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Palestinian Studies / Socio - Economic Survey

**** Overview of the results of the Bethlehem University community studies and socio - economic survey: A synthesis of the preliminary reports, edited and written by Colette Dowling.**

**OVERVIEW OF THE RESULTS OF THE BETHLEHEM
UNIVERSITY COMMUNITY STUDIES AND
SOCIO-ECONOMIC SURVEY: A SYNTHESIS OF THE
PRELIMINARY REPORTS ***

Preface

The Bethlehem University Community Studies and Socio-Economic Survey were designed and conducted by members of the Faculty of Bethlehem University. The project was a demonstration project to assess the feasibility of such an undertaking by a relatively small, but qualified and enthusiastic, group of academics. Its success is particularly noteworthy given the resources available and the very difficult conditions of the Intifada. Based on 9,431 households, containing 62,248 persons, it constitutes the only available comprehensive census and survey of such a large Palestinian population. The data base created will form the basis for planning and development in a wide range of areas.

*** This synthesis was written by Colette Dowling, Ph.D., Zoology, National University of Ireland.**

A series of preliminary reports has been produced:

Census Data	...	Dr A Habash
Labour Force	...	Mr R Soudah
Emigration	...	Dr B Sabella
Graduates	...	Dr K Musleh
Marriage and the Family	...	Dr A Habash
Maternal and Child Care	...	Dr M Homberg
Health and Illness	...	Dr M Homberg
The Handicapped	...	Dr M Homberg
	...	Dr K Musleh
Health Awareness and Health Practices	...	Dr M Homberg
	...	Dr V Fasheh
	...	Dr J Sfeir
A Market Analysis of the Prospects for Palestinian Products	...	Mr J Abeb-Rabbo
	...	Mr M Al-Asmar
a: Consumer Practices and Attitudes	...	Mrs S Hassassian
b: Merchants' Attitudes and Policies	...	Sr R Naber
	...	Dr H Salman
A Market Analysis of the Potential Contribution of the Science Faculty to Community Enterprises and Wellbeing and to Continuing Education for Teachers	...	Dr A Shqueir
	...	Dr J Rahil
	...	Dr A R Zurub
	...	Dr A Abed-Rabbo
	...	Dr A Winka
	...	Dr S Mansur
	...	Dr I Mukarker
	...	Dr A Asal
Methodology and Questionnaires	...	Dr A Habash
	...	Ms M Matar
	...	Dr S Sanbar
	...	Mr S El-Yousef

This Synthesis Report is an Overview of the Preliminary Reports. The data are derived from the Preliminary Reports; the views expressed are mine.

Introduction

The Bethlehem University Upgrade Project Terms of Reference provided for "an inter-institutional link with University College Dublin (UCD) which will lead to ... socio-economic and community oriented research programmes including definition studies for future primary health care programmes" (E.C. Contract B9340-86/16, Annex A, Section 2). This was one component of the project and was part of the overall aim of strengthening Bethlehem University as an institution of higher learning in the service of the Palestinian population of the West Bank and Gaza. Socio-economic statistics were limited, estimates of population and labour force composition were varied and information on which to base action plans was inadequate. A house-to-house census and in-depth interviews of samples of householders were indicated, together with special studies relating to primary health care, a market analysis of the prospects for Palestinian products and the potential use of the expertise of the members of the Science Faculty of Bethlehem University. Eleven Preliminary Reports were completed by April 1989 and this Synthesis Report is an extended Executive Summary of these reports and initial conclusions for action plans. A series of more detailed reports with further interpretative analyses are currently being prepared by members of the Bethlehem University Faculties.

The Bethlehem University Community Studies and Socio-Economic Survey were a very large and very demanding undertaking and they were completed successfully in very difficult circumstances in 1989. Interviews were completed in 9,431 households and information was collected on 62,248 individuals. This represented a completion rate of 98%. The high level of response can be attributed to competence of those involved in interviewing and to the acceptability of the researchers by the local community. To quote the Bethlehem University Coordinator of Research in his Preface to the Reports, the Local Palestinian community made the undertaking possible... the data base created as a result is a source of great joy and pride, and shows the determination of the Palestinian academics at Bethlehem University to proceed in their academic mission.

The Design, the Survey Area and The Coverage

The Project was designed to give as many as possible of the Bethlehem University staff an opportunity to be involved in survey research and to obtain data related to their professional interests. Each Faculty held extensive discussions and eleven major sections were decided upon. The eleven sections were:

- Section 1- Census data on all members of the households
- Section 2- Labour Force data on all members of the households
- Section 3- Emigration experience within the households
- Section 4- Graduates within the households
- Section 5- Marriage and the Family, examining issues such as Marriage patterns, family size, birth rates and infant mortality

- Section 6- Maternal and Child Care, designed to obtain information relating to pregnancy and early childhood
- Section 7- Health and Illness experience
- Section 8- The Handicapped
- Section 9- Health Awareness and Health Practices, aiming at collecting information on health status, associated problems and level of health awareness
- Section 10- A Market Analysis of the Prospects for Palestinian Products, seeking basic information required to develop an appropriate action plan for entrepreneurial development and education for existing business people
- Section 11- Farming patterns as part of a study to assess the potential contribution of the Science Faculty

The Survey Area was the greater Bethlehem region. The first of the two maps which follow shows the Survey Area in relation to the rest of The West Bank and the second shows the locations in which interviewing took place. The eleven locations comprise:

- 3 towns, namely Bethlehem, Beit Jala, Beit Sahhour;
- 5 villages, namely Housan, Khadder, Batteer, Wad Foukeen and Zaatara;
- 3 refugee camps, namely Dheisheh, Azza and Ayda.

