



Palestinian Central Bureau of Statistics

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

Summary Report

September, 1999

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Unofficial Translation

Presidential Decree No. (19/1999)

On the Expansion of PCBS' Mandate and Scope of Operation

Unofficial Translation

**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) and Mr. Samer Al-Bazz (Researcher, 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. To all of them, the Palestinian Central Bureau of Statistics expresses its gratitude for producing this report.

The Palestinian Central Bureau of Statistics would also like to thank the Palestinian Ministry of Health for providing official and technical support for the implementation of this survey. PCBS also expresses its gratitude and appreciation to the Health Minister, Dr. Riyad Al-Za'nun, the Deputy Health Minister, Dr. Munther Al-Sharief, and health specialists in the Ministry for providing support.

Finally the Palestinian Central Bureau of Statistics expresses its gratitude to the United Nations Children's Fund (UNICEF) and the Ford Foundation for their financial contribution and aid.

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 status 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 conditions of the Palestinian citizens.

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 habits 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 summarizes the most important findings provided by the Health Survey on maternal and child health in the West Bank and Gaza Strip. The report concludes with an overview of a set of top priority recommendations, based on the findings of the survey, in relation to some health policy proposals that could be adopted for improving the reality of maternal and child health in the West Bank and Gaza Strip.

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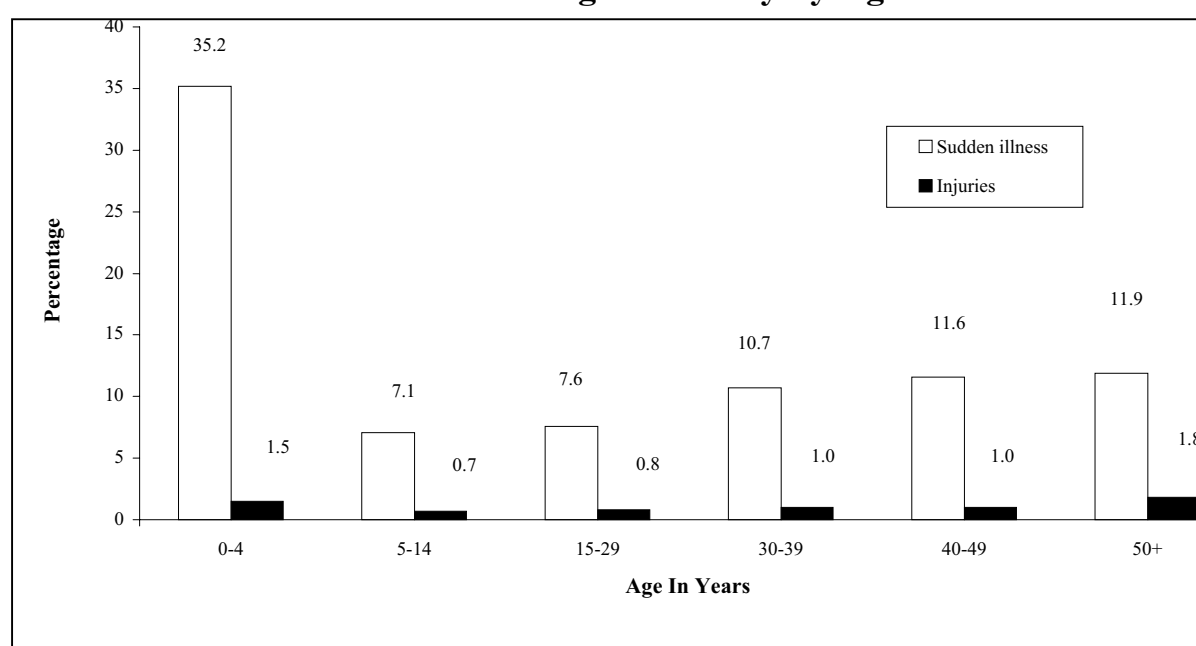
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1. Health Status of the Sample Households' Members

1.1 Incidence of Sudden Illnesses and Injuries

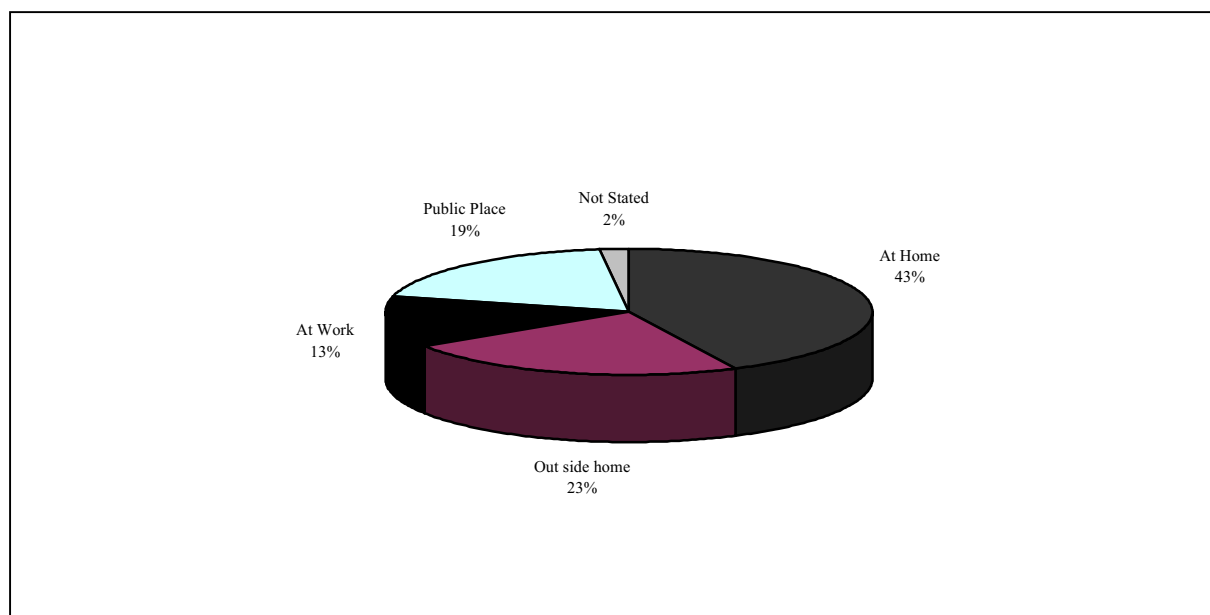
The findings of the health survey indicate that 14% of the Palestinian household members had suffered sudden illnesses or injuries during the last two weeks preceding the survey. Prevalence rates are particularly higher in the age group 0-4 years (35%). Similar rates exist among male (13%) and female (14%) as well as between the two regions (14% in West Bank and 13% in Gaza Strip).

Figure 1: Exposure to Sudden Illnesses and Injuries During the Last Two Weeks Preceding the Survey by Age.



As for injury rates, the findings of the survey indicate that two out of every five injured persons (43%) reported that their injury took place at home, while 23% reported that their injury had occurred outside housing units. Work and public places are the least likely places to witness injuries (13% and 19% respectively).

