

# **Palestinian Central Bureau of Statistics**

**The Health Survey in the West Bank and  
Gaza Strip – 1996  
Analytical Reports Series (No. 3)**

## **Maternal Care**

**September, 1999**

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*Unofficial Translation*

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## **Presidential Decree No. (19/1999)**

*On the Expansion of PCBS' Mandate and Scope of Operation*

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

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

We decree the following:

### **Article (1)**

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

### **Article (2)**

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

### **Article (3)**

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

### **Article (4)**

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

Issued in Gaza City on June 24<sup>th</sup> 1999.

**Yaser Arafat**

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

## **Preface**

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

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

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

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

**September, 1999**

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

## **Acknowledgement**

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

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

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

## Foreword

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

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

The survey data were compiled through three questionnaires

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

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

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

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## **1. Introduction**

Maternal care includes the health care offered to pregnant women during pregnancy (pre-natal health care), delivery health care, and postpartum / post-natal health care.

Pre - natal care helps in the identification and treatment of pregnancy-related health problems or health problems present before conception and pregnancy but aggravated by the new condition. Pre - natal care is crucial to the identification of high-risk pregnancies requiring special care and follow-up during pregnancy or upon delivery.

Health care during delivery refers to the type and level of available medical services; training and expertise of health personnel assisting during delivery; and the availability of emergency services, particularly in cases of difficult deliveries.

Post - natal care during postpartum involves the routine check up on mother's health after childbirth, and treatment of postpartum symptoms that may occur after delivery (e.g. hemorrhage, fever ...etc.).

In addition to these aspects of maternal care, we will shed light on another crucial maternal care component that is not less important than the above mentioned ones. The tetanus toxoid is one of the major causes leading to maternal and infant(s) mortality that can be prevented through women's vaccination against tetanus during pregnancy or at an early age of their reproductive span.

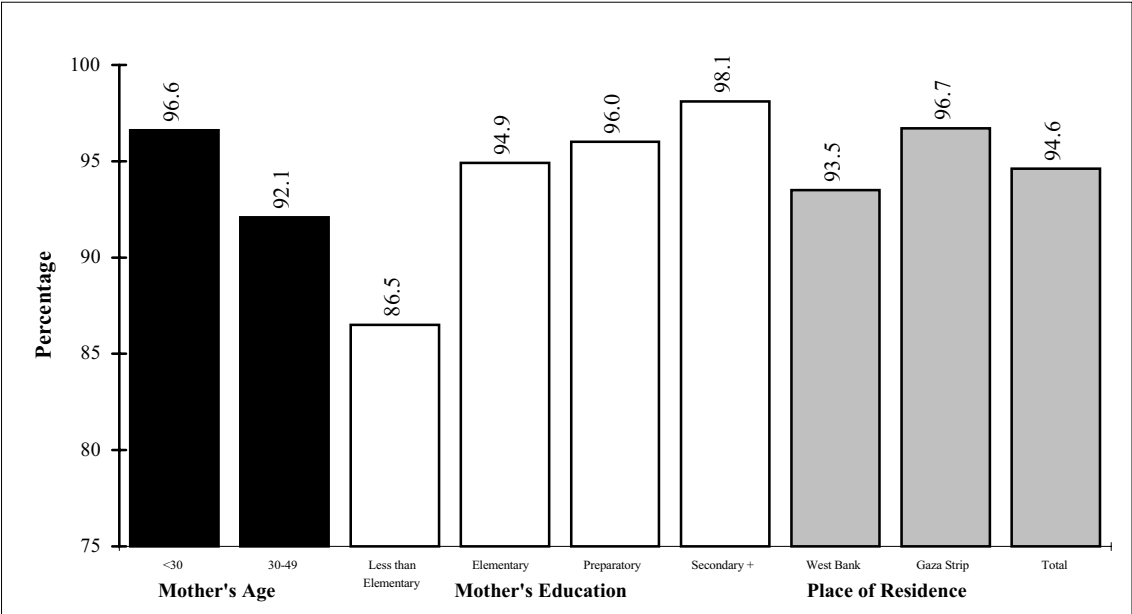
The availability, quality, and rates of health services utilization (by pregnant women and mothers) affect the level of available maternal care. Women's utilization of maternal care services depends on their trust and confidence in the effectiveness of these services, provision methods, the economic and social status as well as the demographic features of mothers and pregnant women. Therefore, determining those factors affecting the level of maternal care is becoming an important issue to policy-makers and planners of health programs in order to draw-up adequate health policies for improving women's health.

