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Child Statistics Series (No. 13)**

**Palestinian Children –Issues and Statistics
Annual Report**

April, 2010

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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 thirteen 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.

April 2010

**Ola Awad
Acting president**

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Concepts and Definitions

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.

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.

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.

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.

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

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 its 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.

Chapter One
Demographic Status

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.

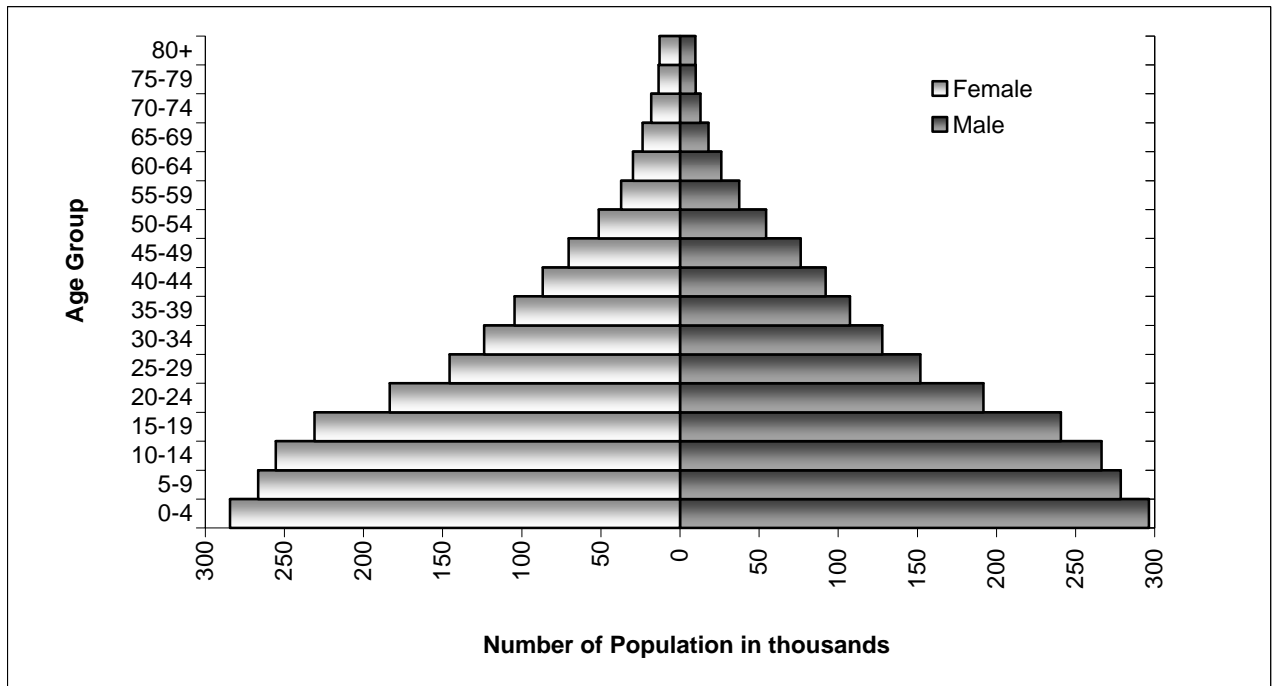
The Convention on the Rights of the Child, adopted by the United Nations General Assembly in 1989, constitutes the highest standard of attention to children, since this declaration includes a number of principles aimed at providing guarantees for survival, development and protection of children. The 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.

1.1 Growth Rate

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 2009, is 4 million of whom 2.5 million are in the West Bank (62.2%), and 1.5 million people in Gaza Strip (37.8%) in 2009, compared to 2.9 million in 1997.

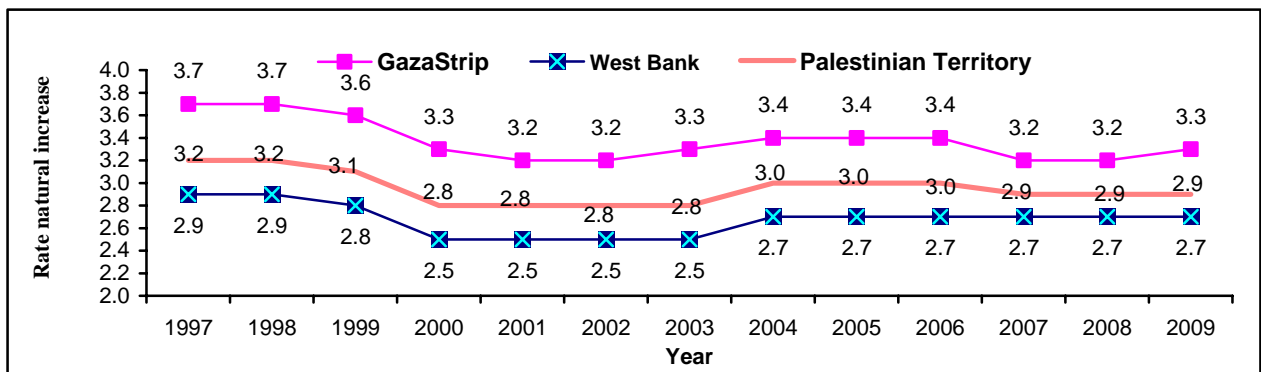
Figure (1-1) Population pyramid in the Palestinian Territory, mid 2009



Source: Palestinian Central Bureau of Statistics, 2010. Revised estimate based on the final results of Population, Housing and Establishment Census 2007. Ramallah-Palestine

The Palestinian population pyramid in the Palestinian Territory in 2009 showed a high proportion of individuals under the age of 15 years (41.9%), 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 (1-2) Estimated natural increase rate of population, 1997-2009



Source: Palestinian Central Bureau of Statistics, 2010. Revised estimate based on the final results of Population, Housing and Establishment Census 2007. 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 2.9% in mid 2009. This is one of the highest rates in the world, since the average annual rate does not exceed 1.2%. These results suggest the existence of a huge labor force, which in turn has the potential

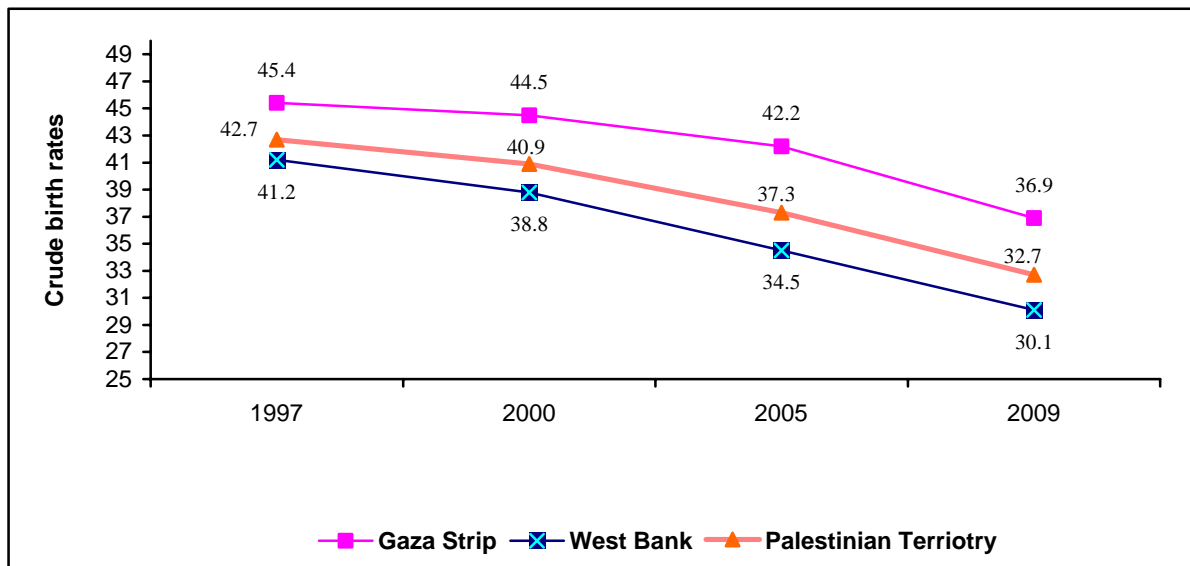
of building a strong economy. As the region's growth has been estimated mid-2009 in the West Bank 2.7% versus 3.3% in the Gaza Strip during the year.

1.2 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)

Figure (1-3): Estimated crude birth rates by Region, Selected Years



Source: Palestinian Central Bureau of Statistics, 2010. Revised estimate based on the final results of Population, Housing and Establishment Census 2007. Ramallah-Palestine

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, 1.9 million in the Palestinian Territory in 2009. The estimates 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 32.7 in 2009. 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 30.1 in the West Bank in 2009, and 36.9 in Gaza Strip.