Figure 2: Percentage Distribution of Persons who Suffered from Injuries During the Last Two Weeks Preceding the Survey by Place of Injury

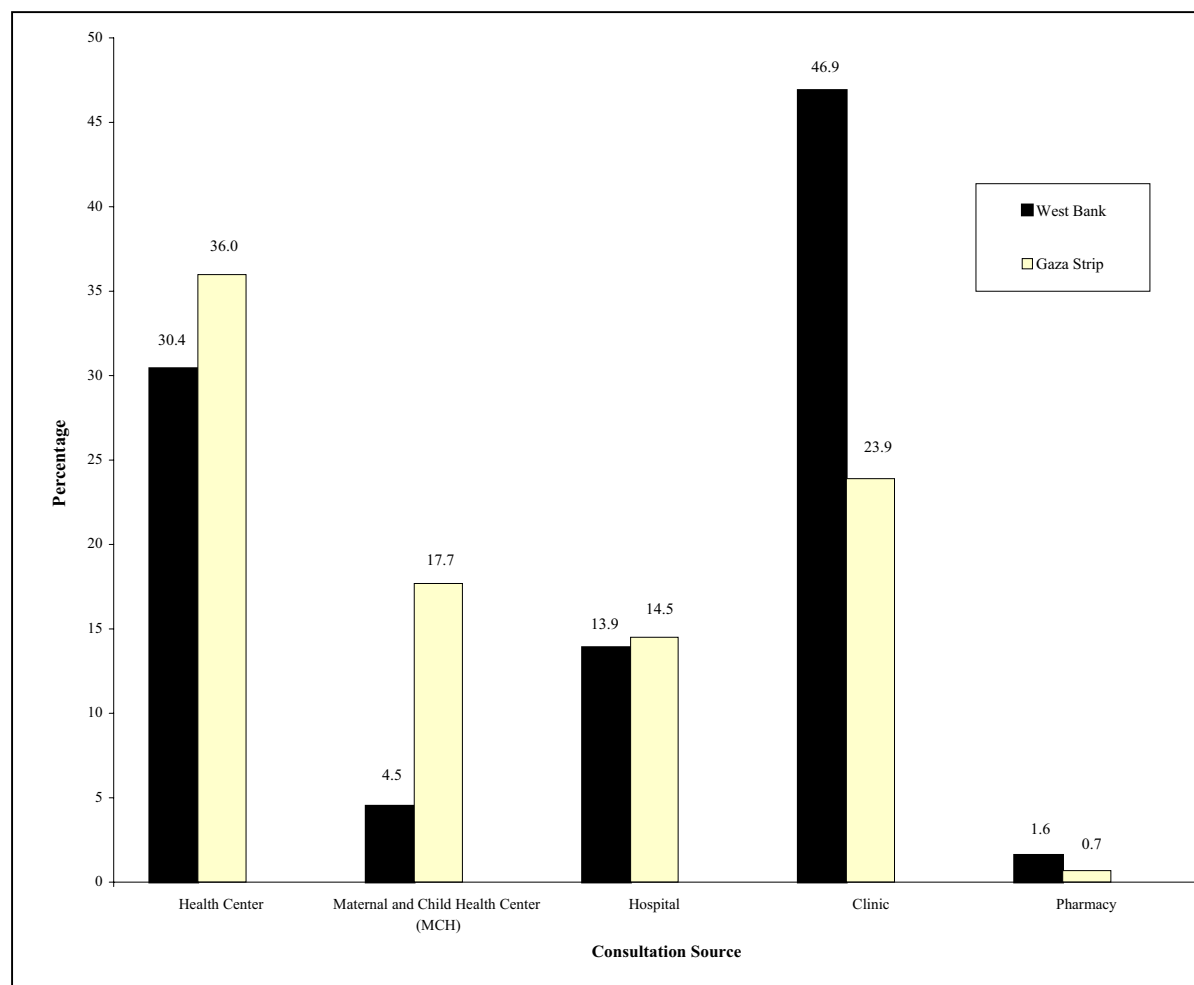


1.2 Source of Medical Consultation for the Treatment of Sudden Illnesses and Injuries

The findings of the Health Survey in the West Bank and Gaza Strip show that two thirds of the individuals who had been suddenly ill or injured, in the last two weeks preceding the survey, had sought medical consultation for treatment.

The clinic is the main place sought by individuals in the West Bank and Gaza Strip in order to receive medical consultation for the treatment of sudden illnesses or injuries (40%). Health centers provided services for about one third (33%) of the sudden illnesses or injuries, while 14% preferred to go to hospitals. Maternal and child health centers provided services to about 8% of these individuals. Generally, the survey data show that the clinic is the main source of treatment for more than half of the suddenly ill/injured in the West Bank, while more than one third (36%) of these individuals in Gaza Strip rely on medical consultation provided by the health centers.

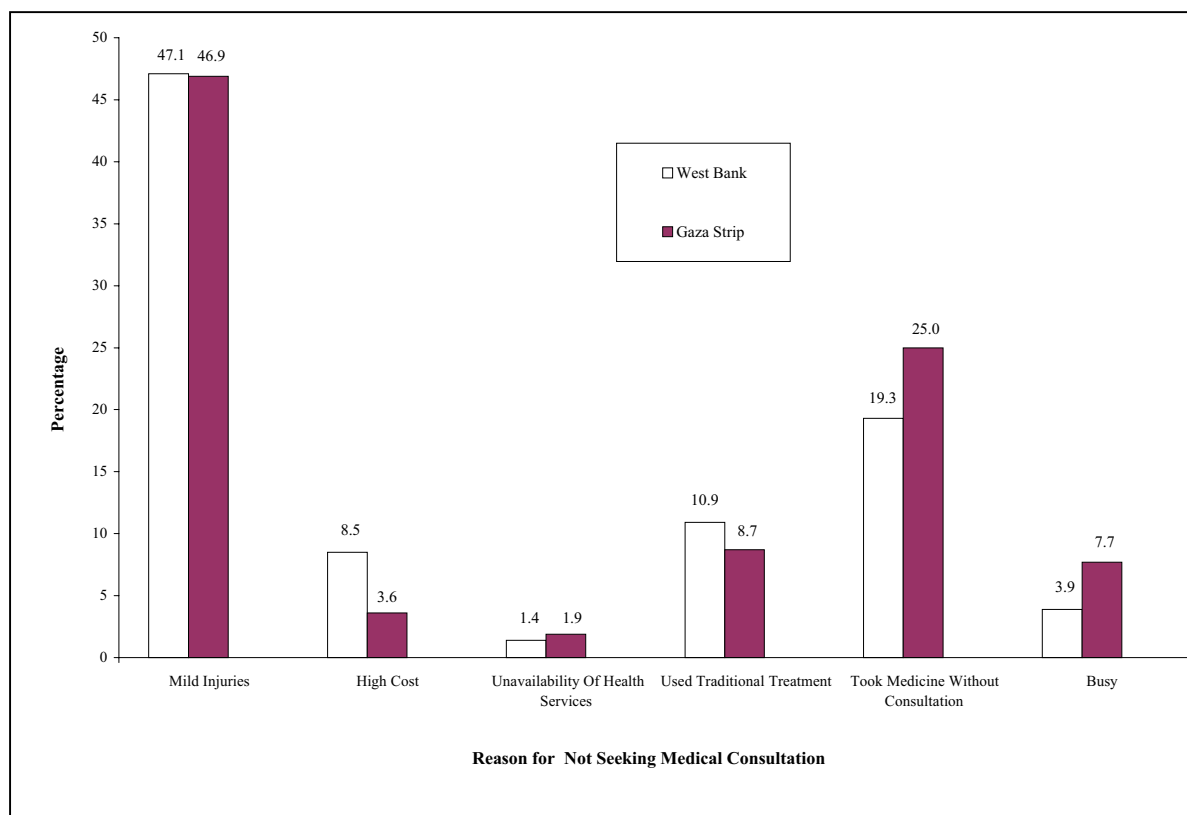
Figure 3: Percentage of Persons who Suffered from a Sudden Illness or Injury and Received Medical Consultation by Source



1.3 Reason for Not Seeking Medical Consultation

Likewise, the findings of the survey show that one third of the individuals who had been suddenly ill or injured, in the last two weeks preceding the survey, had not sought medical consultation for treatment due to many reasons. Basically, the respondents reported that the illness/injury had not required medical consultation (47%). Others stated other reasons including self-treatment without medical consultation (21%), and seeking traditional folk medications (10%). Only 7% referred to the cost of medical consultation as the reason for not seeking medical treatment.

