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Annual Report, 2013

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Preface

The availability of statistics on children in the world has improved since United Nations reemphasized the concerns of the international community regarding children’s rights by making it an objective to provide a statistical database on the conditions of children and to measure progress achieved to meet their needs. The Convention, signed and approved by almost all member countries, constitutes a reference and an international legal framework for monitoring progress made in meeting children’s needs and requirements. The different countries translate their commitment to protect child rights through development of their own reports. The Palestinian Central Bureau of Statistics took on itself the task of providing an enabling atmosphere, and to promote awareness among policy makers, planners, and other parties engaged in defending children rights and interested in bringing about sustainable and comprehensive developments for children.

The Palestinian Central Bureau of Statistics is pleased to dish its sixteen annual report on the socio-economic situation of the Palestinian child, as part of the activities of the Child Statistics Program. This report is significant as it is issued after sixteen years from the inception of the State of Palestine. The Palestinian Central Bureau of Statistics (PCBS) attempts through statistics to give specialists, concerned parties and decision makers an opportunity to identify the extent of progress achieved by the State of Palestine, local and international Non Governmental Organizations (NGOs), and private sector, in the protection and development of children in the State of Palestine.

The report presents available statistics on the socio-economic environment of the Palestinian child and sheds light on the immediate deficiencies and gaps in the child’s reality, especially in the fields of health, education, culture, recreation, poverty, and child labor.

Developing the status of the child and commitment to enforce child rights can not be attained without the accumulation of the efforts of all parties interested in childhood. It is necessary in this context to point out that the database we have developed, in terms of framework and content, is based on the nature of our own understanding of the monitoring role assigned to us by the principles of collective participation in defining work priorities. This effort is to be enhanced through coordination with Palestinian, regional and international institutions to ensure harmony with the tools used in measuring indicators pertinent to child rights, as adopted by the General Assembly of the United Nations, and to ensure the fulfillments of these requirements in light of the peculiarities of the Palestinian reality and the unique conditions of our children.

PCBS hopes that this report will be utilized in planning, policy making and strategic decision making in the child sector in Palestine. No doubt, the continuous flow of data for the main indicators about children is one of the basic pillars for monitoring changes in this regard.

April 2013

Ola Awad
President of PCBS
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Concepts and Definitions

**Suspected pneumonia:**
Children under five years who suffer from cough with quick breath or have difficulty breathing due to problem in chest or both problem in chest and blocked nose.

**Age-Sex Structure:**
The composition of a population as determined by the number or proportion of males and females in each age category. The age-structure of a population is the cumulative result of past trends in fertility, mortality, and migration rates. Information on age-sex composition is an essential prerequisite for the description and analysis of demographic data.

**Age-Specific Fertility:**
The number of births during a time period, (usually a year), occurring to women of a specified age group divided by the number of women in the population of the same age group expressed as persons - years.

**Age at Marriage:**
The age of the individual in years at the time of his/her actual marriage.

**Anemia among children:**
Children aged 6-59 months with a hemoglobin level of less than 11.0 g/dl, according to WHO.

**Anemia among women:**
Women aged 15-49 with a hemoglobin level of less than 12.0 g/dl, according to WHO.

**Basic Stage:**
The first ten scholastic years of schooling on which other stages of education depend.

**Breast feeding:**
Refers to the method of feeding infants and children and is defined as a child fed breast milk directly from the breast or expressed.

**Child:**
Every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.

**Class:**
A group of students (pupils) at any educational stage who make up one grade or more and share one classroom.

**Communication disability/difficulty:**
Inability to exchange information and ideas with others and engage with them through the use of speech, or use signs, or write the information they want to share with others. This may be due to the result of a deficiency in hearing or speech, or lack of intellectual capacity to interpret and understand others.

**Computer Use:**
For the purposes of this survey, defined as the basic use of the computer (during the last twelve months), such as opening the computer and files, creating, copying, pasting, and saving files

**Crude Birth:**
Referring to new births, the Crude Birth Rate refers to the number of new births per 1,000 persons in a given year.

**Crude Death:**
Referring to deaths among a population in a given period, Crude Death Rate refers to the number of these deaths per 1,000 persons in a given year.

**Diarrhea:**
The passage of loose or liquid stools more frequently than is normal for the individual. Diarrhea may be defined as it is understood by respondents or mothers. The interviewers used the mother’s definition in this survey.

**Disability/difficulty:**
Individuals with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.

**Domestic violence:**
Violence is any act or failure to act of a household member against another member in the household for the purpose of causing physical, sexual or psychological abuse, or the threat of physical, sexual or psychological abuse, or generates fear. It also includes the deprivation of basic rights such as shelter, food, drink, clothing, education, freedom of movement and loss of self-determination and self security.

**Drop-out Student:**
A student who left school during the last scholastic year and who did not transfer to another school.

**Economic Activity:**
Economic activity refers to the main activity of the establishment in which the employed person works or the kind of work done previously for unemployed ever worked person.

**E-mail:**
A means for the exchange of messages, texts, and attached files among Internet or intranet users.

**Employed Child:**
The child performing a certain work for the other in return for a wage or for him / herself, or unpaid family work.

**Employer:**
A person who works in an establishment that is totally or partially belonging to him/ her and hires or supervises the work of one or more waged employees. This includes persons operating their projects or contracting companies provided that they employ a minimum of one waged employee. Shareholders are not considered employers even if they are working in it.

**Governmental Schools:**
Any educational institution run by Ministry of Education and Higher Education (MOEHE) or any other ministry or governmental instrument.

**Home Library:**
A collection of books classified in away that facilitate using and finding needed material with speed and ease

**Head of Household:**
The person who usually lives with the household and is recognized as head of household by its other members. Often he/she is the main decision maker and is responsible for financial support and welfare of the household

**Household:**
One person or a group of persons with or without a household relationship, who live in the same housing unit, share meals and make joint provision of food and other essentials of living.

**Growth Rate:**
The average increase or decrease in the number of population during a certain year, due to natural increase and net migration. It is expressed by a percentage of the base population.

**Health:**
Many definitions exist. As defined by the World Health Organization: “A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.

**Hearing disability/difficulty:**
The question determines individuals who have some hearing difficulties that contribute to the reduction of their ability to perform any part and aspect of their day, such as difficulty hearing someone talking in a busy place or with noise, or cannot hear someone speak directly and at normal volume (without shouting or higher volume), and determine whether they are unable to hear with one ear or both.

**Stunting:**
Low height for age.

**Infant Mortality:**
Refers to infant deaths (infants who are less than a year old), the infant mortality rate refers to the number of infant deaths in a given year per 1,000 live births during the year.

**Internet Use:**
For the purposes of this survey, defined as the basic uses of the Internet (during the last twelve months), such as access to certain sites, reading newsletters, and downloading files or programs from the Web.

**Kindergarten:**
Any educational institution licensed by MOEHE offering education to four or five year olds. Kindergarten consists of the first and second grades.

**Learning disability/difficulty:**
Inability to understand things or deal with others. It includes difficulty with intellectual functions due to a condition such as an acquired brain injury, Downs Syndrome, brain damage at birth, difficulty with interpersonal skills due to any condition such as autistic spectrum disorders, or difficulty in learning everyday skills such as reading, writing, and using simple equipment.

**Malnutrition:**
Malnutrition means “badly nourished” but it is more than a measure of what we eat or fail to eat. Clinically, malnutrition is characterized by an inadequate intake of protein, energy and micronutrients and by frequent infections or disease. Nutritional status is the result of the complex interaction between the food we eat, our overall state of health and the environment in which we live – in short, food, health and caring, the three “pillars of well-being”.

**Mental disability/difficulty:**
Individuals who suffer from stress, anxiety, uncertainty, and depression, as well as those with difficulties performing daily activities because of drug or alcohol abuse and addiction.

