Palestinian Territory	4.3	37.6
West Bank	5.9	40.2
Gaza Strip	1.6	32.9
Sex		
Males	7.5	53.1
Females	1.0	4.8

Children Who are Un-paid Family Workers

Working in agriculture is the most familiar job for such children. They participate in carrying water, grazing animals, picking crops, and eventually even more tiring jobs. Such jobs may be useful if confined to those works or income-generating activities. Such jobs create self-reliance and importance. But children's participation in family work is of no value. It takes their time away from their studying and halts the growth of their delicate bodies and deprives them from enjoying their rights and complete chance for growth. In addition, more than two-thirds of working children in Palestinian Territory (74.0%) work for their families as unpaid workers (96.0% females and 70.7% males), 20.9% are paid and work outside the family (1.5% females, 23.5% males). 94.3% of children (7-9) years are unpaid by their families. Results also showed that 4.1% of working children in Palestinian Territory work in agriculture (46.7% in West Bank, 12% in Gaza Strip), and 34% work in trade, restaurants and hotels; 27.8% in West Bank, 71.7% in Gaza Strip. But those who work in quarries and recycling industry amount to 13.7% (14.5% in West Bank, 9.8% in Gaza Strip), and 6.5% in construction work out of which 7.5% in the West Bank.

Table (5-3): Percentage distribution of employed children (7-17 years) by economy activity and region, (June-September 2007)

Economic Activity	West Bank	Gaza Strip	Palestinian Territory
Agricultural, hunting & foresting	46.7	12.0	41.8
Quarries & recycling industries	14.5	8.9	13.7
Construction work	7.5	—	6.5
Trade & restaurants & Hotels	27.8	71.8	34
Transportation and telecommunications	1.2	4.1	1.6
Services & other branches	2.3	3.2	2.4
Total	100	100	100

The average daily wage for children (7-17) years is 41.9 shekels with average working hours of 29.5 hours weekly (29.1 hours in West Bank, and 32 hours in Gaza Strip).

Children Living in Poverty

About 17.2% of Palestinian households are childless, while the vast majority of Palestinian households (82.8%) are with children. Hence, meaningful comparisons in poverty status should be carried out for households with a different number of children rather than merely between childless households and the rest.

The poverty rate in 2006 indicated that the rate of the total distribution of poverty among Palestinian households in the Palestinian Territory is 56.8% in 2006 (using income data), of which 59.0% is among households with children and 46.1% is among households without children.

More significant is the fact that the poverty data indicated that 49.1% of the households in the West Bank were suffering from poverty in 2006 (51.2% among one child households and 40.2% among households without children), while 79.3% of households in Gaza Strip were suffering from poverty in 2006 (80.4% among one child households and 71.6% among households without children).

Table (5-4): Likelihood of being poor among households according to households monthly income by region, 2006

Region	With Children		Without Children		Total	
	Value	Contribution	Value	Contribution	Value	Contribution
Palestinian Territory	59.0	100	46.1	100	56.8	100.0
West Bank	51.5	63.6	40.2	70.5	49.1	64.6
Gaza Strip	80.4	36.4	71.6	29.5	79.3	35.4

With the exception of childless households, the incidence of poverty increases consistently by the additional number of children among households. Households with the least incidence of poverty are those with 1-2 children. The picture remains essentially the same when other poverty indexes are used to reflect the depth of poverty.

Table (5-5): Likelihood of being poor by number of children in the household, 2006

Number of Children	Poverty	
	Value	Contribution
0	46.1	14.0
1-2	49.8	21.0
3-4	54.8	27.5
5-6	67.1	26.5
7-8	74.5	7.4
9+	87.9	3.6
Total	56.8	100

Martyrs and Injured Children

“All member countries undermine the genuine rights of all children in life” (Convention of the Rights of the Child, Article 1-6) “All member countries guarantee to the extreme extent children survival and growth.” (Convention of the Rights of the Child, Article 6-2).

The right to life is the basis to practice other rights which is recognized by all international associations such as the International Declaration of Human Rights, Article 6 in the International Special Covenant of Political and Civil Rights, Article 6 in the Convention on the Rights of the Child, in which Israel is a signatory. But facts show that Israel continually violates the rights of the Palestinian children, mainly the right to life. It uses all weapons against the Palestinians including children and the great number of killed and injured children is clear evidence. The total number of Al-Aqsa Intifadat martyrs until 29-2-2008 is 5,264; 959 were children below 18 years (18.2%) (284 in West Bank, 573 in Gaza Strip, 2 in occupied Palestine 1948).

Detained children

‘Children mustn’t be deprived from their freedom illegally. Children are detained or arrested according to the law as a last solution.’ (Convention on the Rights of the Child, Article 37).

The Israeli occupation deprives detained Palestinian children from their basic rights awarded by international agreements regardless their religion, race or ethnicity. These rights prohibit random imprisonment, and guarantee knowing the reason of imprisonment, the right of having a lawyer, informing families about the reason and place of their children imprisonment, connections to the outside world, refuting the allegations and having human and dignified treatment. Many international charters state that torturing children is taboo in prisons and jails:

“Torturing, severe punishment, inhuman and undignified treatment are prohibited.
”(*International Declaration of Human Rights, Article 5*).

“Every member country undertakes that all kinds of torturing are war crimes in its criminal law including any person involved in torturing.”
(*Convention Against Torture, Article 4*).

“No exceptional conditions such as war condition or threatening by war or any political instability or crises and emergency cases are excuses for torturing.”
(*Convention Against Torture - article 2-2*).

“Each is prohibited from taking any measure of such a character as to cause the physical suffering or extermination of Protected Persons in their hands. This prohibition applies not only to murder, torture, corporal punishments, mutilation, and medical or scientific experiments not necessitated by the medical treatment of a Protected Person but also to any other measures of brutality whether applied by civilian or military agents.”
(*The Fourth Geneva Convention-Article 32*).