Figure 4: Percentage of Persons who Suffered from a Sudden Illness or Injury and Did Not seek Medical Consultation



2. Child Health

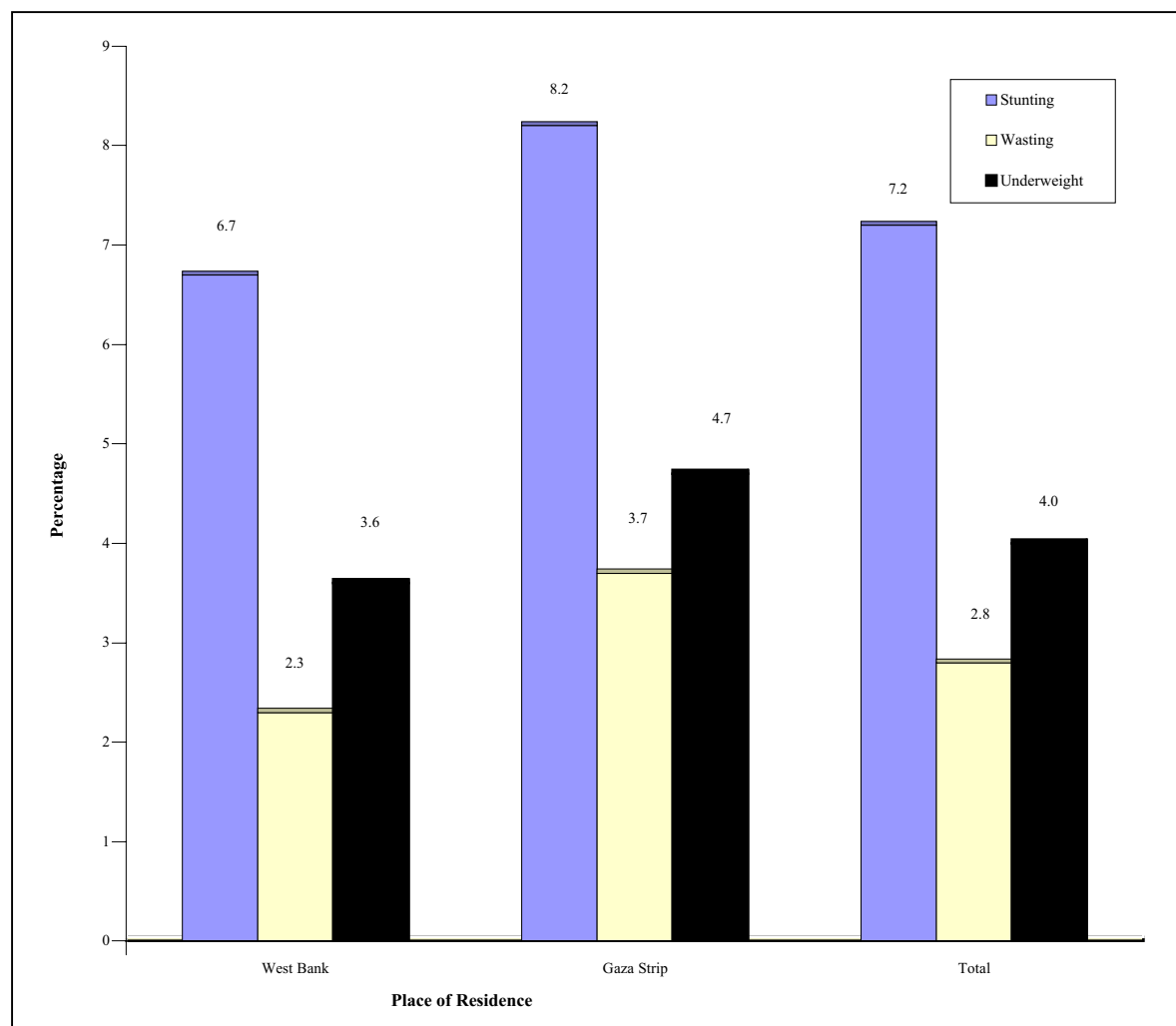
2.1. Children's Nutritional Status

The health status of under-five years old children can be assessed through some indices to measure their nutritional status, rate of diarrhea and respiratory diseases.

The survey measured the heights and weights of under-five children. The resulting data were used to assess the nutritional status of children in comparison to the nutritional status of children of the same gender and age groups in the standard community recommended by the World Health Organization.

The survey revealed a prevalence rate of 7% of stunting (less height-for-age, an indicator of chronic malnutrition), and 3% of wasting (low weight-for-height, an indicator of both severe and recent malnutrition). The findings also show that 4% of the under - five children are underweight (low weight-for-age, an indicator of past and recent nutritional status). The highest rates of wasting (7%) and underweight (6%) prevail among children in the age group 6-11months, irrespective of gender or place of residence. Furthermore, stunting rates increase by age, which is likely to be caused by the gradual decrease in breast-feeding and increase in illness rates among children as they grow up.

Figure 5: Percentage of Under Five Children Suffering from Stunting, Wasting, and Underweight by Place of Residence



