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Child Statistics Series (No. 12)**

**Palestinian Children—Issues and Statistics
Annual Report, 2009**

June, 2009



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All correspondence should be directed to:
Dissemination and Documentation Department/Division of Users Services
Palestinian Central Bureau of Statistics
P. O. Box 1647, Ramallah, Palestine

Tel: (972/970) 2 2426340

Fax: (972/970) 2 2426343

Email: diwan@pcbs.gov.ps

Web-site: <http://www.pcbs.gov.ps>

Work Team

Report Preparation	Khitam Al-Bizreh	
Graphic Design	Ahmad Sawalmeh	
Preliminary Review	Mustafa Khawaja	
Final Review	Mohamad Omari Mahmoud Jaradat	
Overall Supervision	Ola Awad	Acting President of PCBS

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Preface

The availability of statistics on children in the world has improved since The United Nations reemphasized the concerns of the international community regarding children's rights by making it an objective to provide a statistical database on the conditions of children and to measure progress achieved to meet their needs. The Convention, signed and approved by almost all member countries, constitutes a reference and an international legal framework for monitoring progress made in meeting children's needs and requirements. The different countries translate their commitment to protect child rights through development of their own reports. The Palestinian Central Bureau of Statistics took on itself the task of providing an enabling atmosphere, and to promote 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 twelfth 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 the inception of the PNA. 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 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 while to point out 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 through 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.

June 2009

Ola Awad
Acting president

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Chapter One
Social characteristics

A child means every human being under 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)

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 Convention on 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 includes 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.

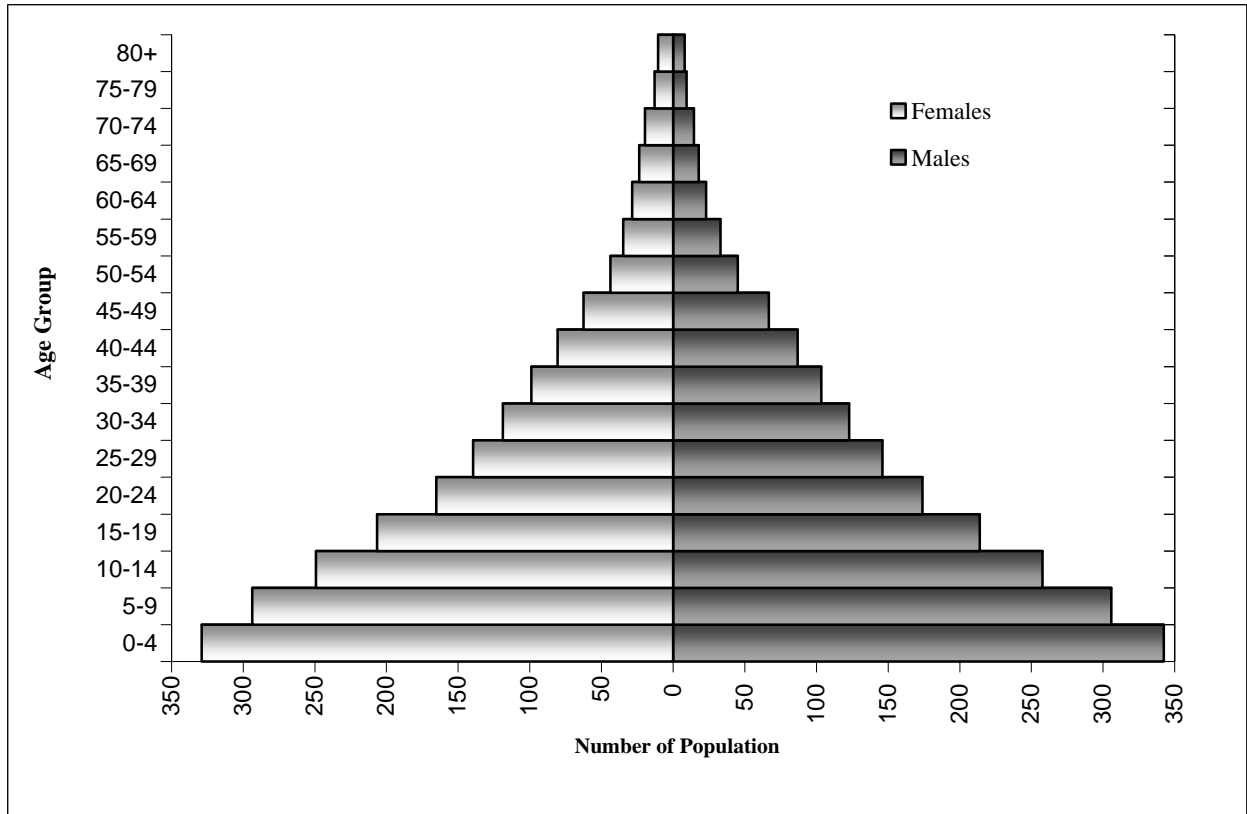
The environment surrounding children is a key element in the evolution and development of the child's physical, mental, and psychological development, and affects the circumstances surrounding the way the child is raised, including the formation of ideas and beliefs, perceptions and attitudes towards the core issues relating to his life. This chapter presents the basic statistics about the environment surrounding the Palestinian child in the Palestinian Territory, including the demographic composition of the population and the 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 in 2007 showed an increase in the population by 29.9%, compared with results of the Population, Housing and Establishment Census in 1997. On the other hand data showed that the population in the Palestinian Territory in mid 2008, is 3,825,512, of whom 2.3 million are in the West Bank (62.3%), and 1.4 million people in Gaza Strip (37.7%) in 2008, compared to 2,895,683 in 1997.

The Palestinian population pyramid in the Palestinian Territory in 2008 showed a high proportion of individuals under the age of 15 years (42.5%), 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.

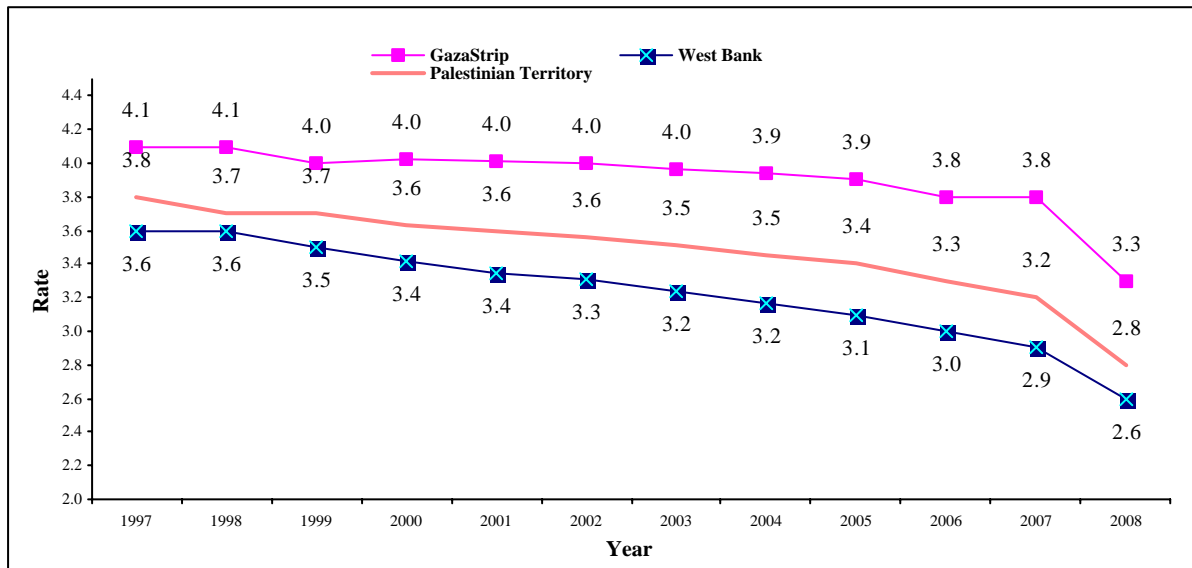
Figure (1-1) Population pyramid in the Palestinian Territory, mid 2008



Source: Palestinian Central Bureau of Statistics, 2009. Projections of the Population in the Palestinian Territory. Ramallah - Palestine

The decline in the rates of mortality and the stability of high fertility rates leads 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 2.8% in mid 2008. This is one of the highest rates in the world, since 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, 1997-2008



Source: Palestinian Central Bureau of Statistics, 2009. Projections of the Population in the Palestinian Territory. Ramallah - Palestine.