Despite these charters and international agreements, Israel violates these norms and practices by using extreme types of psychological and physical punishment against Palestinian children in jails not only during interrogations but during other stages.

These quotations talk about young and old individuals. But the Convention on the Rights of the Child, Article 37-A, states that: “*Any child deprived from his freedom has the right to have quick legal help in addition to quick appeal for freedom in a neutral court or authority.*”

In many cases, lawyers do not have easy access to their clients who are also judged in courts for adults. Moreover, children of Jerusalem are jailed with Jewish criminals who threaten their lives. It is worth mentioning that Israel is a signatory to all treaties and international charters for children.

Israel practices racial discrimination against Palestinian children. It has a double-standard law when dealing with Jewish children who receive a fair judgment. Furthermore, Israel considers Jewish children to be those under 18 while Palestinian children are those under 16 years old.

The data of the Ministry for Detainees and Prisoners show that Israeli occupation authorities still have 344 children under 18 as prisoners in Hasharon prison while such prisoners are considered as juveniles according to the U.N charter and General Assembly 4.5/113 on 14-1-1990.

Israel tries children as adults in its courts according to the military laws applied in Palestinian Territory. Statistics show that 74.4% of imprisoned children are 16-18 years which means they are deprived from freedom and education.

The majority of them was imprisoned 2-12 months according to their charges: 2-6 months for throwing stones, 12 months for petrol bombs. Ten documented cases show that children waited for 24 months to be judged. The charges of Palestinian children are 40% throwing stones, 7% throwing petrol bombs, 7% having weapons and explosives, 9% being a member in Palestinian organizations, 7% trying to kill by stabbing or shooting, 20% in connection with operations in Israel, and 10% without charge.

Torturing Children in Israel Jails

Ministry for Detainees and Prisoners asserts that children experience hard imprisonment in inhuman conditions below the minimum of international criteria of children rights. They suffer from lack of food and bad quality, lack of cleanness, infestations, unventilated unlighted rooms, medical neglect, physical and verbal torture, isolation and sexual abuse. Children also can't contact their families during the investigation period. In some cases families do not know when their children are imprisoned and they need special permission to visit them. According to the Ministry for Detainees and Prisoners, 30 imprisoned children are ill (7%) and deprived of health care and medicine. They are given simple pain relief no matter what their disease. Children say that prison administration does not allow them to go to the clinic. Such children suffer from psychological diseases, vision and hearing problems. 40% of their diseases are due to the bad conditions of imprisonment, food quality and lack of cleanliness.

Social and Economic Status of Children Detainees

The available information about detained children from the Ministry for Detainees and Prisoners showed their distribution by place of residence as: 50% rural, 35% urban, 15% from camps. Three fourths of these children were arrested from their houses while the rest were arrested in streets or Israeli check points: 77% from houses, 17% from streets, 5% on Israeli check points, 1% in Israel or near settlements. The children were handcuffed and verbally tortured to jails. Concerning detained children's employment status, 83% are students, 14% employed and 3% unemployed.

Children Exposed to Violence

The World Health Organization defines violence as the deliberate use of physical strength or ability to use it either by threat or the actual use of it by the person either against himself or others, group or society leading to casualties, death or psychological effects in growth rights. The concept of violence has cultural and psychological dimensions which are as effective as the physical strength. These dimensions constitute a group of unequal economical relations and cultural allegations that increase the possibility of resorting to violence by one group against others. Violence against children is at the center of international interests, studies and research. Academics, psychologists, philosophers and social specialists are calling for law and legislation to protect children from many forms of violence. Domestic violence survey data 2005 showed that 51.4% of mothers confessed that one of their children aged (5-17) was exposed to violence, 50.3% in West Bank, 48.5% in Gaza Strip. Rural children have the highest exposure to violence with 56.4%, and 50.1% in cities and 47.3% in camps.

Concerning the location of practicing violence against children, the data show 93.3% at home, 45.2% at school, 41.1% at streets. When asked about the agents of violence, mothers said that 93.3% were family members, 39.4% sons and daughters, 34.6% teachers at schools.

In this field, Birzeit University carried out a study about violence on children in 2005. The study proved that direct violence on children because of the occupation is larger in the West Bank than Gaza Strip. The data also showed that 36% of students (44% in the West Bank, 21% in Gaza Strip) were obliged to wait long hours at Israeli barriers. 18% of students witnessed the killing of their friends, 10% of students admitted that they were exposed to sexual abuse (physically and verbally) by Israeli soldiers (7% in the West Bank, 35% in Gaza Strip). The major share of physical and verbal violence is not recurring; 48% of students were abused by school staff, 41% exposed to physical punishment, 9% exposed to verbal sexual abuse. The study concluded that physical violence was less among students than between teachers and students. But verbal sexual abuse was more familiar among student themselves, 21% of students were exposed to violence from their mates: 61% verbal irritations, 21% verbal sexual abuse and 9% physical sexual abuse.

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Adolescents

Chapter Six

Adolescence is an important source of vitality for every society, the basis for sustainable development and progress and the cornerstones of each nation. Chapter Six of this report considers youth as those who belong to the age group of 15-19 years old.

Demographic Structure of Adolescents

Age-Sex Structure

The Palestinian society is a society of young people like other societies of developing countries. Despite the drop in childbirth levels and mortalities due to the improved health situation, especially the situation of mother and child healthcare, in addition to family planning programs, the population age structure shows an increased rate of young people in comparison with other age groups. Data of the preliminary results of Population, Housing Establishment Census showed that the population totaled 3.8 million; adolescents constitute 12.4% of the total population, (of which 12.0% in the West Bank and 13.2% in Gaza Strip). The sex ratio among adolescents is 104.5 males to 100 females.