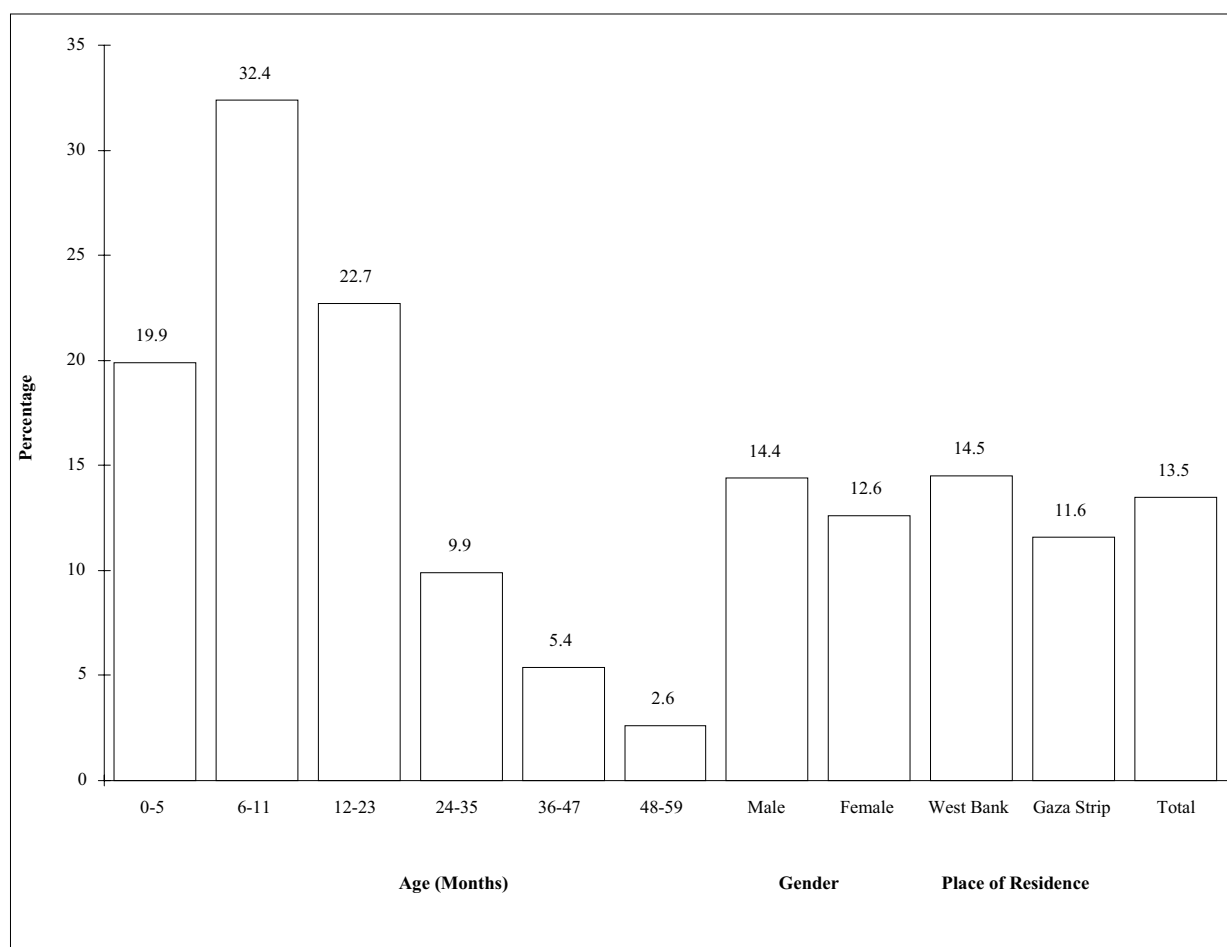
2.2 Morbidity

2.2.1 Diarrhea

The percentage of children who had diarrhea in the last two weeks preceding the survey reached around 14%, with an average duration of 4 days. The findings of the health survey show that the age group 6-11 months had the highest rates of diarrhea (32%). This is the same age group that had the highest wasting and underweight rates, which points out to the grievous consequences of diarrhea on the nutritional status of children. On the other hand, the West Bank children are found to be threatened by diarrhea more than the children in Gaza Strip (15% and 12% respectively).

Other symptoms accompanying diarrhea include high temperature (62% of children); vomiting (37%); and dehydration (13%). The possibility of developing dehydration among children who had diarrhea reaches to the highest levels among children in the age groups 0-5 months (23%) and 12-23 months (17%) especially in the West Bank (15%) compared to Gaza Strip (6%).

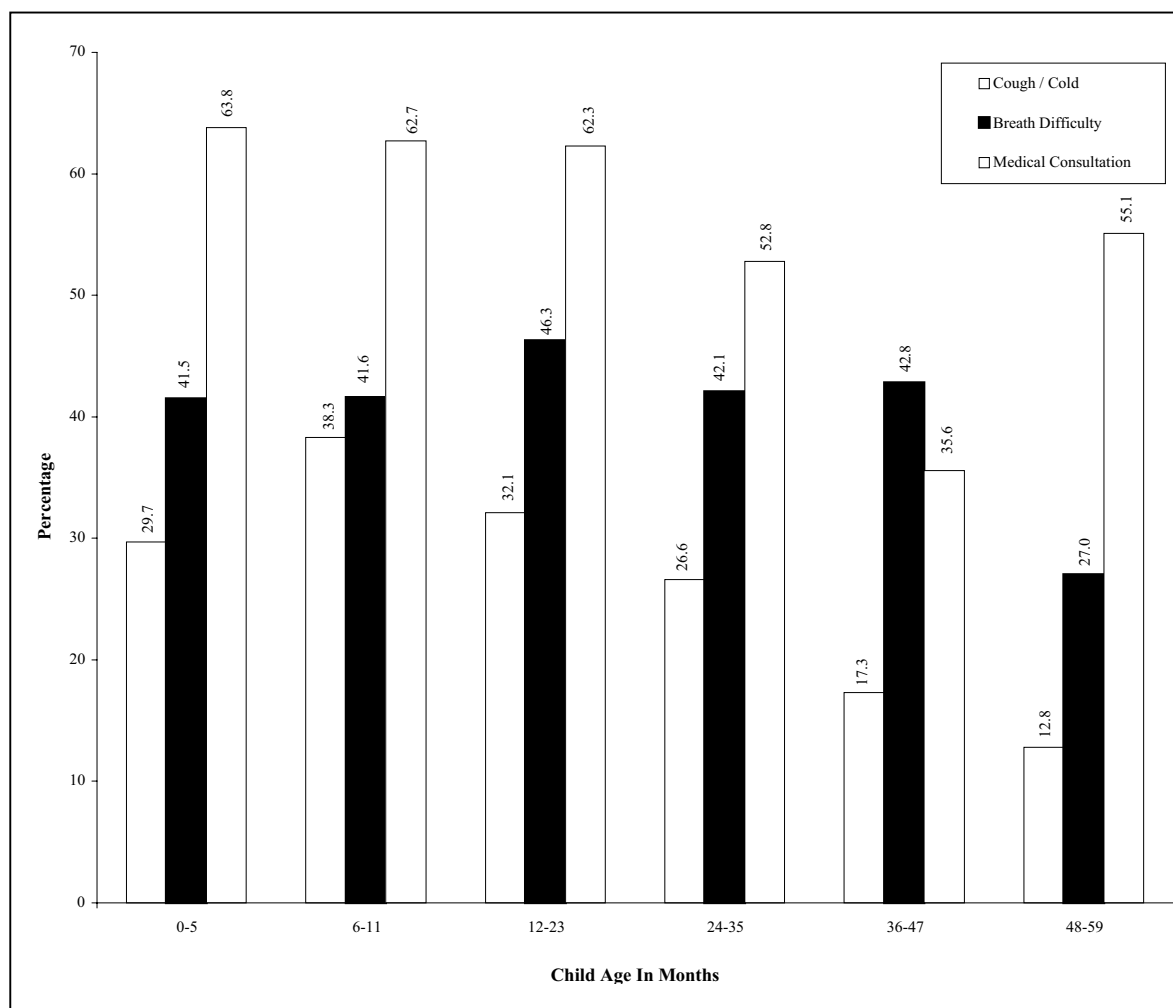
Figure 6: Percentage of Under Five Children who Suffered from Diarrhea During the Last Two Weeks Preceding the Survey by Age, Gender, and Place of Residence



2.2.2 Cough / Cold

One child out of four who is under the age of five had suffered from cough/cold in the last two weeks preceding the survey. The findings of the survey indicate that 42% of children who had cough/cold, suffered from breathing difficulties (it is a symptom of acute respiratory infections such as acute lung infections) and 63% of cases suffered from high temperatures concurrently with cold/cough. The highest rates were found amongst the following groups: children at the age of 6-11 months (38%), female children (26%), and the West Bank children in general (27%).

