

Palestinian Central Bureau of Statistics

The Health Survey in the West Bank and Gaza Strip – 1996

Analytical Reports Series (No. 1)

Child Health

September, 1999

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Unofficial Translation

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Presidential Decree No. (19/1999)

On the Expansion of PCBS' Mandate and Scope of Operation

**The Chairman of the Executive Committee of the Palestine Liberation Organization,
President of the Palestinian National Authority,**

Upon reviewing the Statistics Law No. (31/1947) which is effective in Gaza Governorates, the Statistics Law No. (24/1950) which effective in the West Bank Governorates, the Presidential Decree No. (163/1994) on the establishment of the Palestinian Bureau of Statistics and the Presidential Decree No. (4/1995) on the transformation of the Palestinian Bureau of Statistics into the Palestinian Central Bureau of Statistics,

We decree the following:

Article (1)

[... *This article has to do with the changing the title of PCBS as stated in Arabic, The English title is the same. The change is effective as of May 4, 1999*]

Article (2)

The Palestinian Central Bureau of Statistics is requested to compile, tabulate, and disseminate statistics on *all* Palestinians wherever they reside.

Article (3)

The Palestinian Central Bureau of Statistics shall issue an annual statistical yearbook for Palestinian official statistics as of May 4th 1999.

Article (4)

All concerned parties, each in their respective field, shall enforce this decree as of the date of issue and publication in the official gazette.

Issued in Gaza City on June 24th 1999.

Yaser Arafat

**The President of the Executive Committee
of the Palestine Liberation Organization
President of the Palestinian National Authority**

The financial support necessary for preparing this report has been provided by the Ford Foundation. The technical assistance was brought about by cooperation with the Social Researches Center – the American University – Cairo

Preface

Statistics on health and access to medical care are mostly based on administrative records from primary health care centers and hospitals. Very few countries conduct health surveys on a regular basis. In the Palestinian case, adequate health indicators for the Palestinian population were not available given the country's previous situation. However, during Palestine's new transitional period of self-ruled government, the first health survey was conducted in the summer of 1996, in order to provide Palestinian planners and decision makers with a realistic vision of Palestinian mothers and children's health situation.

The survey in question was designed to produce a wealth of indicators about the health situation of Palestinian children as stated by the so-called "mid-decade goals". In conducting this survey, several statistics became available for the public utilization for the first time.

Several reports have been published out of the survey. As for this report, we have tried to summarize the findings of the survey related to child health indicators for the use of non-Arabic speakers interested in the subject. The report comes as a product of Palestinian and Egyptian cooperation in the research field. Several of the PCBS researchers have worked closely with researchers from the Social Researches Center (SRC) during the analysis phase, with active encouragement and financial support from the FORD Foundation.

We do hope that the findings of this report will be of value to the international community and those organizations, which take a special interest in supporting the Palestinian child's health, and those who are actively involved in activities relating to the Palestinian health sector.

September, 1999

**Hasan Abu-Libdeh, Ph.D.
President**

Acknowledgement

Mr. Mohammad Al-Omari (Director, Health Statistics Department) prepared this report. Dr. Al-Tijani Al-Taher (Assistant Professor in the Social Researches Center and Head of the Special Work Team) undertook the analysis of the health survey data, supervised and followed up the preparation of this report. Prof. Hasan Abu-Libdeh (PCBS President), Prof. Huda Rashad (Director of the Social Researches Center- the American University-Cairo), and Dr. Abdelrahim Barham (Director General of PCBS' Population and Social Statistics General Directorate) reviewed the report material and provided valuable comments.

The Palestinian Central Bureau of Statistics would like to acknowledge the assistance of the Palestinian Ministry of Health for providing official and technical support for the implementation of this survey.

United Nations Children's Fund (UNICEF) has contributed financially to the implementation of the health survey, while the Ford Foundation has granted PCBS financial support for producing this report. We acknowledge with thanks all assistance.

Foreword

Within the framework of the PCBS' efforts to provide data on all current needs and issues of the Palestinian people, the Health Survey in the West Bank and Gaza Strip was carried out in cooperation with the Palestinian Ministry of Health and the United Nations Children's Fund. Data collection was launched in the West Bank throughout the period of June 11th – July 8th 1996 and in Gaza Strip throughout the period of August 27th – September 18th 1996. The sample of this survey was comprised of 3,722 households (2,530 and 1,192 households in the West Bank and Gaza Strip, respectively).

The Health Survey in the West Bank and Gaza Strip aims to provide a comprehensive database on the health conditions of the Palestinian citizens. Likewise, the survey provides data on the biological and behavioral factors affecting the health of the citizens, which will enable planners and decision makers to design, implement, and follow up health programs that may improve the health level of the Palestinian citizen.

The survey data were compiled through three questionnaires

Household Questionnaire: This questionnaire was designed to collect data on household members in terms of gender, age, availability of household members, mortality, accidents during the two weeks preceding the survey, disability, health insurance, marital status for persons aged 14 years and above, and smoking for persons aged 14 years and above.

Maternal Health Questionnaire: This questionnaire was designed for collecting data on the employment status of ever married women aged between 15–49 years. Likewise, this questionnaire tackles data on maternal care, vaccination against tetanus, place of delivery, post – natal health care, breast feeding, family planning and reproduction trends.

Child Health Questionnaire: This questionnaire was used for collecting data on under 5 years old children in terms of health care, and care-takers, accidents encountered by children, diarrhea, respiratory system diseases, child vaccination, child access to vitamins A & D and child weight and height. This report also aims to examine the utilization rates and patterns of health care institutions during the various stages of the reproduction process.

This report also aims to present some indicators on the reality of child health in the West Bank and Gaza Strip, coupled with discussions of the differences by child background in terms of age, gender, and place of residence. Furthermore, this report puts forward some suggestions, derived from the findings of the survey, for improving the health status of the Palestinian children.

Table of Contents

Subject	Page
Foreword	
1. Introduction	15
2. Child Nutritional Status	15
3. Morbidity	18
3.1. Diarrhea	18
3.2. Cold and Cough	19
4. Accidents	21
5. Vaccination	22
6. Treatment of diseases	25
6.1. Treatment of Diarrhea	25
6.2. Treatment of Cold and Cough	27
7. Nutrition	29
7.1. Breast-feeding	29
7.2. Supplementary Feeding	30
7.3. Vitamins A/D Supplements	31
8. Conclusion	33
9. Recommendations	35
10. General Indicators	36

1. Introduction

The health status of children can be assessed by some indicators including: mortality of under-five years old children; the rate of contagious diseases among under-five years old children, and their nutritional status.

Some factors or determinants leave direct and indirect effects on the health status of children. Direct determinant factors are: mother background-related factors (in terms of mother's age at child-birth); the health status of the environment in which the child lives (at the household and locality levels), quantity and quality of children food consumption; and the utilization of preventive and curative health services (e.g. vaccination). The factors indirectly affecting the child's health include the socio-economic conditions of the child's household and community, the availability of services, in general, and health services, in particular, and the cultural backgrounds and beliefs affecting the type and quality of childcare. The last two factors are crucial in determining the prevailing norms in feeding patterns, and utilization of preventive and curative health care. The educational level of parents is also crucial, especially the mother's. Many studies conducted in the rest of the world have shown that mother's high educational levels have a positive effect in improving the health conditions of children.

Due to the absence of a database on the reality of Palestinian children, the Palestinian National Authority has established a National Childhood Committee that drew up a plan to improve the health conditions of Palestinian children through measurement of the health status and monitoring any developments emanating from this status by continuous detection of changes in child health indicators.