Table (6-1): Percentage distribution of population in the Palestinian Territory by age, sex, and region in mid 2006

Age Groups	Palestinian Territory			West Bank			Gaza		
	Males	females	Both Sexes	Males	Females	Both Sexes	Males	Females	Both Sexes
0-14	43.3	43.1	43.2	41.9	42.2	42.0	45.5	44.4	45.0
15-19	12.7	12.2	12.4	12.6	11.4	12.0	12.9	13.4	13.2
20-29	15.9	14.7	15.3	15.9	14.5	15.2	15.9	15.0	15.5
30 +	28.1	30.1	29.1	29.6	32.0	30.8	25.7	27.1	26.4
Total	100	100	100	100	100	100	100	100	100

Source: Palestinian Central Bureau of Statistics, 2007. Palestinian Family Health Survey 2006. Final Report. Ramallah-Palestine.

Adolescents' Attitudes and Opinions Towards Education and Culture

Use of Media

Data in Table 6-2 shows that (80.3%) of the adolescents (15-19 years old) watch television every day in the Palestinian Territory, 44.6% of them listen to radio and 9.4% of them read the daily newspapers every day. Regional comparison of newspaper readers and television watchers between the West Bank and Gaza Strip shows that the West Bank rates are higher than those of Gaza Strip; while more than half the adolescents (56.7%) in Gaza Strip listen to the radio every day compared to 35.6% in the West Bank. Data show that more males than females use media every day including reading newspapers (10.3%), watching television (83.3%), and listening to the radio (49.7%) compared to 8.5%, 77.0% and 39.2% for females, respectively.

Table (6-2): Percentage of adolescents (aged 15-19 years by daily use of media, region and sex, 2006

Region and Sex	Mass Media		
	Reading newspapers	Watching television	Listening to the radio
Region			
Palestinian Territory	9.4	80.3	44.6
West Bank	10.3	84.2	35.6
Gaza Strip	8.3	75.2	56.7
Sex			
Males	10.3	83.3	49.7
Females	8.5	77.0	39.2

Source: Palestinian Central Bureau of Statistics, 2007. Palestinian Family Health Survey 2006.Final Report. Ramallah-Palestine.

Co-ed and Dealing with Both Sexes

Findings show that the percentage of adolescents 15-19 years whom go to co-ed schools in the Palestinian Territory is 16.5%, (25.0% for the West Bank and 5.7% for Gaza Strip). Data show that there is clear difference in the ways teachers treat both sexes, according to male adolescents' opinion. The rate of discrimination in dealing with males and females by teachers in the Palestinian Territory is 32.9% with higher discrimination noted in Gaza Strip (42.1%) than in the West Bank (31.3%). According to 37.7% of males and 28.5% of female adolescents, teachers treat both sexes differently.

Curricula and Textbook Content

The data of the Palestinian Family Health Survey 2006 show clear variations between considerations by adolescents (15-19 years) of the adequacy of textbook content and curricula during the past school year in the Palestinian Territory. 23.8% said textbooks and curricula were completely adequate, while 32.5% considered the content sufficient to a certain extent, and 27.9% considered the content insufficient. According to regional variations, 27.0% of West Bank adolescents considered textbook content completely sufficient compared to 19.7% in Gaza Strip, while 31.3% of Gaza Strip adolescents thought textbook content was insufficient compared to 25.2% in the West Bank.

According to data, 27.6% of male adolescents and 20.4% of female adolescents thought that textbook content and curricula, from a practical aspect, were completely adequate in the past year. On the other hand, 26.8% of male adolescents and 28.8% female adolescents thought textbook contents and curricula were insufficient in the past year (Table 6-3).

Table (6-3): Percentage distribution of adolescents aged 15-19 years by their opinion concerning the contents of the educational textbooks and curriculum from a practical aspect during last school year, region, and sex, 2006

Region and Sex	Contents of the Educational Textbooks and Curriculum from a Practical Aspect					Total
	Completely sufficient	Sufficient to a certain extent	Insufficient	Extended	Don't know	
Region						
Palestinian Territory	23.8	32.5	27.9	13.0	2.8	100
West Bank	27.0	32.4	25.2	12.4	3.0	100
Gaza Strip	19.7	32.8	31.3	13.7	2.5	100
Sex						
Males	27.6	30.8	26.8	12.0	2.0	100
Females	20.4	34.1	28.8	14.0	2.7	100

Source: Palestinian Central Bureau of Statistics, 2007. Palestinian Family Health Survey 2006.Final Report. Ramallah-Palestine

Improving Teaching Methods

Findings in Table 6.4 show that 48.3% of adolescents in the Palestinian Territory believe that giving more attention to applied and practical aspects and the use of computers in education are among the most important methods of changing teaching and making education more useful to students and their future. Moreover, 45.7% believe that improving textbook content and 42.8% believe that providing students with incentives to participate in lessons are among the most important methods of changing teaching to the benefit of students and their future. There are differences between the rates of adolescents in the West Bank and Gaza Strip in this regard.

Table(6-4): Percentage of adolescents aged (15-19 years old) by changing educational methods to become more benefiting to students and their future, region and sex, 2006

Changing Educational Methods	Region			Sex	
	Palestinian Territory	West Bank	Gaza Strip	Males	Females
Allow students to participate more in lessons	42.0	43.2	40.6	49.5	35.4
More attention to applied and practical aspects	48.3	48.2	48.4	48.1	48.5
Improve textbooks content	42.8	39.4	47.1	39.1	46.1
Improve teaching tools	35.9	35.4	36.6	35.2	36.5
Provide more modern information	29.2	30.6	27.4	31.3	27.2
Use computer more in education	45.7	48.3	42.5	47.8	43.8
More attention to foreign languages	22.1	27.8	14.8	21.8	22.3
Respect for the student	26.5	31.5	20.2	31.0	22.5
Prohibiting beating	35.4	38.6	31.3	38.9	32.1
Other	9.0	5.7	13.2	7.4	10.4

Source: Palestinian Central Bureau of Statistics, 2007. Palestinian Family Health Survey 2006.Final Report. Ramallah-Palestine.