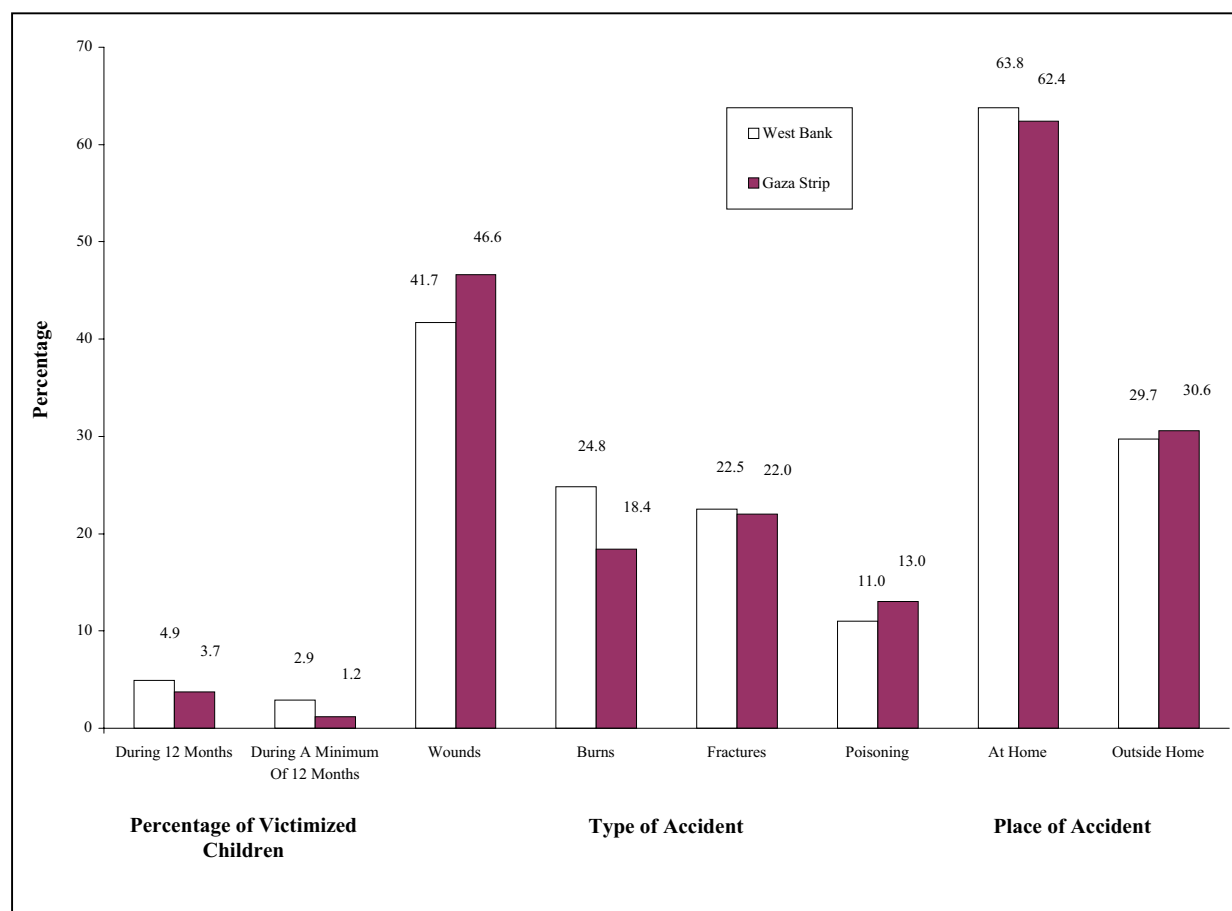
Figure 7: Percentage of Under Five Children who Suffered from Cough/Cold during the Last Two Weeks Preceding the Survey



2.2.3 Incidence of High Risk Accidents

The findings of the health survey indicate that 4% of the under - five children encountered had serious accidents during the twelve months preceding the survey. The dominant types of accidents were wounds (43%), followed by burns (23%), fractures (22%) and poisoning (12%). The findings of the health survey also indicate that most accidents (64%) occurred at home settings, which shows the importance of improving home safety measures.

Figure 8: Percentage of Victimized Children by Type and Place of Accident



64% of the Accidents Faced by Children Took Place At Home, Which Stresses the Importance of Creating A Safe Household Environment

2.3 Treatment of Diarrhea and Cough / Cold

2.3.1 Diarrhea Treatment

Available data show that a total of 61% of children who had diarrhea in the last two-weeks preceding the health survey had received medical consultation for treatment. Health centers provided 45% of these consultations, health clinics 42%, and 18% by Maternal and child Health Centers.

Two thirds of under-five children who had diarrhea did not receive oral Rehydration salts (medical or homemade) during diarrhea episodes, and the percentage of these children is significantly higher in the West Bank than in Gaza Strip (71% and 57% respectively).

It was revealed that about 33% of under-five children who had suffered from diarrhea in the last two weeks preceding the survey were treated with oral rehydration salts (22%); home made solutions of sugar, salt and water (6%), or with both types of solutions (5%). The percentage of children treated with oral rehydration salts is higher in Gaza Strip (43%) in comparison with the West Bank (29%).

2.3.2 Cough/Cold Treatment

More than half of the children (55%) who suffered from cough / cold had received medical consultation for treatment. The highest rates of consultations were found among the lowest age groups (0-23 months). The largest number of consultations was provided by health centers (46%) and private clinics (38%). The medications used in treatment vary from antipyretic (64%) to antibiotic or herbal solutions (50%).

2.4 Vaccination

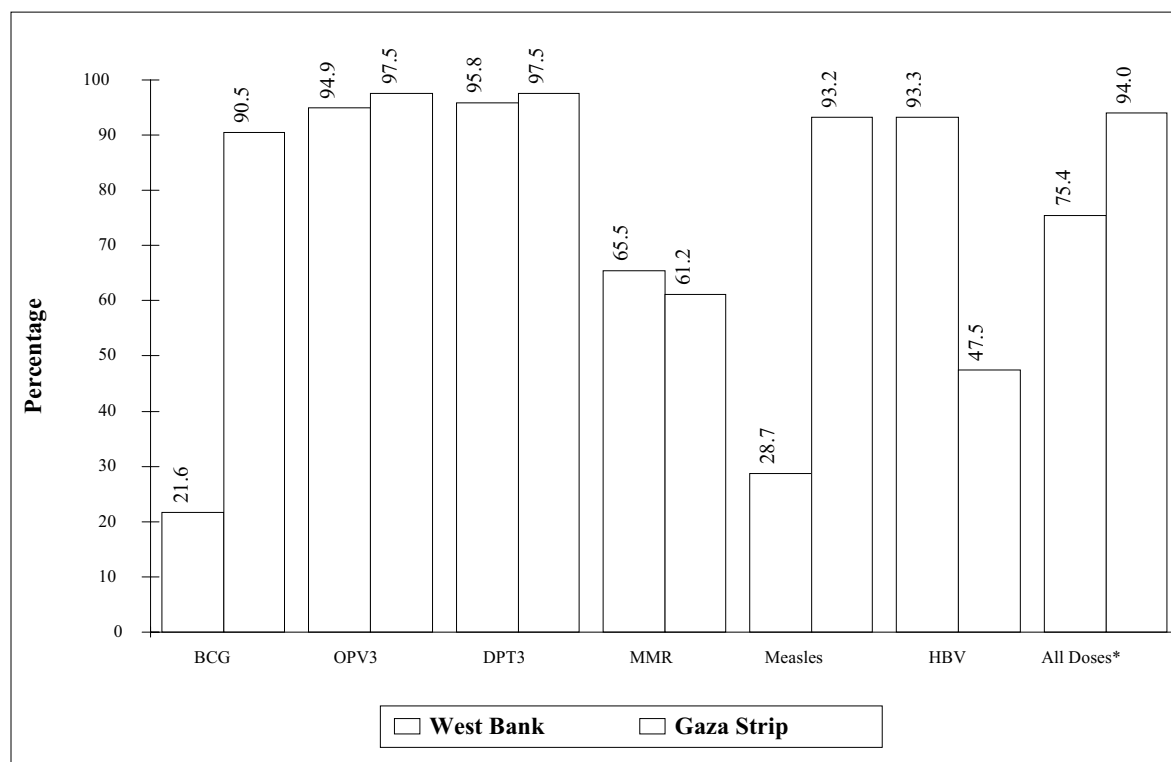
Vaccination against the major childhood diseases (TB, diphtheria, whooping cough, tetanus, polio and measles) is the critical preventive measure provided to strengthen the child's immunity system against them and their possible long - term results such as disability and mortality.