The coverage of the studies was as follows:

1. Census data was considered as basic and was collected from all households in the survey area;
2. Labour Force Statistics were collected from all households in a reduced or sub-regional sample area that consisted of a town (Bethlehem), a village (Housan), and a refugee camp (Dheisheh);

3. Information on graduates, emigrants, the handicapped, merchants and farmers was collected from every household in Bethlehem, Housan and Dheisheh which had been identified in the census as having among its members a person in the appropriate category;
4. Information on marriage and the family, maternal and child care, health awareness and health practices, the prospects for Palestinian products, income and housing conditions was obtained from interviews with a sample of one in six of the heads of households in Bethlehem, Housan and Dheisheh.

Implementation

The Field Research was organised and supervised by Drs. A. Habash and B. Sabella of the Department of Social Sciences. Field Researchers were chosen from among Social Science graduates and given intensive training by Faculty members, who also acted as field supervisors throughout the data collection stage. In May 1988 a pilot study was carried out covering 175 households. This was supervised by Dr. A. Habash of the Department of Social Sciences and Dr. S. Sanbar of the Faculty of Education, and following evaluation some adjustments were made to the questionnaires and sampling protocols and the final versions were prepared in consultation with Professor B. Walsh from University College Dublin.

The fieldwork was completed in February and March 1989. The data was prepared for computer processing and entered into the computer between March and June 1989. Training of computer operators and the supervision of data entry was undertaken by the computer staff at the University, Ms. M. Matar, Dr. S. Zuoghbi, and Br. J. Emmanuel.

Analysis of Data

An initial analysis of the data was available in October 1989. This consisted of a tabulation of Results from each section. These tabulations (together with a full account of the planning procedures, sampling protocols and data entry) were produced in two volumes, written by Ms. M. Matar, Br. J. Emmanuel, Drs. A. Habash, S. Sanbar and S. Zougbi, and coordinated by Mr. S. El Yousef and made available to all Faculty members of Bethlehem University. Interested members of faculty then undertook further analyses of data of specific interest to themselves, and these formed the basis of the 11 preliminary reports.

Census and labour Force Statistics

The census data provide information on the population of 62,248 surveyed in the greater Bethlehem Region. There were slightly more males than females overall (50.7% and 49.3%) and the difference in each of the locations was similar to this except in the villages of Elkhader (53.0% and 47.0%) and Housan (51.6% and 48.4%) and in Aida Refugee Camp (48.9% and 51.1%). The population is a young one with 28% under the age of 15 years and over 50% under the age of 25 years. Islam is the dominant religion with two thirds of the total population and almost 100% everywhere except in Beit Sahour (27.2%), Beit Jala (47%) and Bethlehem (61.9%). A little less than half of the population is not married (52.5%). Of those surveyed 65.4% were born in the place where they are living. A further 25% were born elsewhere on the West Bank and the remainder came from pre-1948 Palestine and are concentrated in the three refugee camps. (In the sub-regional survey of emigration in

Bethlehem, Housan and Deheisheh it emerged that 29% of the households had a member or members outside Palestine.) Among the heads of households 48% had primary and preparatory education, 17% had secondary education and 11.5% had higher education. Higher education was twice as usual in the towns as in the villages and camps. An indicative figure for the total population other than heads of household can be obtained by comparing graduate numbers with numbers over 18 years of age. (A more precise figure will be calculated later). One tenth of the population over the age of 18 had a university degree and a further two percent had Teacher College education. Illiteracy was more usual in the camps, where it was almost one third and was very low in the towns, where it was 7.4% in Beit Sahour, 10.7% in Beit Jala and 15.8% in Bethlehem.

The collection of labour force data is very important, as it means that for the first time since 1967 there is substantive data available for the employed, the unemployed and those not in the labour force. Data of this type have, of course, to be handled with great care, as details in relation to categorising them can lead to differences in interpretation.

The figures currently available on the labour force are preliminary. The overall information which they provide is of value because it indicates that it is possible to collect this information by interviewing the heads of households and that information will be given in relation to specific matters of concern such as those not employed, yet available for work, the numbers defined as moving workers (i.e. those seeking work day by day wherever they can find it) and the overall dependency rate, which at 70% indicates the financial burden on the wage earners.

Only 42% of the population is available to the labour force, and 18% of these are out of work. There are many reasons for this unemployment, including non-availability of suitable work, health problems and political reasons. Unavailability of work and the Intifada are the two main reasons for unemployment each accounting for a little over two fifths of the total. Further analyses of these data are being undertaken and will be reported at a later date.

A large proportion of the work force from Dheisheh and Housan (36% and 43% respectively) find work in Israel. Over 90% of working Bethlehemites are employed in the West Bank. The proportion of mobile and irregular workers in the labour force is a little over one tenth and it is just below one tenth in Bethlehem, approximately one sixth in Deheisheh and almost one quarter in Housan. As a thriving market town, with its tourist attractions and the infrastructures (such as schools, hospitals, etc.) required for its larger population, Bethlehem has more job opportunities on offer. The population is roughly 50% male and 50% female but 86% of those at work are males. A large number of women, particularly in the 25-64 age group, are not in the labour force, and remain at home caring for their families. The rate of unemployment of women available for work varies from 47-63%, with Housan at the upper end of this range.