**Mobility disability/difficulty:**
Individuals who have difficulties to navigate and walk on foot, which may limit or not the performance of daily activities. For example, may find it difficult to walk a short distance, or a problem going up and down stairs or uneven terrain, or cannot walk any distance without a break or stop, or cannot walk without relying on a stick, or crutch, or walking device, or cannot stand on their feet for more than a minute and need a wheelchair for movement from one place to another. It covers disabilities or difficulties that people with disability face inside or outside homes. It also covers difficulties that people face during walking for more than 15 minutes.

**Occupation:**
Occupation refers to the kind of work done during the reference period by the employed person, or the kind of work done previously if unemployed, irrespective of the Economic Activity or the employment status of the person. Occupations are grouped together mainly on the basis of the similarity of skills required to fulfill the tasks and duties of the job.

**Physical violence:**
A behavior directed against the body. Physical violence is practiced through punching, hair-pulling, arm-twisting, pinching, slapping, kicking, strangling, scorching, pulling, dragging, killing, and beating. It is used to express physical power. The victim of physical violence is usually the weaker person.

**Poor Child:**
The child belongs to a poor household (whose income is below the national poverty line).

**Primary Health Care:**
First contact and continuing comprehensive health care, including basic or initial diagnosis and treatment, health, supervision, management of chronic conditions and preventive health services. The provision of primary care does not necessarily require highly sophisticated equipment or specialized resources.

**Private Schools:**
Any licensed local or foreign non-governmental educational institution.

**Psychological violence:**
It is a type of violence reflected in a psychological behavior or bad treatment, disdain, and despise of people. It is done through the use of cursing and insults by the person who practiced violence, breaking things that belong to the person, shouting and yelling at, name-calling, mocking using demeaning names, forcing to do specific acts, throwing out of the house, locking up in the house, terrorization, continuous threatening, and forcing. Psychological violence is used to cause anxiety fear, psychological damage, degrading, making one feel negative, weaken physical and mental capacities, harming other people and destroy capabilities, shaking self-confidence, undermining self-respect. Psychological violence destroys self-confidence, causes body harm, loss of self-confidence.

**Remembering and concentrating disability/difficulty:**
Includes difficulties in the following: memory, concentration, decision-making, understanding speech, reading, identifying individuals, directions and using a map, calculations, reading and thinking, such as individuals who have difficulty in understanding and performing daily activities. For example, finds it difficult to find locations, cannot focus on work, or forgets where they are or forgets which month it is, forgets to take medication or to eat, lacks understanding and knowledge of what is going on around him. It also includes the person's inability to understand things or deal with others. It includes forgetting to do something.
important, people who suffer from lack of memory like where things have been put in the house, as well as difficulty in concentration on doing things for more than 10 minutes.

**Repeater:**
A student who fails one or more subjects and therefore is not promoted to the following grade.

**School Gender:**
The student body can be boy, girl or co-educational

**Supervising Authority:**
The body legally and administratively responsible for running the school. It can be governmental, UNRWA, or private

**Satellite:**
A satellite stationed in geosynchronous orbit that acts as a microwave relay station, receiving signals sent from a ground-based station, amplifying them, and retransmitting them on a different frequency to another ground-based station. Satellites can be used for high-speed transmission of computer data.

**School:**
Any educational institution excluding kindergartens, regardless of students’ number and grade structure.

**Secondary Stage:**
The stage consists of two scholastic years following the basic stage. that is, years 11 and 12 of schooling.

**Seeing disability/difficulty:**
Individuals who have some difficulties in vision that limits their ability to perform their daily duties, for example, may not be able to read, or see road signs while driving a car, may not be able to see well with one eye, or tunnel vision, or problem with vision that they perceive to be a problem. All individuals are asked whether they wear glasses or not, and must be reminded to wear glasses or contact lenses.

**Self_Employed:**
A person who works in an establishment that is totally or partially belonging to him/her (partner) and who does not hire any wage employees. This includes self employed persons who are outside establishments.

**Student/Pupil:**
Any one attends an educational institution

**Teacher:**
A person with specialized qualification who is responsible for teaching students at an educational institution.

**Tetanus Toxoid Vaccination:**
Tetanus toxic injections are given during pregnancy for the prevention of neonatal tetanus

**Total Fertility Rate:**
The average number of children that would be born alive to a woman (or group of women) during her life time if she were to pass through her childbearing years conforming to the age-specific fertility rates of a given year. The sum of age specific fertility rates multiplied by 5.

**Under-5 Mortality:**
The probability of dying between birth and the fifth birthday (per 1,000 live births).
Unemployment:
Underemployment exists when a person’s employment is inadequate in relation to alternative employment, account being taken of his/her occupational skills. The underemployed persons are classified into two groups (1) Visible Underemployment: which refers to insufficient volume of employment: Persons worked less than 35 hours during the reference week or worked less than the normal hours of work in their occupation were considered as visibly underemployed; and (2) Invisible Underemployment: refers to a misapplication of labour resources or fundamental imbalance as between labour and other factors of production, such as insufficient income.

UNRWA Schools:
Any school run or supervised by UNRWA.

Vocational Secondary Education:
Vocational secondary education includes commercial, industrial and agricultural tracks. It consists of the first and second secondary grades

Academic Secondary Education:
An educational program of both literary and scientific tracks. It is consisting of the first and the second secondary grades.

Wage Employee (Paid Employee):
A person who works for a public or private employer or under its supervision and receives remuneration in wage, salary, commission, tips, piece rates or in kind … etc. This item includes persons employed in governmental, non governmental and private institutions along with those employed in a household enterprise in return for a specific remuneration.

Under weight:
Low weight for age.

Work:
All activities performed by persons in order to gain profit or wage either monthly wage, weekly, daily, on piece for profit or family gain, in cash or in kind. One hour or more of such activity constitutes work. Work also includes unpaid activity on a business family farm.
Chapter One

Demographic Status

A child is defined as a human being under the age of eighteen years unless, under the applicable law, majority is attained earlier.

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

Childhood is an important stage when the future life of a child is defined and this has prompted many states to ensure that children are provided care for integrated balanced growth in all aspects of mental, psychological and social health.

The Convention on the Rights of the Child adopted by United Nations General Assembly in 1989 constitutes the highest standards of children’s rights and includes a number of principles aimed at providing guarantees for the survival, development and protection of children. The implementation of this Convention requires a supportive environment to meet and cater for the rights of the child. In addition, decision and policy makers and all workers in the childhood sector should be encouraged to work to achieve the Convention’s goals.

The environment in which children live is a key element in the evolution and development of the child's physical, mental, and psychological development. It affects the way in which the child is raised, including the formation of ideas and beliefs, as well as perceptions and attitudes towards the core issues relating to the child’s life. This chapter presents the basic statistics about the environment surrounding the Palestinian child in Palestine, including the demographic composition of the population and the social and environmental status in which a Palestinian child lives.

1.1 Growth Rate
The study of age and gender contributes to understanding demographic changes. Data show that the population in Palestine in mid-2012 was 4.29 million, of whom 2.65 million (61.7%) were in the West Bank and 1.64 million (38.3%) in the Gaza Strip.
The Palestinian population pyramid shows a high proportion of individuals under the age of 18 years (47.6%), while the proportion of elderly individuals is low. These percentages indicate high fertility rates and the fact that Palestinian society is a young society with a broad youthful pyramid base.

The decline in mortality rates and the stability of high fertility rates has led to a steep natural growth in population requiring appropriate economic and social policies to deal with the implications of this increase. It has been estimated by PCBS that the rate of natural increase in the population of Palestine was 3.0% in mid-2012. This is one of the highest rates in the world; the average international population growth rate is 1.2%. Growth in the West Bank was estimated mid-2012 at 2.7% versus 3.5% in the Gaza Strip.

1.2 Birth Rates

*The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by his or her parents.*

*(Convention on the Rights of the Child, Article 7)*

![Figure (1-3): Estimated crude birth rates by region in selected years](image)

Birth rates are affected directly or indirectly by many factors, including fertility levels, developed health services and the state’s role in maternal and child health care. The number of children below the age of eighteen totaled 2.04 million in Palestine in 2012. The estimates point to a decline in the crude birth rate during the past decade in Palestine: the birth rate was estimated at 42.7 births per thousand of population in 1997 and declined to 32.7 in 2012. This decline is correlated closely with the decline in fertility levels, in addition to the successful implementation of health programs on reproductive health. In 2012, the crude birth rate was 31.1 in the West Bank and 37.3 in the Gaza Strip.