2. Child Nutritional Status

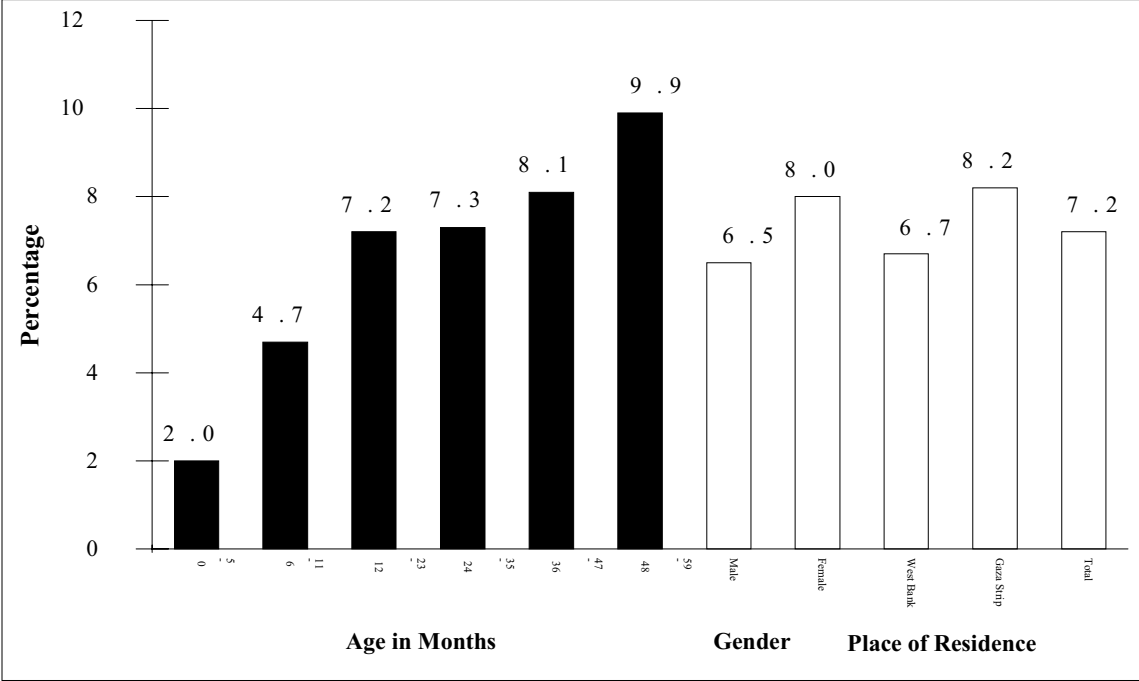
The child nutritional status is an important measure of the child's health status. Quality, quantity and ways of food preparation affect the nutritional status, and not meeting the child's basic elementary needs often results in frequent sicknesses of the child.

The health survey in the West Bank and Gaza Strip provided data on the height and weight of 3,991 children under the age of five. Available data were used to obtain standard indices for measuring child physical growth and development and describing, or assessing, the child's nutritional status, as one of the most delicate indicators for sudden changes in health status. These indicators enable us to describe the child's current conditions through immediate and critical factors leading to wasting or the aggravated effects of acute shortage of food or illness, both of which lead to stunting.

The survey findings show that 7% of West Bank and Gaza Strip under-five years old children suffer from stunting. Figure 1 shows that the percentage of stunted children is increasing in accordance to the child's age. Stunting affects 2% of children aged less than six months and 10% of those in the age group 48-

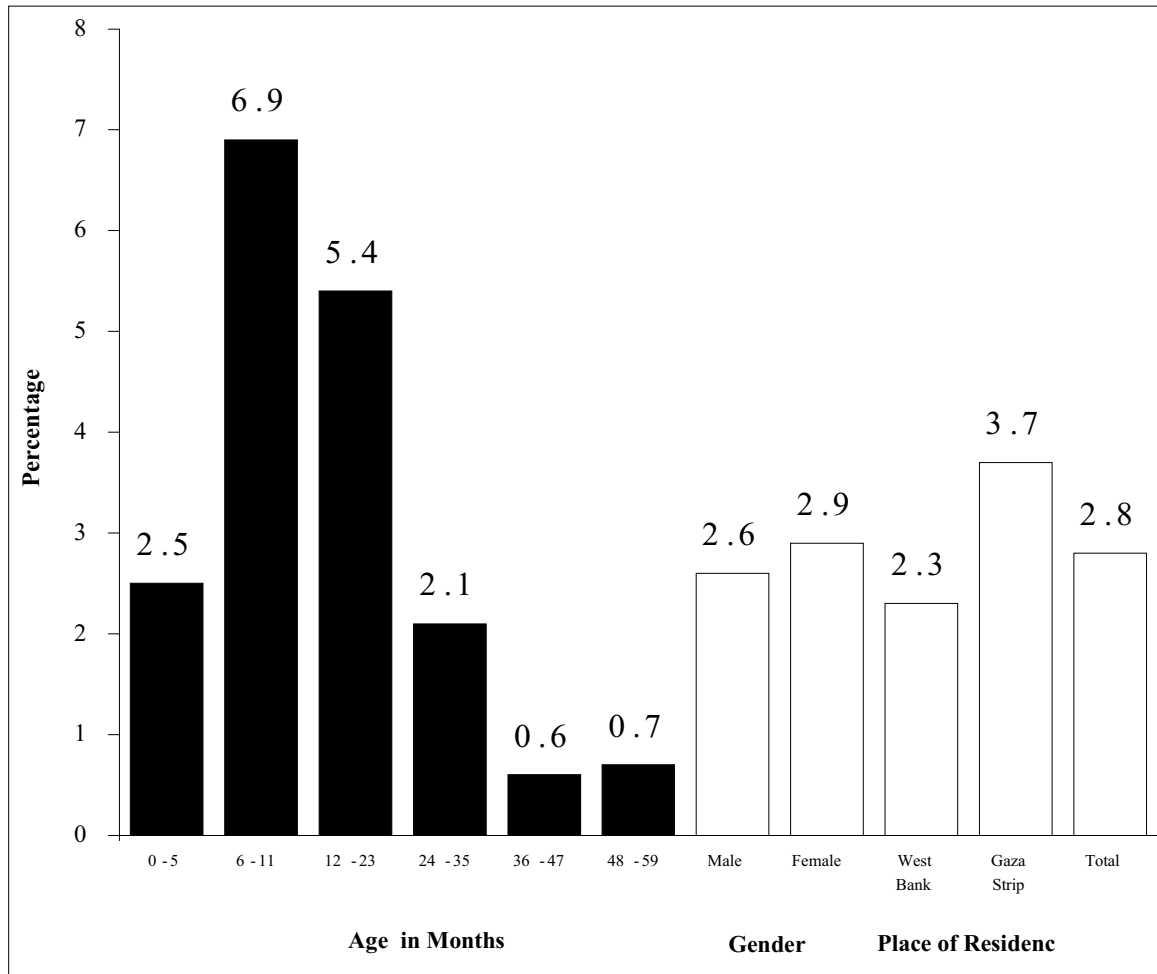
59 months. The percentage of stunting is slightly higher among female than male as well as it is higher in Gaza Strip, compared to the West Bank.

Figure 1: Percentages of Under-Five Children Suffering from Stunting by Age, Gender, and Place of Residence.



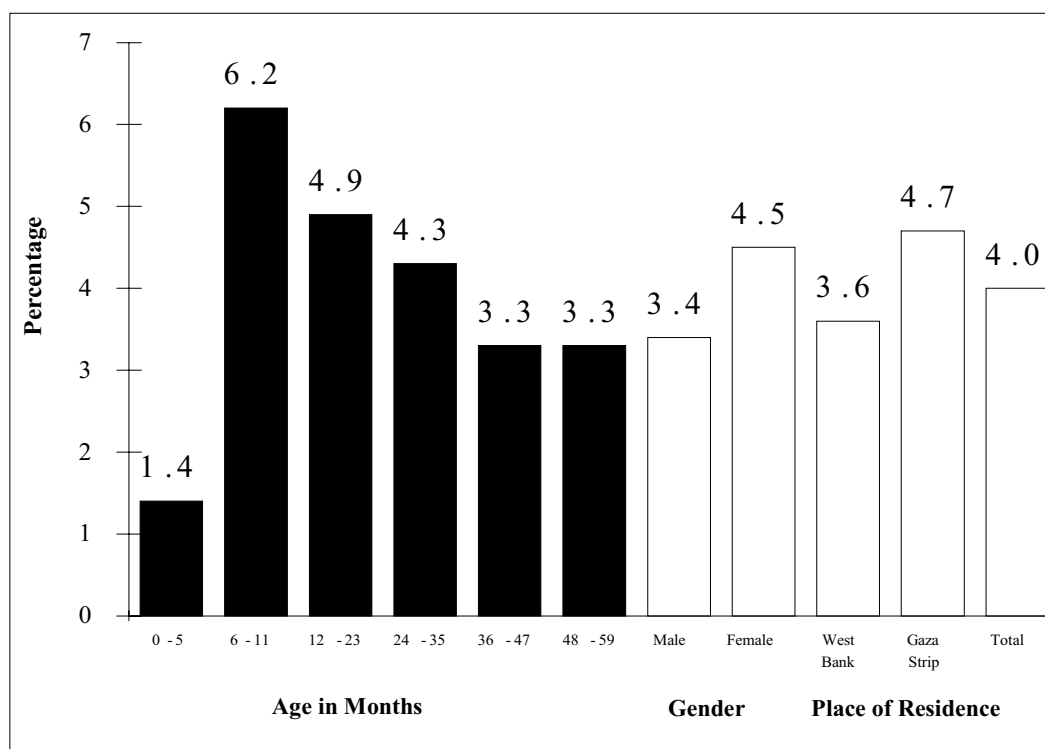
As for wasting, the data presented in figure 2 indicate that 3% of under-five children suffer from wasting. The highest percentage of wasting (7%) among all groups is found among the age groups 6-11 and 12-23 months. This is linked to the weaning period of children or to the introduction of supplementary feeding that places them at greater risk of diarrhea, if prepared improperly. Furthermore, the figure indicates that the percentages of wasting are almost the same among male and female. The percentage of child wasting is higher in Gaza Strip than in the West Bank.