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 birth, developed health services, the country's role in maternal and child health care and reduction in 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 2008. 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, the birth rate had been estimated at 42.7 births per one thousand of the population in 1997 and declined to 32.5 in 2008. 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 30.6 in the West Bank in 2008, and 35.5 in Gaza Strip.

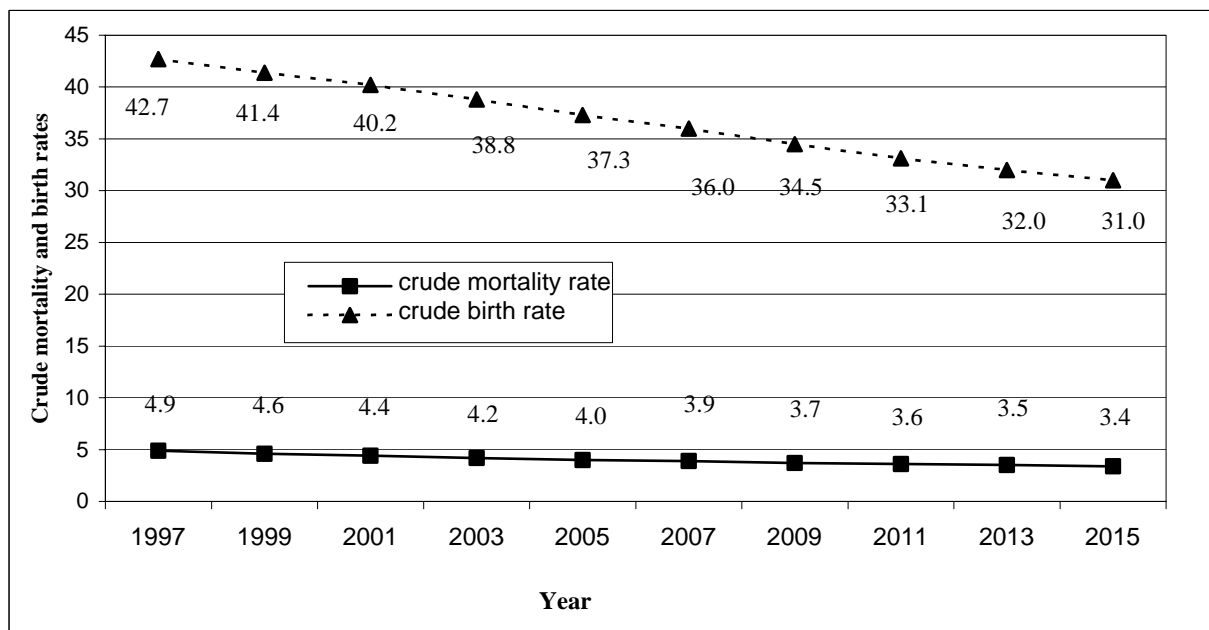
Mortality

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 4.4 and 4.0 respectively in 2008. This indicates improvement in the quality of life, opportunities for receiving medical services, improvement in health awareness among the population and improvement in health services.

Figure (1-3): Estimated crude birth and mortality rates in the Palestinian Territory, 1997- 2015



Source: Palestinian Central Bureau of Statistics, 2009. The series of population estimates in the Palestinian Territory. Revised Estimates. Ramallah-Palestine.

Marital Status

Early Marriage

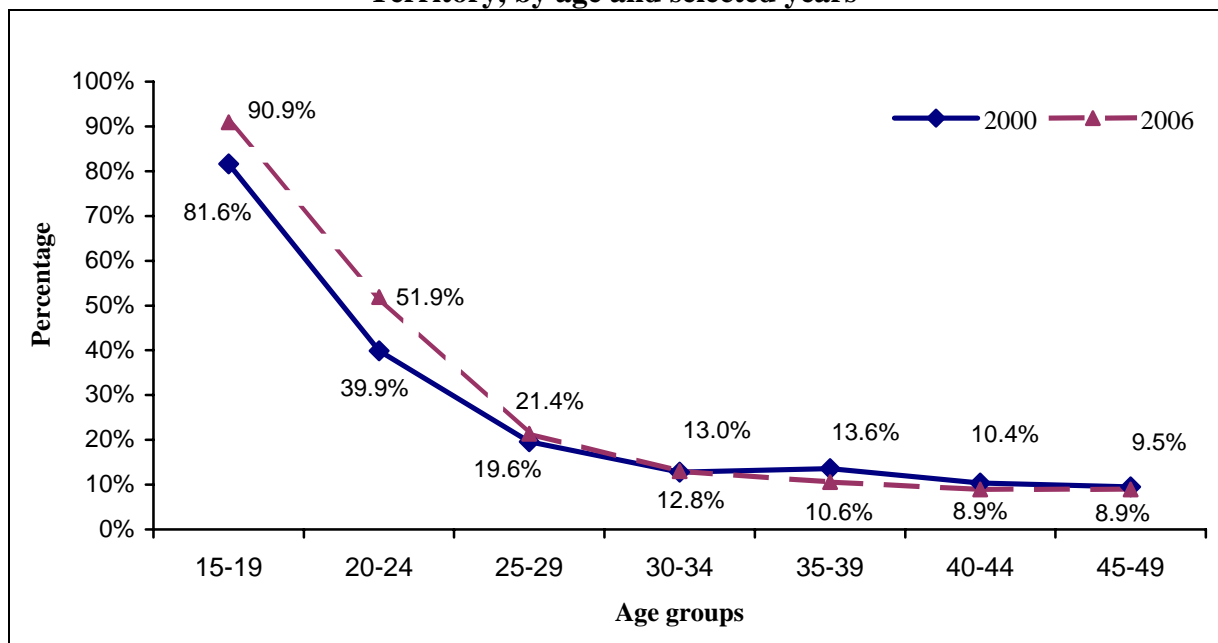
Marriage in any society has social and economic dimensions as well as dimensions reflecting the level of civilization. Data on marriage and divorce in the Palestinian Territory in 1997-2007 showed a widespread phenomenon of early marriage especially among females. The median age of females at first marriage was 19.4 years, and 24.6 years for males in 1997, whereas the median age at first marriage in the West Bank was 19.6 and 25.2 years for females and males respectively, and in Gaza Strip 19.2 for females and 24.0 years for males respectively in 2007. The mean age of marriage among those who have a bachelor or higher degree was 23.8 years for females and 26.4 years for males in the Palestinian Territory in

2007. This reflects the role of education in reducing early marriage among Palestinians. The mean age of marriage for those who have a preparatory certificate only was 16.9 for females and 23.5 for males.

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 that is 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 age 24 years 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 Rate 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. 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 on reducing fertility rates, since 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 (1-1), 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, amounting 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 (1-1): Percentage distribution of ever married and currently married women aged (15-54 years) by age at first marriage and 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+	0.0	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+	0.0	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. 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.

Fertility

Current fertility levels

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

Table (1-2): 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. 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 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 has 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 (1-3) 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