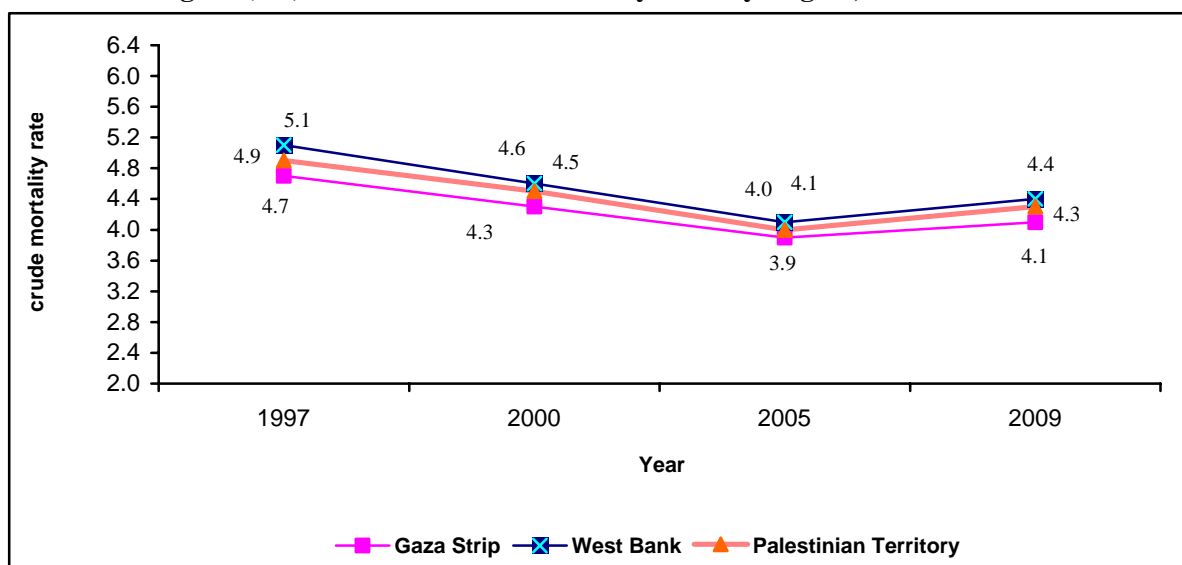
1.3 Mortality

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 4.9 per one thousand in 1997 to 4.3 per one thousand in 2009, while the region observed that there is a difference in the crude mortality rate for each of the West Bank and Gaza Strip, it estimated rate crude mortality in the West Bank 5.1 per one thousand in 1997 and declined to 4.4 per one thousand in 2009, while the crude mortality rate was estimated in the Gaza Strip 4.7 per one thousand in 1997 and declined to 4.1 per one thousand in 2009. 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 (1-4): Estimated crude mortality rates by Region, Selected Years



Source: Palestinian Central Bureau of Statistics, 2010. Revised estimate based on the final results of Population, Housing and Establishment Census 2007. Ramallah-Palestine

1.4 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 18.0 years, and 23.0 years for males in 1997, whereas the median age at first marriage in the West Bank was 19.8 and 25.4 years for females and males respectively, and in Gaza Strip 19.0 for females and 24.0 years for males respectively in 2008. The mean age of marriage among those who have a bachelor or higher degree was 23.9 years for females and 26.8 years for males in the Palestinian Territory in 2008. 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 24.4 for males.

The percentage who are married and held under the age of eighteen in the Palestinian Territory in 2007, 29.2% for females of all females who get married, and 1.5% for males of all males who get married, and this rate reached 27.5% for females and 1.1% for males in the West Bank, while in the Gaza Strip reached 31.5% for females and 2.1% for males.

1.5 Fertility

1.5.1 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 (1-1): 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 19.5 years in 2008.

1.5.2 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 (1-2) 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 (1-2): 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

1.6 Refugee Children

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 2009 data showed that the proportion of refugees in the Palestinian Territory reached 44.5% of the total population in the Palestinian Territory, on the other hand the percentage of refugees in the West Bank is approximately 37.2% of the total population of the West Bank, while in the Gaza Strip, the percentage of refugees 56.0% of the total residents of the Gaza Strip, and the percentage of refugee children around 44.5% of the total children in the occupied Palestinian refugee children and is distributed by 37.2% in the West Bank and 56.0% in the Gaza Strip and noted that these ratios reflect the distribution of refugee children in conformity with the distribution of refugees in general

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Chapter Two

Health Status

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).

2.1 Malnutrition

The second target of the first goal of the MDGs points out to reducing by half the proportion of people who suffer from hunger by improving two key indicators: Prevalence of underweight children under five years of age and proportion of the population below minimum level of dietary energy consumption.

Ten out of one hundred of the under-five children suffer chronic malnutrition

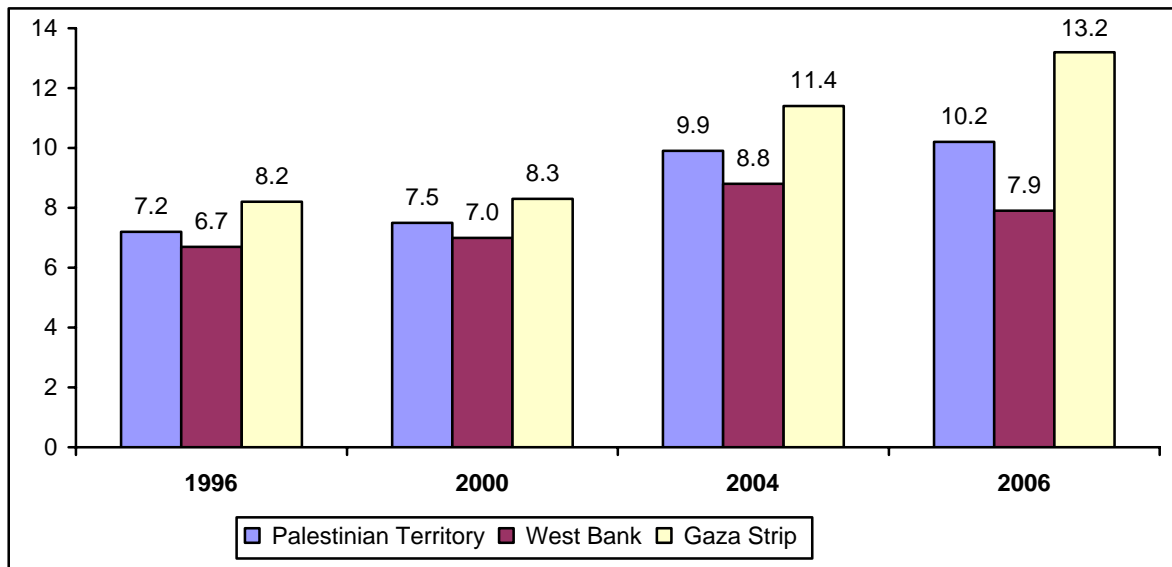
Malnutrition in children often begins at birth and is associated with retarded physical and cognitive development. This, in turn, yields serious implications for the overall national development agenda.

Internationally, malnutrition rates are expected to fall globally with an exception in Sub-Saharan Africa (World Bank, 2004). In the Middle East, Palestine is an exception as malnutrition is on the rise among the under-fives. Between the years 1996 and 2006, prevalence of malnutrition rose by 41.6% on the national level with Gaza Strip demonstrating a huge increase of 59.0%.

Currently, 10 out of 100 the under-five children suffer chronic malnutrition including a high 13.2% in Gaza Strip and 7.9% in the West Bank. North Gaza governorate had the highest rate at 29.6% compared to the rest of the governorates.

Within this context and as malnutrition in Palestine was largely determined by the worsening political and socio-economic conditions in the country, it is highly relevant to refer to international literature suggesting a strong link between prevalence of chronic malnutrition exceeding 5.0% among the under-fives and the overall national malnutrition profile which in turn is a key poverty/development indicator.

Figure (2-1) : Prevalence of stunting among children under five, 1996-2006



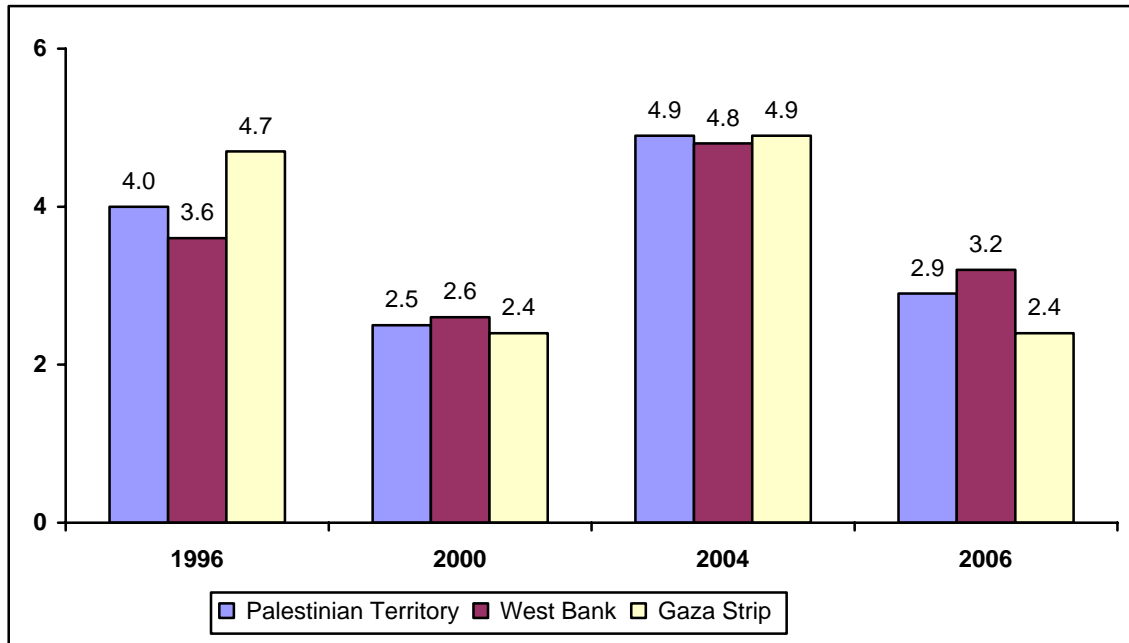
Source: Palestinian Central Bureau of Statistics, 2008. The Millennium Development Goals in Palestine according to the data of *Palestinian Family Health Survey- 2006*. Ramallah – Palestine

2.2 Underweight

Underweight is a significant indicator for measuring the prevalence of severe malnutrition rates. Though a drop in underweight rates occurred between 1996 and 2000, the rates climbed in 2004 and dropped back in 2006 reaching a national rate of 2.9% (3.2% for the West Bank and 2.4% in Gaza Strip) with 6.4% for Jericho and Al Aghwar governorate, 6.0% for Salfit governorate, and 5.5% for Jerusalem governorate. Underweight in Gaza Strip governorates is (3.7% 3.5% and 2.4% for Gaza North, Deir Al Balah, and Gaza respectively).