1.3 Mortality

*State parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. State parties shall strive to ensure that no child is deprived of his or her right to access such health care services.*

*(Convention on the Rights of the Child, Article 24)*
The available data reveal that the mortality level is relatively low compared with existing mortality rates in Arab countries. The crude mortality rate has declined in Palestine from 4.9 per thousand in 1997 to 3.9 per thousand in 2012, with differences in the crude mortality rate between the West Bank and Gaza Strip. The estimated crude mortality rate in the West Bank was 5.1 per thousand in 1997 and declined to 4.0 per thousand in 2012, while the crude mortality rate was estimated in the Gaza Strip at 4.7 per thousand in 1997 and declined to 3.8 per thousand in 2012. This indicates improvements in the quality of life, access to medical services and improvements in health awareness among the population and in health services.

Figure (1-4): Estimated crude mortality rates by region in selected years


1.4 Early Marriage
In all societies marriage has social and economic dimensions as well as reflecting cultural elements. Data on marriage and divorce in Palestine in 1997 showed the widespread phenomenon of early marriage, especially for females. In 1997, the median age of females at first marriage was 18.0 years and 23.0 years for males while in 2011 the median age at first marriage was 20.0 for females and 24.6 years for males. The mean age of marriage among those who hold a bachelor degree or higher was 23.8 years for females and 26.7 years for males in 2011. This reflects the role of education in reducing early marriage among Palestinians. The mean age of marriage for those who hold only a preparatory educational certificate was 17.0 for females and 23.9 for males. Of all women who married in 2011, 22.7% were under the age of eighteen compared with 1.5% of males.

1.5 Fertility

Current Fertility Levels
Data showed specific age and total fertility rates (per thousand women) during the three years preceding the Family Survey in 2010, as evidenced in the Table. Current birth levels show that a Palestinian woman gives birth to 4.4 children throughout her reproductive life. It is not anticipated that rates will fall significantly during the coming period as the determinants of fertility are linked to social and economic factors in Palestinian society and also to cultural concepts and traditions. The Table indicates that the total fertility rate is higher in the Gaza Strip than in the West Bank.
Table (1-1): Age specific and total fertility rates using the direct method by region, 2010

<table>
<thead>
<tr>
<th>Age group</th>
<th>Region</th>
<th>Palestine</th>
<th>West Bank</th>
<th>Gaza Strip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>15-19</td>
<td>20-24</td>
<td>25-29</td>
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<td></td>
</tr>
</tbody>
</table>

References


Chapter Two

Health Status

States parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

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

Acknowledgement of the significance of children is vital in building the future of any society. The surrounding internal and external factors exert an impact on the development of the child. All UN international conventions have addressed health care for all as a human right; the Convention on the Rights of the Child (CRC), considered as the universal constitution on children’s rights, addresses the rights of the child to health care.

Although the Palestinian National Authority is not a sovereign state and therefore cannot sign international conventions, it has adopted all aspects of the Convention on the Rights of the Child. The strategy of the National Plan for the Palestinian Child was drafted based on the CRC as a general framework. The plan focuses on a number of services provided to children, including health, education, youth, culture and social affairs. The plan proposes developments to the health system to improve the health of Palestinian children and to make the system accessible to all mothers and children. The plan also adopts the principle of strengthening health care through schools, clinics and the media.

The National Health Plan 1999-2003 addresses the need to improve the quality of health care services for mothers and children and ensure equal distribution and optimum access to all levels of care. The plan takes into account the Millennium Development Goals (MDGs), especially those amendments added to the fourth and fifth goals to reduce child mortality by two-thirds between 1990 and 2015 and to reduce maternal mortality by three-quarters in the period between 1990 and 2015.

The status of health in children can be measured and evaluated through the use of indicators that include the infant mortality rate, under-five child mortality rate and nutritional status. A child’s health is affected by certain factors or direct determinants (factors associated with age and education of the mother and some other background characteristics at birth) and indirect factors (including social and economic situation of the child's family and the availability of health services in general).

2.1 Malnutrition

The second target of the first goal of the MDGs aims to reduce by half the proportion of people who suffer from hunger by improving two key indicators: the prevalence of underweight children below five years of age and the proportion of the population who consume less than the minimum level of dietary energy consumption.
Eleven Out of One Hundred Children Under Five Suffer from Chronic Malnutrition

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

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

Currently, 11 out of 100 children under the age of five suffer from chronic malnutrition: 11.5% in the West Bank and 10.4% in Gaza Strip. Hebron governorate had the highest rate of 16.7% compared to other governorates. It is should be noted that the percentage was 7.5% in 2000.

**Figure (2-1): Prevalence of stunting among children under five by region in 2000-2010**

2.2 Underweight

Being underweight is a significant indicator of the prevalence of severe malnutrition rates. In 2010, 3.7% of children aged under five years in Palestine were underweight: 3.9% in the West Bank and 3.5% in the Gaza Strip. Rates were 5.7% for Hebron governorate, 4.6% for Ramallah & Al-Bireh governorate and 3.9% for Jerusalem governorate. In the Gaza Strip, the rates of underweight children were 4.6% in Deir Al- Balah, 4.4% in North Gaza and 4.4% in Rafah governorate.

Although underweight rates rose between 2000 and 2004, they declined in 2006, only to rise again in 2010 to 3.7%.
**2.3 Infant and Child Mortality**

The second item of Article 24 of the Convention on the Rights of the Child indicates the need for states to take appropriate measures to reduce infant and child mortality. The Millennium Development Goals and aspirations of societies to a better life are reflected through a series of selected targets that are specified in numbers and clear time frames for the period 1990-2015. Countries agreed to reduce rates of poverty and hunger by half, to ensure primary education at a global level, promote gender equality, reduce the mortality rate among children under five years by two-thirds and reduce maternal mortality by three-quarters. Indicators associated with these objectives contribute in monitoring and evaluating national plans and programs. For example, indicators associated with the reduction of child mortality contribute to the process of evaluating plans and health programs, as well as to the design of necessary health policies.

**Goal 4: Reduce Child Mortality**

*Reduce by two-thirds, between 1990 and 2015, the mortality rate among the under-fives.*  
*In order to achieve this goal, the following targets were defined:*  
- *Infant Mortality Rate (IMR)*  
- *Under-five mortality*  
- *Proportion of one year olds immunized against measles.*

**High Mortality Rates among Infants and the Under-Fives**

Child mortality rates over the past decade in Palestine are comparable to those in upper middle-income countries. However, closer examination of the trends reveals that this is not an
accurate perception. From 1994-1999, there was a drop of 6.6% in the under-five mortality rate to 28.7 per 1000 live births from 33.2 per 1000. Infant and under-five child mortality rates continued to decline, but started to rise again during 2006-2010 due to the high rates of neonatal mortality that affected infant mortality rates in general and reflected higher risks during pregnancy. The infant mortality rate in Palestine was 18.9 per 1000 live births between 2006 and 2010. The Gaza Strip has the highest rates at 20.1 per 1000 live births.

The under-five mortality rate was 23.4 per 1000 live births between 2006 and 2010. The Gaza Strip had the highest rates at 26.8 per 1000 live births compared to the West Bank at 21.0 per 1000 live births.

**Figure (2-3): Infant mortality rates by region in 2006*, 2010**

![Bar chart showing infant mortality rates by region in 2006* and 2010.](chart_image)


- Represents the period 2002-2006
Respiratory infections are leading cause of infant mortality in the West Bank; Conditions in the prenatal period form major cause of deaths among children under five years

Based on Ministry of Health data for 2011, the leading cause of infant mortality in the West Bank was respiratory tract infections with 39.7%: 42.0% for male children and 37.0% for female. This was followed by infant mortality caused by premature and low birth weight with 16.2%: 17.0% for male children and 15.2% for female children. Congenital anomalies caused death in 15.9% of cases: 13.6% for male children and 18.5% for female children. Septicemia was the cause of 15.3% of infant mortality: 15.3% for male children and 15.0% for female children.