Emigration

Information on emigration was collected in Bethlehem, Dheisheh and Housan. Almost one third of the households had experienced emigration. In one third of these households, the

reason was said to be to get work and in a further third it was said to be to get married, the latter referring almost entirely to women.

Emigration from the area has been steadily increasing since the early 1960s. The disruptions caused by the Six Day War in 1967 forced an increase in the number of emigrants in all three locations, but more notably in Housan and Dheisheh. Emigration in Housan and Dheisheh had been steady in recent years but has continued to increase in Bethlehem.

The Arab countries absorb most of the emigrants from Dheisheh and Housan, with two thirds going to Jordan. Many emigrants from Bethlehem (38%) have gone to Western Europe and North America. The pattern of emigration may be influenced by a number of factors, in particular the availability of work and the policies of different countries with regard to emigrants, work visas etc. These factors can, however, change even over a short period of time and places that once traditionally accepted emigrating Palestinians may no longer do so.

There is a general opinion among the Palestinians who were surveyed that work opportunities have declined in the Arab world. To test this, further analysis is being undertaken to see if the pattern of emigration to Arab countries has been changing in recent years. Another factor which strongly influences emigrants is the location of relatives. If previous members of the extended family have successfully settled in a particular country, others will be attracted to join them. For example of those who have emigrated from Beit Jala a large proportion have gone to South America. In fact it is said locally that there are more Beit Jalans in Chile than there are in Beit Jala.

Despite the many social, economic and political difficulties caused by the Intifada, there has been no recent surge in emigration, nor is there likely to be according to the data. Of those interviewed, almost 80% stated categorically that they have no intention of emigrating. Further research is desirable and it is recommended that analyses of such factors as the age, sex, religion and educational level of the emigrants be undertaken to see if they in any way influence the patterns in relation to numbers, destination, and intention to emigrate.

Higher Education

The Census section of the house-to-house survey obtained information about the education of all members of the household (as has been mentioned above) and where there was a person with higher education in a household additional information was collected in Bethlehem, Dheisheh and Housan. There were 812 such households in Bethlehem, 246 in Dheisheh and 47 in Housan.

There is a long history of third level education in Bethlehem, where the first person received a degree as far back as 1907. Dheisheh refugee camp was established in 1948 following the establishment of the State of Israel. Six years later the first Dheisheh resident received a degree and the number of graduates has been steadily increasing since then. Prior to 1979 Housan had very low participation in higher education. In the 1970s there was an increase in participation in Bethlehem and Dheisheh, indicating a demand for third level education. This demand, reflected also in the situation in other areas of the West Bank and Gaza, was met by the opening of the Palestinian universities in the early nineteen-seventies. The influence of these openings are all clearly indicated in the data, where we see

a dramatic increase in the participation and most notably in Housan. One of the obvious reasons for this is financial, the availability of third level education locally, putting it within the reach of those who sought the opportunity. Other factors, such as the difficulties encountered by Palestinians who wish to travel outside the country (many do not have passports and most go through long and tedious procedures to get permission to travel from the occupying military authorities) may also be involved.

In the West Bank (including East Jerusalem) and the Gaza Strip there are six universities, each offering a four year programme. Forty two different disciplines are taught. The main faculties are Arts, Sciences, Business, Engineering, Nursing and Education. They have a total number of 14,265 students and 1,734 members of academic and administrative staff. From the beginning all have been subjected to restrictive and repressive measures that have hampered their development and impaired their functioning.

Third level education expanded throughout the 1980s, but participation dropped sharply at the end of the decade. This is no doubt due to the closure by military order of the universities in 1988. To date, they remain closed and the prospects for third level education in the future are uncertain. The participation may actually be greater due to the fact that those doing post-graduate studies abroad may have been reluctant or unable to return to the country following the Intifada.

Just over half of the degrees had been granted by universities in the West Bank, and a quarter in other Arab countries, almost half of those in Jordan. One percent of the qualifications were from universities in Israel. A relatively high proportion of the Bethlehem graduates in the survey (14.4%)

received their post-graduate qualifications in the Western World. This fact may be linked to the emigration pattern, students going to study abroad choosing countries where they can be with relatives. Religion may also be a factor, the large Christian population of Bethlehem influencing the pattern.

Among the graduates in the survey, the humanities is the most popular choice of subject (37%); this is followed by business studies (22%), science and engineering (both 11%). Choice of subject may be influenced by a number of factors, such as availability of courses, grades required for entry, perceived difficulty of subject matter, and job availability of graduation. For example, the lack of a medical faculty in any of the institutions in the West Bank may be responsible for the low percentage (.8%) of pharmacologists and doctors among the graduates. Nursing and the applied sciences do not appear to be popular. The bad image they receive despite the ever increasing demand for people with these skills, may be due to the fact that there is easy access to the courses and the employment they lead to has large practical or service element. Both of these factors would tend to reduce the esteem of the subject. A change in attitudes to these type of subjects, and/or an increase in their status is highly desirable as there is an increasing need and demand for qualifications in these applied areas. The enormous demand for entry to the nursing studies course and the physiotherapy course at Bethlehem University this year may indicate the beginning of such a change, or it might be indicative of a desire to help those less fortunate during these troubled times. On the other hand it may simply be a reflection of the desire by students to be involved in full-time education, these being the only two courses that can function normally during the current closure. Even if the latter is true, the increased

competition will be beneficial for the image of nursing as a career.