The majority of under-five children (94%) in the West Bank and Gaza Strip have vaccination cards, of which 67% were examined by the survey.

The findings of the health survey show that 43% of children in the age group 12-23 months, who had vaccination cards, were vaccinated against TB. The percentage of the triple (DPT) vaccination ranged between 98% for the first dosage and 96% for the third. Polio vaccination was taken by 99% of children in the first dosage, which decreased to 96% in the third dosage. Vaccination rate against measles reached 49%.

Regional differences in vaccination rates exist between the West Bank and Gaza Strip albeit the absence of gender differences in both regions. Gaza Strip has the highest rates of TB vaccination (91%) in comparison with the West Bank (22%). Vaccination rate against measles in the West Bank was very much lower (29%) than in Gaza Strip (93%).

Figure 9: Percentage of Children Aged 12 – 23 Months who Received Specific Vaccines by Type of Dosage in the West Bank and Gaza Strip



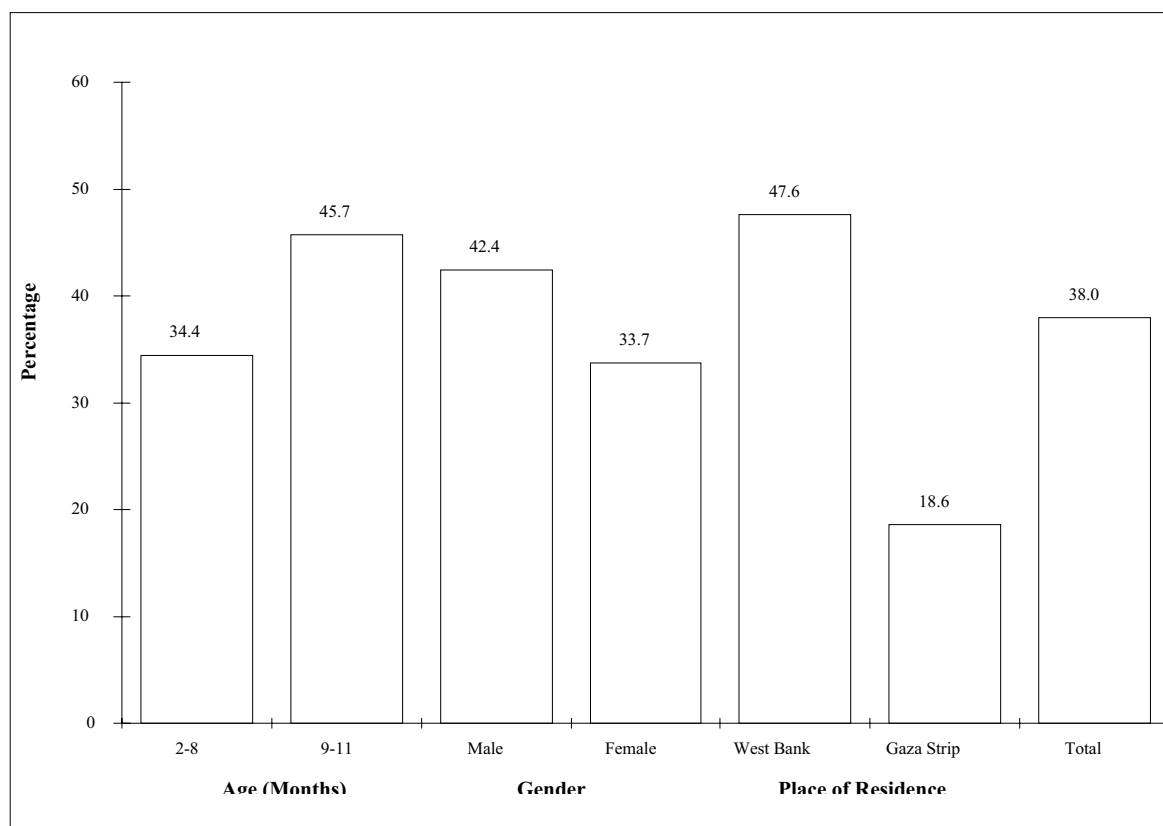
* Includes measles or MMR and three dosages of DPT and polio

There are no gender differentials in vaccination rates although regional differentials exist (the West Bank and Gaza Strip) in relation to the vaccination coverage of TB and measles vaccines.

2.5 Vitamin A/D supplements

In addition to vaccination, the health status of children is affected by the intake of Vitamins A/D supplements. The survey findings show that 38% of children in the age group of 2-11 months had been given A/D vitamins. The findings revealed that male children were more fortunate to receive vitamin supplies (42%) than female children (34%). The West Bank children who had vitamin supplies outnumbered their counterparts in Gaza Strip (48% compared to 19%, respectively). This practice starts at an early age (0-5 months of age) for the overwhelming majority of children (89%) who received vitamin supplies. The average duration of Vitamin intake was 0-5 months in 79% of children while 17% of these children continued to receive vitamins for longer periods (6-8 months).