Figure 2: Percentages of Under Five Children Suffering from Wasting by Age, Gender, and Place of Residence.



As for underweight children, figure 3 reveals that 4% of under-five children in the West Bank and Gaza Strip suffer from underweight. This percentage largely increases among children of 6-11 months (6%), in comparison with all age groups. Underweight percentages slightly increase among females and Gaza children.

Figure 3: Percentages of Under Five Children Suffering from Underweight by Age, Gender and Place of Residence.



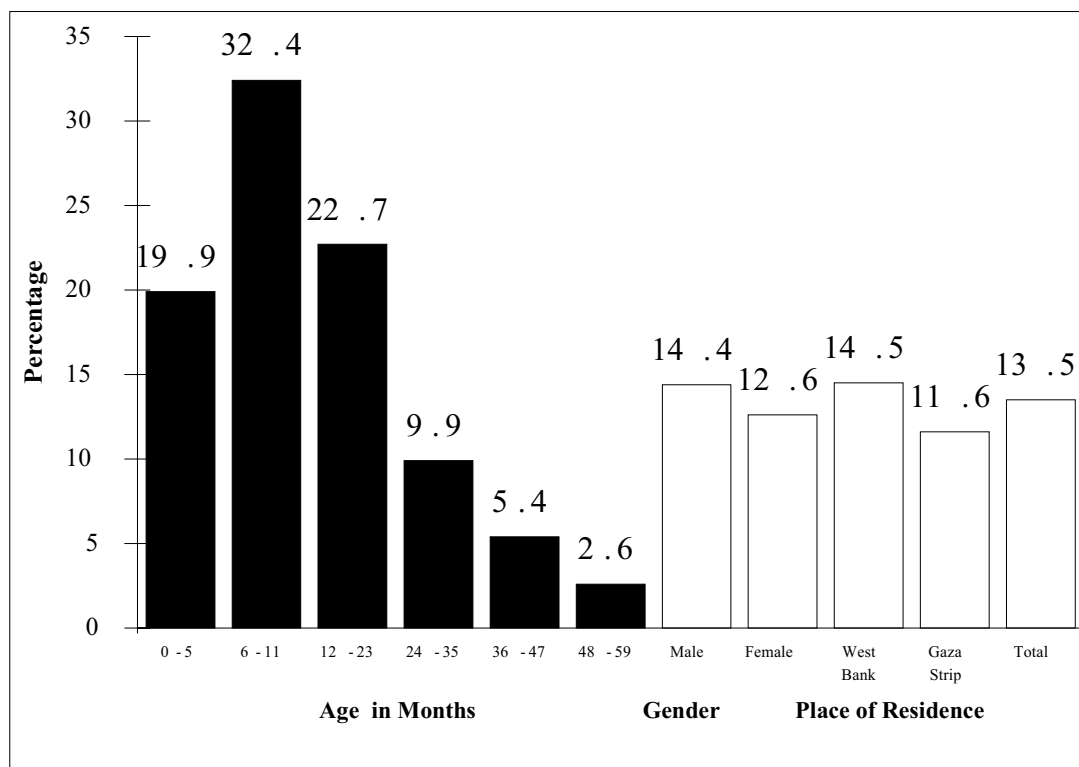
3. Morbidity

The rate of contagious diseases among children is an indicator of children's health status and of the environmental health conditions surrounding them, as well as a measure for the socio-economic status of families and their communities.

3.1 Diarrhea

The findings of the Health Survey in the West Bank and Gaza Strip, presented in figure 4, reveal that 14% of under-five years old children were reported to have had a diarrhea episode in the last two weeks preceding the survey. The mean duration of diarrhea was of 4 days. Of the total percentage of diarrhea, the age group 6-11 months has the highest rate (32%) which decreases gradually to 3% among the age group 48-53 months.

Figure 4: Percentages of Under Five Children Reported to Have Had a Diarrhea Episode in the two Weeks Preceding the Survey by Age, Gender, and Place of Residence.



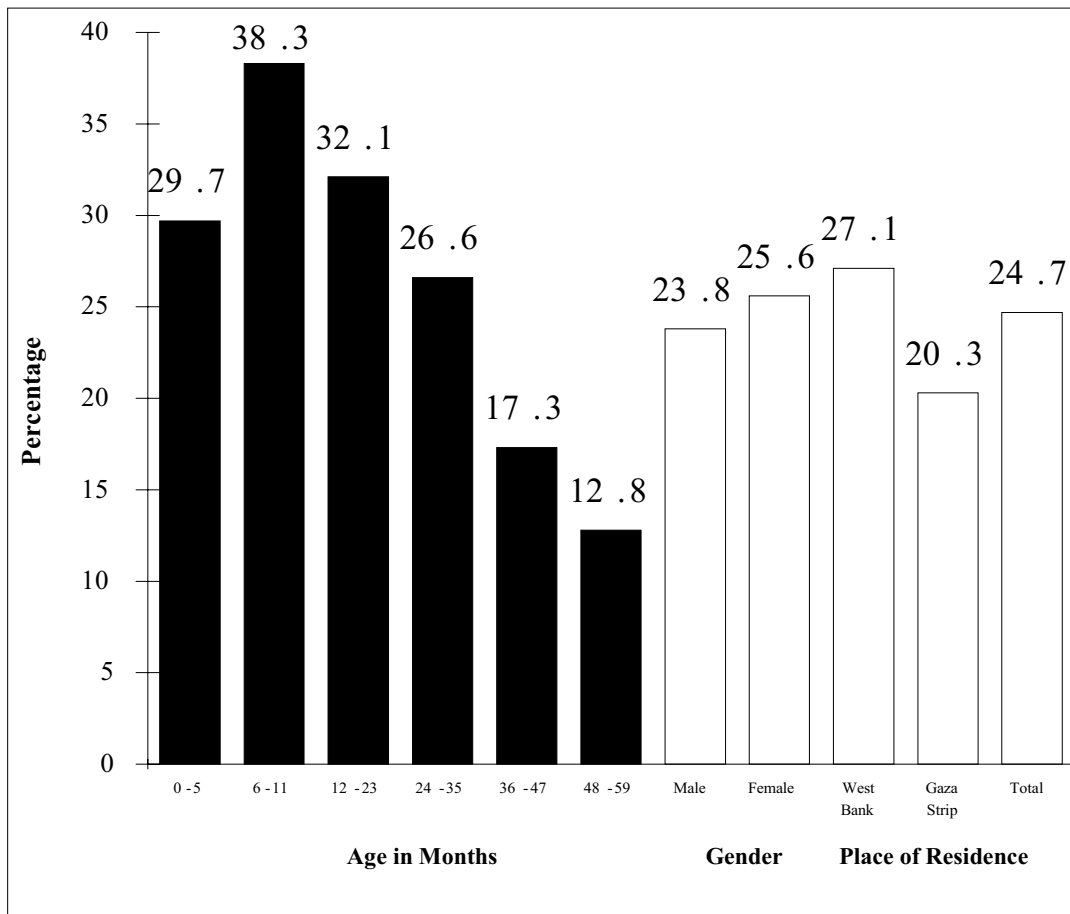
The higher percentages may be due to initiation of weaning period or introduction of supplementary feeding for children aged 6-11 months. The percentage of diarrhea incidents is higher among children in the West Bank (15%) than in Gaza Strip (12%).