Though a drop in underweight rates occurred between 1996 and 2000, the rates climbed up again in 2004 and dropped back in 2006 scoring the national rate of 2.9%.

Figure (2-2): Prevalence of underweight among children under five, 1996-2006



Source: Palestinian Central Bureau of Statistics, 2008. The Millennium Development Goals in Palestine according to the data of *Palestinian Family Health Survey- 2006*. Ramallah – Palestine

All findings related to the nutritional status of Palestinian children is a clear reflection of the rate of poverty among Palestinian families with 57.3% of the Palestinian families having a monthly income under the national poverty line in 2007. Such high prevalence of poverty and decreased access to basic livelihood provide an explanation as to the quality and quantity of foods at the disposal of such families and which they have got to offer their children.

2.3 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.

Goal 4: Reduce child mortality

Reduce by two-thirds, between 1990 and 2015, the mortality rate among the under-fives. In order to achieve this goal, the following targets were defined:

- *Infant Mortality Rate (IMR)*
- *Under-five mortality*
- *Proportion of one year old children immunized against measles*

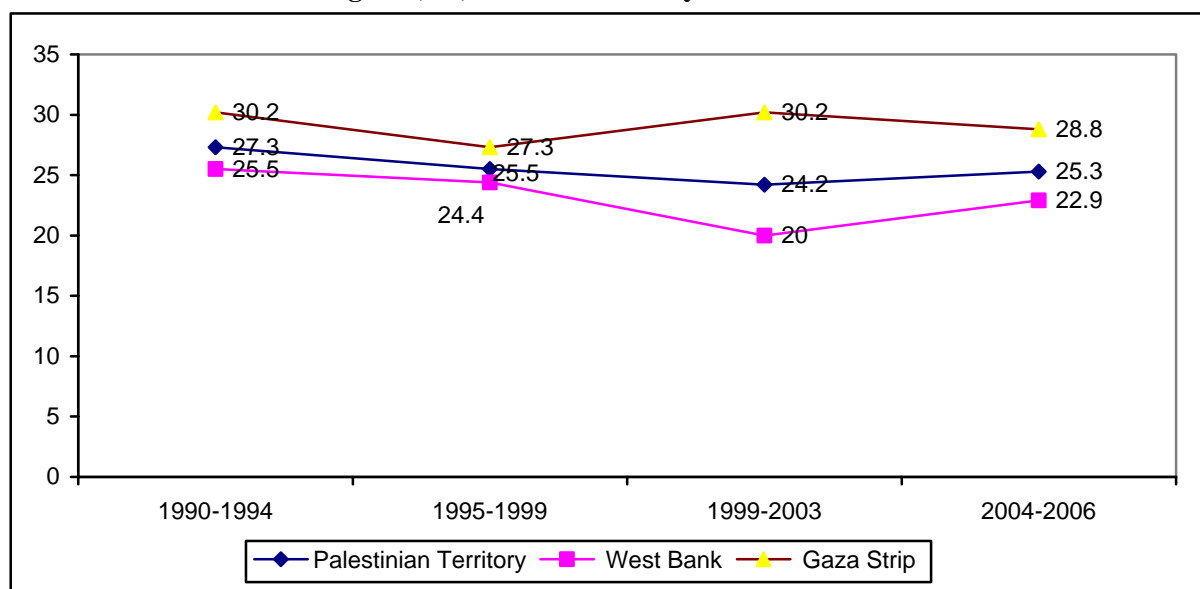
2.3.1 High mortality rates among infants and the under-fives

Child mortality rates over the last decade in Palestine are comparable to those in upper middle-income countries. However, closer examination of the trends reveals that this is not the true case. From 1994-1999 a drop of 6.6% in the under-five mortality rate occurred, down to 28.7 per 1000 live births from 33.2/1000.

Noticeably, the levels of infant and the under-five child mortality rates were on the decline until 2000 when they started to rise again during the period 2001-2006 due to the high rates of neonatal mortality, which affected the infants’ mortality rates in general and reflected higher risk during pregnancy. Infant mortality rate in Palestine reached 27.3 per 1000 live births between 2001 and 2006. Gaza Strip and males have the highest of these rates at 30.7 and 28.6 per 1000 live birth, respectively.

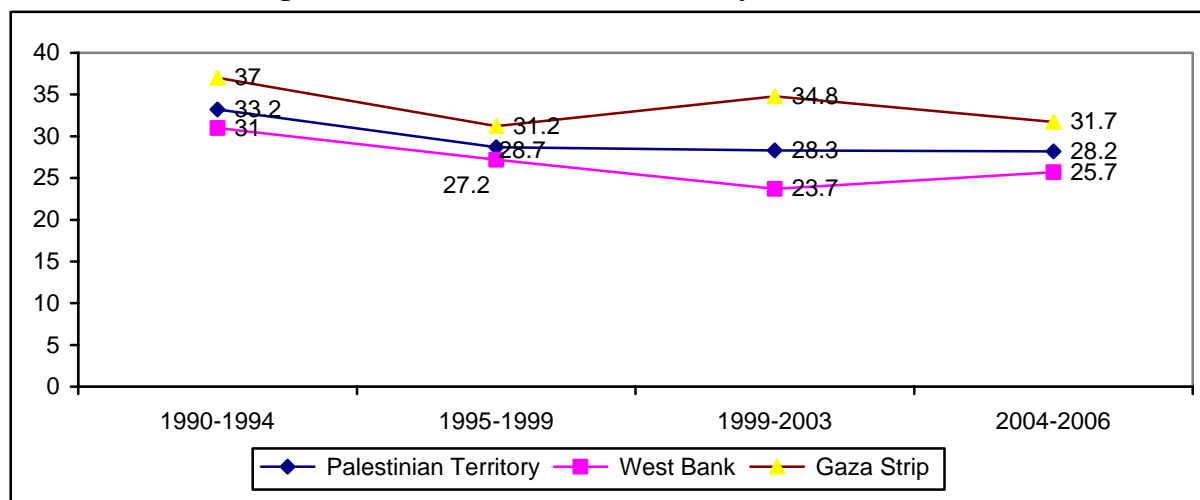
The under-five mortality rate reached 31.3 per 1000 live births in 2006. Gaza Strip and males had the highest rates at 34.9 and 33.8 per 1000 live births, respectively.

Figure (2-3) : Infant mortality rates 1990-2006



Source: Palestinian Central Bureau of Statistics, 2008. The Millennium Development Goals in Palestine according to the data of *Palestinian Family Health Survey- 2006*. Ramallah – Palestine

Figure (2-4) : Under five child mortality rates 1990-2006



Source: Palestinian Central Bureau of Statistics, 2008. The Millennium Development Goals in Palestine according to the data of *Palestinian Family Health Survey- 2006*. Ramallah – Palestine

Utilizing the median of ever-born children and the probability of mortality based on the median of the children who died in each governorate, Northern Gaza and Tubas governorates were found to have the highest probability of child mortality in Gaza Strip and the West Bank, respectively.

Despite this progress, however, infant and child mortality rates have not reached the desired level and remain dependent on a number of social, economic, and political factors related to quality of care offered to children and their mothers.

2.4 High rates of immunization, especially against measles, in the past decade

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.

Data show that the coverage of measles immunization for infants aged 12-23 months is 96.7% (99.4% in Gaza Strip and 94.8% in the West Bank) demonstrating an increase of from 48.9% in 1996. Discrepancy in coverage between the West Bank and Gaza is due to the fact that immunization of infants in Jerusalem governorate falls under the Israeli Ministry of Health, which does not provide inoculation against measles. Qalqilia governorate registered the lowest rate of coverage of measles immunization at 93.2%.

Data also show that 96.5% of infants in the same age group had completed their vaccination schedule according to Palestinian Unified regimen. This regimen constitutes of one dose of tuberculosis, three doses of polio, three doses of DPT and measles. Gaza Strip has higher immunization coverage rate than the West Bank (99.4% and 94.4%, respectively). Qalqilia also registered lowest rate in this regard at 93.2%.