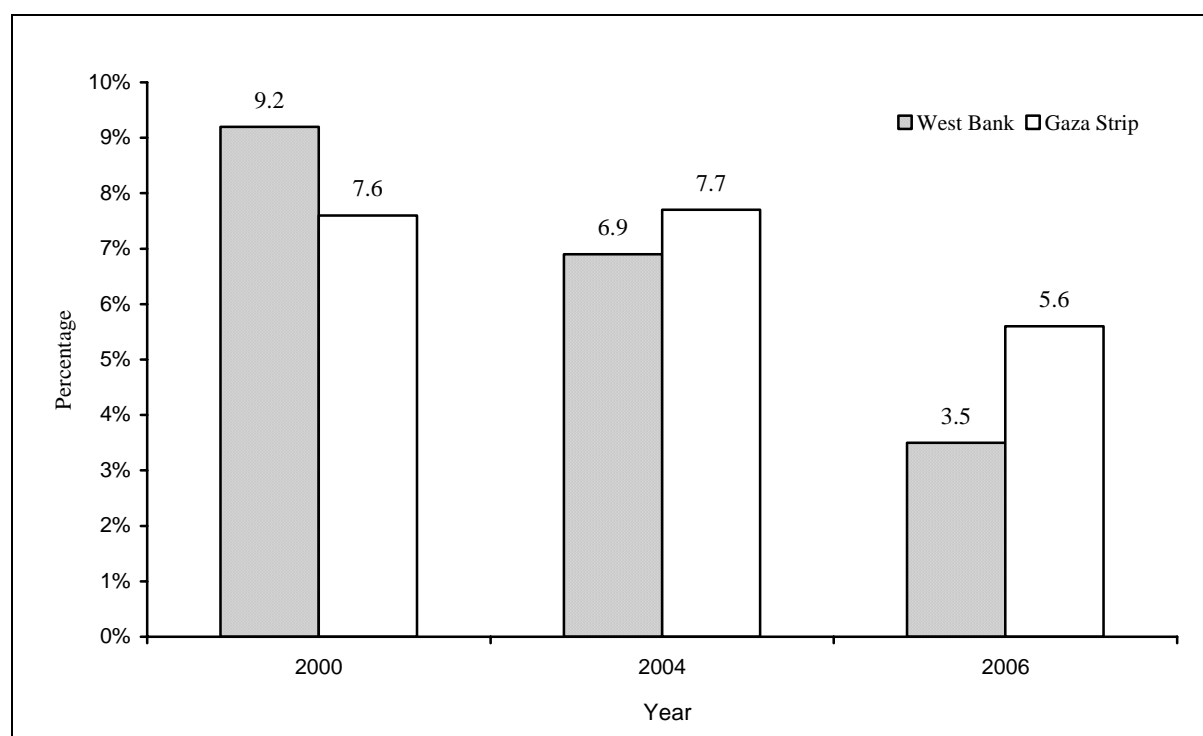
Table (1-3): Percentage of women in the age group (15-19) who are mothers or pregnant with first birth by region, 2006

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
Total	1.7	4.3	1.4	3.5	2.2	5.6

Source: Palestinian Central Bureau of Statistics, 2007. Palestinian Family Health Survey, 2006. 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. 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 (1-4) 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 (1-4): 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
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. 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), in 2006.

Table (1-5): 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. 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 this is 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 (1-6): 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	100
20-24	81.4	5.6	11.8	1.2	100
25-29	84.3	4.8	10.3	0.6	100
30-34	83.0	5.9	10.1	1.0	100
35-39	81.1	5.6	12.1	1.2	100
40-44	80.1	7.6	10.9	1.4	100
45-49	76.0	7.0	14.9	2.1	100

Total	81.4	5.9	11.6	1.1	100
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Source: Palestinian Central Bureau of Statistics, 2007. Palestinian Family Health Survey, 2006. Final report. Ramallah – Palestine.

Refugee Status

State Parties shall take appropriate measures to ensure that a child who is seeking refugee status or who is considered a refugee in accordance with applicable international or domestic law and procedures shall, whether unaccompanied or accompanied by his or her parents or by any other person, receive appropriate protection and humanitarian assistance in the enjoyment of applicable rights set forth in the present Convention and in other international human rights or humanitarian instruments to which the said States are Parties.

(Convention on the Rights of the Child, Article 22)

Refugee status refers to Palestinians who were forced out of their lands which Israel occupied in 1948. The 2008 data showed that 43.6% of Palestinian children under 18 years living in the Palestinian Territory are refugees: 37.7% were in the West Bank; and 62.3% were in Gaza Strip.

Housing Conditions

The findings of the housing condition report 2007 indicates that (41.9%) of the houses consist of two to three rooms, nearly 32.0% consist of four rooms and 22.7% consist of five rooms and more. About 62.0% of the West Bank houses have two persons per room compared to 54.0% in Gaza Strip. This percentage differs in the camps where about half of the houses have two persons and more living in one room. It is noteworthy that Gaza Strip has a higher population density: 35.0% of the population lives in houses of a density of 2.00 to 2.99 persons per room and 11.0% with three persons and more per room, compared with 26.6% and 11.4% in the West Bank.

At the ownership level, the survey findings showed that about 87.6% of Palestinian households own the houses they are living in, a rate of 84.8% in the West Bank and 93.0% in Gaza Strip, whereas the percentage of households that live in rented houses reached 7.3%, 8.7% in the West Bank and 4.5% in Gaza Strip.

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Chapter Two Child Health

States 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. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

(Convention on the Rights of the Child, Article 24-1)

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 the child renders them vulnerable to the impact of surrounding internal and external factors. All UN international conventions have 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 the rights of the child to healthcare.

Although the Palestinian National Authority is not a sovereign state, which means that it cannot sign international conventions, it has adopted all aspects of the Convention on the Rights of the Child. The strategy of the National Plan for the Palestinian Child 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. Regarding 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, and 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 determinants (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 children suffered stunting (height-for-age). Also the results of the Palestinian Family Health Survey of 2006 showed that 10.2% of children suffered from stunting; as for children

of the same age group who suffer from underweight (weight-for-age), the percentage was 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 (-2 SD) 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	2.7	9.3	10.4	3.0	1.4
Females	5.1	3.1	10.5	10.0	2.6	1.5

Sources: 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; 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 to type of locality, the percentage of children who suffer from stunting was less in rural areas compared to urban areas and refugee camps.

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: 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.

Data 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), post neonatal mortality (i.e., death between one month and 11 months), and 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 Gaza Strip; post neonatal mortality 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 and Sex	Neonatal mortality	Post-neonatal mortality	Infant mortality	Child mortality (1 – 4 years)	Child mortality (under 5 years)
Palestinian Territory	18.1	7.5	25.6	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	29.1	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; the newly born children who have congenital abnormalities, or are underweight are referred from Gaza Strip to Israel or Jerusalem, but Israeli restrictions on Palestinian mobility remains, 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 2007 states that the main leading causes of infant mortality is respiratory diseases including infections (34.7%), low birth weight births (13.4%), congenital abnormalities (16.1%, and clinical symptoms of sudden death (4.3%). In Gaza Strip, infant mortality was caused by premature births (36.2%), and congenital abnormalities (23.5%).

Causes of child mortality (under five)

Congenital abnormalities constitute the major cause for child mortality (under five) followed by pre-birth related complications in 2007.

Data released by the Ministry of Health on the mortality of children under five reveal that pre-birth related complications (premature or low birth weight births) constituted 44.1% in 2007 in the Palestinian Territory, while congenital abnormalities constituted, 12.8% 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 mortality. The rate of child mortality caused by respiratory infections was 4.9%, whereas child mortality rate resulting from the symptoms of sudden death was 4.4% in 2007.

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

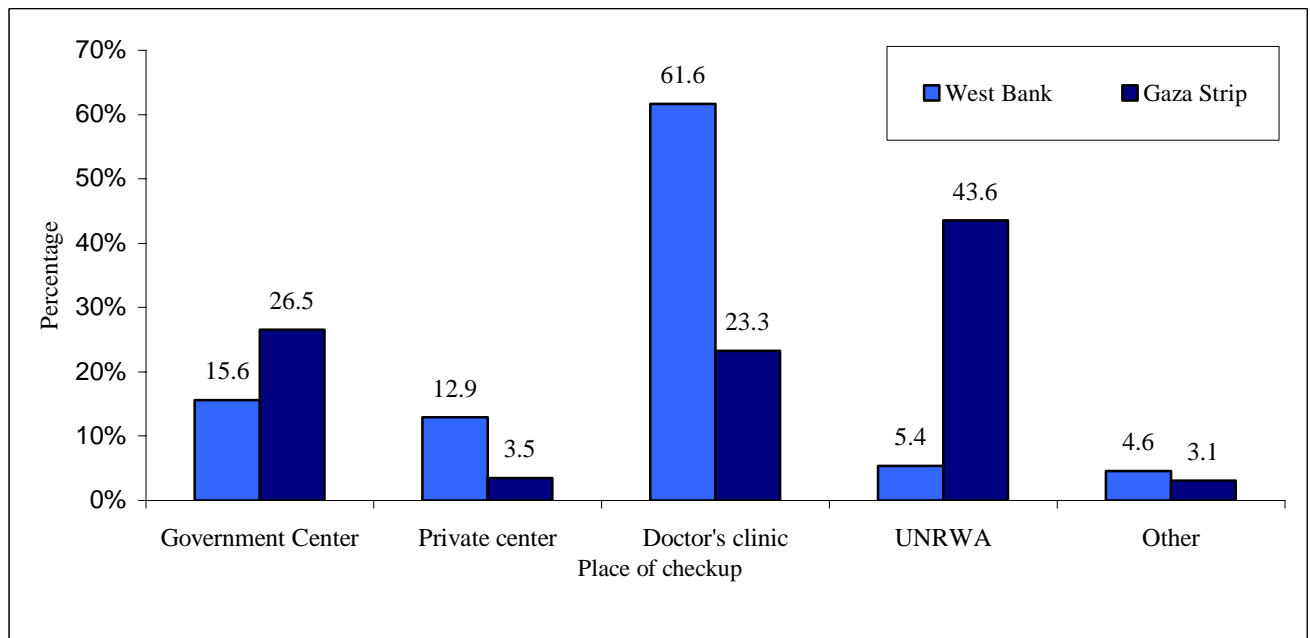
Prenatal care

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 for 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.¹ This problem seemed to be the most common

¹ 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.

among women during pregnancy, whereas 17.8% suffered upper abdominal pain, and 16.6% 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.