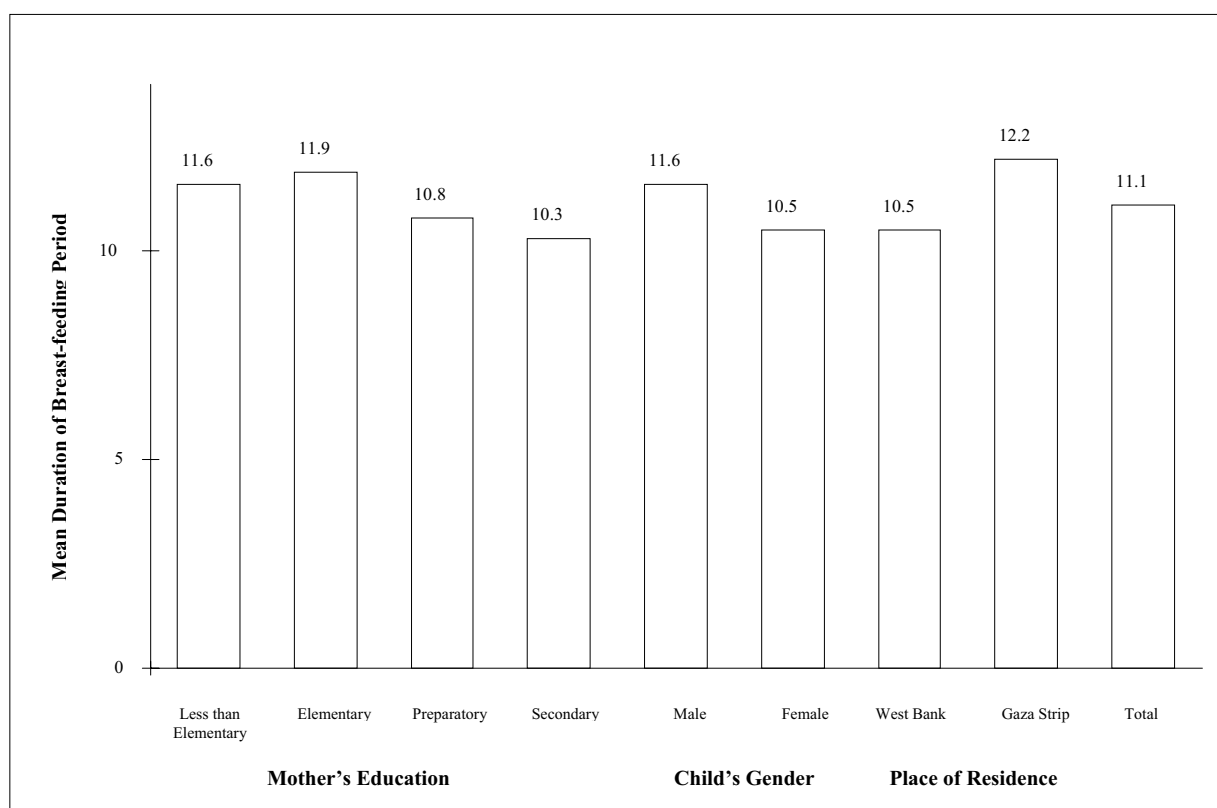
Figure 10 : Percentage of Children Aged 2 – 11 Months who Take Vitamins A / D Supplements by Age, Gender, and Place of Residence



2.6 Breast-feeding

The main findings of the survey show that 96% of births in the preceding five years were breast-fed. The mean duration of breast-feeding is 11.1 months which increases according to the increase in mother's age and decreases according to the increase of the educational level. The main reason for weaning is the child approach to weaning age (46%); insufficient mother's milk (18%); child refusal of breast – feeding (16%); and pregnancy (15%). These reasons have different ranks, in terms of importance, in comparison with the child's age. For instance children are weaned at the age of 6-11 months mostly because of the child refusal of breast - feeding (28%) and mother pregnancy (27%). The child mean age at the introduction of supplementary (additional) feeding is 5 months, irrespective of child gender or place of residence.

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



3. Maternal Health Care

3.1 Pre - Natal Health Care

The survey data reveal that 95% of the last two births, in the five years preceding the survey, had received pre-natal care. More than half of the follow up activities (58%) took the form of routine medical follow-ups. The mean number of follow-up visits during pregnancy was 7 visits.

Specialized doctors have carried out 79% of the medical follow-ups. On the other hand, the general practitioners carried out 18% of these services. Whereas two thirds of pregnancy follow-ups were provided at private clinics, about 48% were provided in Maternal and child health centers.

Deliveries that had received no pre-natal care are the result of a lack of health problems during pregnancy (54%) and no earlier pregnancy experiences (40%).

The majority of pregnant women at the time of the survey (78%) stated that they did not receive tetanus vaccines. While 17% of them had one dosage only. The main reasons behind not being vaccinated, as explained by pregnant

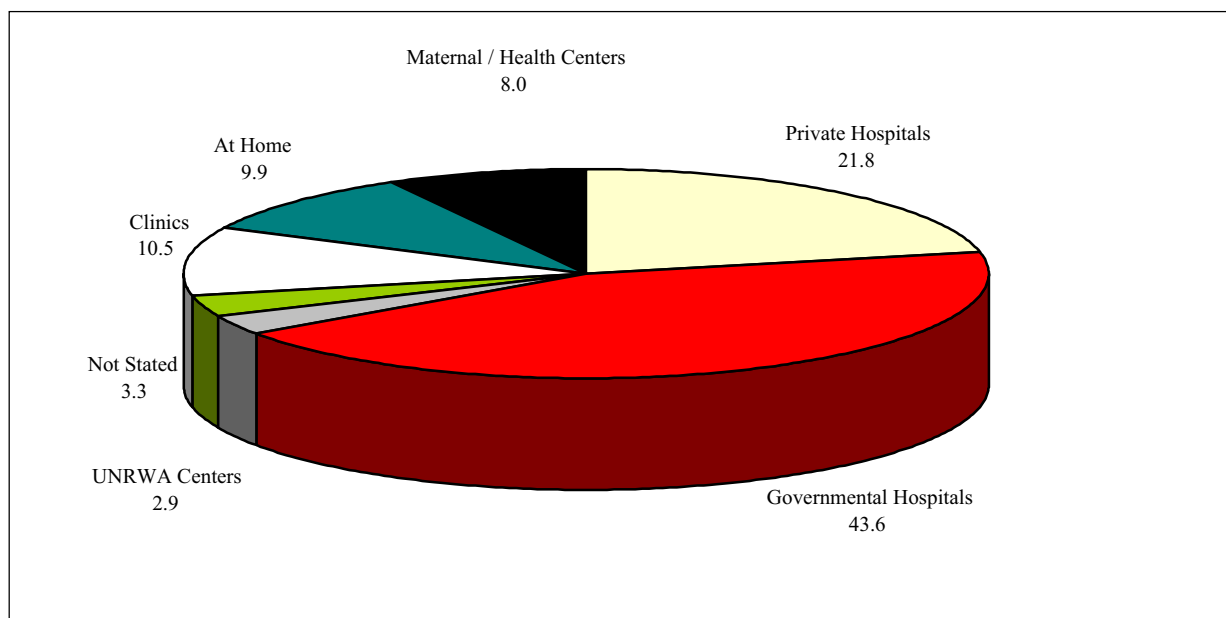
women, was the unavailability of tetanus vaccines in health centers (37%) or lack of knowledge on the importance of this vaccine (27%)

The findings of the health survey point to an evident decrease in pregnant women vaccination rates against tetanus despite the increasing rates of pre-natal care