Whatever their choice of subject, there is a high rate of employment among graduates, and job satisfaction and stability are very high, which may possibly be attributed to the fact that the majority have found employment in areas suited to their qualifications. One third had gone abroad. The patterns of destination closely reflect those of other emigrants with a considerable proportion of Bethlehemites going to Western countries, and Arab countries being favoured by graduates from Dheisheh. It is interesting to note that a relatively high proportion of graduates from Dheisheh and Housan (12% and 22%, respectively), are employed in Israel.

Further analysis of the data already available and an extension of the survey to include all graduates from the West Bank plus an analysis of the likely labour force demands in the coming decades are recommended. As already mentioned, participation in more practical subject areas should be encouraged by changing the image of those already on offer, and perhaps offering new courses that can be seen to have a direct relevance to the needs of the community. Several such options are being explored in Bethlehem University, such as food science, computer science, areas of agriculture, such as animal husbandry, business enterprise and related subjects.

Marriage and The Family

The section on marriage and the family was very informative. As well as establishing basic factual data, it gathered some interesting information on the attitudes and

traditional practices of the population. The facts can be summarised as follows. The society is largely monogamous (85%) but differences are apparent from one location to another. Bethlehem is 95% monogamous; at Dheisheh camp 17% are polygamous while in Housan village polygamy is found in 25% of the population. As in many societies, endogamy may be an attempt to ensure transference of family assets and in particular property and land. A high rate of endogamy (50%) is apparent in all three areas. Spouses are chosen almost exclusively from within Palestine (96%). In Bethlehem and Housan the choice is largely confined to within the same town or village (over 70%). In Dheisheh the pattern varies with about half of spouses coming from another town in Palestine. This may result from the fact that when they were forced to leave the land, families were split up and find themselves as refugees in different parts of Palestine but still maintain their traditions and marry within the clan.

A break with tradition is apparent in relation to choice of wife. Most men (63%) make their own choice but still largely seek parental consent (58%). Only 10% of marriages are arranged by the parents. Somewhat surprisingly, in this matter independence is highest in Housan.

In Islamic law a dowry is given by a man to his prospective bride and it (and any profits made by using it) are the exclusive and absolute property of the wife throughout the marriage and in the event of divorce. There is provision for an immediate dowry at the time of the marriage agreement and for a delayed dowry, which is an amount payable to the wife should the husband decide to divorce her. Among Christians the local custom is that the man is expected to supply fully furnished accommodation. Christian men sometimes give a symbolic, very

small, dowry described by a term which translates as a "remnant" or carryover from tradition. The information provided in the survey indicated that a marriage dowry is customary in Dheisheh and Housan (90% and 95% respectively) and to a lesser extent in Bethlehem (60%). The percentages whose marriages were with a dowry correspond closely to the proportion of Muslims in the population. In Bethlehem the dowries are mainly symbolic and the marriage expenses of furniture etc. are important. In Dheisheh and Housan a little over half of the dowries were greater than 300 ECU and a quarter were over 1500 ECU.

Women marry at a younger age than men (80% before the age of 22; rising to 95% in Housan). This is consistent with the male preferences regarding the ideal age of women at marriage indicated in the interviews. Men generally married later than the women, 44% having married by the age of 23 and 75% by the age of 28. This is reasonably consistent with their preference for age of men at marriage, which 66% said was between 24 and 28. There is a tendency for men to marry younger in Housan (73% by the age of 23), which is not quite as consistent with their stated preferences.

Palestinian society is traditionally closely-knit with a rich heritage of customs and traditions. Overall, in relation to the rituals surrounding marriage, the customs are most strongly adhered to in Housan and least so in Bethlehem. Dheisheh can be considered transitional in many respects, a fact which may be influenced by its proximity to the town of Bethlehem, or the disruptions caused by uprooting from the traditional home and altered lifestyles imposed by life in a refugee camp.

Divorce is very uncommon, 4.4% of all the heads of household. Inability to bear children and in-law problems were given as the two most common causes of divorce.

Family planning is equally unusual in all three locations, fewer than one tenth reporting any instruction in family planning. When asked what they regarded as the ideal number of children in a family approximately one third said three or four and one tenth said five or six. Quite a large number felt that this issue depends on God's will and they have no control over the matter (Dheisheh 23.3%, Housan 32.1% and Bethlehem 14.8%). The figures show that more people in Dheisheh have a desire for a family of eleven or more than in the other two locations (Dheisheh 8.5%, Housan 2.6% and Bethlehem 2.3%). The actual family size has a wide range (1-9 children) and shows little variation between the three locations.

The incidence of miscarriages is quite high (49%). Multiple miscarriages were experienced by almost half of these families. In Dheisheh this proportion is almost double of the families who have experienced miscarriages, 82% have experienced two or three miscarriages and a further 11% have experienced four. In Housan, 11% of women have experienced as many as five miscarriages. Stillborn infants are quite common particularly in Dheisheh where 50% of those surveyed had experienced at least one and one fifth more than one stillbirth. The high infant mortality in Dheisheh (almost 40%) is double that in Housan and Bethlehem. Child mortality (age 2-6 years) is below 10%, but the highest number of deaths (15%) in Dheisheh. It would appear that in all regions the early childhood risk of death is very high.