According to data from the Ministry of Health for 2010, the leading cause of deaths among children under five years in the West Bank was conditions in the prenatal period totaling 36.7%: 37.8% for male children and 35.3% for female children.

**Around one-fifth of children (6-59 months) have anemia**

In 2010, 19.4% of children aged 6-59 months had anemia: 25.6% in the Gaza Strip and 13.4% in the West Bank. Qalqilya governorate reported the highest rate of anemia among children with 32.3%, followed by Salfit (19.7%) and Nablus governorate (19.4%). In the Gaza Strip, Deir Al-Balah governorate reported the highest rate of anemia of 41.4%, followed by Gaza (31.3%) and Khan Yunis (21.8%) governorates.

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1 Children with a hemoglobin level of less than 11.0 g/dl according to the World Health Organization (WHO).
2.4 Differential Indicators for Child Survival (indicators related to maternal health)

Goal 5: Improve maternal health

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

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

High coverage of antenatal care, but quality of care is questionable

The data indicate that the majority of women received health care from qualified staff during their pregnancy; the data did not show variations in the level of care between the West Bank and Gaza Strip. Despite the rise in this rate, the quality of the service remains in question and requires further research.

A high proportion of pregnant women (15-49 years) suffer from anemia\(^2\) in spite of high coverage of health care during pregnancy

In 2010, 26.7% of pregnant women aged 15-49 years had anemia: 15.4% in the West Bank and 39.1% in the Gaza Strip.

High rate of safe deliveries but access to services remains a serious challenge

In 2010, 98.0% of deliveries took place under safe conditions; the Gaza Strip recorded the highest rates although there were no significant variations between governorates. Rates of deliveries occurring at health facilities rose by 3.4% between 2000 and 2010.

Figure (2-5): Percentage of deliveries in health institutions by region in 2000-2010


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\(^2\) Women with a hemoglobin level of less than 11.0 g/dl according to the World Health Organization (WHO).
Jenin governorate had the highest percentage of unsafe deliveries with 4.7% of deliveries taking place under questionable conditions at home or on the way to hospital. Qalqiliya and Tubas governorates had the second highest percentage with 4.3%.

2.5 Breastfeeding Trends

To ensure that all sectors of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents.

(Convention on the Rights of the Child, Article 24-2)

Prevalence of breastfeeding
In 2010, 95.8% of children were breastfed: 95.4% in the West Bank and 96.2% in the Gaza Strip. Also, 28.8% of children in the 0-5 months age group were exclusively breastfed: 29.6% in the West Bank and 27.8% in the Gaza Strip.

In general the breastfeeding average in Palestine is good and continued until around 13.0 months in 2010; 62.8% of children began breastfeeding within the first hour of birth.

2.6 Weight at Birth
Overall, 9.1% of children weighed less than 2.5 kg at birth: 8.9% in the West Bank and 9.3% in the Gaza Strip.

2.7 Prevalence of Disease Among Children
The average incidence of infectious diseases among children is considered a diagnosis and reflection of the current status of health and an indication of the safety and purity of the environment. It is also a tool to measure social progress and the social status of households and communities. The prevalence of disease is associated with different agents and factors related to the pollution of the environment and the quality of children’s food and how it is prepared. Frequent incidences of disease have a negative impact on the child, not only in increasing the risk of death, but also through the impact on the child’s health and potential exposure to malnutrition and a weakened immune system. The following are indicators of some childhood diseases:
Diarrhea

There was a clear increase in the percentage of children under five years of age who had diarrhea in the period between 2006 – 2010; the percentage increased from 11.7% in 2006 to 12.8% in 2010. The percentage of children who had diarrhea was 14.9% in the West Bank and 9.9% in the Gaza Strip in 2010 compared to 11.5% and 12.1% respectively in 2006. Children in the 12-23 month age group were more susceptible to diarrhea than other age groups and totaled 21.4%. This may be attributed to feeding children home cooked and processed foods at this age.

Results showed that 31.4% of children who had diarrhea were treated with a rehydration solution (ORS) and 44.6% of children who had diarrhea received an increased quantity of fluids during diarrhea. The Palestinian Ministry of Health dropped dehydration and diseases of the digestive system from the list of diseases that cause death among infants and children under the age of five.

The data showed that the incidence of respiratory infections was 5.0%; the percentage was highest in the Gaza Strip compared to the West Bank and in Salfit governorate at 10.1% compared to the other governorates. Figure 2-7 shows that the percentages of cases of diarrhea and respiratory infections among females were lower than among males.
2.8 Children with Disabilities

In 2011, 1.5% of children in Palestine had disabilities: 1.6% in the West Bank and 1.4% in the Gaza Strip. Disabilities affected 1.8% of male children and 1.3% of female children.

**Congenital causes are the most common reasons for disability in children**

The main cause of disabilities was congenital defects with 29.6%: 31.4% in the West Bank and 26.5% in the Gaza Strip. The next main cause was disease with 24.0%: 25.3% in the West Bank and 21.6% in the Gaza Strip.

**Table (2-1): Percentage distribution of disabled individuals 0-17 years by reason of disability and region in 2011**

<table>
<thead>
<tr>
<th>Reason for Disability</th>
<th>Gaza Strip</th>
<th>West Bank</th>
<th>Palestine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congenital</td>
<td>26.5</td>
<td>31.4</td>
<td>29.6</td>
</tr>
<tr>
<td>Birth related</td>
<td>14.4</td>
<td>15.6</td>
<td>15.2</td>
</tr>
<tr>
<td>Illness</td>
<td>21.6</td>
<td>25.3</td>
<td>24.0</td>
</tr>
<tr>
<td>Physical and psychological abuse</td>
<td>[2.8]</td>
<td>[0.6]</td>
<td>[1.4]</td>
</tr>
<tr>
<td>Traffic accident</td>
<td>[1.9]</td>
<td>[1.1]</td>
<td>[1.4]</td>
</tr>
<tr>
<td>Other kind of accident</td>
<td>[5.2]</td>
<td>[3.9]</td>
<td>[4.4]</td>
</tr>
<tr>
<td>Israeli measures</td>
<td>[1.7]</td>
<td>[1.5]</td>
<td>[1.6]</td>
</tr>
<tr>
<td>Stress</td>
<td>[1.1]</td>
<td>[0.1]</td>
<td>[0.4]</td>
</tr>
<tr>
<td>Hereditary</td>
<td>12.1</td>
<td>12.3</td>
<td>12.2</td>
</tr>
<tr>
<td>Birth related</td>
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<td>[2.7]</td>
<td>[4.3]</td>
</tr>
<tr>
<td>Other</td>
<td>5.7</td>
<td>5.5</td>
<td>5.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Figures in parentheses [ ] indicate percentages based on small numbers and are therefore subject to a large margin of error

Adaptations Required in Schools by Disabled Pupils 10-17 Years Currently in Education

Visual disabilities:
In 2011, 24.5% of individuals with visual disabilities required adaptations to transportation in order to continue their education, one-quarter required adaptations to school buildings, 38.5% required adaptations to classrooms and 11.5% required adaptations to toilet facilities.

Hearing disabilities:
In 2011, 15.2% of individuals with hearing disabilities required adaptations to transportation to continue their education, 12.5% required adaptations to school buildings, 24.2% required adaptations to classrooms and 3.1% required adaptations to toilet facilities.

Physical disabilities:
In 2011, 50.0% of individuals with physical disabilities required adaptations to transportation in their schools to continue their education, 46.3% required adaptations to school buildings, half of individuals required adaptations to classrooms and 52.8% of individuals required adaptations to toilet facilities.