Continuing Education

The findings of the Palestinian Family Health Survey 2006 show that a number of factors make adolescents lack determination to continue education in the Palestinian Territory. The most prominent of these factors, according to adolescents' opinions, is poverty for 76.6%: 72.8% in the West Bank and 81.4% in Gaza Strip. The second factor is the need to work, for 46.5%, 45.3% in the West Bank and 48.1% in Gaza Strip. Also, 75.2% of male adolescents think poverty in the household is one of the main factors of making them lack determination to continue education, 51.9% of them believe it is the need to work, and 51.5% believe it is the lack of studying capacity that makes them lack determination to continue education. As for females, 77.8% think household poverty is to blame for lack determination to continue education, 48.9% think it is the high cost of education, and 41.7% think it is the need to work.

Table (6-5): Percentage of adolescents aged (15-19) by their opinion in issues that make them lack determination to continue education by region and sex, 2006

Demotivate factors	Region			Sex	
	Palestinian Territory	West Bank	Gaza Strip	Males	Females
Increase of education costs	42.2	40.7	44.0	34.6	48.9
Family poverty	76.6	72.8	81.4	75.2	77.8
Need for work	46.5	45.3	48.1	51.9	41.7
Farness of educational institutions	10.6	13.3	7.2	7.0	13.8
Teachers maltreatment	20.9	22.4	18.9	19.9	21.8
Students maltreatment	13.5	14.2	12.6	12.9	14.0
Lower scores	30.0	33.2	26.0	32.0	28.2
Family belief of education unimportance	28.3	28.3	28.1	20.3	35.3
Students inabilities	45.8	42.2	50.4	51.5	40.7

Source: Palestinian Central Bureau of Statistics, 2007. Palestinian Family Health Survey 2006.Final Report. Ramallah-Palestine.

Choosing Specialization

Personal choice is the main reason for choosing study of a major, according to adolescents aged 15-19 in the Palestinian Territory, with no variations based on region, and sex. However, there are slight variations when we look at the other reasons for choosing a major.

Table (6-6): Percentage of adolescents aged (15-19) years by reason for choosing their major by region and sex, 2006

Region and Sex	Reason for Choosing Major						Total
	Family wish	Personal wish	Grades	Work opportunities available/income	Other	Don't know	
Palestinian Territory	5.6	79.9	8.1	4.3	1.6	0.5	100
West Bank	5.8	79.0	7.6	5.1	2.1	0.4	100
Gaza Strip	5.3	81.3	8.9	2.9	0.8	0.7	100
Sex							
Males	6.9	76.9	9.7	5.5	0.6	0.4	100
Females	4.7	82.1	7.0	3.4	2.2	0.6	100

Source: Palestinian Central Bureau of Statistics, 2007. Palestinian Family Health Survey 2006. Final Report. Ramallah-Palestine.

Studying Problems

There is similarity in the type of studying difficulties the adolescents (15-19) face at schools, by region, and sex according to results. The difficulties include extended curricula, school hours, lack of computer use in education, lack of attention to exercises and practical applications, and difficulty in communicating with teachers. There is clear variation, however, in the difficulty to access educational establishments due to Israeli policies between the West Bank and Gaza Strip (17.7% and 1.6%, respectively).

Table (6-7): Percentage distribution of adolescents aged (15-19) years by the most important studying problems they suffer at school, institute, and university by region and sex, 2006

Problems	Region			Sex	
	Palestinian Territory	West Bank	Gaza Strip	Males	Females
Extended curricula	42.1	38.4	46.9	36.6	47.0
Long school hours	27.9	32.3	22.3	22.7	32.6
Plenty of homework	15.3	21.3	7.8	10.0	20.1
Weak content of textbook & education tools	15.6	15.6	15.5	14.8	16.3
Lack of attention to exercise/practical applications	21.9	19.9	24.6	21.6	22.1
Lack of computers in education	23.5	24.7	22.0	25.4	21.7
Lack of support groups	12.8	15.1	10.0	13.4	12.4
Lack of cooperation between teachers	13.3	14.3	11.9	12.5	13.9
Difficulty in communicating with teachers	20.4	21.3	19.2	17.7	22.8
Israeli measures	10.6	17.7	1.6	11.2	10.0
Other	17.7	10.5	27.0	17.8	17.7