The Health Survey in West Bank and Gaza Strip included a maternal health questionnaire in which respondents answered a number of questions on their actual utilization levels of health care institutions and nature of utilization during their various reproductive stages. Respondents were currently pregnant women and mothers who had given birth to one child at least in the last five years preceding the survey.

## **2. Pre-natal Health Care**

Data obtained through the Health Survey in the West Bank and Gaza Strip indicate that 95% of mothers had received pre-natal care for the last two births in the five years preceding the survey. As indicated in figure 1, the percentage of births receiving pre-natal care increases among mothers aged less than 30 years and among Gaza Strip mothers. Pre-natal care utilization increases considerably with the increase in mothers' educational levels.

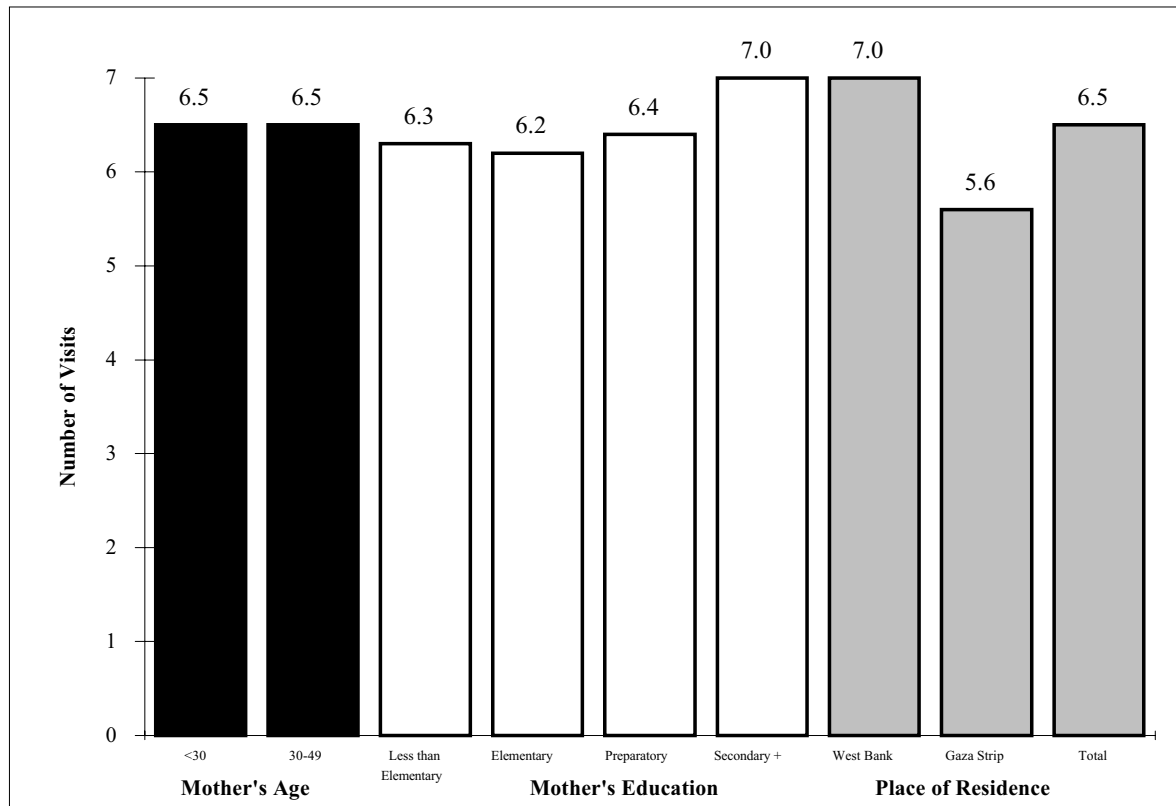
**Figure 1: Percentages of the Last Two Births that Received Pre - Natal Care by Selected Background Characteristics in the West Bank and Gaza Strip.**



As for pregnancy– related medical follow ups, the main motivation for mothers seeking pre-natal health care was routine pregnancy medical check ups in 59% of birth related medical follow ups. This holds true for all mothers regardless of the differences in age, place of residence or educational level except for mothers (less than elementary) where the dominating factor for seeking pre-natal care is health problems associated with pregnancy.