Table (2-2): Percentage of disabled individuals aged 10-17 years requiring modified features to continue education by main disability in 2011

<table>
<thead>
<tr>
<th>Variables</th>
<th>Main Disability</th>
<th>Vision</th>
<th>Hearing</th>
<th>Communication</th>
<th>Mobility</th>
<th>Remembering and concentrating</th>
<th>Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
<td>Vision</td>
<td>24.5</td>
<td>15.2</td>
<td>12.5</td>
<td>50.0</td>
<td>25.0</td>
<td>3.8</td>
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<tr>
<td>Building</td>
<td>Hearing</td>
<td>25.0</td>
<td>12.5</td>
<td>6.3</td>
<td>46.3</td>
<td>20.0</td>
<td>1.9</td>
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<tr>
<td>Classrooms</td>
<td>Communication</td>
<td>38.5</td>
<td>24.2</td>
<td>12.5</td>
<td>50.0</td>
<td>21.1</td>
<td>5.8</td>
</tr>
<tr>
<td>Bathrooms</td>
<td>Mobility</td>
<td>11.5</td>
<td>3.1</td>
<td>12.5</td>
<td>52.8</td>
<td>10.5</td>
<td>1.9</td>
</tr>
</tbody>
</table>

References


- **Ministry of Health, PHIC, Health Status in Palestine 2011, April 2012.**
Chapter Three

Educational Status

*States parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular:*

A- Make elementary education compulsory and available free to all;  
B-Encourage the development of different forms of secondary education, make them available and accessible to every child, and take appropriate measures such as the introduction of free education and offering financial assistance in case of need.  

*(Convention on the Rights of the Child, Article 28-1)*

The educational sector is one of the most important sectors in society and receives serious attention from governments since it represents a real investment in a nation’s future. Educational indicators are used to measure the government and society’s performance in providing a suitable environment for children and young people with respect to their right to education.

The value placed on education has had an unequivocal impact in bridging the educational gap between male and female students in basic and secondary education stages and both have recorded nearly comprehensive enrollment at basic school (from first grade to tenth grade). Compulsory education has been expanded from nine years to ten years and the new Palestinian curriculum reform plans were gradually introduced for implementation during the scholastic years 2000-2006. There has also been a widening of educational facilities, reaching areas where they were not available previously. Despite the achievements in the educational field, we cannot underestimate the future challenges facing the educational process.

Education for children has assumed a high priority in many national, regional, and international conferences, such as the Jomtien Conference on Education for All in 1990, Dakar Conference on Evaluating Education for All in 2000, and the Convention on the Rights of the Child in 1989, which was the most comprehensive convention in the world on human rights. Moreover, human rights conventions have all emphasized that the provision of quality education to children is a matter of high priority.

Articles 28 and 29 of the Convention on the Rights of the Child stipulate that “State parties shall make primary education compulsory and available free to all’ and that “education of the child shall be directed to the development of the child’s personality, talents, and mental and physical abilities to their fullest potential.” Therefore, attendance at school and a good quality education are major factors to achieve this goal. Four more Articles in the Convention on the Rights of the Child reinforce the comprehensive legal principles of a child’s education, including Article 2, which stipulates that “State parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind”; Article 3 which states, “The best interests of the child shall be a primary consideration”; Article 6 which states, “Every child has the inherent right to life...survival
and development”; and Article 12 which stipulates, “The child who is capable of forming his or her own views (has) the right to express those views freely”.1

3.1 Students
At the beginning of the 2011/2012 scholastic year, there were 1,129,538 students enrolled in basic and secondary stage education. Female students constituted around 50.2%. The percentage of females varied from one stage to another: in basic education females constituted 49.6% compared to 54.4% at secondary stage.

In the 2011/2012 scholastic year, 13.2% of all students were enrolled in secondary education and 86.8% were enrolled in the basic stage: 59.2% of all students were enrolled in basic education in the West Bank and 40.8% in the Gaza Strip. At secondary stage, this percentage was 59.0% in the West Bank and 41.0% in the Gaza Strip.

Of all students, 67.4% were enrolled in government schools, 24.0% were enrolled in UNRWA schools and 8.6% in private schools. The relatively large number of refugee students in the Gaza Strip made the educational role of UNRWA in the Gaza Strip larger than its role in the West Bank.2

There has been a steady increase in the number of school students between 1994/1995 and 2011/2012 in basic and secondary education of 82.8%; 96.1% in the Gaza Strip and 74.6% in the West Bank.

3.2 Pre-School Enrollment (Enrollment in Kindergarten) in the West Bank

Kindergartens are run by the private sector, with the exception of two kindergartens operated by the Ministry of Education. However, according to existing rules and regulations, kindergartens must be licensed by the Ministry of Education.

The number of kindergartens in Palestine is affected by the political situation. In the 2011/2012 scholastic year, there were 862 kindergartens in the West Bank: 860 private and two government-run.

There were 63,007 kindergarten students in the West Bank in the 2011/2012 scholastic year: 48.8% males and 51.2% females.

By supervisory authority, 62,883 students were in private kindergartens and 124 were in government kindergartens. Classroom density was 22.2 children per classroom in the 2011/2012 scholastic year.

3.3 Basic School Enrollment
Students in basic stage education increased in number from 572,529 in the 1994/1995 scholastic year to 980,213 in the 2011/2012 scholastic year, marking an increase of 71.2%. Females and males constituted 49.6% and 50.4% respectively.

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1 UNICEF, Education for All, 1999.
2 54.6% of children in basic education in the Gaza Strip were enrolled in UNRWA schools while 9.0% of children in basic education in the West Bank were enrolled in UNRWA schools during the 2011/2012 scholastic year.
In basic education in the 2011/2012 scholastic year, female enrollment was 98.4 female students per 100 male students: there were 99.0 female students per 100 male students in the West Bank and 97.4 per 100 male students in the Gaza Strip.

3.4 Secondary School Enrollment
Students at secondary education stage increased in number from 45,339 in 1994/1995 to 149,325 students during the 2011/2012 scholastic year, reflecting an increase of 229.4%. Female students constituted 54.4% of students at secondary stage in the 2011/2012 scholastic year compared to 45.5% in 1995/1996.

Academic education is still more attractive than vocational education. The number of students enrolled in vocational high school was 9,869 in the 2011/2012 scholastic year, representing 6.6% of all secondary school students. Female students constituted only 35.4% of vocational high school students, but constituted 55.8% of academic secondary school students.

3.5 Repetition
The percentage of students repeating a school year at basic stage in the 2012/2011 scholastic year was 2.8% for males and 2.6% for females compared to 2.4% and 2.1% at secondary stage for males and females respectively. Indicators revealed differences between the Gaza Strip and the West Bank at both educational stages: 1.8% for the West Bank and 4.1% for the Gaza Strip at basic stage; and 1.0% for the West Bank and 4.1% for the Gaza Strip at secondary stage.

The percentage of students repeating a school year at basic stage fell significantly for both sexes during the scholastic years 1994/1995-2010/2011. Female students who failed basic stage fell from 4.4% in 1994/1995 to 2.6% in 2010/2011. At secondary stage, female students who failed increased from 1.3% in 1994/1995 to 2.1% in 2010/2011.

Caution should be exercised when examining the decrease in the percentages of those repeating the school year since the educational system imposes certain limits on failing, such as permitting students to repeat a class twice, starting repeat years only from grade four and limiting those repeating the year to 5% per class.
Figure (3-1): Repetition rate at basic stage by region and selected scholastic years


Figure (3-2): Repetition rate at secondary stage by region and selected scholastic years

3.6 Drop-Out Rate

The drop-out rate at basic stage in the 2010/2011 scholastic year in Palestine was 1.3% for male students and 0.6% for female students. At secondary stage, the rates were 3.2% for males and 3.3% for females.

The drop-out rate among females at secondary stage in 2010/2011 was 3.3%: 3.4% in the West Bank and 3.1% in the Gaza Strip. At basic stage the drop-out rate was 0.6%: 0.5% in the West Bank and 0.7% in the Gaza Strip.