Table (2 – 3): Percentage of births (last birth) that were born in the five years preceding the survey, in which 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. 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 maternal 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, since this percentage did not 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 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. At the governorate level, Qalqilya had the lowest 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 Gaza Strip (1.1%).

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 deliveries (75.9%), while 15.0% were delivered by 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 asked about problems encountered after giving birth, 17.9% of women stated 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 Gaza Strip (11.8%).

Differential indicators for mothers' health

Breast feeding trends

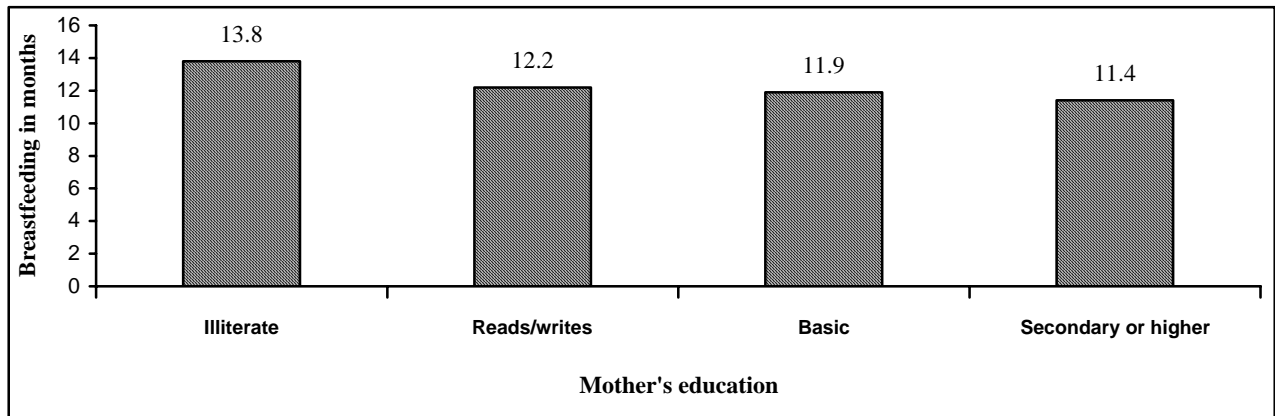
To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents. **Convention on the Rights of the Child (Article 24-2-h)**

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 duration

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, on the other hand 96.7% of children continues breastfeeding during the first six months; 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 low birth weight 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 low birth weight 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 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) 98.7% have received the DPT vaccination (third dose) and 96.7% received measles vaccination. Children are considered to have completed all vaccinations if they receive vaccination against measles, polio, DPT and BCG 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					
None	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.

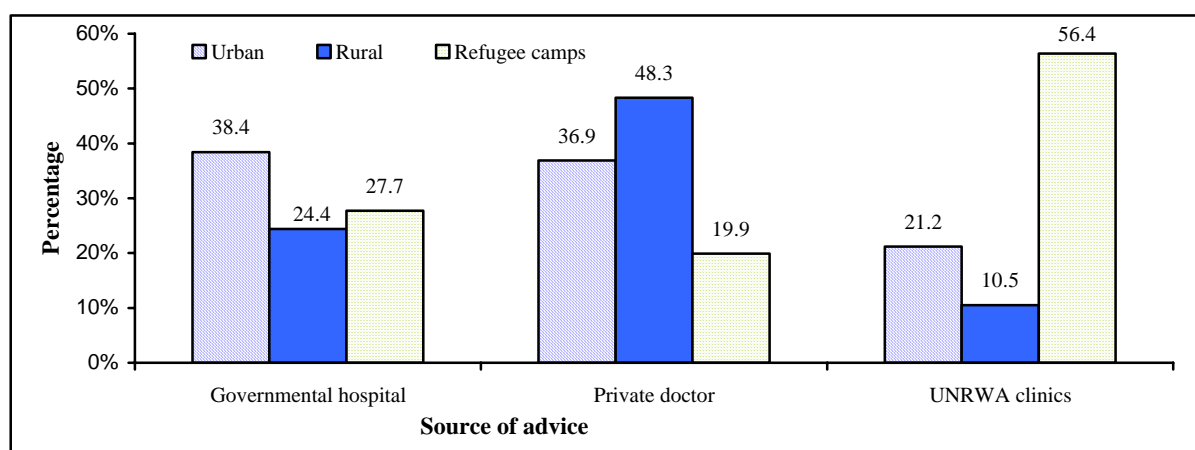
Respiratory infections

As mentioned before, severe respiratory infections, especially lung infections, are considered to be a major cause of 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 had 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 strip 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

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

As for the spread and treatment of diarrhea, according to selected background characteristics, in 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 suffered diarrhea, and males suffered more than females. No significant differences were noticed by region but there was a slight difference between governorates; the least percentage was in the Ramallah and Al Bireh and Rafah governorates. The highest percentage was among children of the age group 0-23 months, especially as children at this age are more vulnerable to 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).

Maternity and childhood centers

Ministry of Health figures released in the 2007 annual report indicated that the ministry operates 414 mother and child centers, of which 356 were in the West Bank and 58 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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Chapter Three

Educational Characteristics of Children

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 is given special attention by governments since it represents real investment in the future of nations. Educational indicators are used to measure the government and society's performance in providing a 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 matters 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."¹

Students

At the outset of the scholastic year 2007/2008, the number of students enrolled in the basic and secondary stage was 1,097,957 students. Female students constitute around 50.0%. Female percentage varies from one stage to another: in the basic education stage, females constitute 49.6%, compared with 53.1% in the secondary education stage.

In the scholastic year 2007/2008, 12.8% of all students were enrolled in the secondary education stage, and 87.2% were enrolled in the basic stage; 59.6% of all students were enrolled in the basic education stage in the West Bank and 40.4% were in Gaza Strip. As for students enrolled in the secondary education stage, this percentage amounted to 59.2% in the West Bank and 40.8% in Gaza Strip.

Data showed that 69.8% of total students were enrolled in governmental schools, 23.1% were enrolled in UNRWA schools, and 7.1% of them were enrolled in private schools. The relatively large number of refugee students in Gaza Strip made the educational role of UNRWA in Gaza Strip larger than its role in the West Bank.²

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 77.7%, distributed as 90.1% in Gaza Strip and 56.5% in the West Bank.

Pre-School Enrollment (Enrollment in Kindergarten)

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 kindergarten 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 84,289 in scholastic year 2007/2008, an increase of 21.9%.

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.

The increase in the number of kindergartens left positive impacts on improving the average number of students\ pupils per class. This average decreased to 26.6 students\ pupils per class

¹ UNICEF, *Education for All*, 1999.

²50.4% of basic education stage children in Gaza Strip were enrolled in UNRWA schools while 9.9% in basic education stage students in the West Bank were enrolled in UNRWA schools during the scholastic year 2007/2008.

in the Palestinian Territory in the scholastic year 1999/2000 although it was 25.1% in the scholastic year 2007/2008.

Basic School Enrollment

Students at the 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; there were 99.0 female students per 100 male students in the West Bank and 96.9 per 100 male students in Gaza Strip.

Secondary School Enrollment

Students at secondary education stage increased from 45,339 in 1994/1995 to 140,126 students during the scholastic years 2007/2008, an increase of 209.1%. Female students constituted 53.1% of the total number students in the secondary stage in the scholastic year 2007/2008, compared with 45.5% in 1995/1996.