The average number of pre-natal visits for each pregnancy is seven visits. As indicated in figure 2, the average number of visits is not affected by the mothers' age. However, the number of visits reaches its maximum levels (7 visits) among West Bank mothers and among mothers who finished secondary school education at least.

**Figure 2: Average Number of Pre-Natal Visits for the Last Two Births in the Last Five Years Preceding the Survey by Selected Background Characteristics in the West Bank and Gaza Strip.**



## 2.1 Cadre Providing Pre-Natal Health Care

Table 1 indicates that 78% of all births that received pre-natal care were attended by specialized physicians, 18% by general practitioners, and 29% by other health personnel. Data also show the regional differences between the West Bank and Gaza Strip in the percentage of pre - natal services provided by specialized physicians (90% and 56%, respectively).

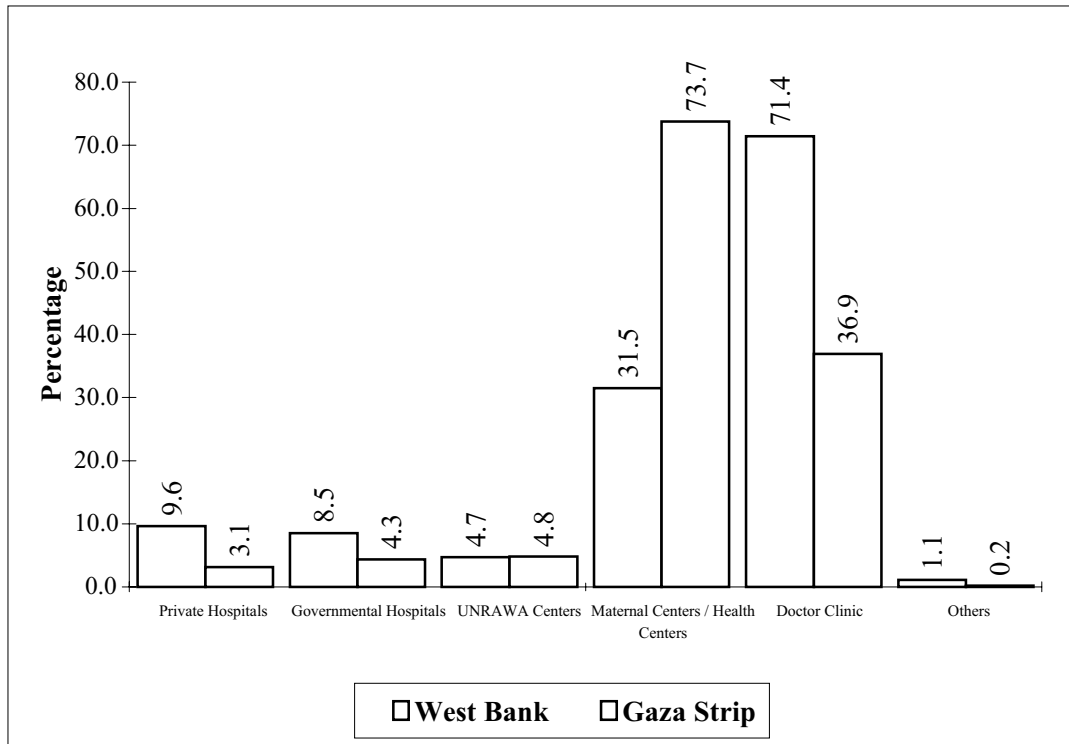
**Table1: Percentages of (Last Two) Births in the Five Years Preceding the Survey where Mothers Received Pre-Natal Care, by Type of Personnel Providing Service and Selected Background Characteristics in the West Bank and Gaza Strip.**