The drop-out rate among males at secondary stage in 2010/2011 was 3.2%: 3.6% in the West Bank and 2.6% in the Gaza Strip At basic stage the drop-out rate was 1.3%: 1.2% in the West Bank and 1.4% in the Gaza Strip.

Figure (3-3): Drop-out rates at basic stage by region and selected scholastic years

3.7 Schools
In 2011/2012 there were 2,707 schools: 1,792 basic stage and 915 secondary schools: 74.6% of schools were in the West Bank and 25.4% were in the Gaza Strip.

Government schools constituted 74.1% of schools in 2011/2012 compared to 12.7% of UNRWA-run schools and 13.3% private schools.

The number of schools has increased since the PNA took control of education in 1994. There has been an emphasis on increasing school capacity to accommodate more students. The number of basic schools in 2011/2012 was 1,792, whereas the number of schools in 1995/1996 was 1,098. The number of secondary schools in 2011/2012 was 915, whereas the number of schools in 1995/1996 was 372.3

3.8 School Facilities and Educational Technology
The percentage of schools with a scientific laboratory increased from 39.6% in 1994/1995 to 67.2% in 2011/2012. This percentage increased at government schools from 40.0% in 1994/1995 to 71.1% in 2011/2012 and in UNRWA schools from 31.3% to 59.2% over the same period. In private schools, the percentage increased from 47.6% to 53.2% over the same period.

The percentage of schools with a dedicated school library increased from 24.4% in 1994/1995 to 75.5% in 2011/2012. In government schools it increased from 28.0% in 1995/1996 to 3

3 Includes schools that provide both basic education and secondary school education as well as secondary schools.
78.8% in 2011/2012, at UNRWA schools from 26.6% to 71.7% and from 38.4% to 61.3% at private schools over the same period.

The percentage of schools with a computer laboratory increased from 3.5% in 1994/1995 to 75.7% in 2011/2012. It increased from 3.0% in 1994/1995 to 74.5% in 2011/2012 at government schools. In UNRWA schools, there were none in 1994/1995, but by 2011/2012 86.9% of UNRWA schools has a computer lab. In private schools the number increased from 13.6% in 1994/1995 to 71.6% in 2011/2012.

3.9 Classroom Density
Classroom density (number of students per classroom) is a good indicator of an appropriate educational environment. The average number of students per classroom in the 2011/2012 scholastic year was 30.9 at basic stage and 27.6 at secondary stage.

![Figure (3-5): Students per class by stage and selected scholastic years](image)


Classroom density in basic stage schools is higher in the Gaza Strip than in the West Bank (35.7 students per classroom in the Gaza Strip and 28.3 students per classroom in the West Bank in 2011/2012). At secondary stage, classroom density was 36.9 students in the Gaza Strip and 35.5 in the West Bank in 2011/2012.

The situation worsens in UNRWA schools where classroom density at basic stage was 35.9 students compared to 30.5 students at government schools. In private schools the figure was 23.4 students per classroom in 2011/2012. (UNRWA does not provide secondary stage education.)
3.10 Teachers

The number of teachers in schools totaled 52,333 in the 2011/2012 scholastic year (21,327 male teachers and 31,006 female teachers).

By school, 69.8% of teachers teach at government schools, 19.0% teach at UNRWA schools and 11.2% teach at private schools.

The number of students per teacher at government schools was 20.4 in 2011/2012, in UNRWA schools the figure was 27.3 and in private schools it was 16.5.
References


Chapter Four

Cultural and Recreational Status of Children

State parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the child’s age and to participate freely in cultural life and the arts.

*(Convention on the Rights of the Child, Article 31-1)*

State parties shall respect and promote the right of the child to participate fully in cultural and artistic life and shall encourage the provision of appropriate and equal opportunities for artistic, cultural and recreational and leisure time activity.

*(Convention on the Rights of the Child, Article 31-2)*

Children’s cultural education is a basic element of a social process of upbringing and transforming the newborn from a biological entity into a social being. Cultures go beyond socialization to develop the child’s personality and national identity. Strengthening of the cultural and recreational rights of Palestinian children has taken place by the incorporation of these rights into the National Plan for the Palestinian Child prepared by the national committee and endorsed by the PNA in 1995. The plan is in line with the International Convention of the Rights of the Child sanctioned by the UN General Assembly in 1989. Cultural and recreational rights have since become inseparable parts of a child’s rights as a human being, as stated in Article 31 of this Convention.

The culture of Palestinian children stems from their Palestinian Arabic heritage, philosophy, religion, norms, values, traditions, the 1988 Declaration of Independence and national Palestinian, Arab and Islamic aspirations. Knowledge and information are acquired through the Arabic language by which interpersonal communication, self-expression and openness to Arab culture are made possible. The child’s knowledge is also enriched through arts, music, literature, technology, and investment in recreational activities and leisure time.

4.1 Computer Use

In 2011, the percentage of children (10-17 years) who used a computer was 75.1% (81.9% in the West Bank and 64.4% in the Gaza Strip) with no significant difference between males (76.7%) and females (73.5%).

4.2 Internet Use

The results showed that four out of ten children in the 10-17 age group (43.6%) have access to an Internet service and know how to use it, while four out of ten children (39.0%) do not have even a minimal understanding of the Internet.

The most common reasons given for using the Internet were: leisure and entertainment purposes 32.8% (33.5% for males and 31.9% for females) compared to 26.0% in 2006; study and research 23.3% (16.2% for males and 31.3% for females) compared to 25.6% in 2006; and to access an email service 21.8% (28.6% for males and 14.1% for females) compared to 8.7% in 2006,
Figure (4-1): Percentage distribution of children (aged 10-17) by use of Internet in 2006 and 2011


4.3 Availability of Information Technology in the Family
Since the family plays an important role in the development of the child's personality and in the pattern of social and cultural interaction with the child, the availability of information technology within the family is a significant factor in providing optimal use of cultural and recreational resources for the child.

Data showed that the percentage of households with children (below the age of 18) who own computers totaled 55.6% in 2011 compared to 36.0% in 2006. The percentage of households with children who have Internet access totaled 31.8% in 2011 compared to 17.1% in 2006.

The percentage of households with children (below the age of 18) who own a television was 97.8% in 2011. The percentage of households with children (below the age of 18) who own a satellite dish in Palestine was 95.4% in 2011 and 20.4% of them owned video player.
Figure (4-2): Percentage of items of entertainment available in households with children below 18 years of age in 2006 and 2011

References


Chapter Five

Children In Need of Special Protection

This chapter attempts to analyze data and information on a specific group referred to as children in need of special protection. This group comprises various sub-groups of children who experience difficult living circumstances that hamper their mental and physical well-being. Sub-groups are usually identified according to the type of difficulty they encounter due to:

- Children’s separation from their parents due to institutionalization, hospitalization, family de-unification, adoption, or deprivation from family environment (CRC, Articles 9, 10, 20, and 21).
- Other sub-groups in need of special protection are children subject to all kinds of physical, sexual and mental/emotional abuse (CRC, Articles 19 and 34).
- Disabled children (CRC, Articles 23).
- Poor children (CRC, Articles 26 and 27).
- Employed children (CRC, Article 32).
- Children exploited for the use, sale and trafficking of drugs (CRC, Article 35).
- Children deprived of their liberty or receiving juvenile institutional care (CRC, Articles 37 and 40).
- Children afflicted by violence and armed conflicts (CRC, Articles 38 and 39).

Although many countries make serious efforts to ensure children’s full enjoyment of their rights as stated in the United Nations Convention on the Rights of the Child-1989, this Convention has not yet been implemented everywhere due to the number of uncontrollable political, economic and social factors involved. Undoubtedly, all these factors have negative effects on children in general, especially those in need of special protection. Children may also experience dramatic events resulting from individuals within their environment such as negligence, abuse, exploitation and violence from those who should be their caretakers.
5.1 Children Living in Poverty

Only 20.8% of Palestinian households are childless, while the majority of Palestinian households (79.2%) have children. Hence, meaningful comparisons of poverty should be carried out for households with different numbers of children rather than merely between households with or without children.