The findings of the survey also show that other (illness) symptoms accompanied diarrhea including high body temperature (63%); blood flow in feces (8%); vomiting (37%); and dehydration (13%). The percentage of dehydration among children suffering from diarrhea is clearly higher in the West Bank (15%) than in Gaza Strip (6%). Moreover, this percentage increases most of all among infants aged less than 6 months (23%), compared to other children.

3.2 Cough /Cold

Figure 5 shows that 25% of the under-five children have had cough / cold in the last two weeks preceding the survey. The age group 6-11 months had had the highest percentage of cough / cold (38%). That figure decreases to 13% among children aged 48-53 months. The percentage is higher among children in the West Bank (27%) than in Gaza Strip (20%).

Figure 5: Percentages of Under Five Children Reported to Have Had Cough/Cold in the Last two Weeks Preceding the Survey by Age, Gender and Place of Residence.



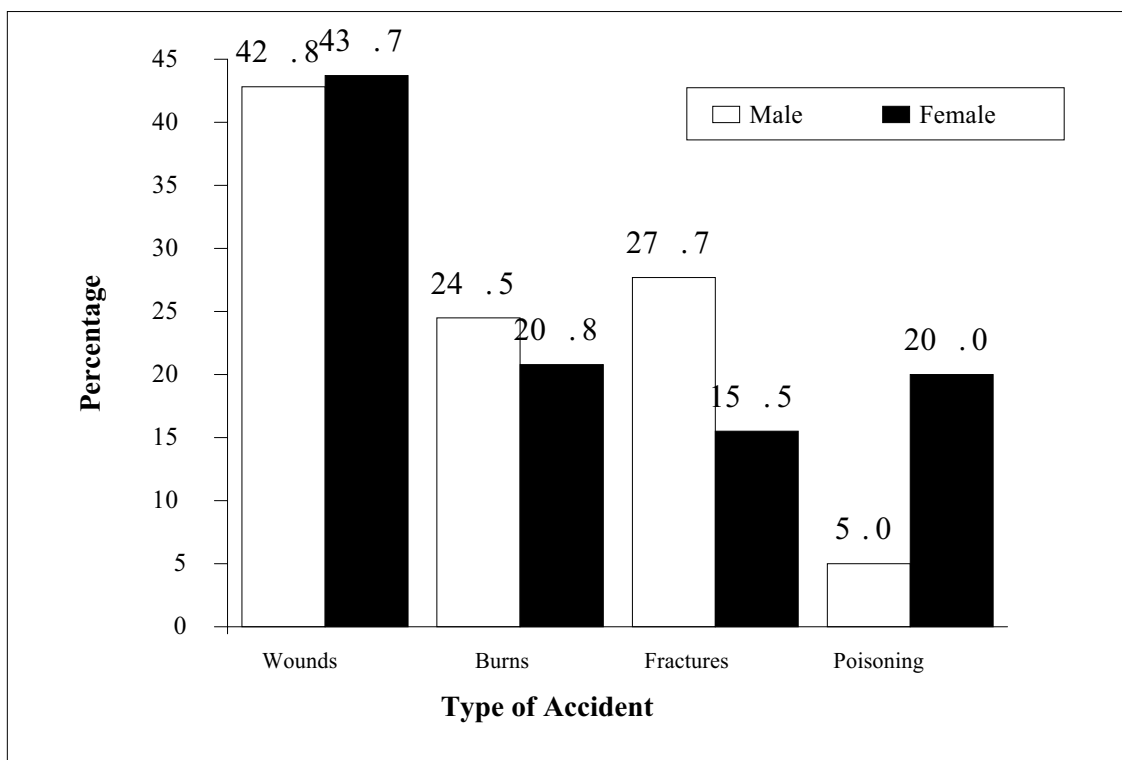
The findings also indicate that cough / cold was accompanied by difficulties in breathing (42% of sick children) and high body temperature (63%).

4. Accidents

Accidents are one of the most important factors threatening children's life. They may cause temporary or permanent disabilities. Almost 4% of under-five children have had accidents in the 12 months preceding the survey. Injuries are the most prevalent type of accidents (43%); followed by burns (23%), fractures (22%) and poisoning (12%). About 13% of these accidents have serious impacts on children's health on the long run.

Figure 6 presents the percentage distribution of children by gender and accident type. This figure indicates that no important differences exist between female and male children, except for burns and fractures that are much more common among males than females. On the other hand, the percentage of poisoning is higher among females (20%) than males (5%).

Figure 6: Percentage Distribution of Under-Five Children Reported to Have Had Accidents in the Twelve Months Preceding the Survey by Gender, and Type of Accident in the West Bank and Gaza Strip.



As for the distribution of accidents according the place where they occurred, table 1 shows that 69% of all accidents occurred at home, while 24% in a nearby place to home; and 7% occurred in the street.

Table 1: Percentage Distribution of Under-Five Children Who Had Accidents in the Twelve Months Preceding the Survey by Type and Place of Accident in the West Bank and Gaza Strip.

Type of Injury	Place of Accident			
	At Home	Nearby Place to Home	In the Street	Total
Wounds	55.7	32.7	11.6	100
Burns	98.4	1.6	0.0	100
Fractures	53.6	38.6	7.8	100
Poisoning	93.1	6.9	0.0	100
Total	68.9	24.3	6.8	100

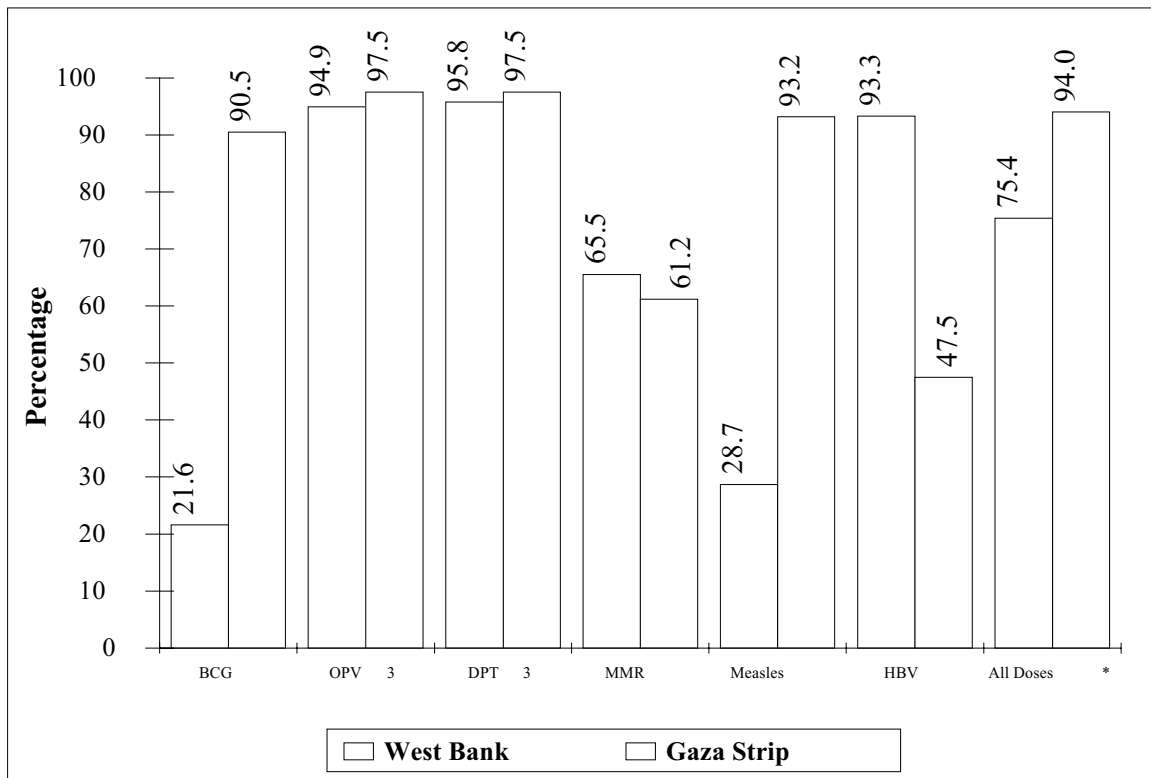
Table 1 shows that the majority of the various types of accidents took place at home: 56% injuries, 98% burns, 54% fractures, and 93% poisoning accidents. These findings show the importance of monitoring child activities and improving home safety precautions for decreasing the risks of accidents.