The medical statistics in Dheisheh give cause for concern. The number of miscarriages, multiple miscarriages, and stillbirths, and the incidence of infant and child mortality are all higher here than at the other locations. In addition the children of Dheisheh experience more problems at birth, and a higher proportion of breathing problems and weight loss. All these could be due to a number of reasons; is this a particularly unhealthy population, with a low level of health awareness or is health care inadequate? The latter seems unlikely as there is an UNRWA clinic in the camp. Why should the people of Dheisheh be less healthy than others? Factors relating to life in a Palestinian refugee camp, such as stress, military intrusions, tear gas etc., could influence health, particularly of the vulnerable individuals like pregnant women and young children.

Maternal and Child Care

The data on maternal and child care reveal some interesting facts and valuable information on attitudes. Children are held in high esteem and this is reflected in the high utilisation of prenatal care, Bethlehem 58%, Dheisheh 80%, Housan 70%. The health of the mother is not considered as important and post-natal care is not widely availed of (one third of all mothers) and even in the camp with its UNRWA clinic, only 48%. It would appear however, that when the medical facilities are readily available and are free of charge, they are widely used. Bethlehem has a wide range of medical facilities, but the residents show a preference for private practitioners. The cost of this may account for the relatively low level of pre -and post-natal care among Bethlehem women, where almost 70% had no post-partum check-up. The UNRWA clinics, mother and child clinics and the many clinics of local and charitable organisations,

presumably offer follow-up care for both mother and child. Perhaps the mothers are not encouraged to avail of it for themselves, or they consider their own health unimportant. It must be remembered that a very high proportion of births take place at home, 58% with and 7% without the presence of a midwife. The educational background of the midwife, the short time she spends in the company of the mother, and presumably her major concern for the safe delivery of the child, may all contribute to the low esteem of the mother for her own health. There is no programme within the West Bank for the training of midwives.

Health and Illness

The illness experience of the households of Bethlehem, Dheisheh and Housan indicates that serious and/or chronic illnesses are prevalent. There is a high rate of hospitalisation (50%) in all three locations. Cardiac and other internal illnesses account for about 50% of hospital cases. In addition to those hospitalised, almost a third of the households in Bethlehem and Housan experiences serious illness for which they were treated by a doctor. Nineteen to thirty three percent of the seriously ill were cared for in the home. Family care is evidently quite important, but whether this is due to cultural or financial reasons was not ascertained in the survey. The data collected does not provide any information on medical costs. However, it does indicate that in two thirds of the cases in Bethlehem and Housan and one third in Dheisheh the family bears the burden of cost of treatment, as medical insurance for all family members is held by only one tenth of the families. Another quarter had insurance, covering only some members of the family. Employers make little contribution to insurance costs -

3% have cover of this kind. The residents of the camp fare better than the others, since they receive medical care and hospitalisation free of charge; yet a high proportion of the ill there (33%) are cared for at home.

The Handicapped

About 1% of the population suffers from a serious handicap, which is about average for this type of population. The causes for the handicap are very important and the statistics reveal some disturbing facts. Forty percent have been handicapped since birth, yet hereditary factors account for only 20%, an acceptably low level considering the rate of inter-marriage in the community. Complications during pregnancy and delivery are responsible for almost 15% of the handicaps, which would indicate medical attention and care at these times are perhaps inadequate. Complications may be unavoidable, and may well occur in such a percentage of any population even when under adequate medical supervision, but the fact that they leave so many newborn infants handicapped for life seems alarming. A further 30% of handicaps result from childhood illnesses. There are no details of the type of illness involved but many serious childhood illnesses (and especially those that can cause a handicap) are easily controlled or prevented by immunisation. There is a complete immunisation programme available in the West Bank; 571 of the 596 women interviewed had taken their children for vaccination. However, out of these, 21% had failed to complete the course of vaccinations, thus leaving their children vulnerable to infection. This leads to an estimate of 260 children so exposed in the three locations. Equally disturbing is the high number of handicaps that are caused by accidents (20%). A wide range of accidents befall children, and

the accident rate is very high with serious falls, burns and wounds from sharp instruments being common, particularly in Dheisheh where one third of the families had experience of this. Inadequate supervision of children may be due in part to cultural reasons older children are frequently entrusted with the care of their younger siblings; there is also a cultural reluctance to rebuke a child.

The presence of a handicapped person in the home has consequences for the entire family. The burdens placed on the family are considerable and cause much tension and disruption. There is very little outside support. A number of institutions are involved with the handicapped, but care is perceived as almost entirely medical. The other needs of these individuals and their families (social, economical, functional, occupational, etc.) are very poorly catered for. Education and rehabilitation are virtually non-existent. Demand for both has been growing. An enormous interest in the improvement of rehabilitating programmes has manifested itself in a demand for physiotherapists. The shortage has been made more acute by the large number of young men wounded in the Intifada. A response has been made to this demand by the setting up of a number of training programmes for physiotherapists in both the West Bank and Gaza, one of which is a three-year Baccalaureate course at Bethlehem University, which is assisted by Save the Children Fund (U.K.). But much work remains to be done to support the handicapped family, including provision of rehabilitation education, special equipment and material aid. These would undoubtedly mean a great improvement in the quality of life for all concerned.