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.

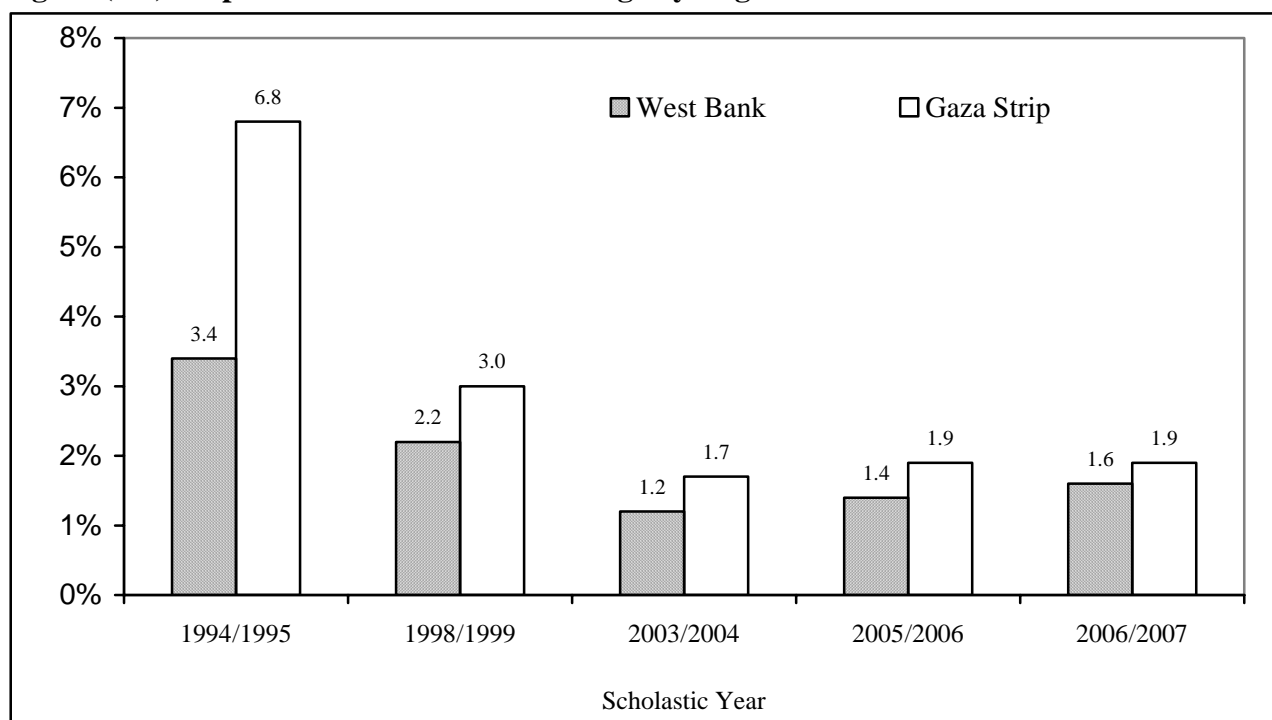
Repetition

The percentage of repetition at basic stage in the scholastic year 2006/2007 stood at 1.9% for males and 1.4% for females compared to 1.0% and 0.7% at secondary stage for males and females respectively. Indicators revealed that there was no significant difference between Gaza Strip and the West Bank for the two stages, (1.5% for the West Bank and 1.9% for Gaza Strip in the basic stage and 0.8% for the West Bank and 1.0% 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 1994/1995-2006/2007. For instance, female students who failed during basic stage dropped from 4.4% in 1994/1995 to 1.4% in 2006/2007. At secondary stage, female students who failed dropped from 5.0% in 1994/1995 to 1.9% in 2006/2007.

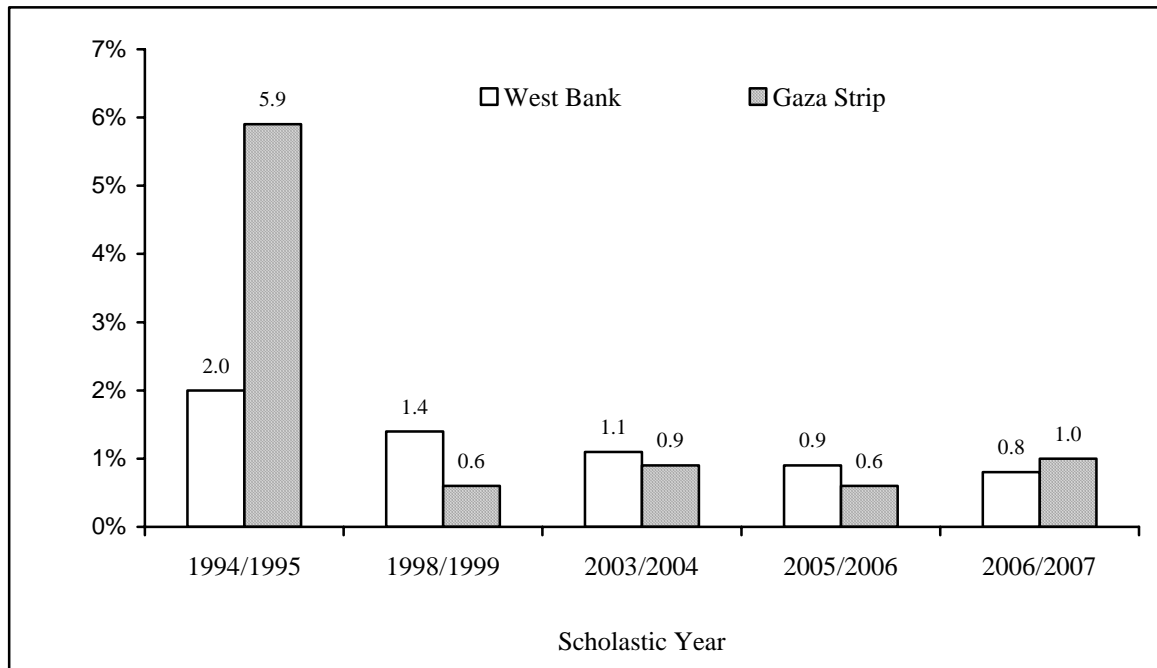
Caution should be exercised when examining the decrease in the percentages of repetition at school since the educational system has certain limitations to failing, such as students are allowed to repeat class twice and repetition starts at grade four. Also, repetition has been limited to 5% per class.

Figure (3-1) :Repetition Rate 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 (3-2): Repetition Rate in the Secondary Stage by Region and Selected Scholastic Years



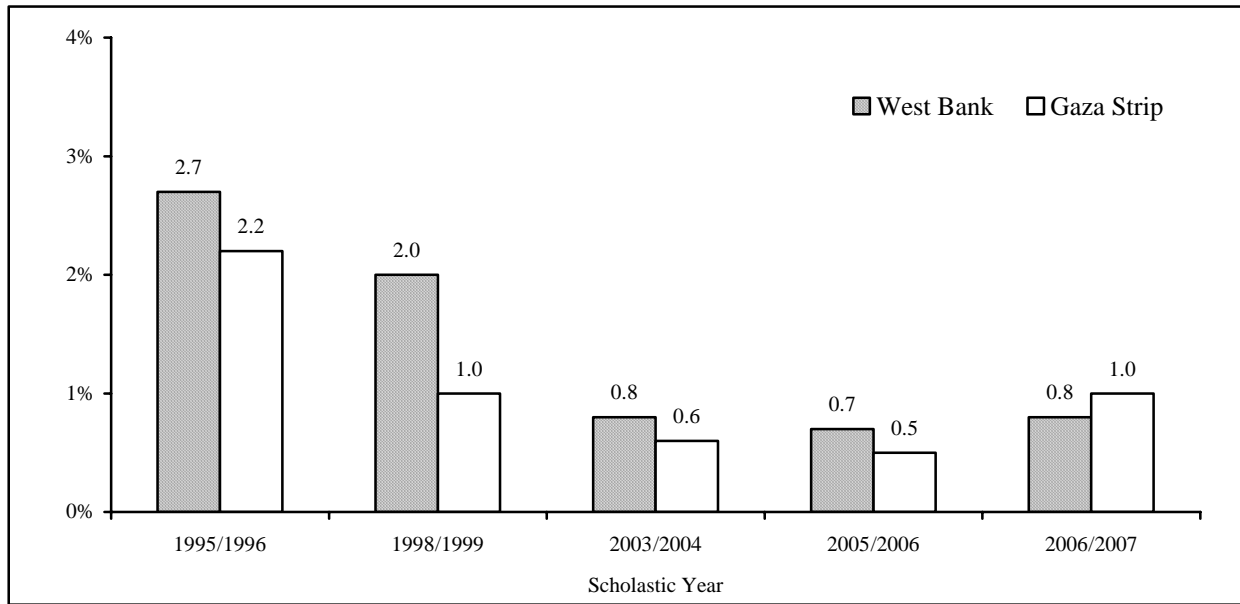
Source: Palestinian Central Bureau of Statistics 2008. *Education Survey Database. Ministry of Education and Higher Education. Ramallah-Palestine.*

Drop-Out Rate

The drop-out rate at the basic stage in the scholastic year 2006/2007 in the Palestinian Territory was 1.3% for male students and 0.5% for female students. At the secondary stage, the rates were 3.0% for males and 3.8% for females.