5. Vaccination

The Health Survey provided considerable data on the vaccination of under-five children against a number of diseases including Tuberculosis, Polio, Diphtheria, Whooping Cough, Tetanus, Hepatitis, Measles, and MMR. Nearly 94% of mothers reported that their children have had health / vaccination cards showing the types of vaccinations received by children and dates of vaccination. Only 67% of child health cards were reviewed. The difference in the reported percentages of children with health cards and those actually reviewed may be explained by the fact that the cards of children insured by UNRWA's health insurance system are kept by UNRWA.

Figure 7 presents the percentages of children aged 12-23 months, who have received specific vaccination dosages, by their place of residence. An increase is found in the number of children in Gaza Strip who received hepatitis, and measles/mumps/rubella vaccines than in the West Bank. The difference between the two regions in vaccination coverage is mostly noted in the cases of Tuberculosis and Measles vaccination. This disparity is less likely to express behavior differences among the two populations, rather it may reflect regional differences in vaccination programs and priorities.

Figure 7: Percentage of Children Aged 12-23 Months Who Have Had Received Specific Vaccines by Type of Vaccination and Place of Residence



* Includes: Measles or MMR and three dosages of DPT and Polio

The findings show that, among children in the age group 12-23 months who received all vaccinations (Measles, MMR, Polio, and DPT vaccines), 94% of children in Gaza Strip completed the standard vaccination courses, compared to 75% of children residing in the West Bank. The low percentage of measles vaccination coverage among children in the West Bank contributes to the regional disparity of vaccination coverage resulting from incomplete measles vaccination courses in the West Bank.

Table 2 points out to the main reasons for not completing vaccination courses received partially by children aged 12-23 months. About 56% of mothers reported that they thought their children were still young for vaccination, 12% of mothers intended to seek vaccination for later, 8% because of baby illness, and 7% of children had not received vaccination because the vaccine was unavailable.

Table 2: Percent Distribution of Children Aged 12-23 Months, Who Did Not Complete Vaccination Dosages by Reason of Not Receiving or Completing Vaccinations and Background Characteristics, in the West Bank and Gaza Strip.

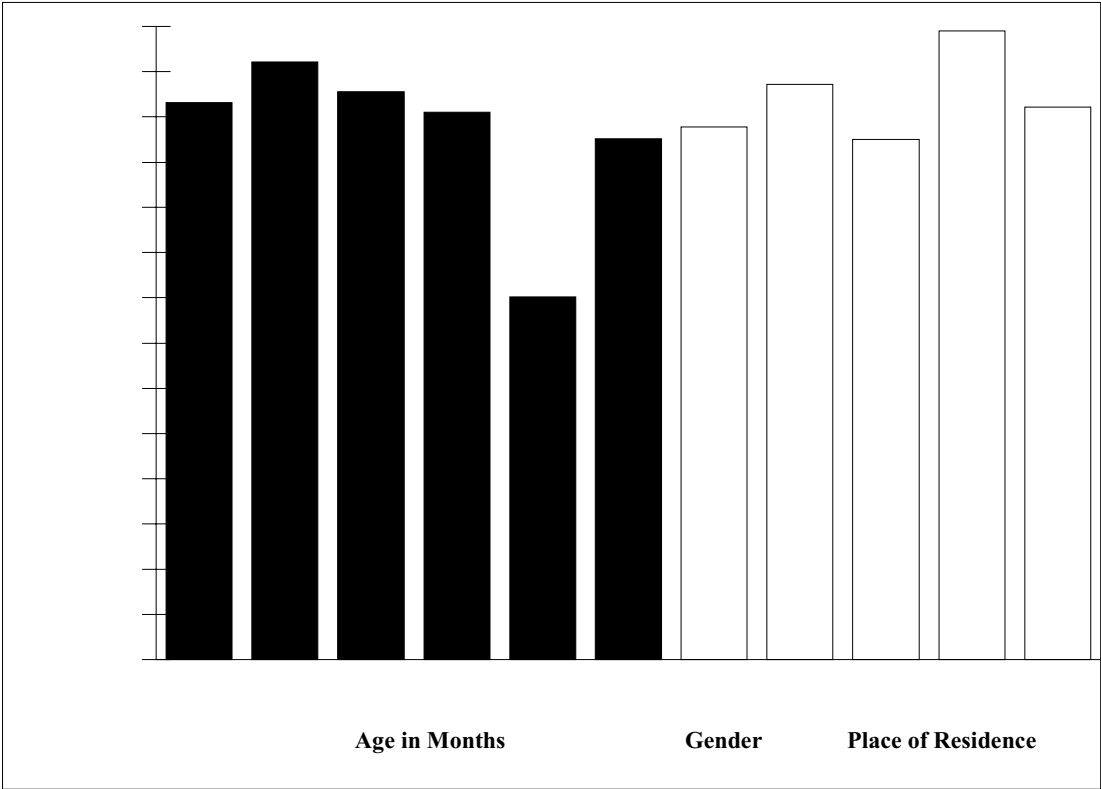
Background Characteristics	Young child	Not aware of the importance of vaccination	Not aware of the importance of another visit	Fear of side effects	Remote area	Had no idea of timing	Intends to go	Child was sick	Vaccine unavailable	Not stated	Total
Age											
12-17	64.8	0.5	0.0	0.0	0.0	1.8	14.4	6.2	3.4	8.8	100
18-23	24.6	2.5	3.7	2.3	3.3	1.5	4.7	12.1	18.1	27.0	100
Gender											
Male	52.8	1.1	1.7	1.0	0.0	1.5	11.8	6.4	8.2	15.5	100
Female	58.6	0.8	0.0	0.0	1.5	2.0	12.7	8.8	5.3	10.3	100
Residence											
West Bank	55.3	0.5	0.5	0.6	0.9	2.1	14.9	8.0	3.3	13.7	100
Gaza Strip	57.3	3.1	2.4	0.0	0.0	0.0	0.0	5.8	22.2	9.2	100
Total	55.7	1.0	0.9	0.5	0.8	1.7	12.2	7.6	6.7	12.9	100