The poverty rate in 2011 indicated that the total distribution of poverty among Palestinian households was 20.7% (using consumption data), of which 22.7% was among households with children and 13.2% among households without children.

More significantly, poverty data indicated that 14.5% of households in the West Bank suffered from poverty in 2011 (15.7% of households with children and 10.5% of households without children). In the Gaza Strip, 32.6% of households suffered from poverty in 2011 (34.6% of households with children and 21.1% of households without children).

Table (5-1): Likelihood of poverty according to households monthly consumption by region in 2011

<table>
<thead>
<tr>
<th>Region</th>
<th>With Children</th>
<th>Without Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Value</td>
<td>Contribution</td>
<td>Value</td>
</tr>
<tr>
<td>Palestine</td>
<td>22.7</td>
<td>100</td>
<td>13.2</td>
</tr>
<tr>
<td>West Bank</td>
<td>15.7</td>
<td>43.7</td>
<td>10.5</td>
</tr>
<tr>
<td>Gaza Strip</td>
<td>34.6</td>
<td>56.3</td>
<td>21.1</td>
</tr>
</tbody>
</table>


In 2011, 27.2% of children in Palestine were poor: 18.4% in the West Bank and 39.3% in the Gaza Strip.

Table (5-2): Percentage of children in poverty by region in 2011

<table>
<thead>
<tr>
<th>Region</th>
<th>Poverty</th>
<th>Deep Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palestine</td>
<td>27.2</td>
<td>13.9</td>
</tr>
<tr>
<td>West Bank</td>
<td>18.4</td>
<td>8.2</td>
</tr>
<tr>
<td>Gaza Strip</td>
<td>39.3</td>
<td>21.9</td>
</tr>
</tbody>
</table>


5.2 Number of Children in Household

With the exception of childless households, the incidence of poverty increases consistently by the additional number of children in a household. Households with the lowest incidence of poverty are those with one to two children. The picture remains essentially the same when other poverty indexes are used to reflect the depth of poverty.
Table (5-3): Likelihood of poverty in households according to households monthly consumption by number of children in household, 2011

<table>
<thead>
<tr>
<th>Number of Children</th>
<th>Poverty</th>
<th>Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>13.2</td>
<td>13.3</td>
</tr>
<tr>
<td>1-2</td>
<td>14.5</td>
<td>17.1</td>
</tr>
<tr>
<td>3-4</td>
<td>20.4</td>
<td>31.0</td>
</tr>
<tr>
<td>5-6</td>
<td>31.3</td>
<td>27.1</td>
</tr>
<tr>
<td>7+</td>
<td>45.0</td>
<td>11.5</td>
</tr>
<tr>
<td>Total</td>
<td>20.7</td>
<td>100</td>
</tr>
</tbody>
</table>


5.3 Child Labor

Children in the 10-17 age group in Palestine during 2012 accounted for 19.7% of the total population. The results of the Labor Force Survey of 2012 showed that 4.1% of all children were in paid or unpaid employment: 7.5% males and 0.6% females (5.8% in the West Bank and 1.5% in the Gaza Strip) in 2012.

The Concept of Child Labor

It was recently acknowledged that one must differentiate between two kinds of child labor: 'acceptable' and 'unacceptable' kinds because an overall and general look at all child labor distorts the problem. This view adds to the difficulties related to ending violations. The extent of the impact of child labor on a child’s growth is the main criterion used to determine if labor is a problem. For example, safe work for adults may be harmful for children. The following are the main characteristics of growth in children which may be affected by child labor: physical growth, including general health, physiological growth, sight and hearing, intellectual development, reading, writing, calculating and gaining knowledge required for daily life, emotional development; self esteem, family unity, love and acceptance of others, social and moral development; being a member of a group, cooperation and distinguishing between right and wrong.

The prevalence of child labor in Palestinian society has become a cause for concern which demands greater investigation and effective procedures to prevent it from becoming more common. Many studies in different countries have highlighted the negative impact of this phenomenon on the political, social and economic structure of society and the future of the young. It is also a severe violation of the most basic of children's rights. The argument in this area has two main dimensions: the use of laws to eradicate this phenomenon and an in-depth understanding of the social, cultural, economical and political factors causing, reinforcing and controlling it.
Table (5-4): Percentage distribution of children 10-17 years by employment status and selected characteristics, 2012

<table>
<thead>
<tr>
<th>Background Characteristics</th>
<th>Employed</th>
<th>Unemployed</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palestine</td>
<td>4.1</td>
<td>95.9</td>
<td>100</td>
</tr>
<tr>
<td>West Bank</td>
<td>5.8</td>
<td>94.2</td>
<td>100</td>
</tr>
<tr>
<td>Gaza Strip</td>
<td>1.5</td>
<td>98.5</td>
<td>100</td>
</tr>
<tr>
<td>Sex</td>
<td>7.5</td>
<td>92.5</td>
<td>100</td>
</tr>
<tr>
<td>Males</td>
<td>0.6</td>
<td>99.4</td>
<td>100</td>
</tr>
<tr>
<td>Age</td>
<td>2.1</td>
<td>97.9</td>
<td>100</td>
</tr>
<tr>
<td>10-14</td>
<td>7.7</td>
<td>92.3</td>
<td>100</td>
</tr>
</tbody>
</table>


The Educational Status of Children in Labor
There is a relationship between employed children and their educational level and attainment, the family’s economic status and the social position concerning education because working entails leaving school. About 28.5% of children not attending school are employed. Consequently, their earning continues to be low even in adulthood. In some cases, some parents consider education a waste of time. They sometimes ‘sacrifice’ by having one or two sons leave school and contribute to the family income to educate their brothers. Expenses of education, to some families, are considered a direct loss (fees, stationery and clothes) and an indirect loss (losing the child's anticipated income) all of which makes children’s education a heavy burden on parents. Sometimes, children do not go to school or drop out for many reasons: failing in the class, which is harmful to a child's psychological state or costly to poor families, physical punishment and continuous beating, unsuitable times of study for children working in agriculture, the place of study is too far (mainly for girls) and the absence of transportation.

In addition, 2.2% of children who attend school are employed (3.4% in the West Bank and 0.3% in the Gaza Strip: 4.0% males and 0.5% females) while 28.5% do not attend school (34.3% in the West Bank and 18.2% in the Gaza Strip: 38.5% males and 2.8% females).

Table (5-5): Percentage distribution of children 10-17 years by school attendance, labour force status, region and sex, 2012

<table>
<thead>
<tr>
<th>Region and Sex</th>
<th>Attending school</th>
<th>Not-attending school</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Work</td>
<td>Not work</td>
</tr>
<tr>
<td>Palestine</td>
<td>2.2</td>
<td>97.8</td>
</tr>
<tr>
<td>West Bank</td>
<td>3.4</td>
<td>96.6</td>
</tr>
<tr>
<td>Gaza Strip</td>
<td>0.3</td>
<td>99.7</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>4.0</td>
<td>96.0</td>
</tr>
<tr>
<td>Females</td>
<td>0.5</td>
<td>99.5</td>
</tr>
</tbody>
</table>


Children Who are Unpaid Family Workers
Working in agriculture is the most common job for children. They participate in carrying water, grazing animals, picking crops, and eventually even more tiring jobs. Such jobs may be useful if confined to that work or income-generating activities as they can create self-reliance and confidence, but children’s participation in family work is of no value. It takes their time...
away from their studies, halts the growth of their delicate bodies and deprives them of enjoying their rights.

About 56.9% of working children in Palestine work for their families as unpaid workers: 95.5% females and 54.0% males. Around 37.4% are paid and work outside the family: 2.6% females and 40.0% males and 5.6% are employers or self-employed. Moreover, 38.5% of working children in Palestine work in agriculture (42.9% in West Bank and 12.2% in Gaza Strip), while 30.0% work in commerce, restaurants and hotels (27.9% in West Bank and 42.5% in Gaza Strip). Additionally, 31.5% work in other economic activities such as the recycling industry, construction, transportation or services sectors: 29.2% in West Bank and 45.3% in Gaza Strip.