3.2 Neo-Natal Health Care

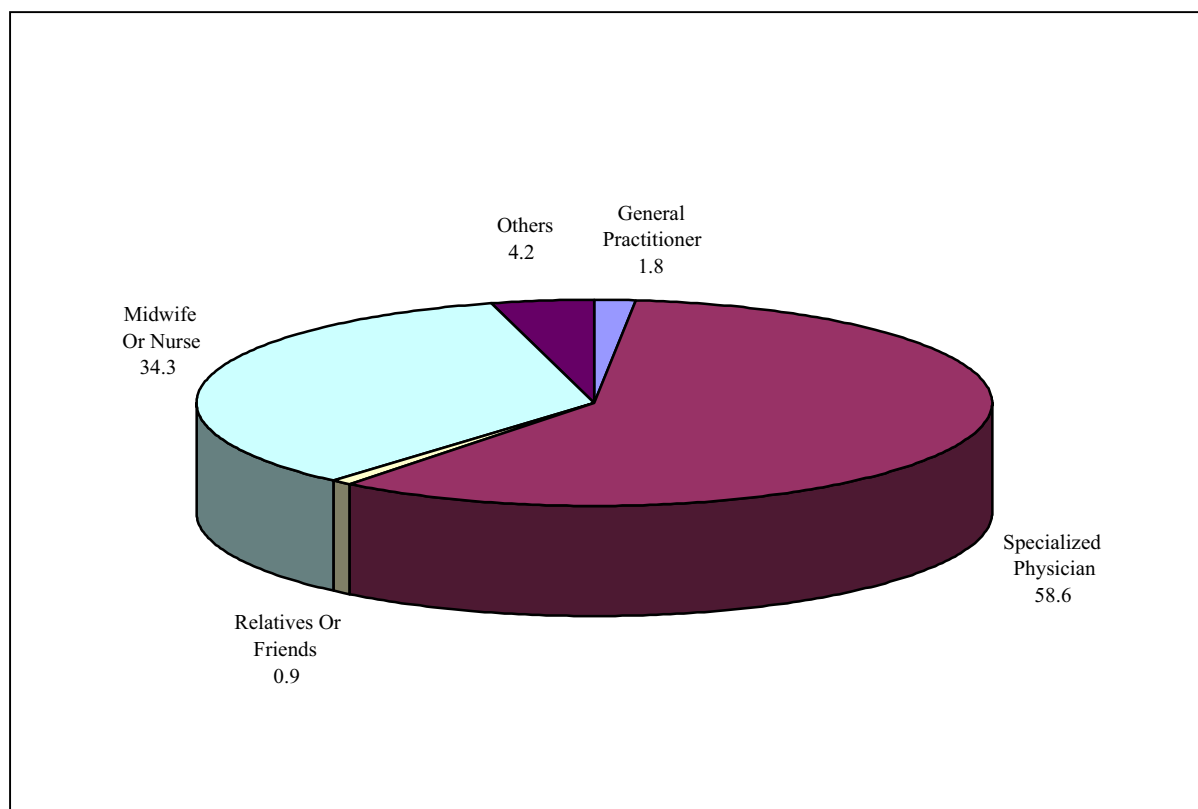
As for neo-natal care, the findings of the survey indicate that 44% of the last two deliveries in the five years preceding the survey occurred at governmental hospitals, compared to 22% at private hospitals; 11% at private clinics; and 10% at home.

Figure 12: Percentage Distribution of the Last Two Births by Place of Delivery



Specialized doctors provided medical assistance to 59% of deliveries, while nurses and trained midwives assisted 34% of deliveries.

Figure 13: Percentage Distribution of the Last Two Births by the Cadre Assisted in Delivery



The findings show that about three-quarters (72%) of deliveries were normal, compared to 7% through caesarian section. A direct relationship is found between the mother's age and the nature of delivery, and an inverse relationship between the type of delivery and the mother's educational level. Caesarian section increase among mothers above the age of 30 years and among those with lower educational levels. As for weight, most newborns (85%) had normal range weights in comparison to 6% of underweight babies.

3.3. Post-Natal Health Care

As for post – natal health care, the findings of the Health Survey in the West Bank and Gaza Strip show that the post – natal medical follow up rates were very low. Only 18% of the interviewed mothers received post - natal care from doctors and less than 1% from a nurse or registered midwife. This shows the extent to which mothers should be educated and encouraged to seek health care during the postpartum.

4. Disability

The findings of the survey show that there are 2,144 disabled individuals per 100,000 of the population (or 1 out of 46 persons). Disability rates are higher among male than female in all age groups, except for the 0-4 years age group, which is higher for females.

Data provided by the Health Survey in the West Bank and Gaza Strip show that congenital causes accounted for 35% of the disabilities. Infectious diseases (4%); other diseases (16%); and accidents (11%); Intifada-related injuries (7%);. Disabilities resulting from Intifada injuries are significantly higher among male than female, particularly in the 15-24 and 25-34 years age groups (24% and 22%, respectively). Disability rates also increase in Gaza Strip (9%) over the West Bank (6%).

5. Recommendations

Maternal and child health data, provided by the health survey, identify major areas requiring special attention and more efforts aiming to create a better health reality; improve the maternal health status and service; and set up mechanisms and programs for improving the child nutritional health status. Therefore, the survey highlights the following main recommendations:

- Increase health awareness through health educational programs including all health aspects (on family, maternal, and child health).
- Facilitate access to pre-natal care and during delivery and encourage mothers to utilize health facilities for receiving postnatal care, especially after difficult deliveries. Encourage and educate mothers to follow up postnatal care directly from the start of pregnancy.
- Increase the availability of vaccines at health centers / maternal and child centers. Women should be encouraged to have all shots of Tetanus vaccination and offered health education on the importance of this vaccine. Mothers should be encouraged to follow-up with the children's vaccination schedule especially Tuberculosis and measles vaccines, particularly in the West Bank.
- Promote health education among mothers on the quantity, type, and methods of preparing child food and methods of preparation, both before and after weaning, in order to decrease diarrhea and encourage mother to use ORS in the treatment of diarrhea among children.
- Provide women with iron supplements freely on a regular basis and encourage mothers, especially in Gaza Strip, to provide their children with vitamins A/D supplements.
- Establish a database on maternal health including the development of data and indicators related to health status, health services, healthy behaviors and monitoring of these indicators.

6. General Indicators

Indicator	West Bank	Gaza Strip	Palestinian Territory
Total Population (Millions) ¹ – 1997	1.86	1.02	2.89
Annual Growth Rate (Percentage) ² - 1998	3.3	4.45	3.75
Crude Births Rate (Per Thousand) ² - 1998	38.67	50.17	43.1
Crude Deaths Rate (Per Thousand) ² -1998	5.72	5.49	5.6
Life Expectancy at Birth ³ Male/Female - 1995	74/70	73/70	70/74
Mortality – 1995			
Infant Mortality Rate (per thousand) ³	25.5	30.2	27.3
Under 5 Years old Child Mortality Rate (per thousand) ³	31.0	37.0	33.2
Maternal Mortality Rate (Per 100,000 Live Births) ³	NA4	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

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

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

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

⁴ Not Available

Indicator	West Bank	Gaza Strip	Palestinian Territory
Child Health			
Percentage of under 5 years old 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 old children:			
That had been breastfed (last child)	95.3	97.1	96.0
Average breast feeding period (months)	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 old 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 difficulty in breathing	10.2	8.6	11.1

Indicator	West Bank	Gaza Strip	Palestinian Territory
Percentage of under five years old 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
<u>Maternity Care</u>			
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 that 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
<u>Health Insurance</u>			
Percentage of Households having:			
Governmental Health Insurance	37.6	41.8	38.9
UNRWA Health Insurance	12.9	30.7	18.4
Social Security Health Insurance	1.0	1.8	1.2
Private Insurance	3.3	2.5	3.0
Without Insurance	45.3	23.2	38.4