The prevention of illness and handicaps must become a priority. Of the total number of handicaps identified (282) 55% are a result of complications relating to childbirth, childhood illnesses, and accidents. These are areas which can be addressed and to do so would dramatically reduce the number of handicapped individuals. Reducing the number of handicaps due to hereditary causes would be more difficult as it would require altering a cultural pattern.

Health Practices and Health Awareness

Information was sought on health-related practices and a check was made on the accuracy of the householders' knowledge of appropriate treatment and indicators of need for health care.

Half of the householders said that they had their blood pressure checked in the previous year and 30% in Bethlehem, 25% Dheisheh and 14% in Housan had a general check-up. Teeth had been checked in the previous year by half in Bethlehem and one third in Dheisheh and Housan. Eyes were said to be checked at least once a year by 40% in Bethlehem and Dheisheh and 20% in Housan.

In response to questions designed to assess accuracy of knowledge the level of first aid knowledge appeared to be rather low.

In these days of violence, when residents are often shot or injured, the fairly low level of first aid knowledge in many areas is clearly of concern. Less than one in seven state that they have attended a health education course. Severe bleeding is only stopped by applying strong constant pressure to the area

and the fact that more than a half of city and village and one third of camp residents said to use cold or ice water on the limb is distressing. A third to a half of all three groups do not associate smoking and blood pressure.

Also of concern is the fact that one third to a half of the people in all three groups said that toothpaste was the first aid treatment for burns. Considering the fact that one in four children suffer burns serious enough to require hospitalization this lack of knowledge can lead to infection and serious complications. Similarly in the light of the evidence that there are a large number of childhood injuries requiring hospitalization such as falls, burns, poisonings from plants and chemicals, and wounds, programmes that teach first aid as well as child care safety would seem imperative.

Action Programmes in Health Care

The numerous problems and needs identified in relation to health should be faced in a two-fold manner. First, there is a great need for the upgrading or enhancement of provisions in many areas. Second, a programme of education, aimed at raising the level of health awareness of the community should be developed. Recommendations and proposals have been developed as a result of the definition studies:

- (1) A programme of primary health care should be developed and implemented at once. This would provide a group of specially trained, public health nurses or workers, who would go out into the community to interact in all areas of health. They should be drawn from people in the local communities with leadership, creative and other social skills as well as

commitment on specific medical education. Their job should include the following: assisting, informing and looking after women who are pregnant or have recently given birth; child care, particularly ensuring that the mothers are aware of, and capable of meeting the needs of their children; supervision of the general health status of the whole family, with an emphasis on health maintenance and prevention of illness; follow-up care for those discharged from hospital; instructing, assisting and supervising the family care of the ill and handicapped; improving the quality of life for those families with a handicapped member by informing them of and helping them to avail of the services available, and increasing their understanding of both the handicap and the potential of the handicapped person.

Nursing education throughout Palestine needs to move into the area of community and public health.

Since its beginning in 1976, the nursing programme at Bethlehem University has had a strong community health focus. It has prepared nurses with the knowledge and skills necessary for community work, the prevention of illness and health maintenance. However, most of the nursing graduates are unemployed because, aside from clinics, there are no programmes that can utilise their skills.

Setting up a comprehensive health/visiting nurse programme would be an enormous undertaking. It would require funding, and great organisation, coupled with a change in attitude in which health care is administered within an institution or hospital, to one with an emphasis on health maintenance and prevention. The investment would be well rewarded with a reduced number of hospital admissions, and a

positive, healthy population. For the more vulnerable members of the community, the young and aged, the chronically ill and handicapped, it would ensure good quality care in a home setting, by maximising the strengths and resources of an informed and newly aware extended family.

(2) A programme for the training of midwives is also urgently recommended. Childbirth needs attention, as indicated by the incidence of stillbirths and the problems and handicaps encountered at delivery. There has been a welcome upgrading of maternity facilities including an increase in the number of beds available and the opening of new maternity centres at Makassad Hospital, Augusta Victoria Hospital, St. Joseph's Hospital (all in Jerusalem) and Holy Family Hospital in Bethlehem. These, and other hospitals are crying out for midwives and have made several approaches to Bethlehem University to offer a programme on midwifery. At present no institution in Palestine is involved in the training of midwives. In addition this survey shows that the vast majority of women give birth at home and the role of the midwife is pivotal. In an attempt to meet this demand Bethlehem University is working with the Holy Family Hospital, towards offering a programme in midwifery. University College Dublin will participate and would certify the course. Holy Family Hospital, through the knights of Malta, has received partial funding from the EC to begin the programme, but which remains to be done.

(3) There is a great shortage of qualified nurses in the West Bank. A recent survey indicated that the number of staff nurse positions vacant (both present and anticipated - those for the midwife programme will be drawn from the already small pool of trained nurses) was in excess of 800. Several

institutions have new units ready to open but cannot do so due to lack of staff. The existing nursing programmes in the area together qualify a maximum of 50 trained nurses a year. This year's larger class intake will help but it will take some time to work its way into the system. The recent explosion in Practical Nursing Programmes is not a long term solution. To alleviate this problem two recommendations are made. Both will require much organisation and some funding:

First, upgrading of practical nurses to the level of BSN. This would be a one year programme with a specially designed curriculum to build on the rich experience and knowledge of these nurses. UNRWA and the matrons of several hospitals have made several approaches to Bethlehem University and have been involved in discussions concerning the curriculum and organisation of the programme.