High coverage with immunization was affected with the closure policy, recurrent incursions and access difficulties. The Palestinian Ministry of Health together with other national and international partners were however able to mitigate the effect of closures and succeeded through proper coordination and partnership to reverse immunization coverage to its normal rate. The work of the Palestinian Authorities and UNRWA in creating a national immunization program that ensures universal coverage for all the under three children, expanded health education programs, and an increase in the number of maternal and healthcare centers were the key elements of this success.

Ministry of Health (MOH) and UNRWA records show that respiratory tract diseases, congenital anomalies and premature birth have been the leading causes of infant and under-five deaths since at least 1990-1994. In subsequent years, accidents have increasingly ranked among the leading causes of the under-five mortality, and Sudden Infant Death Syndrome has constituted an increasing part of infant mortality (UNDP, 2002).

Political situation has affected the health status of population through mobility restrictions and the wall blocking access to health care facilities for seekers and providers alike, deteriorated economic situation limited peoples capacity to pay for all sorts of services and goods including those of health. With adding the extreme challenges facing the infrastructure and quality of healthcare services to all of above mentioned, state of support conditions for this goal achievement is beginning to regress.

Therefore, freeing healthcare providers from conflict-related burdens and strengthening the capacity of MOH for provision of high quality health services are perhaps the most pressing short term development challenges here.

Other major interventions may include; providing children with necessary vaccinations, nutrients and proper preventive and growth monitoring services to overcome health problems affecting children and hindering achieve the MDG number 4.

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

Goal 5: Improve maternal health

Reduce by three quarters the maternal mortality ratio by 2015 through addressing the following key indicators:

- ***maternal mortality rate and***
- ***proportion of births attended by skilled health personnel.***

Death in childbirth is a rare event in developed countries with fewer than 10 maternal deaths for every 100,000 live births. In the poorest countries the ratio may become 100 times higher especially that women in poor countries have more children and their lifetime risk of maternal death may be more than 200 times greater than that of women in rich countries (World Bank, 2004). Higher maternal mortality in poor countries is associated with and is mostly caused by lack of access to trained health care workers and properly equipped health facilities.

The first Palestinian national demographic survey estimated maternal mortality ratio at 70-80 maternal deaths per 100,000 births (PCBS,1995). Data released later by the MOH indicate that MMR has decreased to 37.3/100,000 in 1997 and then slightly increased in 42/100,000 in 1998.

While maternal mortality is a very important indicator per se, it is important to highlight that with every incident of maternal death, 30 cases of maternal morbidity develop. This amounts to an average of 210-240 morbidity incidents per 100,000 births. Maternal mortality and morbidity, neonatal deaths and the fact that most of these deaths occur within a hospital setting is a clear indication of poor quality of services being offered to mothers and their newborns.

While universal access to quality reproductive health services has been articulated as the overarching goal in Palestine, certain disturbing factors continue to negatively affect achieving this goal:

Existence of poverty pockets in the West Bank and Gaza with the spread of some isolated communities in remote areas of the West Bank.

Closures, checkpoints and the Separation Wall resulting in physical challenge to accessibility and consequently compromising basic services such as safe institutional delivery. An example on this is that delivery at home or on the way to hospital was reported at 4.8% of all deliveries projected at about 6,000 deliveries a year.

Duplicated healthcare system and lack of coordination leading to severe waste of resources.

Challenges related to logistics system and equitable distribution of services and resources at the level of public health services system.

2.5.1 High coverage of antenatal care, however, quality of such care is questionable

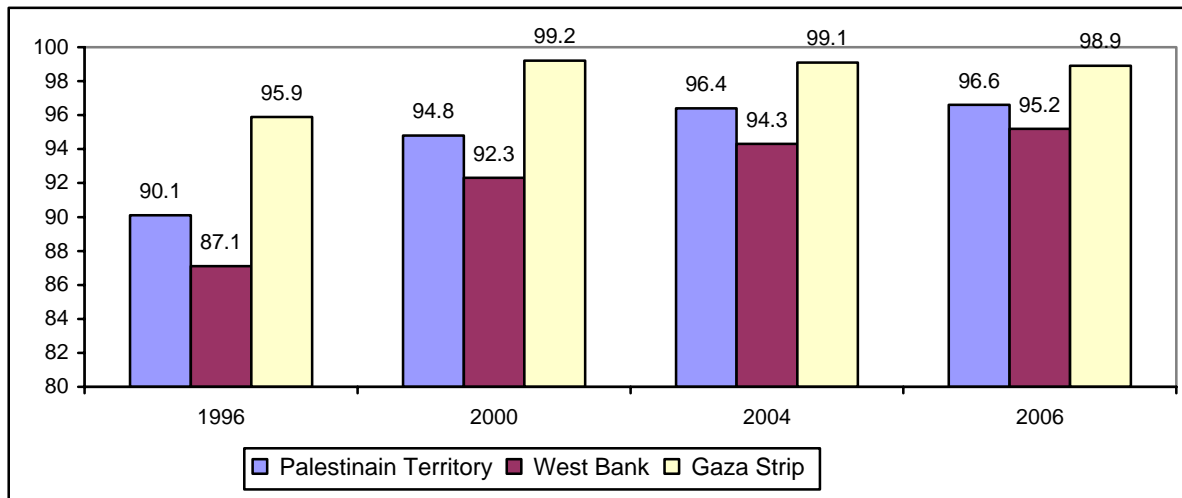
According to Palestinian Family Health Survey data, 98.8% of pregnant women received antenatal care services by a qualified professional, with no variations by region and governorate. Though the rate is high, the quality of the provided prenatal care warrants further research, especially in terms of management of complications, care for high-risk pregnancies and efficient utilization of the referral system.

In spite of the high coverage of antenatal care services, it remains unclear what deters women from seeking services at MOH facilities at only 15% of antenatal visits compare to 65.0% in the private.

2.5.2 High rate of safe professionally overseen deliveries but access to the service remains a serious challenge

Data indicate that 97.0% of deliveries occurred under safe conditions with Gaza Strip registering the highest rates with no significant variations between governorates. Rates of deliveries occurring at health facilities rose by 7.2% between 1996 and 2006.

Figure (2-5): Percentage of deliveries occurred at health institutions 1996-2006



Source: Palestinian Central Bureau of Statistics, 2008. The Millennium Development Goals in Palestine according to the data of *Palestinian Family Health Survey- 2006*. Ramallah – Palestine

Qalqilia governorate has the highest percentage of unsafe deliveries with 11.3% occurring under questionable conditions at home or on the way to hospital, followed by Jenin at 10.9% and Tubas at 10.4%.

Facility-based delivery is the first choice for the Palestinian woman when access is possible. The Ministry of Health hospitals form the largest provider for maternity services with 67% of deliveries taking place at a governmental hospital.

Despite the increase in the rate of deliveries occurring at health facilities and the drop in the rate of deliveries occurring at home between 1996 and 2006, 7 out of 100 women experienced difficulties in accessing health facilities including delays at Israeli checkpoints. This is more prominent in the West Bank whereby 11.5% of the women endured such delays. Within the West Bank, Salbit governorate alone registered 28.7% of all delays occurring at Israeli checkpoints. Full closure of checkpoints was the second most frequent obstacle confronted by 4.3% of West Bank women with 7.9% for Jerusalem governorate alone. Clearly, among many other detrimental effects, these measures of confinement imposed by the Israeli occupation directly jeopardize the chances of safe childbirth.

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Chapter Three

Educational Status

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

3.1 Students

At the outset of the scholastic year 2008/2009, the number of students enrolled in the basic and secondary stage was 1,109,126 students. Female students constitute around 50.0%. Female percentage varies from one stage to another: in the basic education stage, females constitute 49.5%, compared with 53.2% in the secondary education stage.

In the scholastic year 2008/2009, 13.1% of all students were enrolled in the secondary education stage, and 86.9% were enrolled in the basic stage; 59.3% of all students were enrolled in the basic education stage in the West Bank and 40.7% were in Gaza Strip. As for students enrolled in the secondary education stage, this percentage amounted to 58.7% in the West Bank and 41.3% in Gaza Strip.

Data showed that 69.6% of total students were enrolled in governmental schools, 23.0% were enrolled in UNRWA schools, and 7.4% 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 2008/2009, whereas the percentage of increases in the basic and secondary education stage was 79.5%, distributed as 92.4% in Gaza Strip and 71.6% in the West Bank.

3.2 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% and females constitute 48.2% male and 51.8% of the total students in kindergarten this year. The distribution of the proportion of females in kindergartens by 67.1% in the West Bank and 32.9% in the Gaza Strip.

The increase in the number of kindergartens left positive impacts on improving the average number of students\ pupils per class. This average decreased to 27.0 students\ pupils per class

¹ UNICEF, *Education for All*, 1999.

²50.6% 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 2008/2009.

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

3.3 Basic School Enrollment

Students at the basic stage increased from 572,529 in the scholastic year 1994/1995 to 963,991 in the scholastic year 2008/2009, an increase rate of 68.4%. Females and males constituted 49.5% and 50.5% respectively.

Female enrollment ratio in the basic education stage in the scholastic year 2008/2009 was 98.1 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 96.6 per 100 male students in Gaza Strip.