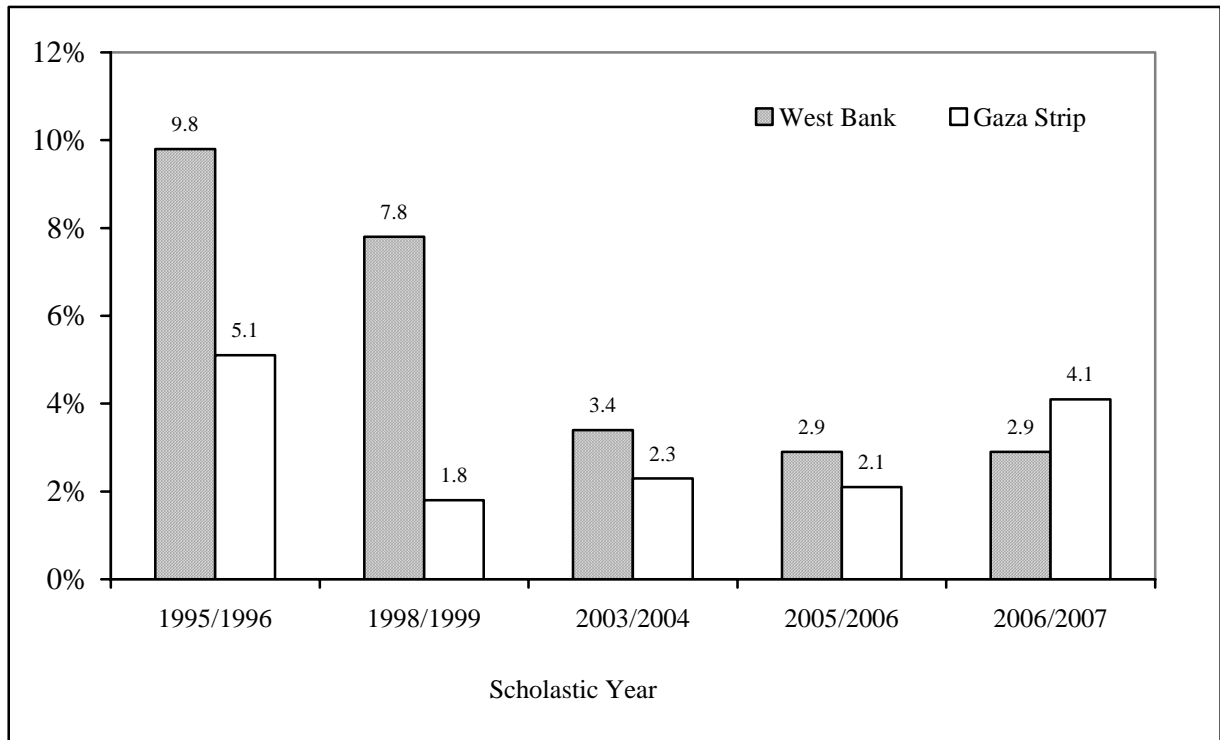
The drop-out rate among females at the secondary stage in 2006/2007 was 3.8%, distributed as 2.9% in the West Bank and 5.0% in Gaza Strip, while the rate at the basic stage was 0.5%, distributed as 0.6% in the West Bank and 0.5% in Gaza Strip.

Figure (3-3): 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 (3-4): 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

The number of schools totaled 2,430 in 2007/2008: 1,615 basic stage and 815 secondary schools. 74.4% of schools are in the West Bank and 25.6% are in Gaza Strip.

Governmental schools constituted 75.4% of schools in 2007/2008, UNRWA-run schools constituted 12.7%, and private schools constituted 11.9%.

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 1,615, whereas the number of schools in 1995/1996 was 1,098. The number of secondary schools in 2007/2008 was 815, whereas the number of schools in 1995/1996 was 372.³

Learning Conditions

The educational environment is one of the major influences on the process of education. It not only provides school buildings, offices, desks, and textbooks, but also creates 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.

Comparing classroom density according to region, it is noticed that 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).

³ Includes schools that have both basic education and secondary school education as well as secondary schools.

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 43,560 in the scholastic year 2007/2008 (19,431 male teachers and 24,129 female teachers).

About 70.2% of teachers teach at governmental schools, 19.5% teach at UNRWA schools, 10.3% teach at private schools.

The number of students per teacher at governmental schools was 25.1 in 2007/2008; in UNRWA schools, the figure was 29.8, while in private schools it was 17.3.

In 2007/2008 data indicated that 24.8% of teachers at basic and secondary schools have intermediate diploma and 71.0% of them have BA degree (including 8.3% who have both BA degree and diploma in education.), 0.4% of teachers have post graduate diploma, 0.6% have secondary school certificate, and 3.2% have Masters degree or higher.

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Chapter 4

Child Cultural and Recreational Situation

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 aspirations. Knowledge and information are acquired through the Arabic language by which interpersonal communication, self-expression, and openness to the Arab culture 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%); 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, and 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.

Sources: Palestinian Central Bureau of Statistics, 2006. *Household Survey on Information and Communications Technology, 2006: Main findings. Ramallah-Palestine*

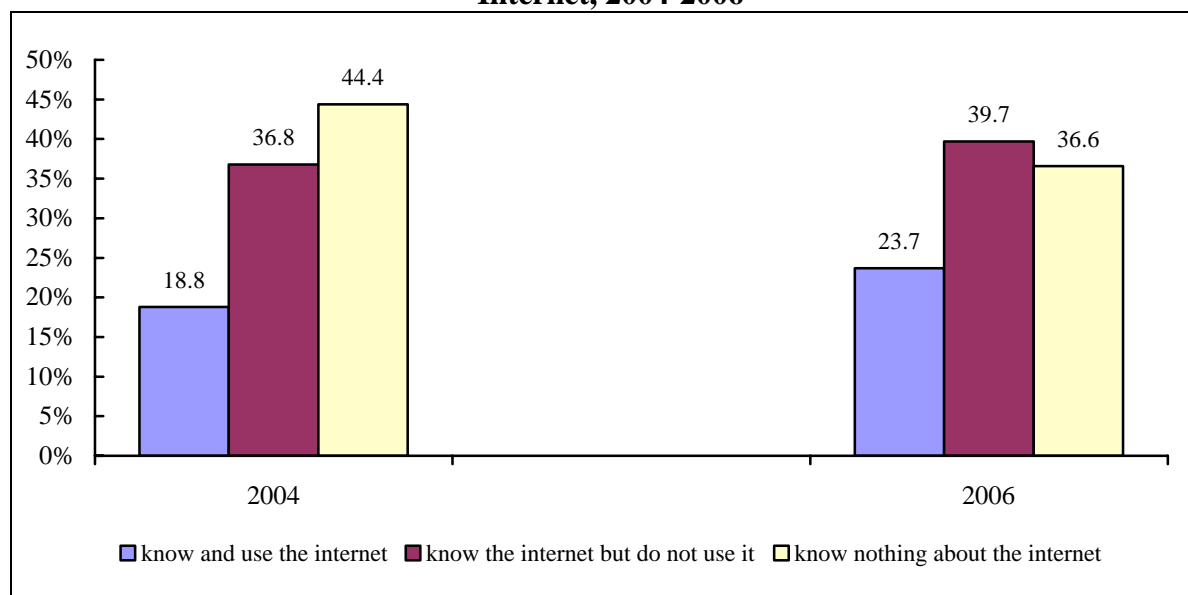
Palestinian Central Bureau of Statistics, 2004. *Computer, Internet and Mobile Survey 2004: Main findings. Ramallah-Palestine.*