6. Treatment of diseases

6.1 Treatment of Diarrhea

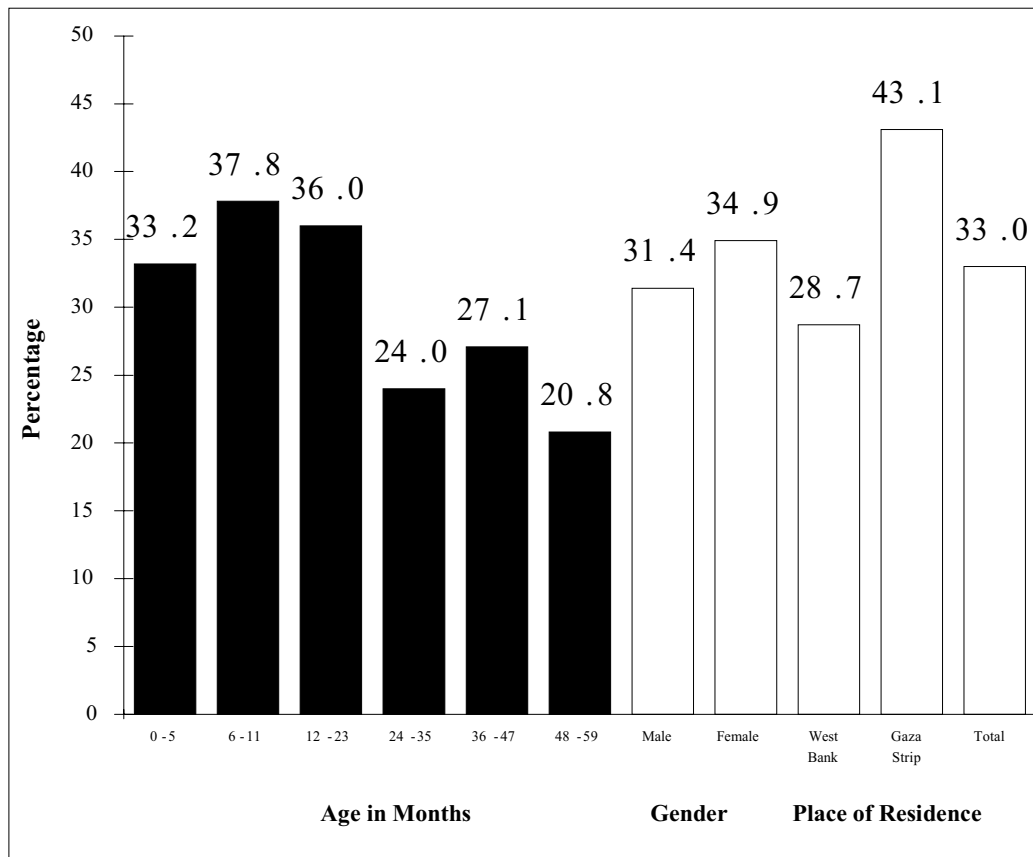
Nearly 61% of the surveyed under-five children, who were reported to have had a diarrhea episode in the last two weeks preceding the survey, had received medical consultation for treatment. Figure 8 displays the higher percentage of female children seeking treatment for diarrhea (64%) than males (59%) as well as the higher percentage of these children in Gaza Strip (70%) in comparison to the West Bank (58%). Health centers and private clinics represent the main sources sought for medical consultation.

Figure 8: Percentages of Under-Five Children Reported to Have Had a Diarrhea Episode, but Received Medical Consultation for Treatment, by Age, Gender, and Place of Residence.



About 33% of children with diarrhea were treated with oral rehydration salts (ORS) during the episode. The highest percentage of treated children with diarrhea was found among children at age group 6-11 months, as seen in Figure 9. This percentage of treated children increases among female, and among children in Gaza Strip, compared to male children and the children residing in the West Bank.

Figure 9: Percentages of Under Five Children who Had Diarrhea and were Treated with ORS by Age, Gender, and Place of Residence



53% of the surveyed children, who had diarrhea during the preceding two weeks, received more liquids for treatment purposes than they were used to, 37% were given similar amounts of liquids, while 9% had less liquids than they used to have before the episode.

The percentage of children given less quantity of liquids than usual increases among children aged 48-59 months and among children of the West Bank when compared to the rest of children.

Table 3: Percentage Distribution of Under Five Children who Have Had a Diarrhea Episode by Quantity of Liquids Received During The Episode, Age, Gender, and Place of Residence.

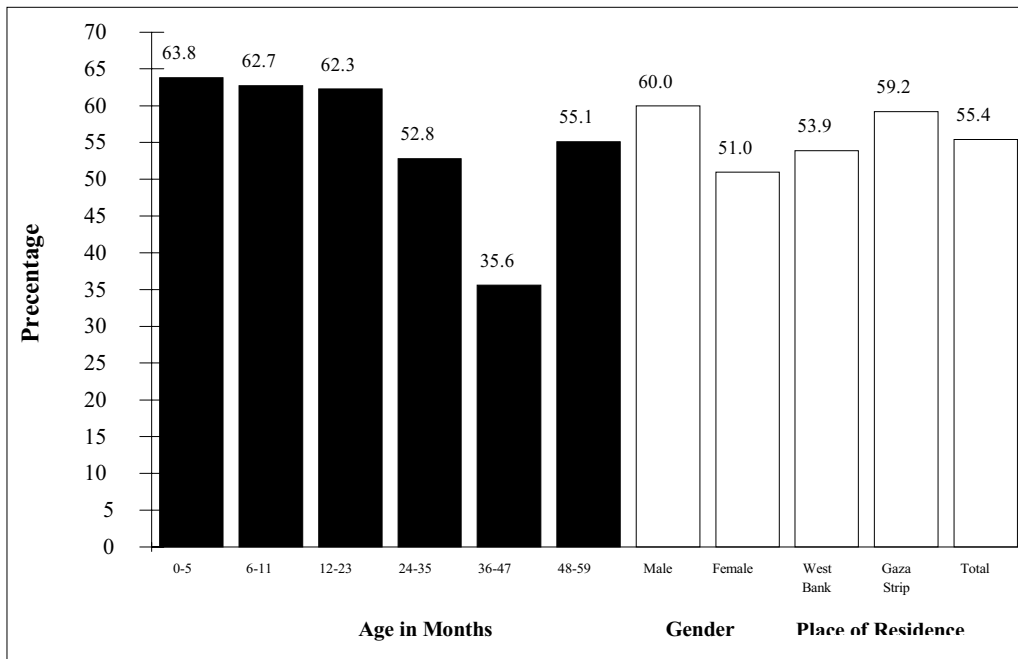
Background Characteristics	Less than usual	Same quantity	More than usual	Not stated	Total	Number of children suffering from diarrhea
Age						
0 – 5	17.0	43.8	39.2	0.0	100	68
6 – 11	6.9	40.4	52.7	0.0	100	142
12 – 23	5.8	39.2	54.6	0.4	100	206
24 – 35	9.0	29.5	59.0	2.5	100	85
36 – 47	10.2	33.8	54.2	1.8	100	47
48 – 59	21.5	19.6	58.9	0.0	100	21
Gender						
Male	9.6	37.1	53.1	0.2	100	309
Female	8.0	37.7	63.1	1.2	100	261
Place of Residence						
West Bank	10.6	39.5	48.9	0.9	100	400
Gaza Strip	4.6	32.6	62.8	0.0	100	170
Total	8.8	37.4	53.1	0.7	100	570

The percentage of children who had diarrhea but had no medical consultation for treatment amounts to 39% of children with diarrhea. The main reasons behind not seeking medical treatment depend on mothers' opinions: 71% thought the episode is mild and 7% of cases in which mothers were busy to seek treatment, or because of the unavailability of health services (2%).

6.2 Treatment of Cough and Cold

The survey found that 55% of under-five children, who have had cough/cold in the two weeks preceding the survey, had received medical consultation for treatment, especially among sick male children. The percentage of treated children, as presented by figure 10, is higher in Gaza Strip than in the West Bank. The highest percentage of treatment is given to children less than 6 months of age, to male children, and to children residing in Gaza Strip.

Figure 10: Percentage of Under-Five Children who Have Had a Cough/Cold and Received Medical Consultation for Treatment by Age, Gender, and Place of Residence.



The main source for treating cough/cold is the health centers and private clinics. Health services facilities were sought by 56% of cases for treatment of cough/cold after one day of infection, 29% after two days, and by 15% of cases after more than two days of infection.

The survey's findings indicate the various types of given cough/cold treatments: 64% had received antipyretic, 50% antibiotic, 48% have expectorant solutions, while 51% of them had herbal solutions.

7. Nutrition

7.1 Breast-feeding

Breast-feeding is the best type of feeding for infants, particularly during the first six months of the child's life, because it provides the baby with the essential nutritional requirements. Mothers' milk contains antibodies against a large number of common infections. Therefore, the pattern and duration of breast-feeding are some of the most important determinants of the child's health status.

Breast-feeding is a very common practice in the West Bank and Gaza Strip, as emphasized by the survey's findings. In the five years preceding the survey, about 96% of children were breast fed for an average of 11.1 months, which nevertheless tends to increase among children in Gaza Strip. Moreover, male children have longer duration of breast-feeding (with one month in average) than female. But the average duration of breast-feeding generally tends to decrease with the increase of mother's educational levels.

Figure 11: Mean Duration of Breast-Feeding by Mother's Education, Child's Gender, and Place of Residence.