3.4 Secondary School Enrollment

Students at secondary education stage increased from 45,339 in 1994/1995 to 145,135 students during the scholastic years 2008/2009, an increase of 220.1%. Female students constituted 53.2% of the total number students in the secondary stage in the scholastic year 2008/2009, 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 8,303 in the scholastic year 2008/2009 representing 5.7% of the total number of secondary school students. Female students constituted only 32.7% of vocational high school students. On the other hand, they constituted 54.5% of academic secondary school students.

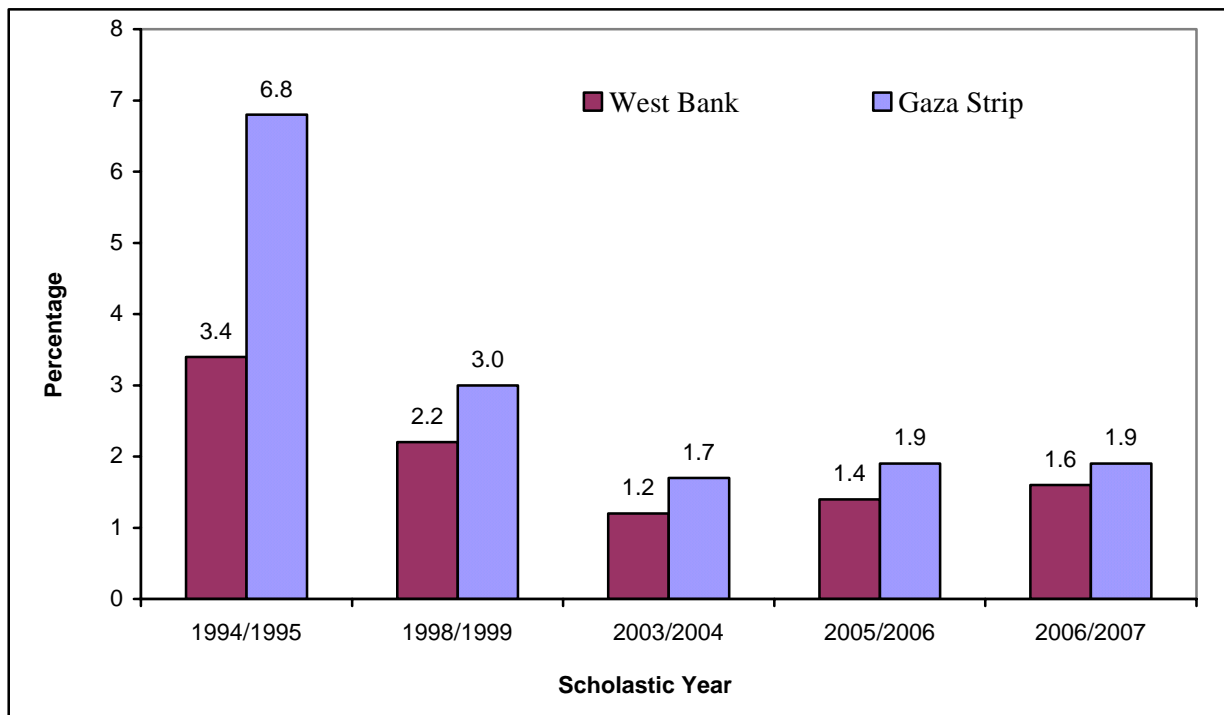
3.5 Repetition

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.

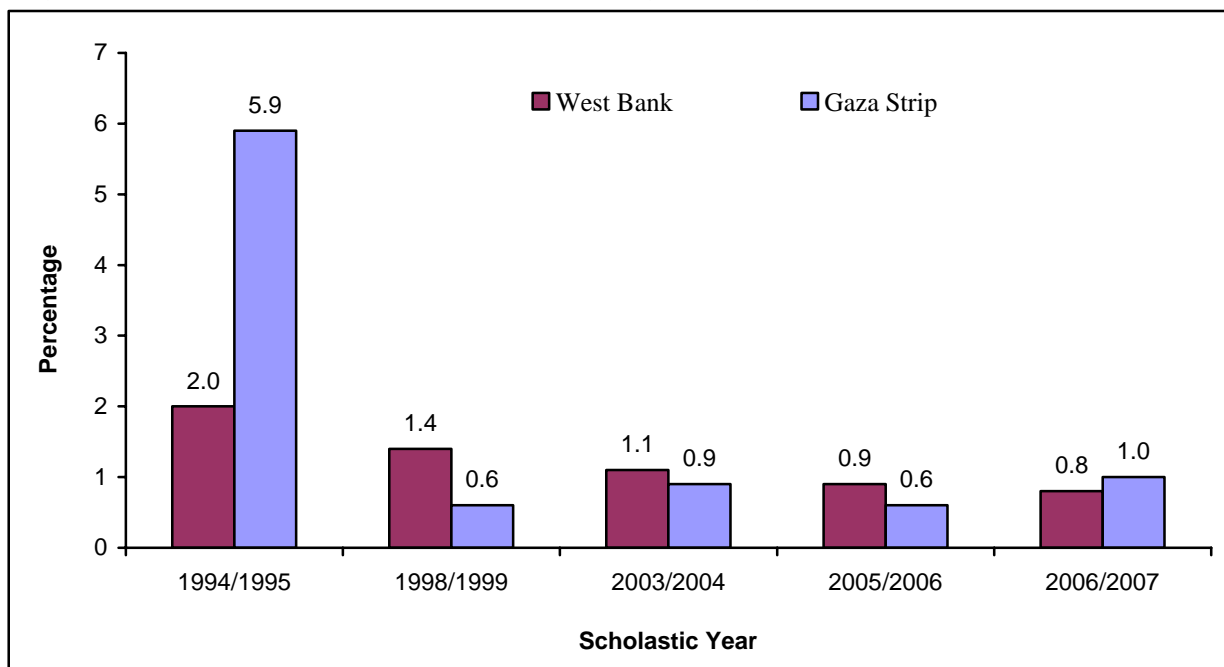
Caution should be exercised when examining the decrease in the percentages of repetition at school since the educational system has certain limitations to failing, such as students are allowed to repeat class twice and repetition starts at grade four. Also, repetition has been limited to 5% per class.

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



Source: Palestinian Central Bureau of Statistics 2010. 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 2010. Education Survey Database. Ministry of Education and Higher Education. Ramallah-Palestine.

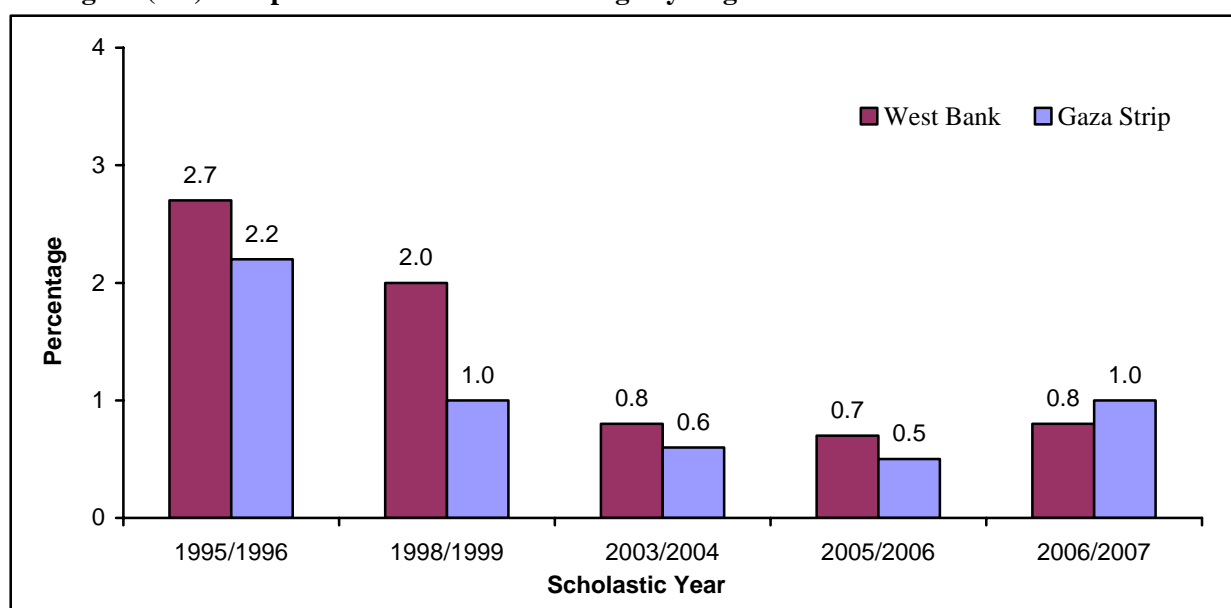
3.6 Drop-Out Rate

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.