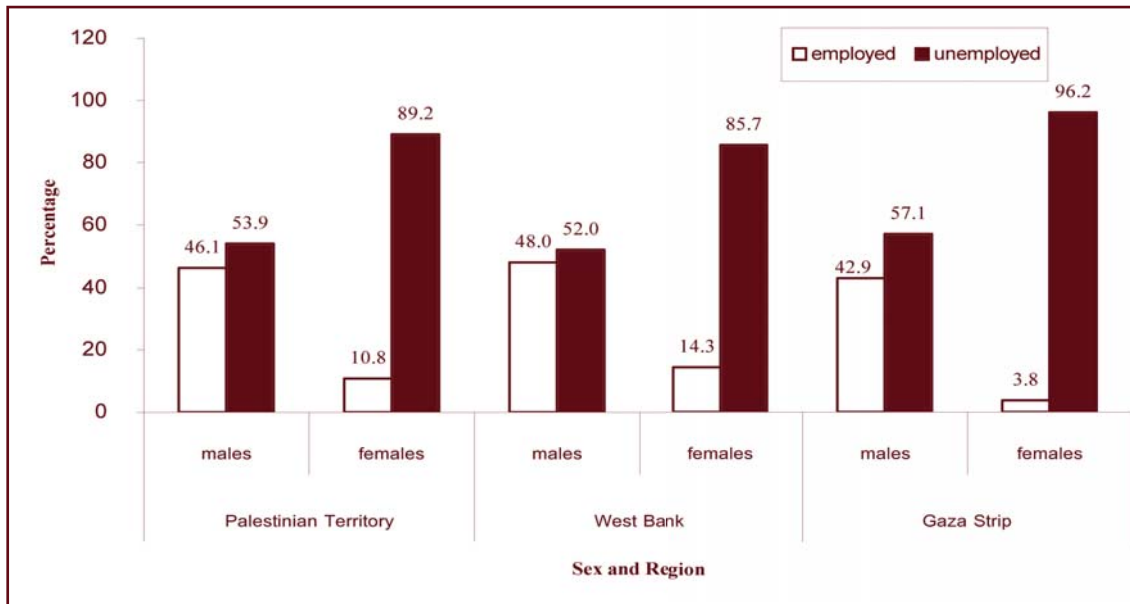
Source: Palestinian Central Bureau of Statistics, 2007. Palestinian Family Health Survey 2006.Final Report. Ramallah-Palestine.

Adolescents Economic Activity

Participation in the Labor Force

The findings of the Palestinian Family Health Survey 2006 show that 14.9% of the adolescents in the Palestinian Territory are economically active (of which 16.4% in the West Bank and 13.0% in Gaza Strip), including 25.9% males and 3.1% females. On the other hand, the percentage of employed adolescents is 42.5% (of which 46.1% males and 10.8% females).

Figure (6-1): Percentage distribution of adolescents aged (15-19) years by participation in the labor force, sex, and region, 2006

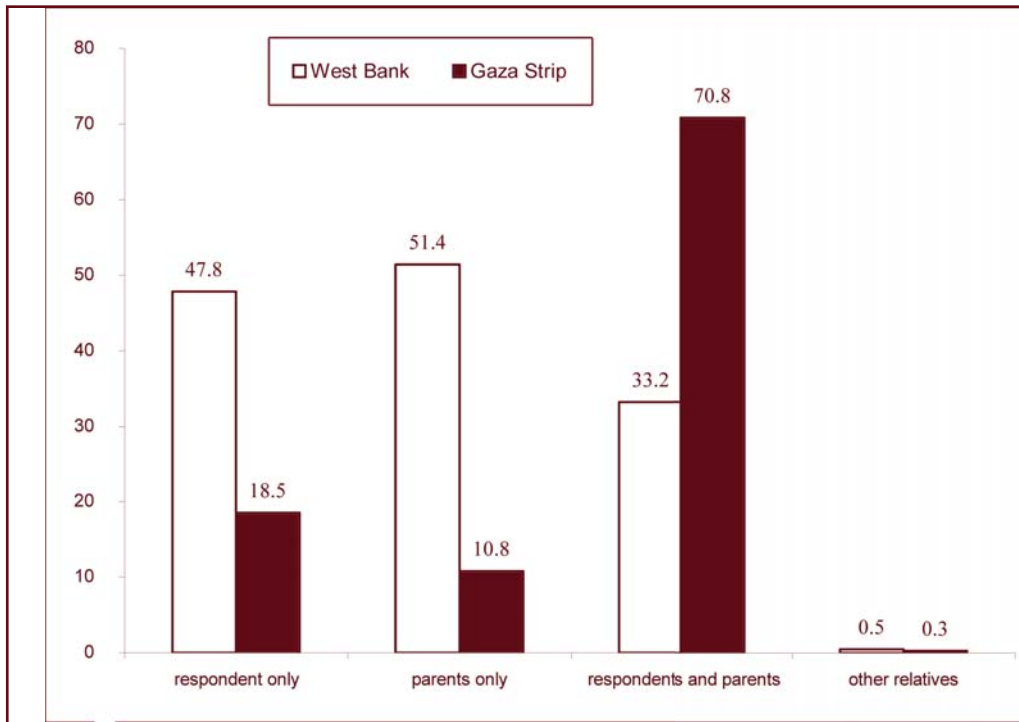


Source: Palestinian Central Bureau of Statistics, 2007. *Palestinian Family Health Survey 2006. Final Report*. Ramallah-Palestine

Spending the Wages

According to the Palestinian Family Health Survey 2006, the person who earns cash wages from work decides most frequently by themselves or together with their parents how to spend wages. There are variations by region, and sex when it comes to linking the choices relating to spending wages and selected variables. Findings show that 37.7% of the adolescents decide by themselves how to spend the cash wages they earn with a major variation between the West Bank (47.8%) and Gaza Strip (18.4%). 70.8% of Gaza Strip adolescents stated that they shared with their parents how to spend the cash wages they earn compared to 33.2% in the West Bank.

Figure (6-2): Percentage distribution of adolescents aged (15-19) years in the Palestinian Territory by the person who decides on spending the cash wages they earn and region, 2006



Source: Palestinian Central Bureau of Statistics, 2007. *Palestinian Family Health Survey 2006. Final Report*. Ramallah-Palestine.

Type of Wages

The data show that the employed adolescents (15-19) often receive cash wages only for work regardless of region, and sex. The rate of working adolescents in the Palestinian Territory who receive cash wages only is 90.6%, including 91.8% in the West Bank and 88.4% in Gaza Strip. Findings also show that 90.6% of the males receive only cash wages for their work compared to 88.3% females. The rate of females working without wages is 11.7% compared to 7.6% males.