Using Internet

About the extent of 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



Sources: Palestinian Central Bureau of Statistics, 2006. *Household Survey on Information and Communications Technology, 2006: Main findings. Ramallah-Palestine*

Palestinian Central Bureau of Statistics, 2004. *Computer, Internet and Mobile Survey 2004: Main findings. Ramallah-Palestine.*

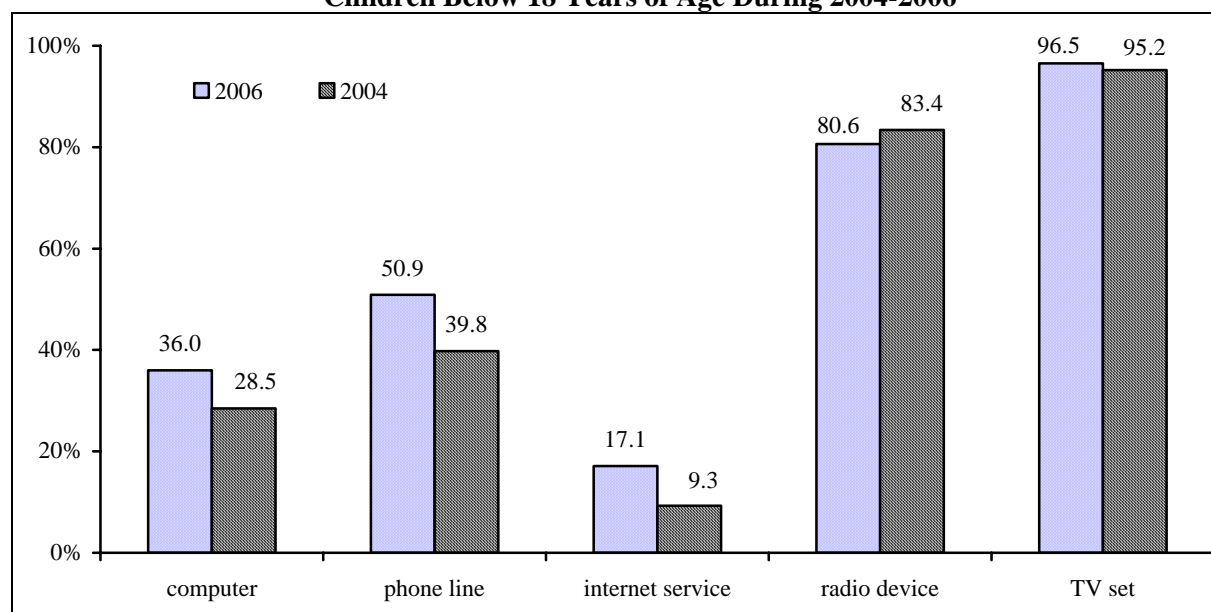
Availability of Knowledge Means in the Family

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



Sources: **Palestinian Central Bureau of Statistics, 2006.** *Household Survey on Information and Communications Technology, 2006: Main findings. Ramallah-Palestine*

Palestinian Central Bureau of Statistics, 2004. *Computer, Internet and Mobile Survey 2004: Main findings. Ramallah-Palestine.*

Socio-cultural Activities

About 24.2% of 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 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 institutions 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 the activities of children (10-17 years) reaching 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 engage in 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) showed that 36.2% of children (10-17 years) want to spend time participating in sports, 14.7% want an instrument for playing 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%). see table (4.3)

Table (4-2): Distribution of Children (10-17 years) by Activities They Daily Perform, 2006

Child Activities	Sex		Both Sexes
	Male	Female	
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

Source: Palestinian Central Bureau of Statistics, 2006. Household Survey on Information and Communications Technology, 2006: Main findings. Ramallah-Palestine

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 Sexes
	Male	Female	
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

Source: Palestinian Central Bureau of Statistics, 2006. *Household Survey on Information and Communications Technology, 2006: Main findings. Ramallah-Palestine*

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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Chapter Five

Children In Need of Special Protection

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 2008 showed that children working ranging between (10-17) years in the Palestinian Territory total 20.0%. Results show that employed children paid or unpaid are 3.7% of all children, 6.4% males and 1.0% females (5.3% in the West Bank and 1.2% in Gaza Strip) in 2008.

The prevalence of the child labor phenomenon in Palestinian society has become a cause for concern which demands greater interest and effective procedures to stop it from expanding. Many studies in 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 most basic of children's rights. The argument in this area has two main dimensions: using laws and legislation to overthrow this phenomenon, and an indepth understanding of the social, culture, economical and political factors causing, reinforcing and controlling it..

Table (5-1): Percentage distribution of children (10-17 years) by employment status and selected characteristics, 2008

Background characteristics	employed	Un-employed	Total
Palestinian Territory	3.7	96.3	100
West Bank	5.3	94.7	100
Gaza Strip	1.2	98.8	100
Sex			
Males	6.4	93.6	100
Females	1.0	99.0	100
Age			
10-14	2.3	97.7	100
15-17	6.3	93.7	100

Source: Palestinian Central Bureau of Statistics, 2008. Labor Force Survey 2008 - Labor Force Database.(unpublished data)- Ramallah- Palestine.

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 concerning ending 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. The following are the main growth characteristics of children which are affected by child labor: physical growth, including general health, physiological growth, sight and hearing, knowledge development ability, reading, writing, calculating and gaining necessary knowledge for daily life, emotional development; self esteem, family unity, love and accepting others, and social and moral development; being a member of a 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 economic conditions, and the social position concerning education because working entails leaving school. Data showed that 25.6% of employed children are not 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 2.4% of employed children are students (of which 3.5% in the West Bank and 0.6% in Gaza Strip and 4.0% males and 0.8% females), 25.6% don't go to school (of which 31.5% in the West Bank and 12.9% in Gaza Strip and 34.5% males and 5.0% females).

Table (5-2): Percentage of children (10-17 years) by school attendance by region and sex, 2008

Region and Sex	Attending school	Not-attending school
Palestinian Territory	2.4	25.6
West Bank	3.5	31.5
Gaza Strip	0.6	12.9
Sex		
Males	4.0	34.5
Females	0.8	5.6

Source: Palestinian Central Bureau of Statistics, 2008. Labor Force Survey 2008 - Labor Force Database.(unpublished data)- Ramallah- Palestine.

Children Who are Unpaid 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 that work 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 (67.6%) work for their families as unpaid workers (91.6% females and 64.1% males), 25.6% are paid and work outside the family (7.0% females, 28.4% males), and 6.7% are employers or self-employed. Results also showed that 45.4% of working children in Palestinian Territory work in agriculture (49.7% in West Bank, 17.1% in Gaza Strip), and 29.6% work in trade, restaurants and hotels; 23.8% in West Bank, 69.5% in Gaza Strip. Those who work in quarries and recycling industry amount to 13.8% (14.9% in West Bank, 5.8% in Gaza Strip), and 7.5% in construction work out of which 8.5% are in the West Bank and 0.5% in Gaza Strip.

Table (5-3): Percentage distribution of employed children (10-17 years) by economy activity and region, 2008

Economic Activity	West Bank	Gaza Strip	Palestinian Territory
Agricultural, hunting & foresting	49.7	17.1	45.5
Quarries & recycling industries	14.9	5.8	13.8
Construction work	8.5	0.5	7.5
Trade & restaurants & Hotels	23.8	69.5	29.6
Transportation and telecommunications	0.6	3.3	0.9
Services & other branches	2.5	3.8	2.7
Total	100	100	100

Source: Palestinian Central Bureau of Statistics, 2008. Labor Force Survey 2008 - Labor Force Database.(unpublished data)- Ramallah- Palestine.

The average daily wage for children (10-17) years is 50.8 shekels with average working hours of 43 hours weekly in 2008.

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 2007 indicated that the rate of the total distribution of poverty among Palestinian households in the Palestinian Territory is 57.3% in 2007 (using income data), of which 59.3% is among households with children and 47.2% is among households without children.

More significant is the fact that the poverty data indicated that 47.2% of the households in the West Bank were suffering from poverty in 2007 (48.6% among one child households and 41.3% among households without children), while 76.9% of households in Gaza Strip were suffering from poverty in 2007 (78.9% among one child households and 63.7% among households without children).