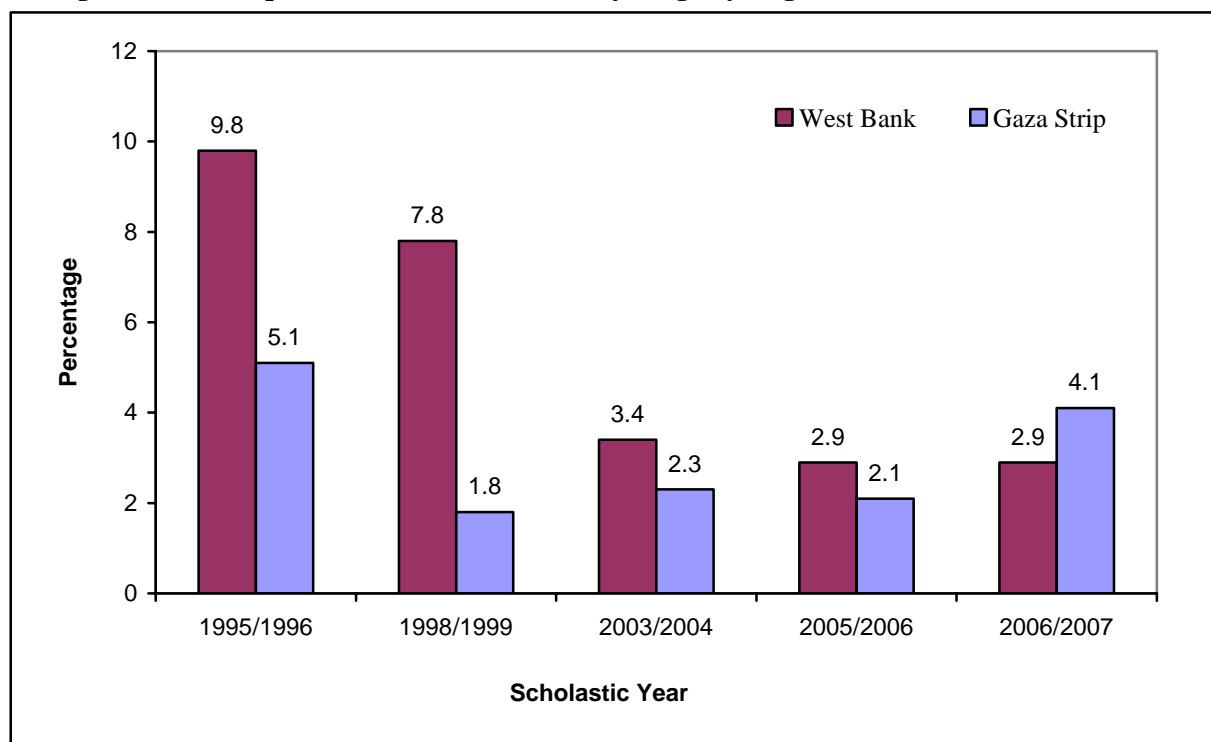
The drop-out rate among males at the secondary stage in 2006/2007 was 3.0%, distributed as 3.0% in the West Bank and 3.1% in Gaza Strip, while the rate at the basic stage was 1.3%, distributed as 1.1% in the West Bank and 1.5% in Gaza Strip.

Figure (3-3): Drop-out Rates in the Basic Stage by Region and Selected Scholastic Years



Source: Palestinian Central Bureau of Statistics, 2010. *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 2010. *Education Survey Database. Ministry of Education and Higher Education. Ramallah-Palestine.*

3.7 Schools

The number of schools totaled 2,488 in 2008/2009: 1,635 basic stage and 853 secondary schools. 74.3% of schools are in the West Bank and 25.7% are in Gaza Strip.

Governmental schools constituted 75.2% of schools in 2008/2009, UNRWA-run schools constituted 12.7%, and private schools constituted 12.1%.

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 2008/2009 was 1,635, whereas the number of schools in 1995/1996 was 1,098. The number of secondary schools in 2008/2009 was 853, whereas the number of schools in 1995/1996 was 372.³

3.8 Crowdedness Rate

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 2008/2009 was 32.7 at basic stage and 29.7 at secondary stage.

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

Comparing classroom density according to region, it is noticed that classroom density in basic schools is higher in Gaza Strip than in the West Bank (37.5 students per classroom in Gaza Strip and 30.1 students per classroom in the West Bank in 2008/2009). At the secondary stage, class density was 39.3 in Gaza Strip and 25.4 in the West Bank in 2008/2009.

The case worsens at UNRWA schools where classroom density in the basic stage was 37.3 compared with 32.1 students at governmental schools. However, the figure for private schools was 24.4 students per classroom in 2008/2009 (UNRWA does not provide secondary stage education).

3.9 Teachers

The number of teachers in schools 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 associated diploma and 62.7% of them have BA degree (including 8.3% who have both BA degree and diploma in education.), 0.4% of teachers have high 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 Status

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.

4.1 Using Computer

Data showed that the percentage of children (10-17 years) who use computers amounted to 95.0%, (of which 94.4% in the West Bank and 96.1% in Gaza Strip), with no significant differences between males (96.5%) and females (93.6%). Moreover, data point out to an increase in the rate of children who use computers in the Palestinian Territory with a percentage of 34.4% in 2009 compared to 2006 (of which 29.5% in the West Bank and 45.4% in Gaza Strip) .

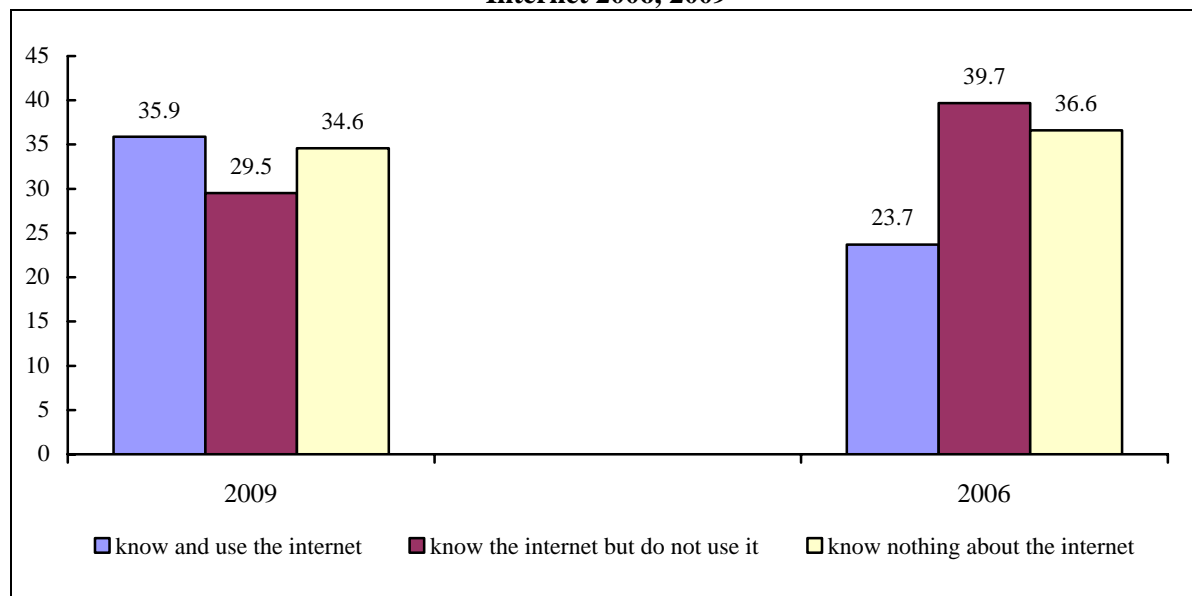
In 2009, home represented the main place where children use computers (62.1%), followed by school 24.2%, 7.6% in the internet Cafes, and homes of friends and others (6.1%); in 2006 the ratio was as follows: 51.4% at home, 29.5% in school, and 7.0% in the homes of friends.

4.2 Using Internet

About the extent of knowledge and use of the internet by children aged 10-17, the results showed that four out of ten children (35.9%) have internet service and know and use it, while three out of ten children (34.6%) do not have the minimum knowledge of the internet.

Furthermore, findings revealed that the most common reason for using the Internet were: study and research 34.6%, (28.2% for males and 42.0% for females), while it was 25.6% in 2006, and leisure and entertainment purposes 28.6% (34.1% for males and 22.2% for females) compared to 26.0% in 2006 .

Figure (4-1): Percentage Distribution of Children (aged 10-17) by Use of Internet 2006, 2009



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

Palestinian Central Bureau of Statistics, 2009. *Household Culture Survey, 2009. Main Findings Report. Ramallah-Palestine.*