<b>Characteristics</b>	<b>General Practitioner</b>	<b>Specialist</b>	<b>Others</b>	<b>Number of Women</b>
<b>Mother's Age</b>				
Less than 30	19.7	78.6	28.1	1,774
30 – 49	16.8	77.4	29.8	1,394
<b>Place of Residence</b>				
West Bank	19.7	89.8	11.7	2,077
Gaza Strip	15.9	55.9	60.5	1,091
<b>Mother's Education</b>				
Less than Elementary	19.8	81.8	23.3	514
Elementary	20.6	75.3	28.7	835
Preparatory	18.7	76.4	31.5	993
Secondary +	15.0	80.6	29.2	826
<b>Total</b>	<b>18.4</b>	<b>78.1</b>	<b>28.9</b>	<b>3,168</b>

## **2.2 Pre- Natal Health Care Institutions (Place of Follow - up)**

The findings show that 60% of pre-natal services were provided at private clinics; 45% at maternal centers / health centers; and about 14% at private or governmental hospitals. The majority of pre-natal services in the West Bank (71%) were obtained at doctors' clinics. On the other hand, the majority of pre-natal services in Gaza Strip (74%) were provided at maternal centers / health centers with a decrease in the number of births provided by pre-natal care at governmental and private hospitals in Gaza Strip compared to the West Bank.

**Figure 3: Percentages of (Last Two) Births in the Five Years Preceding the Survey by Place of Follow up in the West Bank and Gaza Strip.**



One may infer from the findings outlined in the previous paragraphs that differences exist between the West Bank and Gaza Strip in terms of utilization percentages; health care institutions, and the type of health personnel providing these services. The actual percentage of births receiving pre-natal care is slightly higher in the West Bank (97%) than in Gaza Strip (94%). Nevertheless, the main regional difference is related to the place and type of personnel providing pre-natal care. About 71% of West Bank pre-natal care services were provided by private (doctor) clinics compared to only 37% in Gaza Strip. The most common type of pre-natal facility utilized by women in Gaza Strip is the Maternal Centers / Health Centers, accounting for 74% of the pre-natal care services in Gaza Strip.

With regard to the health cadre responsible for health services, the findings show that whereas specialist physicians offered about 90% of all pre-natal services in the West Bank, this percentage did not exceed a total of 56% in Gaza Strip. This variation in place and type of health personnel providing pre-natal care is apparently caused by the differences in types of health facilities and personnel available in the West Bank compared to Gaza Strip.

### **2.3 Pregnancy-Related Health Problems**

In reference to health problems encountered by pregnant women, data provided in table 2 show that 39% of pregnant women complained from continuous headache; about one third from infections; one quarter (24%) from ankle swelling, and 20%

from high blood pressure. An increase in the frequency of high blood pressure, ankle swelling, convulsions, and infections is noted along pregnancy progress. An increase is found in the percentage of women suffering from continuous headaches and hemorrhage during the first semester of pregnancy (i.e. the first three months).

Data show that 91% of pregnant women who had health problems during pregnancy had received health care.

**Table 2: Percentages of Pregnant Women Suffering from Certain Symptoms by Type of Symptom and Selected Background Characteristics in the West Bank and Gaza Strip.**

Characteristics	Ankle Swelling	Continuous Headache	High Blood Pressure	Hemorrhage	Convulsions	Infections	Others	Pregnant Women
<b>Mother's Age</b>								
Less than 30	19.5	38.6	19.3	4.4	7.1	34.5	6.0	434
30 – 49	33.0	39.5	20.7	7.3	4.0	31.2	11.7	189
<b>Place of Residence</b>								
West Bank	25.0	38.5	21.1	4.9	6.7	35.1	9.7	356
Gaza Strip	21.7	39.3	18.0	5.8	5.5	31.4	5.0	268
<b>Mother's Education</b>								
Less than Elementary	30.7	40.2	22.0	2.4	4.4	40.8	9.3	94
Elementary	27.1	40.0	17.7	4.7	6.5	28.9	5.3	178
Preparatory	19.4	40.7	21.6	5.7	5.6	37.3	7.7	186
Secondary +	20.5	34.8	18.5	7.1	7.5	30.0	9.5	164
<b>Pregnancy Duration</b>								
Less than 3 Months	2.9	43.3	9.3	9.1	2.7	22.2	2.6	63
3 – 5 Months	12.1	40.5	17.6	2.9	5.0	31.6	7.0	214
6 – 9 Months	34.5	36.9	22.7	5.8	7.6	36.6	9.1	345
<b>Total</b>	<b>23.6</b>	<b>38.8</b>	<b>19.6</b>	<b>5.2</b>	<b>6.2</b>	<b>33.4</b>	<b>7.7</b>	<b>624</b>