Second, the upgrading of existing nurses through in-service courses. These would take the form of seminars, workshops and intensive short courses in areas of need, where local expertise is unavailable. Under the present EC Bethlehem University Programme two such workshops are taking place in summer 1990, one in Paediatric Neo-Natal and Intensive Care, the other in Management of Hospital Services During a Major Disaster.

- (4) Health Education Programmes are strongly recommended. The data collected in the present survey show a low level of health awareness throughout the area of study. A very small proportion has ever attended a health education course, and few have any knowledge of first-aid. The lack of safety in the home and the high accident rate among children, coupled with the high rate of handicaps that result from accidents, indicate the need for health and safety education. The large

number of women who suffer problems during pregnancy and birth, the very low number who seek post-partum care, the lack of follow-up of childrens' immunisation and the lack of nutritional knowledge are all areas that need to be addressed.

Arising from the results of the present studies, a Committee assisted by AMIDEAST, has been set up to examine all existing health education programmes, and to evaluate their strengths and shortfalls. The aim is to provide a co-ordinated, broad, community based, health education programme whose ultimate goal is to change from a traditional approach and to emphasise and encourage healthy practices, as well as theoretical knowledge.

The informal aspects will involve a popular campaign to raise the level of health awareness, and will be achieved by informative brochures, periodic bulletins, and songs and theatre for children. The community will be encouraged to look at their lifestyle in relation to health, and young parents will be encouraged to improve child rearing practices. A major emphasis will be placed on schools, as this will ensure long-term benefit and also reach the parents who are strongly influenced by their children. The faculties of Nursing and Education at Bethlehem University, with assistance from UCD, have already begun work in this area. A detailed proposal on curriculum development was submitted and accepted by the University and the first phase will be implemented before the end of this year. Final year nursing students from Bethlehem University give health courses in some local private and government schools, as well as in private, government and UNRWA ante-natal and well-baby clinics. Were the programme of primary health care to be implemented, these nurses, who have been trained for such

community work, would be a valuable resource in increasing health awareness, and would have access to all levels in the community, i.e. mothers, children, the handicapped, etc.

- (5) A number of recommendations are made in relation to the handicapped. One is in the area of prevention. The Primary Health Care programme should be prepared for early diagnosis of childhood problems and illnesses in the homes and clinics. In addition, their role in educating mothers in aspects of safety will reduce the number of childhood accidents, and their role in assisting and supporting family care of the handicapped will improve quality of life for all concerned. The increased number of maternity beds in hospitals, the improved training of midwives and their greater availability should reduce the number of handicaps that occur during delivery. A proposal has been submitted to assess parental attitudes towards the handicapped, which will also test the accuracy of estimates on numbers of handicapped, particularly of mentally handicapped.

Rehabilitation and education programmes are an urgent need. They should include physiotherapy for the physically handicapped plus speech therapy and occupational therapy for all.

A Market Analysis of The Prospects for Palestinian Products

The Intifada, with its awakening of the Palestinian assertion for independence, has brought about a reluctance to purchase Israeli products, which until recently formed the bulk of items available in local shops on the West Bank. A virtual boycott of foreign products has had certain consequences, for consumers

and producers. The absence of Israeli goods has created a great opportunity for locally-made alternatives. Not only is the main competition absent from the shelf, but the locally made products are actively sought by consumers. This has resulted in a boost for the producers of local goods, who now have an opportunity to carve out a niche for themselves in the market. Many items do not at present have a local alternative: a continued demand for these non-attainable goods has stimulated the development of new enterprise in the area. To assist these developments, the Business Faculty at Bethlehem carried out a market analysis of consumers and merchants, to examine their attitudes to locally made products, and to assess the factors that they considered important when purchasing certain items. Quality and the price of goods are both important considerations for consumers being a factor for 46% and 31% respectively. Currently these appear to be outweighed by nationalistic ideals when it comes to making a decision to purchase local goods. However, the data show there is a high level of consumer awareness, suggesting that the quality and price of locally made products are competitive with their Israeli counterparts. Husband and wife appeared to be equally involved in buying the basic daily needs for the family.

When purchasing their daily household needs, consumers choose a high proportion of local goods. There was one notable exception to this general trend. Local dairy products are not popular, being purchased by less than 50% of the community. The reason for this also emerged from the research: a fear of health hazard due to lack of adequate treatment of milk prior to sale. The pathogen causing brucellosis can be a problem in unpasturised milk, but whether this pathogen is present in large quantities in local products has not been ascertained; nor has the incidence of brucellosis among the population. Whether real or perceived this problem would be worth investigation, if only to

clarify the situation and allay public concern. The market for dairy products, particularly milk and cheese, is good, and one which local farmers and producers can ill afford to neglect. If brucella is present in the local milk, it would be worth considering a local pasteurisation facility, which would greatly influence the image of local dairy products. The local brands of luxury items are not popular and this also is a section of the market worth investigating.

The most common complaints about locally made products are lack of hygiene (27%), quality (32%) and expiry of shelf-life (18%). The latter two are probably linked, as the expiry date usually indicates the limit of time when a product is at its best. In some cases, as with highly perishable goods, such as fresh produce, the expiry date must be strictly adhered to, and to exceed it might involve a health hazard. (Israeli goods that have passed the expiry date are also found frequently on shelves, and have been seen as an attempt by the Israelis to dump inferior quality goods in the West Bank. However the fact that this phenomenon occurs so regularly with local goods also, probably indicates poor practice on the part of the merchants, who should really be responsible for ensuring the high quality and standard of the goods they offer to the public). Lack of food hygiene may be linked with poor quality packaging, which was also mentioned as a complaint in relation to local goods by 6%.