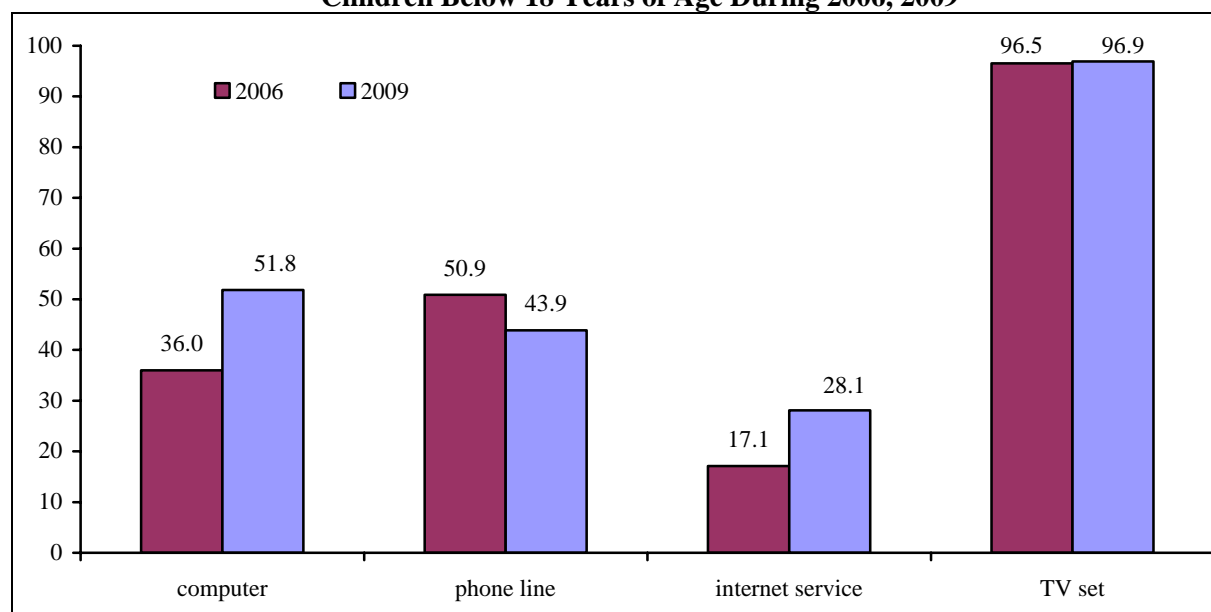
4.3 Availability of Knowledge Means in the Family

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 51.8% in year 2009 (an increase of 43.9% compared to year 2006), while the percentage of households with children who have internet access amounted to 28.1% in 2009 (an increase of 64.3%).

As for the availability of TV, data indicated that there is no significant difference in the percentage of households who own a TV between 2009 and 2006. The percentage of households with children who own a satellite dish in the Palestinian Territory was 96.4% in year 2009 and 15.3% of them owned video. Moreover, the findings indicated that 20.2% of Palestinian households with children owned a home library in 2009, compared to 23.6% in the year 2006.

Figure (4-2): Percentage of Availability of Entertaining Instruments for Households with Children Below 18 Years of Age During 2006, 2009



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

Palestinian Central Bureau of Statistics, 2009. *Household Culture Survey, 2009. Main Findings Report. Ramallah-Palestine.*

4.4 Social and cultural activities

The findings of the culture survey-2009 showed that 8.8% of individuals aged 10-17 years regularly visit sports clubs, distributed as 13.5% for male children and 3.6% for females. In addition, findings showed that 4.2% of these children regularly visit public libraries of which 3.5% for male children compared to 4.9% for females. The findings also indicated that 3.9% of children in the same age group regularly visit cultural clubs.

According to the results of the culture survey-2009, about 78.6% of children in the age group (10-17) years do not desire to do any activity during their free time, compared with 21.4% of them want to do cultural activities in their free time but did not do that.

The findings indicated that 24.7% of children in the same age group believe that lack of facilities was the main reason for not performing any activity in their free time, compared with 20.8% stated the reason as parents' refusal, 17.6% due to high cost of performing such activities, and 13.2% due to lack of sufficient time for such activities.

4.4.1 Newspapers

Newspapers and magazines are considered among the most important written information means as well as a mean to educate children. Findings in 2009 showed that at least 13.2% of the Palestinian households with children (less than 18 years old) obtain daily newspapers regularly compared with 16.6% of households obtain daily newspapers occasionally; while 70.2% do not obtain daily newspaper. The same results also showed that 80.8% of children aged (10-17) years do not read newspapers distributed as 83.5% for male children and 77.9% for females.

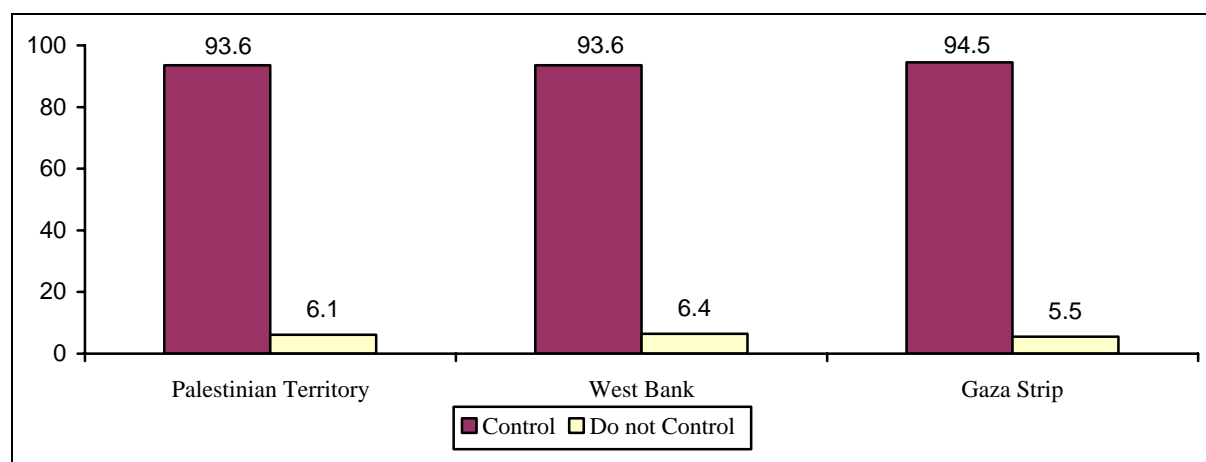
4.4.2 Watching Television

Regarding relationship with the media, statistics showed that 56.9% of children (10-17) years watch television on regular basis whereas 52.5% for male children and 61.6% for females. Also, about 38.3% of children do watch television occasionally (41.8% for male children compared to 34.5% for females). However, about 4.8% of children in the same age group do not watch television of which 5.6% males and 3.9% females.

4.4.3 Monitoring of Children (5-17 years) in the use of Television, Computer, and Internet by households

According to the findings of the culture survey-2009, about 6.1% (6.4% in the West Bank and 5.5% in Gaza Strip) of the households do not monitor the type of programs their children (5-17 years) watch on television.

Figure (4-3): Percentage Distribution of Households by Controlling Programs Viewed by Children (5-17 Years), Region, 2009



Source: Palestinian Central Bureau of Statistics, 2009. Household Culture Survey, 2009. Main Findings Report. Ramallah-Palestine.

Table (4-1): Percentage Distribution of Households by Controlling the Number of Hours of Daily Television Viewing by Children (5-17 Years), Region\ Type of Locality, 2009

Region/ Type of Locality	Yes, Always	Yes, Sometimes	No	Total
Palestinian Territory	53.6	24.2	22.2	100.0
West Bank	53.1	21.0	25.9	100.0
Gaza Strip	54.3	30.1	15.6	100.0
Type of Locality				
Urban	56.1	24.8	19.1	100.0
Rural	47.8	19.2	33.0	100.0
Camps	44.6	29.7	25.7	100.0

Source: Palestinian Central Bureau of Statistics, 2009. Household Culture Survey, 2009. Main Findings Report. Ramallah-Palestine.

Moreover, 22.2% (25.9% in the West Bank and 15.6% in Gaza Strip) of the households do not control the daily hours their children (5-17 years) spend watching television.

From locality type perspective, rural households recorded the highest (33.0%) in the lack of controlling the daily hours their children (5-17 years) spend watching television compared to 25.7% for households in camps and 19.1% for households in urban localities.

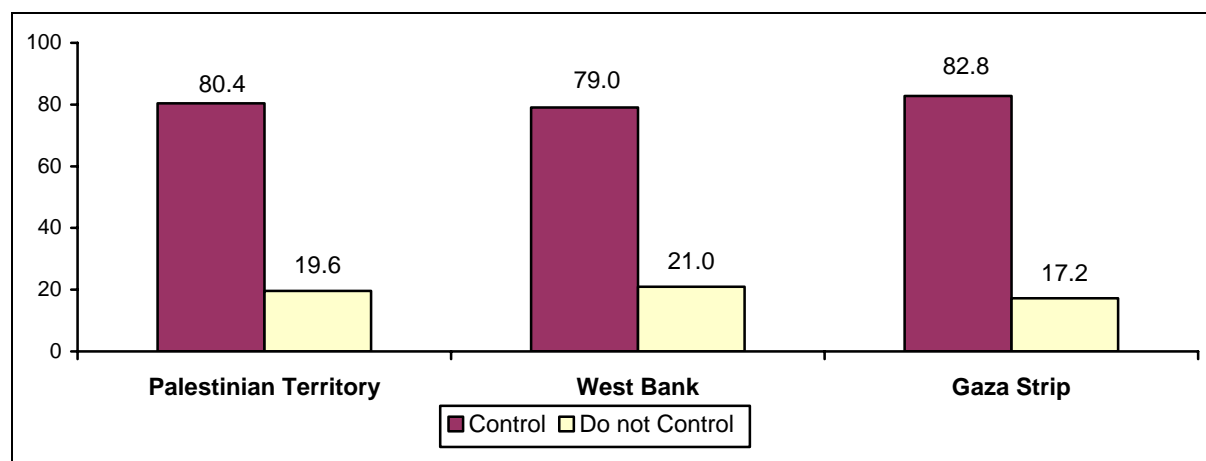
Table (4-2):Percentage Distribution of Households by Controlling Number of Daily Hours of Using Computer by Children (5-17 years) and Region\ Type of Locality, 2009

Region/ Type of Locality	Yes, Always	Yes, Sometimes	No	Total
Palestinian Territory	45.7	24.2	30.1	100.0
West Bank	54.8	21.1	24.1	100.0
Gaza Strip	31.2	29.1	39.7	100.0
Type of Locality				
Urban	46.1	24.8	29.1	100.0
Rural	49.0	22.0	29.0	100.0
Camps	38.5	22.9	38.6	100.0

Source: Palestinian Central Bureau of Statistics, 2009. *Household Culture Survey, 2009. Main Findings Report.* Ramallah-Palestine.