Table (5-4): Likelihood of being poor among households according to households monthly income by region, 2007

Region	With Children		Without Children		Total	
	Value	Contribution	Value	Contribution	Value	Contribution
Palestinian Territory	59.3	100	47.2	100	57.3	100.0
West Bank	48.6	52.8	41.3	64.5	47.2	54.4
Gaza Strip	78.9	47.2	63.7	35.5	76.9	45.6

Source: Palestinian Central Bureau of Statistics, 2007. *Poverty Survey in the Palestinian Territory, December, 2006*. Ramallah- Palestine

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, 2007

Number of Children	Poverty	
	Value	Contribution
0	47.2	14.0
1-2	49.8	19.7
3-4	54.8	29.1
5-6	68.6	25.5
7+	79.7	11.7
Total	57.3	100

Source: Palestinian Central Bureau of Statistics, 2007. *Poverty Survey in the Palestinian Territory, December, 2006*. Ramallah- Palestine

Martyrs and Injured Children

“States Parties recognize that every child has the inherent right to life.” (Convention of the Rights of the Child, Article 6-1) “States Parties shall ensure to the maximum extent possible the survival and development of the child.” (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, and Article 6 in the Convention on the Rights of the Child, of 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 2008-12-31 is 5,901; 959 were children below 18 years (16.3%) (384 in West Bank, 573 in Gaza Strip, 2 in occupied Palestine 1948).

Due to the recent Israeli aggression against Gaza Strip during 27/12/2008 until 18/01/2009 there were 1,334 martyrs, 417 of them were children.

Detained children

No child shall be deprived of his or her liberty unlawfully or arbitrarily. The arrest, detention or imprisonment of a child shall be in conformity with the law and shall be used only as a measure of last resort and for the shortest appropriate period of time.
(*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-d, states that: "Every child deprived of his or her liberty shall have the right to prompt access to legal and other appropriate assistance...before a court or other competent, independent and impartial 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 330 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 were 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

The 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 administrators do 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 checkpoints, 1% in Israel or near settlements. The children were handcuffed and verbally abused in jails. Concerning detained children's employment status, 83% are students, 14% employed and 3% unemployed.

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Annex (1): Glossary

Acute Respiratory Infections (ARI)	Acute respiratory infections are the most common illness suffered by children, no matter where they live. ARI are caused by a wide variety of disease agents; these include forms of vaccine-preventable tangent diseases: diphtheria, pertussis and tuberculosis. ARI 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). The principal transmission factors are high population density, crowded conditions and seasonal changes that favor the spread of disease.
Apartment	It is a part of a building or a house, consisting of one room or more and annexed with kitchen, bathroom and toilet, which are all, closed by external door, leading to the road through a stair way and/or path way. It is prepared usually for one household.
Age at Marriage	The age of the individual in years at the time of his/her actual marriage.
Basic Stage	The first ten scholastic years of schooling on which other stages of education depend.
Exclusive breastfeeding	Children aged 0-6 months who are being breastfed and have not received any other food or drink, except for vitamins and medications.
Crude Death	Referring to deaths among a population in a given period, Crude Death Rate refers to the number of these deaths per 1,000 persons in a given year.
Crude Birth	Referring to new births, the Crude Birth Rate refers to the number of new births per 1,000 persons in a given year. (Not to be confused with growth rate)..
Family planning methods	Methods used by couples to delay or stop pregnancy.
Diarrhea	The passage of loose or liquid stools more frequently than is normal for the individual. Diarrhea may be defined as it is understood by respondents or mothers.
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 works in an establishment that is totally or partially belonging to him/ her and hires or supervises the work of one or more waged employees. This includes persons operating their projects or

contracting companies provided they employ a minimum of one waged employee. Shareholders are not considered employers even if they are working in it.

Economic Activity	Economic activity refers to the main activity of the establishment in which the employed person works 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.
Governmental Schools	Any educational institution run by MOE or any other ministry or governmental instrument.
Health	Many definitions exist. As defined by the World Health Organization: “A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.
Infant Mortality	Refers to infant deaths (infants who are less than a year old), the infant mortality rate refers to the number of infant deaths in a given year per 1,000 live births during the year..
Immunization	Immunization is one of the sharpest tools for cutting into the vicious infections cycle and reducing the severity and frequency of setbacks to the normal development of the child in its formative years.
Kindergarten	Any educational institution licensed by MOE offering education to four or five year olds. Kindergarten consists of the first and second grades.
Malnutrition	Malnutrition means “badly nourished” but it is more than a measure of what we eat or fail to eat. Clinically, malnutrition is characterized by an inadequate intake of protein, energy and micronutrients and by frequent infections or disease. Nutritional status is the result of the complex interaction between the food we eat, our overall state of health and the environment in which we live – in short, food, health and caring, the three “pillars of well-being”.
Measles Vaccine	Vaccination through injection given once at 9 months of age to protect against measles, which is an acute and highly contagious viral disease occurring primarily in children.
Occupation	Occupation refers to the kind of work done during the reference period by the employed person, or the kind of work done previously if unemployed, irrespective of the Economic Activity or the employment status of the person. Occupations are grouped together mainly on the basis of the similarity of skills required to fulfill the tasks and duties of the job.

Polio Vaccine	Vaccination by oral drops against an acute infection that can cause paralysis in children. It has the same schedule as DPT in children under 5 years of age with an addition of two injectable doses given at 1 and 2 months of age.
Poor Child	The child belonging to a poor household (whose income is below the national poverty line).
Primary Health Care	First contact and continuing comprehensive health care, including basic or initial diagnosis and treatment, health, supervision, management of chronic conditions and preventive health services. The provision of primary care does not necessarily require highly sophisticated equipment or specialized resources.
Private Schools	Any licensed local or foreign non-governmental educational institution.
Reading Habit	The person reads regularly for the sake of increasing knowledge or promoting culture. Whether reading to prepare for school or for any other purpose. Type and time reference of reading are not of special interest here.
Repeater	A student who fails one or more subjects and therefore is not promoted to the following grade.
Weight for Age	This parameter is influenced by both the height and weight of the child. It reflects the long- and short-term health of an individual or population. Lightness and underweight have been used to describe normal and pathological processes. High weight for age is not used to describe obesity.
Supplementary Feeding	Any liquid (including milk) or solid given while the child is still receiving breast milk.
Self_Employed	A person who work in an establishment that is totally or partially belonging to him/her (partner) and who do not hire any wage employees. This includes self employed who are outside establishments.
Secondary Stage	The stage consisting of two scholastic years following the basic stage. that is, years 11 and 12 of schooling.
Student/Pupil	Any one attending an educational institution.
School	Any educational institution excluding kindergartens, regardless of students' number and grade structure.
Teacher	A person with specialized qualification who is responsible for teaching students at an educational institution.
Television Viewing	Whether the person is accustomed to watching T.V programs regardless of type or place and time of watching.

Total Fertility Rate	The average number of children that would be born alive to a woman (or group of women) during her life time if she were to pass through her childbearing years conforming to the age-specific fertility rates of a given year. The sum of age specific fertility rates multiplied by 5.
DPT Vaccination	Combination vaccination against diphtheria, pertussis (whooping cough) and tetanus, usually given in a series of injections starting at 2 months of age followed by 4 months, then 6 months with a booster at 12 months of age.
Unemployment	Underemployment exists when a person's employment is inadequate in relation to alternative employment, account being taken of his/her occupational skills. The underemployed persons are classified into two groups(1) Visible Underemployment:which refers to insufficient volume of employment :Persons worked less than 35 hours during the reference week or worked less than the normal hours of work in their occupation were considered as visibly underemployed; and (2) Invisible Underemployment: refers to a misapplication of labour resources or fundamental imbalance as between labour and other factors of production, such as insufficient income.
Under-5 Mortality	The probability of dying between birth and the fifth birthday (per 1.000 live births).
UNRWA Schools	Any school run or supervised by UNRWA
Weaning	The process whereby the child becomes accustomed to taking liquids or solids other than breast milk.
Weight	Measurement of a child's total body mass undressed.
Wage Employee (Paid-Employee)	A person who works for a public or private employer or under it's supervision 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.
Worked Hours	Worked Hours: time spent by employed person in his/her main occupation.