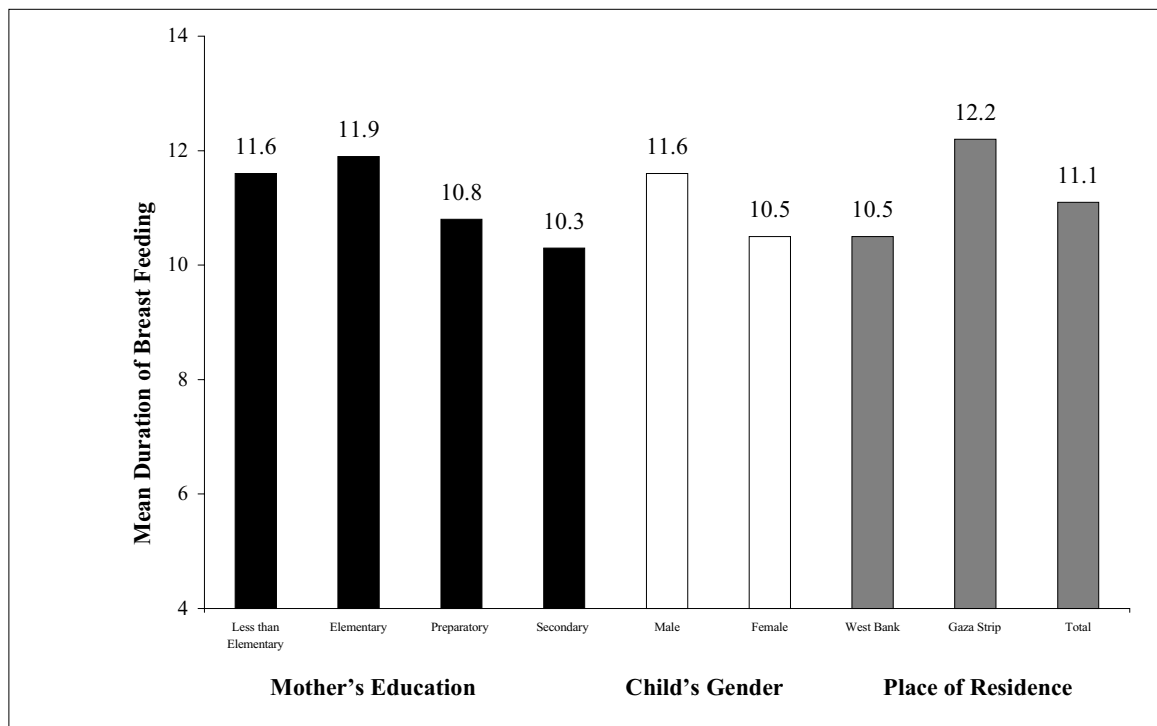


Table 4 presents the distribution of the last newborns, by child's age at weaning and reasons for weaning. The several weaning reasons vary according to the child's age at weaning. For babies weaned before the age of six months, the main leading factor is mother's insufficient milk or baby's refusal to breast-feed.

Table 4: Percentage Distribution of the (Latest Born) Weaned Child by Reasons of Weaning and Age of Child in the West Bank and Gaza Strip.

Reason of Weaning	Less than 6 months	6 – 11 months	12 – 23 months	24 +	Total
Weaning Age	0.3	9.7	59.7	85.6	36.4
Child Sickness	4.1	3.4	1.6	0.0	2.5
Refused Breast	31.0	28.6	4.8	2.5	16.2
Mother Sickness	13.1	6.0	4.6	1.3	6.9
Insufficient Mothers' Milk	41.4	18.4	6.4	0.0	17.7
Got Pregnant	4.5	26.6	18.5	8.9	15.3
Would Like to Get Pregnant	0.4	2.9	1.7	0.0	1.4
Intends To Use Contraception	0.8	0.6	0.8	1.7	0.8
Would Like to Work	1.9	1.6	0.4	0.0	1.0
Prefers Canned Food	2.5	2.2	1.5	0.0	1.8
Total	100	100	100	100	100
Number of Children	351	232	576	110	1269

For children weaned at the age of 6-11 months, the main reasons are the child's refusal and mother's pregnancy. The main reason behind weaning children at the age of 12 months or older is the mother's belief that the child has reached the weaning age.

7.2 Supplementary Feeding

Supplementary feeding is the provision of regular additional food to children, usually at an average age of 5 months. Types of feeding given to the child according to child's age at the time of the survey are indicated in the table below.

Table 5: Percentage of Under Five Children Given Supplementary Feeding by Child's Age and Type of Food in the West Bank and Gaza Strip.

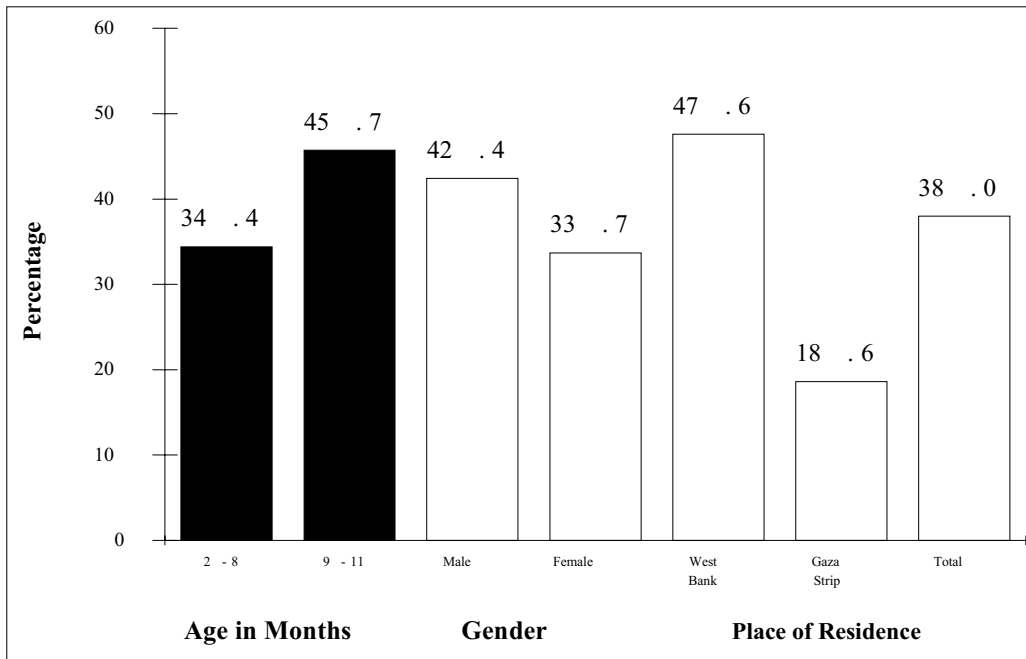
Additional Food	Child age in months						Total
	Less than 4	4 - 6	7 - 11	12 - 17	18 - 23	24 - 59	
Mineral Water	13.1	12.6	13.0	10.2	11.9	11.1	11.5
Powdered Milk	38.5	51.3	54.2	50.7	48.1	44.3	46.7
Fresh Milk	3.5	7.1	20.4	30.2	43.0	41.0	34.3
Fruit Juice	21.8	64.3	88.1	85.0	87.5	85.4	81.9
Sugar + Water	33.4	16.0	15.9	15.7	16.2	17.5	17.5
Herbal Drinks	86.1	82.0	78.8	74.6	70.6	72.7	74.4
Home Made Food	14.5	66.1	70.9	52.7	44.3	36.7	43.8
Household Food	6.2	46.1	86.1	97.5	97.1	98.2	89.7
Canned Food	11.5	33.4	30.8	20.6	22.8	20.8	22.5
Iron Enriched Food	8.0	31.2	57.4	68.6	74.5	72.1	65.3

Types of liquids and foods vary according to the child's age: the majority (86%) of children aged less than 4 months are given herbal solutions, while 39% have powdered milk. As they grow in age, the majority of children start to have normal food with the rest of the family. For example 98% of children aged 12-17 months have the same food as the rest of family, and 85% of this age group are given fruit juice.

7.3 Vitamins A/D Supplements

Vitamins play a crucial role in child's physical development and immunity. Data on vitamins A/D intake was collected by the health survey among the age group 2-11 months. The survey found that 38% of children are having vitamin supplies at the time of the survey, and the highest percentage of these children concentrates among male children and among the children residing in the West Bank.