About one third of Palestinian households do not control the daily hours in the use of computers by their children aged (5-17) years. The results vary between the West Bank and the Gaza Strip with 24.1% and 39.7% respectively. About 38.6% of Household in refugee camps do not control the daily hours in the use of computer by their children aged (5-17) years as opposed to households in urban and rural areas with 29.0% for each.

Figure (4-4): Percentage Distribution of Households by Controlling Number of Daily Internet Using Hours by Children (5-17 years) and Region, 2009



Source: Palestinian Central Bureau of Statistics, 2009. *Household Culture Survey, 2009. Main Findings Report.* Ramallah-Palestine.

About one fifth of households do not control the daily hours in the use of internet by their children aged (5-17) years. In the West Bank, the percentage of households that do not control the use of internet by their children reached 21.0% compared with 17.2% in the Gaza Strip.

Table (4-3):Percentage Distribution of Households by Their Sufficient knowledge of Children's Friends (5-17 Years) and Region\ Type of Locality, 2009

Region/ Type of Locality	Know	Do not Know	Total
Palestinian Territory	95.3	4.7	100.0
West Bank	94.5	5.5	100.0
Gaza Strip	96.9	3.1	100.0
Type of Locality			
Urban	95.9	4.1	100.0
Rural	92.7	7.3	100.0
Camps	95.9	4.1	100.0

Source: Palestinian Central Bureau of Statistics, 2009. *Household Culture Survey, 2009. Main Findings Report.* Ramallah-Palestine.

The results showed that 95.3% of households in the Palestinian Territory during the year 2009 have full knowledge of the friends of their children's aged (5-17 years). The distribution of these households was 94.5% in the West Bank compared with 96.9% in the Gaza Strip.

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- **Palestinian Central Bureau of Statistics, 2009.** *Household Culture Survey, 2009. Main Findings Report. Ramallah-Palestine.*

- **UNICEF, 1990.** *Children First, Convention on the Rights of the Child.*

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.

5.1 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 (5-1): Likelihood of being poor among households according to households monthly income by region, 2007

Region	With Children		With out 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

5.2 Number of Childen in the household

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 (5-2): Likelihood of being poor by number of children in the household, 2007

Number of Childen	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

5.3 Child Labor

Children in the age group (10-17) years in the Palestinian territories during the year 2009 accounted for 20.7% of the total population. The results of the Labor Force Survey, 2009 show that employed children paid or unpaid are 3.7% of all children, 6.4% males and 1.0% females (5.4% in the West Bank and 0.9% in Gaza Strip) in 2009.

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 (5-3): Percentage distribution of children (10-17 years) by employment status and selected characteristics, 2009

Background characteristics	employed	Un-employed	Total
Palestinian Territory	3.7	96.3	100
West Bank	5.4	94.6	100
Gaza Strip	0.9	99.1	100
Sex			
Males	6.4	93.6	100
Females	0.8	99.2	100
Age			
10-14	2.1	97.9	100
15-17	6.4	93.6	100

Source: Palestinian Central Bureau of Statistics, 2010. *Labor Force 2009 - Labor Force Database.*(unpublished data)- Ramallah- Palestine.

5.4 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.

5.5 Child Labor

5.5.1 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 25.9% of children not attending school are

employed. 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 2.2% of children students are employed (of which 3.5% in the West Bank and 0.3% in Gaza Strip and 3.8% males and 0.7% females), 25.9% don't go to school (of which 33.3% in the West Bank and 11.2% in Gaza Strip and 34.4% males and 5.3% females).

Table (5-4): Percentage distribution of children (10-17 years) by school attendance, Labour Force Status, Region and sex, 2009

Region and Sex	Attending school		Not-attending school	
	work	Not work	work	Not work
Palestinian Territory	2.2	97.8	25.9	74.1
West Bank	3.5	96.5	33.3	66.7
Gaza Strip	0.3	99.7	11.2	88.8
Sex				
Males	3.8	96.2	34.4	65.6
Females	0.7	99.3	5.3	94.7

Source: Palestinian Central Bureau of Statistics, 2010. Labor Force Survey 2009 - Labor Force Database.(unpublished data)- Ramallah- Palestine.

5.5.2 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 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 (67.3%) work for their families as unpaid workers (98.0% females and 63.3% males), 27.6% are paid and work outside the family (1.3% females, 31.0% males), and 5.1% are employers or self-employed. Results also showed that 47.3% of working children in Palestinian Territory work in agriculture (23.7% in West Bank, 62.9% in Gaza Strip), and 27.3% work in commerce, restaurants and hotels; 23.7% in West Bank, 62.9% in Gaza Strip, and 25.4% work in other economic activities such as (recycling industry, construction, transportation, services); 25.9% in West Bank, 21.3% in Gaza Strip

Table (5-5): Percentage distribution of employed children (10-17 years) by economy activity and region, 2009

Economic Activity	West Bank	Gaza Strip	Palestinian Territory
Agricultural, hunting & foresting	50.4	15.8	47.3
Commerce & restaurants & Hotels	23.7	62.9	27.3
Other economic activities	25.9	21.3	25.4
Total	100	100	100

Source: Palestinian Central Bureau of Statistics, 2010. Labor Force Survey 2009 - Labor Force Database.(unpublished data)- Ramallah- Palestine.

The average daily wage for children (10-17) years is 43.2 shekels with average working hours of 44.6 hours weekly in 2009.

5.6 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.

5.7 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.

According to the data of the Palestinian Detainee Club in 2009, the Israeli occupation authorities are holding 326 child between the ages of 13-18 years, amid harsh conditions and flagrant violations of all rights. The Palestinian Detainee Club had also revealed that among these children, there were more than 135 child under the age of 15 years. The percentage of detained children constitute about 4.3% of the total detainees in Israeli jails.

According to the same source, the Israeli occupation authorities exercise harsh methods of arrest and interrogation of Palestinian children in Occupied Palestinian Territory. Furthermore, the Israeli occupation authorities deprive detained children of the most basic rights granted by international and human rights conventions, specifically the right to not be subjected to arbitrary arrest, the right to know the reason for the arrest, the right to have an attorney, the right of families to know the cause and place of detention, the right to appear before a judge, the right to object to charges and challenge them, the right to communicate with the outside world, and the right to humane treatment that maintain the dignity of the detained child.

According to the data of the Palestinian Detainee Club in 2009, the total number of detainees in Israeli jails has reached 7,415 of Palestinian and Arab nationalities, including 315 minor and 33 female detainee.

5.7.1 Distribution of children prisoners in Israeli jails

Palestinian Detainee Club also stated that minor detainees suffer harsh detention conditions, and are dispersed in several Israeli jails and investigation centers.

The distribution of detained children in Israeli jails is as follows: (55) detained child in the Ofer prison, (33) in Megiddo, (25) in Etzion, (15) in the Negev, and (115) in Hasharon Tel Mond prison. The rest of the detained children are dispersed to investigation and detention centers and other prisons. About 80.0% of detained children were subjected to harsh

investigation by Israeli authorities to extract confessions from them. Among the detained children, there are (118) serving sentenced terms, (202) awaiting pending trial, and (6) children are under administrative detention without charge. It is worth mentioning in this context that hundreds of detainees were arrested when they were children and now they are over the age of 18 years but still in captivity inside Israeli jails.

5.7.2 Torture of Children in Israeli jails

According to the Palestinian Detainee Club, the Israeli occupation authorities use detention and interrogation methods against children in the same manner as with adult detainees. Children detainees are subjected from the moment of arrest to varying types of torture, humiliation, and cruel treatment. Children detainees are forcefully and brutally taken away from their homes in late night hours and are subjected to degrading treatment while being transported to detention centers. In addition, these children are usually subjected to various methods of investigation along with unfair arbitrary court procedures.

Interrogation methods with children include the beating with focus on the upper body parts and head, body burning with cigarette, threat to deport their families, head sacking, blowing up homes, cuffing hands and legs, blindfolding, the use of electric shocks, and ghosting (forced to stand up against the wall with hands up for long period of time). In addition, the Israeli authorities exercise inhumane interrogation methods that include deprivation of sleep for several days, applying psychological stress, insults and verbal abuse, as well as violent shaking (carrying the child and shake him frequently till the child loses conscious).

Detained children are also subjected to torture methods such as spraying them with cold and hot water for long periods, forcing them to eat ice cubes, in addition to applying load noise to the ears causing great harm and psychological stress to the detained child.

According to the same source, the most serious type of torture and interrogation that children suffer is to confine them in same detention room notoriously known as "disgrace rooms" with collaborators in order to extract confessions deceptively, as well as to threaten detained children with imprisonment for long periods, demolition of their homes as well as the arrest of members of the family, if they do not cooperate with Israeli intelligence.

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