Family Life

Seeking Assistance

According to results, adolescents mainly seek for assistance from their parents including 65.7% who go to their mothers (68.5% for the West Bank and 61.9% for Gaza Strip). Fathers occupy second place in this matter at 55.8% (53.6% for the West Bank and 58.7% for Gaza Strip).

Table (6-8): Percentage of adolescents aged (15-19) years by person they seek for assistance, region and sex, 2006

Region and Sex	Person they seek										
	Father	Mother	Grand father	Grand mother	Older brothers	Older sisters	Uncle	Friends	Boss	Work colleagues	Other
Palestinian Territory	55.8	65.7	1.7	1.3	23.1	18.2	10.9	41.8	1.4	0.7	7.7
West Bank	53.6	68.5	2.1	1.3	23.3	19.2	9.8	42.1	2.1	0.9	6.7
Gaza Strip	58.7	61.9	1.1	1.3	22.8	16.9	12.2	41.3	0.4	0.3	9.0
Sex											
Males	78.7	53.1	3.0	1.8	33.5	5.5	18.8	46.6	1.9	1.0	4.5
Females	31.2	79.3	0.2	0.8	11.8	31.9	2.3	36.6	0.8	0.3	11.2

Source: Palestinian Central Bureau of Statistics, 2007. *Palestinian Family Health Survey 2006.Final Report.* Ramallah-Palestine.

Discrimination in Treating

Table 6.9 shows that 85.8% of the adolescents believe that parents and relatives treat children (boys and girls) in the same way (84.7% for the West Bank and 87.4% for Gaza Strip). Findings also show that 11.0% of females believe that parents treat boys and girls differently, as boys are favored.

Table(6-9): Percentage distribution of adolescents aged (15-19) years by their opinion in parents and relatives' treatment of girls and boys, region, and sex, 2006

Region \ Sex	Ways of Treatment						Total
	They treat both in the same way	They treat both in a different way as boys are favored	They treat both in a different way as girls are favored	Only boys	Only girls	Don't know	
Region							
Palestinian Territory	85.8	7.2	3.8	2.1	0.9	0.2	100
West Bank	84.7	6.9	4.1	3.0	0.9	0.3	100
Gaza Strip	87.4	7.5	3.4	1.0	0.8	0.1	100
Sex							
Males	88.1	3.6	4.0	3.7	0.2	0.4	100
Females	83.3	11.0	3.5	0.4	1.6	0.1	100

Source: Palestinian Central Bureau of Statistics, 2007. *Palestinian Family Health Survey 2006.Final Report.* Ramallah-Palestine.

Health Situations and Awareness of Sexually Transmitted Diseases

Assessing the Current Health Situation

Table 6.10 shows that 87.0% of adolescents believe that they enjoy good health, and 11.6% believe they are in an average health situation. 83.6% and 14.6% of the adolescents in the West Bank stated that they enjoyed good or average health situations compared to 91.5% and 7.5% in Gaza Strip. There are no major variations based on age groups of adolescents or their sex.

Table (6-10): Percentage distribution of adolescents aged (15-19) years by their opinion in their health situation compared to friends in the same age, region and sex, 2006

Region and Sex	Health Situation		
	Good	Average	Bad
Region			
Palestinian Territory	87.0	11.6	1.4
West Bank	83.6	14.6	1.8
Gaza Strip	91.5	7.5	1.0
Sex			
Males	87.3	11.0	1.7
Females	86.6	12.2	1.2

Source: Palestinian Central Bureau of Statistics, 2007. *Palestinian Family Health Survey 2006.Final Report*. Ramallah-Palestine

Smoking

Smoking is one of the most dangerous habits to individual health; therefore, all health-concerned institutions focus efforts on raising awareness about the damage smoking causes to smokers and to passive smokers, especially in public areas. According to the data of Family Health Survey 2006, the percentage of adolescents who smoke is 7.3%. There are more adolescent smokers in the West Bank (9.4%) than Gaza Strip (4.0%). Data show that the main reason for smoking among adolescents is curiosity (49.2%) of which 52.3% for the West Bank and 41.5% for Gaza Strip, followed by imitating friends.

Table (6-11): Percentage distribution of adolescents aged (15-19) years by reasons for smoking , region and sex, 2006

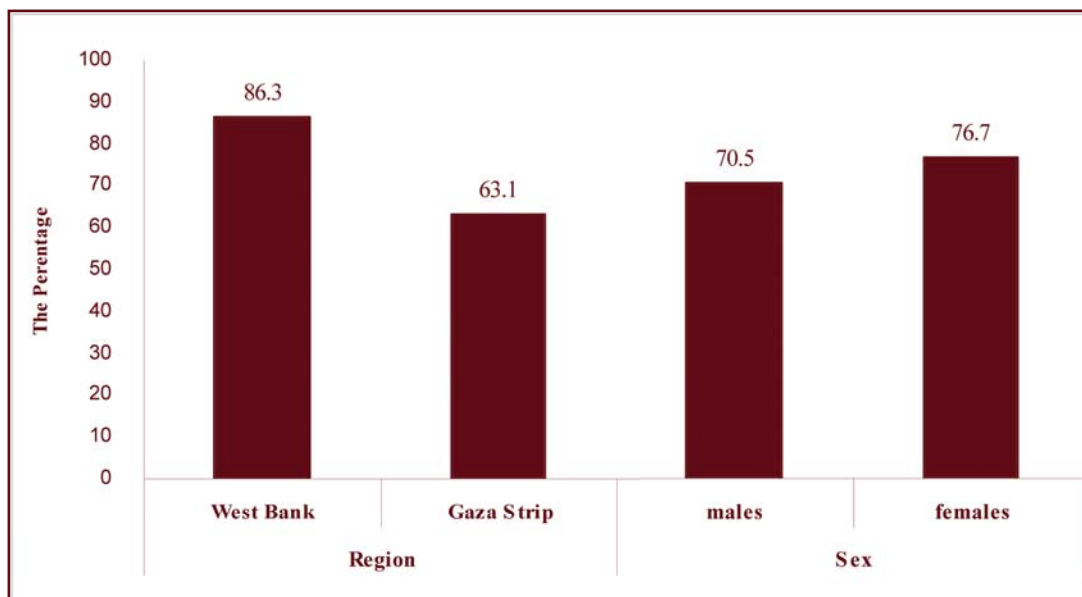
Region and Sex	Reasons for smoking						Total
	Imitate friends	Under pressure from friends	Trying/ curiosity	Psychological or family problems	Other	Do not know	
Region							
Palestinian Territory	37.6	4.2	49.2	6.5	0.9	1.7	100
West Bank	36.2	4.2	52.3	4.8	1.0	1.5	100
Gaza Strip	40.9	4.0	41.5	10.7	0.8	2.1	100
Sex							
Males	42.5	4.7	43.0	7.2	0.7	1.8	100
Females	7.8	0.9	86.0	2.3	2.0	1.0	100