The power of consumer demands in influencing the merchants is obvious. When local goods are available in the shops they are readily purchased, and the merchants surveyed have a positive attitude to local companies, with only 9% saying they were not as good as other companies.

For the merchants, however, financial considerations relating to ease of payment are more important than the quality of the product (33% and 24%, respectively). In Housan the merchants have a very positive attitude to all aspects of local goods: in 75% of cases more than three-quarters of their stock and sales were of local products: 80% of them considered local companies were better than foreign ones.

When asked about their main reason for preferring a local company 40% said ease of payment and 60% of responses were in the "other" category, which many possibly refer to a nationalistic reason.

An Action Programme for Enterprise

The conditions of the Infifada have caused great hardship and disruption of life for the Palestinian people. But some good has also resulted. Firstly, there is a new sense of a national Palestinian identity. This has resulted in a pride in and demand for locally made products. A knock-on effect of this is to push local producers to produce more goods. The following recommendations have been made following these definition studies. The merchants should be encouraged to stock local goods whenever possible, as this survey has shown they will have little difficulty in selling them. In view of their favourable attitude to local products consumers should be encouraged to make their demands known to the merchants. To guarantee the standards of quality and hygiene they expect they should also be encouraged to voice their complaints to both merchants and producers. This in turn will have the overall effect of raising the quality of locally made products. To ensure satisfaction for all concerned in the stimulation of business development in the

area will require some efforts, in disseminating information between the different groups, and in coordinating all the required activities.

The academics at Bethlehem University recognise that they can make a valuable contribution to the needs of local communities needs by becoming involved in a University Industry link, and they strongly recommend an Action Plan to forge such a link. This would involve their doing basic market research, supplying the information to the producers, assisting in meeting consumer demands by helping businesses to upgrade and expand their production and improve the quality of products. The extra burdens on the business could be alleviated by the support supplied by the university for management, accountancy and quality control. They have already initiated this process by establishing a Business Development Centre, which will be of benefit to both consumers and producers. This ambitious undertaking will supply information to new, expanding and already successful companies to ensure that the businessmen have all necessary, up-to-date information they require. The Centre will provide courses and workshops in all areas that require updating. The Centre will also supply pamphlets and offer services, (secretarial, accounting, etc.), for those businesses that are unable to support such services independently. If funding is available the Centre will operate a loan system to companies in need, and monitor and evaluate their performance. It also supply information for consumers, via seminars and pamphlets, to increase their awareness and ensure their participation in the overall process. In addition, it will assist students by providing information on job opportunities.

In summary, if these recommendations are followed they will increase self-reliance, reduce importation of goods, stimulate import substitution, and ensure proper, balanced business development in response to the needs of the community. In addition, they will identify labour force demands and career opportunities for students, and help provide specifically trained personnel for the employers.

Science and Agriculture

As a result of a survey carried out by the Science Faculty it is clear that several action programmes need to be introduced. These include an Animal Resource Centre, a Centre to Monitor the quality of feeds and food, and a Science Resource Centre. A demonstration project on computer controlled equipment is also required. The quality of drinking water needs improvement, local craft industries need support and the Science Department, in order to meet these requirements, needs to improve its equipment and avail of further training for its staff.

The future of agriculture has been seriously impaired during the last twenty years: there has been no development in extension services, research funds have decreased and the number of agricultural engineers, field supervisors and vets has declined. An Animal Resource Centre is urgently required in order to provide the farmers with up-to-date information and training in all areas of animal science, farm management and production. No such centre exists anywhere on the West Bank or Gaza Strip. Feed and food quality control is a related ingredient of good farming. No consumer protection agency exists. As part of the general improvement in agricultural methods and standards it is desirable to create a science

information and training service for science teachers. This Resource Centre would provide inservice training through short courses and workshops and would sponsor youth activities that promote science.

The need for a demonstration project on computer controlled experiments for small enterprises is self-evident. Most machines used in production are automated and controlled by computer-controlled sensors. Growth in the new cottage industries, for example, is hampered by lack of know-how in computer controlled processes.

The testing and treatment of drinking water in the Bethlehem area is ongoing and essential. Olive wood industries and mother of pearl industries each face problems that need to be addressed.

At the same time the continual upgrading of science equipment and staff training at Bethlehem University is essential for the execution of these various projects.

Conclusion

It must not be forgotten that the Bethlehem University Community Studies and Socio-Economic Survey was a Demonstration Project. It has shown that it is possible to design a survey, to complete lengthy interviews, to collect data and to analyse and interpret the data within a short time and with very limited resources. Not only has it been successful as a feasibility study, but it has generated factual information that forms the beginning of a data base for the people of Palestine. Even

more noteworthy is the fact that even with such limited resources and the extremely difficult circumstances, much can be achieved with the imagination and tireless effort of a small group of committed academics. Great credit is due to all concerned, and their success inspires great hope for the future. Given adequate time, funding, and a broader scope, a continuation of this project will yield a body of information, which will become an invaluable resource for all future development and planning in the West Bank. If the recommendations for action plans, which arise out of this data, are implemented they will greatly enhance the quality of life of the Palestinian people.