Figure 12: Percentage of Children Aged 2-11 Months who Have Had Vitamins A/D Supplements by Age, Gender, and Place of Residence.



It is noticed that 89% of children at the age of 2-11 months start to have Vitamins A/D during the second to the fifth month of age. About 79% of these children continue to have vitamins for 0-5 months in comparison to 17% who had vitamins for 6-8 month duration.

8. Conclusion

This report has discussed some indicators of the health conditions of children in the West Bank and Gaza Strip. Variations in these indicators were explored and presented according to child's gender, age and place of residence.

First, nutritional status indicators show that 7% of under five children are shorter than the heights expected at their age, 3% of which are wasting in addition to 4% of underweight children. The percentage of stunting, wasting or underweight children is slightly higher among female than in male children and among the children of Gaza Strip.

The findings of child morbidity reveal that 14% of under-five children have had diarrhea in the last two weeks preceding the survey. Of the latest category, 13% had dehydration caused by Diarrhea, which increased significantly among the 6-11 months age group (32%) when compared to other children. Higher prevalence rates of diarrhea among this group may be linked to the kind of supplementary feeding given to the child in addition to breast feeding, kind of food the child has in general, and to those types of food given to the child after the post weaning period. The findings also show that a 25% of under-five children, who have had cough/cold in the last two weeks preceding the survey, 42% of which also had breathing difficulties in addition to cough/cold. Another high rate of cough/cold is found amongst children 6-11 months (38%), and amongst children in the West Bank in general.

The findings also show that children at age 12-23 months were vaccinated against specific contagious diseases, as attested by review of children's health/vaccination cards. Cards show that 43% were vaccinated against Tuberculosis, 96% had the third dosage of diphtheria, whooping cough, Tetanus and polio vaccines. About 79% had the third dosage of hepatitis vaccine, 64% were vaccinated against Mumps, Measles, and Rubella, and 49% were vaccinated against measles. A huge gap in vaccination rates against Tuberculosis, Hepatitis, and Measles is found between the children in West Bank and the children of Gaza Strip. Vaccination rates for Tuberculosis reached 91% Gaza Strip children and 22% in the West Bank. Similar findings are obtained for Hepatitis vaccination (93% and 48% for the West Bank and Gaza Strip, respectively). As for measles vaccines, results show that 93% of children in Gaza Strip were vaccinated against measles in comparison to the same category in the West Bank (29% only).

Medical consultation data show that 61% of children who have had unexpected illness, in the two weeks preceding the survey, were provided with medical treatment. About 55% of children with cough/cold were medically treated as well.

The data show that 33% of children with diarrhea have been treated with oral re-hydration solutions, especially amongst Gazan children (43%) over the West Bank (29%).

Children with cough/cold had received antipyretic (64%), antibiotics (50%) and expectorant solutions (48%).

Nutrition indices show a 96% rate of breast-feeding among all children born in the five years preceding the survey, for an average duration of 11 months.

Data also show that 38% of all children at the age of 2-11 months have been given vitamin A/D supplements especially amongst the West Bank (48%) and male children in particular (42%).

9. Recommendations

Here are some suggestions regarding the improvement of children's health conditions and status in the West Bank and Gaza Strip, as manifested in data and survey findings, including:

- Promote health education and awareness amongst mothers on the quantity, type and ways of food preparation during and before weaning periods in order to minimize diarrhea risks caused by type of food provided or preparation methods.
- Provide mothers with knowledge on the importance of using ORS in case the child has diarrhea in order to prevent dehydration.
- Increase vaccination rates among children against Tuberculosis and Measles in the West Bank, and take the necessary procedures to confront the obstacles encountered to the achievement of comprehensive vaccination coverage.
- Encourage mothers in Gaza Strip to give Vitamins A/D supplements to their children.

10. General Indicators

Demographic Indicators

Indicator	West Bank	Gaza Strip	Palestinian Territory
Total Population (Millions) ¹ - 1997	1.86	1.02	2.89
Annual Growth Rate (%) ² - 1998	3.90	4.40	4.08
Crude Births Rate (Per 1000) ² - 1998	40.31	45.06	42.08
Crude Deaths Rate (Per 1000) ² - 1998	4.73	4.51	4.65
Life Expectancy at Birth ² Male/Female - 1998	70/74	69/72	70/73
Mortality – 1995			
Child Mortality Rate (Per 1000) ³	25.5	30.2	27.3
Under 5 Years old Child Mortality Rate (Per 1000) ³	31.0	37.0	33.2
Maternal Mortality Rate (Per 100,000 Live Births) ³	NA ⁴	NA	70 – 80

The Health Survey in the West Bank and Gaza Strip– 1996

Indicator	West Bank	Gaza Strip	Palestinian Territory
Sample Size			
Number of Household	2530	1192	3722
Unweighted Average Number of Ever Married Women (15 – 49 years)	2278	1273	3551
Weighted Average Number of Ever Married Women (15 – 49 years)	2260	1076	3335
Number of Under 5 Years old Children	2753	1476	4229
Respondent (Women) Background			
Percentage of Illiterate Women	10.8	6.6	9.5
Percentage of Women who Attained Elementary Education and Higher	47.3	61.0	51.8

¹PCBS, 1998. Population, Housing and Establishments Census, 1997. Census Final Results-Summary.

²PCBS, 1999. Population in the Palestinian Territory, 1997-2025.

³PCBS, 1997. Demographic Survey in the West Bank and Gaza Strip, 1995. Final Report.

⁴Not available.

The Health Survey in the West Bank and Gaza Strip– 1996

Indicator	West Bank	Gaza Strip	Palestinian Territory
Child Health			
Percentage of under 5 years of age children suffering from:			
Stunting	6.7	8.2	7.2
Wasting	2.3	3.7	2.8
Underweight	3.6	4.7	4.0
Percentage of under 5 years of age children:			
Ever had breast feeding (last child)	95.3	97.1	96.0
Average breast feeding period	10.5	12.2	11.1
Percentage of children who have vaccination & health card (card was seen)	74.4	52.7	66.8
Percentage of children (aged 12 – 23 months) who have vaccination / health cards (card was seen) and underwent vaccination against:			
Tuberculosis	21.6	90.5	43.2
Polio and DPT – First dosage	97.8	98.3	98.0
Polio and DPT – Second dosage	97.2	97.4	97.2
Vaccination against Polio and DPT – Third dosage	93.8	97.5	94.9
Vaccination against measles	28.7	93.2	48.9
Percentage of under five years of age children (during the two weeks preceding the survey) who have suffered from:			
Diarrhea	14.5	11.5	13.5
Cough / Cold	27.0	20.3	24.7
Cough / Cold associated with difficulties in breathing	10.2	8.6	11.1

The Health Survey in the West Bank and Gaza Strip– 1996

Indicator	West Bank	Gaza Strip	Palestinian Territory
Percentage of under five children suffering from diarrhea who:			
Medicated through manufactured rehydration salts	18.4	29.8	21.8
Medicated through home made rehydration salts	6.2	6.8	6.4
Not medicated through manufactured nor home made rehydration salts	71.3	56.8	67.0
Percentage of children suffering from cough who:			
Did not take any medicine	10.3	11.0	10.5
Maternity Care			
Percentage of Pregnant Women Who:			
Followed up Pregnancy	82.9	76.8	80.3
Received Tetanus Vaccination	19.6	24.4	21.6
Percentage of Deliveries Supervised By:			
Specialized Physicians	53.1	69.1	58.6
Trained Midwives	38.9	25.1	35.3
Untrained Midwives	5.0	1.4	3.8
Percentage of Deliveries took place in:			
Governmental Hospitals	47.4	36.1	43.6
Private Hospitals	28.3	8.8	21.8
Private Clinics	2.7	25.2	10.5
At Home	12.9	4.1	9.9
Health Insurance			
Percentage of Households having:			
Governmental Insurance	37.6	41.8	38.9
UNRWA Insurance	12.8	30.7	18.4
Social Security	1.0	1.8	1.2
Private Insurance	3.3	2.5	3.0
Without Insurance	45.3	23.2	38.4