Source: Palestinian Central Bureau of Statistics, 2007. *Palestinian Family Health Survey 2006.Final Report*. Ramallah-Palestine.

Awareness of Sexually Transmitted Diseases

According to the data of the Family Health Survey 2006, 92.3% of the Palestinian adolescents in the West Bank know about sexually transmitted diseases compared to 89.8% of Gaza Strip adolescents. Variations by sex are not obvious but males know more than females at 92.7% and 89.7%, respectively. Data show that hearing of AIDS is 86.3% for the West Bank and 63.1% for the Gaza Strip. Variations in this regard by sex is noticed: 70.5% for males and 76.7% for females.

Figure (6-3): Percentage of adolescents aged (15-19) years by knowledge about AIDS, aegion, and sex, 2006



Source: Palestinian Central Bureau of Statistics, 2007. *Palestinian Family Health Survey 2006. Final Report.* Ramallah-Palestine.

Table 6-12 shows that 12.0% of the adolescents know that condoms can protect from AIDS (16.5% for the West Bank and 5.8% for Gaza Strip). The rate is higher among males than females. 85.9% of the adolescents know that safe sex can protect from AIDS (86.2% for Gaza Strip and 85.7% for the West Bank).

Moreover, 59.5% of the adolescents in the Palestinian Territory know that checking the blood before a blood transfusion can avoid infection with the disease (60.7% for the West Bank and 57.9% for Gaza Strip).

Table (6-12): Percentage of adolescents aged (15-19) years by knowing about how to avoid AIDS, region, and sex, 2006

Region and Sex	Ways of avoiding AIDS						
	Safe sex	Condoms	Avoid blood transfusion	Blood must be checked before transmitted to anyone	Avoid injection	Avoid using previously used needles	Other
Palestinian Territory	85.9	12.0	36.7	59.5	24.8	39.9	10.3
West Bank	85.7	16.5	31.8	60.7	24.8	44.5	12.2
Gaza Strip	86.2	5.8	43.7	57.9	24.8	33.5	7.7
Sex							
Males	87.1	16.6	37.2	55.4	23.2	35.9	10.5
Females	84.6	7.1	36.1	64.0	26.4	44.3	10.0

Source: Palestinian Central Bureau of Statistics, 2007. *Palestinian Family Health Survey 2006. Final Report.* Ramallah-Palestine.

Annex (1): Glossary

Acute Respiratory Disease Infections	Are the most common illness suffered by children, no matter where they live. ARIs are caused by a wide variety of disease agents. These include those from the vaccine preventable tangent disease: diphtheria, pertussis and tuberculosis. ARIs are traditionally divided into two main categories: those of the upper respiratory tract (the common cold) and those of the lower respiratory tract (primarily pneumonia). Their principal transmission factors are: high population density, crowded conditions, and seasonal changes that favor the spread of disease.
Apartment	The apartment is part of a house or a building, comprised of one room or more along with other facilities, e.g. kitchen, bathroom, toilet,.etc, all of which are connected with the outside world through one main door. It is occupied by one household and is often reached through stairs or a main road leading to the public road.
Age at Marriage	The age of the individual in years at the time of his/ her actual marriage.
Average Daily Wage	The total net wage paid to all waged employees divided by the total number of workdays according to the average exchange rate for that month.
Basic Stage	The first of ten scholastic years on which other educational stages depends.
Breast-feeding	The child has received breast milk (direct from the breast or expressed)
Crude Death Rate	Number of deaths per 1000 population in a certain year.
Crude Birth Rate	Number of births per 1000 population in a certain year.
Child Dependency Rate	Number of children below the age of 15 years per 100 persons in the work age (15 - 64 years).
Contraceptives (Family Planning Methods)	Methods used for delaying or stopping pregnancy.
Diarrhea	A clear change in the number of excretion episodes (more than three times a day). Diarrhea is characterized with liquid-like stool. Fever and blood in the stool indicate severity of diarrhea episodes.
Death Causes	A state of illness, infirmity, incidence, or poisoning that directly or indirectly leads to death. .
Employed Child	The child performing a certain work for the other in return for a wage or for him / herself, or unpaid family work.