Table (5-6): Percentage distribution of employed children 10-17 years by economy activity and region, 2012

<table>
<thead>
<tr>
<th>Economic Activity</th>
<th>West Bank</th>
<th>Gaza Strip</th>
<th>Palestine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agricultural, hunting &amp; forestry</td>
<td>42.9</td>
<td>12.2</td>
<td>38.5</td>
</tr>
<tr>
<td>Commerce, restaurants &amp; hotels</td>
<td>27.9</td>
<td>42.5</td>
<td>30.0</td>
</tr>
<tr>
<td>Other economic activities</td>
<td>29.2</td>
<td>45.3</td>
<td>31.5</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>


The average daily wage for children (10-17) years was 43.1 shekels with average weekly working hours of 46.0 hours in 2012.

5.4 Inadequate Care for Children Under Five Years
The survey found that 13.4% of children under the age of five received inadequate care in the week that preceded the survey; care is insufficient if children are left alone or under the care of other children below the age of 10 years for more than one hour. The figures were 16.1% in the West Bank and 9.7% in Gaza Strip in 2010.

By locality, the highest percentage of children who received inadequate care during the previous week was in rural areas (15.4%), followed by refugee camps (14.1%) and urban areas (12.9%).
5.5 Violence Against Children

About 3% of male children aged 12-17 years were exposed to physical violence from the occupation forces during the 12 months prior to July 2011, comprising 5% in the West Bank compared to 0.3% in the Gaza Strip. The percentage was 0.4% among females aged 12-17 years: 0.7% in the West Bank and no cases reported in the Gaza Strip due to the absence of direct contact with occupation forces in that area.

About 6% of male children aged 12-17 years were exposed to psychological violence by occupation forces and settlers during the 12 months before July 2011: 8.7% in the West Bank compared to 0.8% in the Gaza Strip. This percentage was 1.2% for females: 1.7% in the West Bank compared to 0.4% in the Gaza Strip.
**Children Exposed to Violence in Educational Institutions**

More than one fifth of students aged 12-17 years were exposed to psychological violence at school during the 12 months that preceded July 2011: 21.6% in the West Bank compared to 22.7% in the Gaza Strip. The results indicated that psychological violence was the most common abuse against students by their colleagues or teachers: 25.0% by friends and 27.6% by teachers. Physical violence by teachers was reported by 21.4% compared to 14.2% who reported fellow students.

**Table (5-7): Percentage of children 12-17 years exposed to physical or psychological violence from students or teachers during the 12 months that preceded July 2011 by sex and region**

<table>
<thead>
<tr>
<th>Region</th>
<th>Sex</th>
<th>Palestine</th>
<th>West Bank</th>
<th>Gaza Strip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Both Sexes</td>
<td>22.0</td>
<td>21.6</td>
<td>22.7</td>
</tr>
<tr>
<td></td>
<td>Males</td>
<td>28.7</td>
<td>28.7</td>
<td>28.6</td>
</tr>
<tr>
<td></td>
<td>Females</td>
<td>15.1</td>
<td>15.1</td>
<td>16.7</td>
</tr>
</tbody>
</table>


**Table (5-8): Percentage of children 12-17 years exposed to a form of violence at least once by a parent during the 12 months that preceded July 2011 by region**

<table>
<thead>
<tr>
<th>Region</th>
<th>Exposed to Violence</th>
<th>Father</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Psychological Violence</td>
<td>Physical Violence</td>
<td>Psychological Violence</td>
</tr>
<tr>
<td>Palestine</td>
<td>51.0</td>
<td>69.0</td>
<td>34.4</td>
<td>66.4</td>
</tr>
<tr>
<td>West Bank</td>
<td>45.8</td>
<td>64.7</td>
<td>28.7</td>
<td>61.9</td>
</tr>
<tr>
<td>Gaza Strip</td>
<td>59.4</td>
<td>75.9</td>
<td>43.2</td>
<td>73.3</td>
</tr>
</tbody>
</table>


**Parents First to Practice Violence Against Children**

In 2011, 51.0% of children aged 12-17 years were exposed to violence inside the household by an individual member of the household: 45.8% in the West Bank compared to 59.4% in the Gaza Strip. Of these children, 69.0% were exposed to psychological violence and 34.4% to physical violence by their parents compared to 66.4% exposed to psychological violence and 34.5% to physical violence by their mothers.

**Two-thirds of children who were exposed to violence ask a parent for help**

In children who had been subjected to violence, 70.8% confided in a parent, 30.1% confided in a brother or sister and 28.6% confided in a friend. Data also revealed that 20.2% of children confided in a social worker in school and 12.3% confided in a teacher.
5.6 Detained Children

No child shall be deprived of his or her liberty unlawfully or arbitrarily. The arrest, detention or imprisonment of a child shall be in conformity with the law and shall be used only as a measure of last resort and for the shortest appropriate period of time. (Convention on the Rights of the Child, Article 37).

The Israeli occupation deprives detained Palestinian children of their basic rights awarded by international agreements regardless of religion, race or ethnicity. These rights prohibit random imprisonment and guarantee the right to know the reason for imprisonment, the right to a lawyer, informing families of the reason and place of their children’s imprisonment, connections with the outside word, refuting the allegations and receiving humane and dignified treatment. Many international charters state that torturing children is taboo in prisons and jails:

"Torturing, severe punishment, inhuman and undignified treatment are prohibited."
"(International Declaration of Human Rights, Article 5).

"Every member country undertakes that all kinds or torturing are war crimes in its criminal law including any person involved in torturing."

(Convention Against Torture, Article 4).

"No exceptional conditions such as war condition or threatening by war or any political instability or crises and emergency cases are excuses for torturing."

(Convention Against Torture, Article 2-2).

"Each is prohibited from taking any measure of such a character as to cause the physical suffering or extermination of Protected Persons in their hands. This prohibition applies not only to murder, torture, corporal punishments, mutilation, and medical or scientific experiments not necessitated by the medical treatment of a Protected Person but also to any other measures of brutality whether applied by civilian or military agents.”

(The Fourth Geneva Convention, Article 32)

Despite these charters and international agreements, Israel violates these norms and practices by using extreme forms of psychological and physical punishment against Palestinian children in jails, not only during interrogation but during other stages.

These citations cover young and old individuals, but the Convention on the Rights of the Child, Article 37-d, states that: "Every child deprived of his or her liberty shall have the right to prompt access to legal and other appropriate assistance…before a court or other competent, independent and impartial authority…”

In many cases, lawyers do not have easy access to their clients, who are also judged in courts for adults. Moreover, children in Jerusalem are jailed with Jewish criminals who threaten their lives. It should be noted that Israel is a signatory to all treaties and international charters for children.

Israel practices racial discrimination against Palestinian children and exercises double standards in the law when dealing with Jewish children, who receive a fair judgment.
Furthermore, Israel considers Jewish children to be those under 18 years of age while Palestinian children are those under 16 years old.

According to data from the Ministry for Detainees and Prisoners for 2013, the Israeli occupation authorities are holding 198 children in the 13-18 age group amid harsh conditions and flagrant violations of all rights. Detained children constitute about 4.2% of all detainees in Israeli jails. Among the detained children, there are 25 children held under administrative detention without charge. Hundreds of detainees were arrested when they were children and are now over the age of 18 years but remain in captivity inside Israeli jails.

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

**Torture of Children in Israeli jails**

According to data from the Ministry for Detainees and Prisoners of 2013, the Israeli occupation authorities used detention and interrogation methods against children in the same manner as with adult detainees. Child detainees are subjected from the moment of arrest to varying types of torture, humiliation and cruel treatment. Child detainees are forcefully and brutally taken from their homes late at night and are subjected to degrading treatment while being transported to detention centers.

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

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

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


- **Ministry for Detainees and Prisoners. 2013.** Administrative records. Ramallah- Palestine.