Employer	A person who operates his/ her own economic enterprise or engages independently in a profession or trade, and hires one or more waged employees.
Economic Activity	Economic activity refers to the main activity of the establishment in which the employed person or the kind of work done previously if an unemployed ever worked person.
Growth Rate	The average increase or decrease in the number of population during a certain year, due to natural increase and net migration. It is expressed by a percentage of the base population.
G o v e r n m e n t a l Schools	Any educational institution that is run by the Ministry of Education or any other ministries or governmental body.
Gross Enrollment Rate	It refers to the percentage of pupils/ students enrolled in a certain class to the total number of persons who are in the legal age for enrollment in that class.
Health	A state of complete physical, mental and social well being and not merely the absence of diseases or infirmity.
Head of Household	The person who usually lives with the households and is recognized as head of the household by its other members. Often, he / she is the main decision-maker or responsible for financial support and welfare of the household.
House	The house is a housing unit built for the living of one household and is mainly established in one floor. The house could consist of two floors, each of which includes an apartment for one household only.
Household	One person or a group of persons living together who make common provision for food or other essentials for living. Household members may be related, unrelated or a combination of both.
Health Care Provider	An individual or organization whose responsibilities involve one or more of the following: The provision, administration, teaching, development of health services, activities or supplies. The provider may have direct or indirect interest in the health industry.
Infant Mortality Rate	The number of infant deaths (aged less than one year) per 1,000 live born births in a certain year.
Immunization	It is one of the most effective tools for cutting into the vicious infections cycle and reducing the severity and frequency of set backs to the normal development of the child in its formative years.
Immunization Coverage	Immunization coverage includes three dosages against measles or (measles, mumps and rubella), three dosages against DPT, and three dosages against polio.

Kindergarten	Any educational institution licensed by the Ministry of Education to offer child education services two years prior to the basic stage (for 4-year-old or 5-years-old children). Kindergarten education is divided into two stages. First Grade: Offering educational services to four-year-old children & Second Grade: Offering educational services to five-year-old children
Malnutrition	The term malnutrition is used to cover a multiplicity of disorders, ranging from deficiencies of specific micronutrients such as vitamins and minerals to gross starvation or obesity. This discussion is largely limited to protein and calorie malnutrition, which is manifested primarily by retardation of physical growth in terms of height and weight.
Measles Vaccine	An injection given once in life at the ninth month of age and over according to the UNRWA vaccination schedule and at the fifteenth month, according to the governmental vaccination schedule.
Occupation	Occupation refers to the kind of work done during the reference period by the employed person, irrespective of the economic activity or employment status or the type of study or training the person received.
Polio Vaccine	This vaccine is given in a form of drops through the mouth or through injection. This vaccine is given to the child at the same time he/ she is given the triple vaccine, i.e., in the second, third, fourth, sixth and twelfth months of age.
Poor Child	The child belonging to a poor household (whose income is below the national poverty line).
Primary Health Care	Primary health care refers to primary check up and the comprehensive health care including basic or initial diagnosis and treatment, health supervision, management of chronic conditions and preventive health services. The provision of primary health care does not necessarily require highly sophisticated equipment or specialized resources.
Private Schools	Any licensed local, foreign non-governmental educational institution that is established, headed, run or financed by a foreign or Palestinian individuals, societies or bodies.
Reading Habit	This term is used to describe the person who regularly reads to enhance knowledge and awareness, regardless of whether the reading is part of the schooling or any other purpose and regardless of the material being read and the period spent in reading.
Repetition	Repeating the same scholastic year for another year due to failure to accomplish the requirements necessary for promotion to next year.
Stunting	Stunting refers to lack of height in comparison to weight. Chronic malnutrition constitutes one of the main causes leading to stunting and underweight. Other causes leading to stunting include hereditary factors, infectious diseases and socio - economic conditions.

Supplements S u p p l e m e n t a r y Feeding Subsidies	Any liquid (including milk) or solid given while the child is still receiving breast milk. The value of subsidies in kind or cash received by the household in the month, irrespective of whether they were provided by UNRWA, Ministry of Social Affairs, alms (Zakat) committees, charitable societies, or other parties.
Self–Employed	A person who operates his/ her own economic enterprise or engages independently in a profession or trade and hired no employees.
Secondary Stage	The stage consisting of two scholastic years following the basic stage (that is, years 11 and 12 of schooling).
Student	Anyone enrolled in an educational institution.
School	Any educational institution other than kindergartens, irrespective of the number of students / pupils and grade structure, provided that the lowest grade is the first basic grade and the highest grade is the twelfth grade.
Teacher	A person with specialized qualification who is responsible for teaching students at an educational institution.
TV Watching Habit	This term is used to describe the person who normally sets in front of the television to watch TV programs, irrespective of the type of the program, spent time and place of watching.
Total Fertility Rate	Average number of live births per woman or group of women during their reproductive life by the age of specific fertility rate for a certain year. This rate is calculated by multiplying the age specific fertility rate by five.
Triple Vaccine	This vaccine is jointly given against three diseases, namely diphtheria, whooping cough, and tetanus. This vaccine is given in a form of injection in the muscles in the age of two months, four months, six months and one year.
Unemployment	This term refers to all persons of work age who did not work at all during the reference period, who were not absent from a job and were available for work and actively seeking for work during the reference period in different ways, e.g., reading newspapers, registration in employment offices, asking friends or relatives, etc.
Under Five Years Child Mortality Rate	The number of death cases among children (aged less than five years) per 1,000 children in the age group 0-4 during a certain year.
Unpaid Family Member	A person who works without pay in an economic enterprise (farm, undertaking, etc.) operated by a related person living in the same household.

UNRWA Schools Any school run or supervised by UNRWA.

Violence Unjustifiable use of force. Violence is not limited to the use of physical force, it even extends to forcing an individual to perform certain work through propaganda or threats. Thus, violence is of two types:
A - Physical violence B - Mental violence

Weaning The process where the child becomes accustomed to take liquids or solids other than breast milk.

Weight A measurement of the child's total body mass.

Waged Employee A person who works for a public or private employer and receives remuneration in wage, salary, commission, tips, piece rates or in kind, etc. This item includes persons employed in governmental, non-governmental and private institutions along with those employed in a household enterprise in return for a specific remuneration.

Work Hours The duration of time spent in performing a certain work.