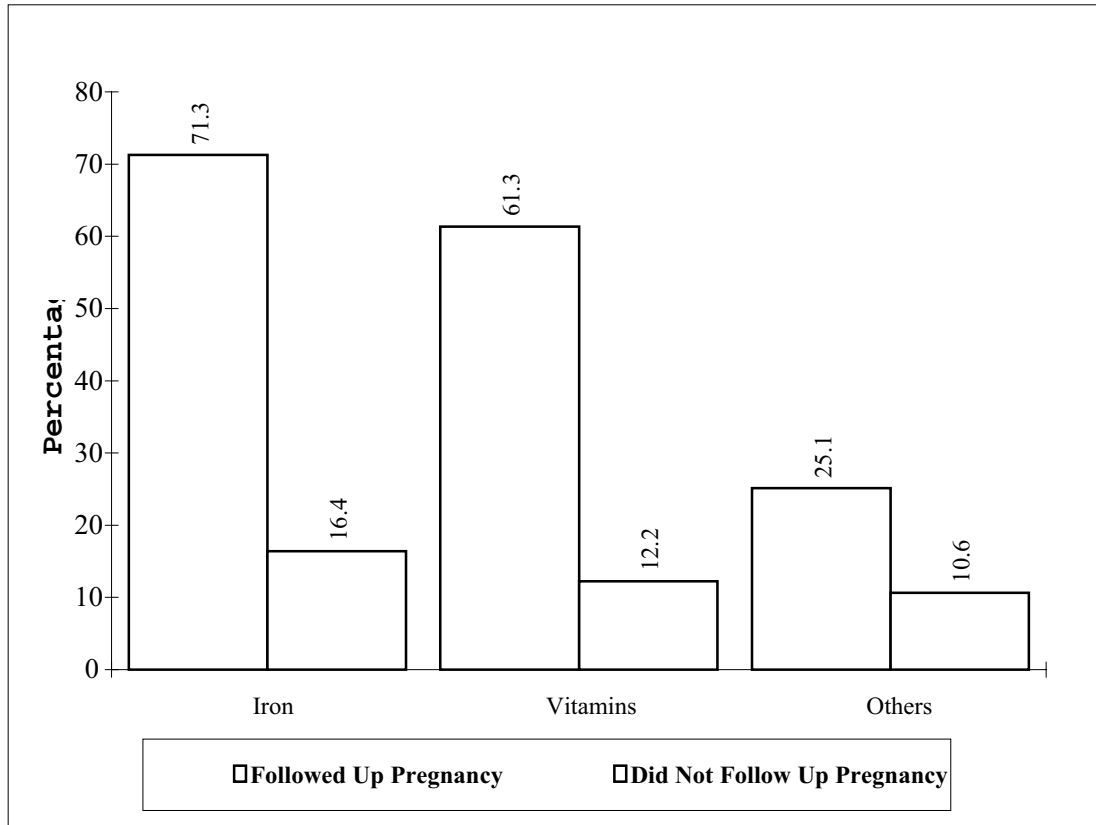
## 2.4 Medication During Pregnancy

The findings of the health survey indicated that more than half of the total number of pregnant women had taken some kind of medication during their pregnancies: 51% had iron tablets, 42% had vitamins, 29% had other types of medication. These rates were generally higher in the West Bank than in Gaza Strip. Moreover, medicine intake increases with the pregnancy progress, especially iron and vitamin tablets.

Figure 4 shows a significant increase in medicine takers among pregnant women who received pre-natal care. The positive relationship between the higher utilization rate of pre-natal care and the increase in vitamins and medication by pregnant women might be recommended by health personnel pointing out the

benefits of vitamins and iron supplements on the health of both the mother and the baby.

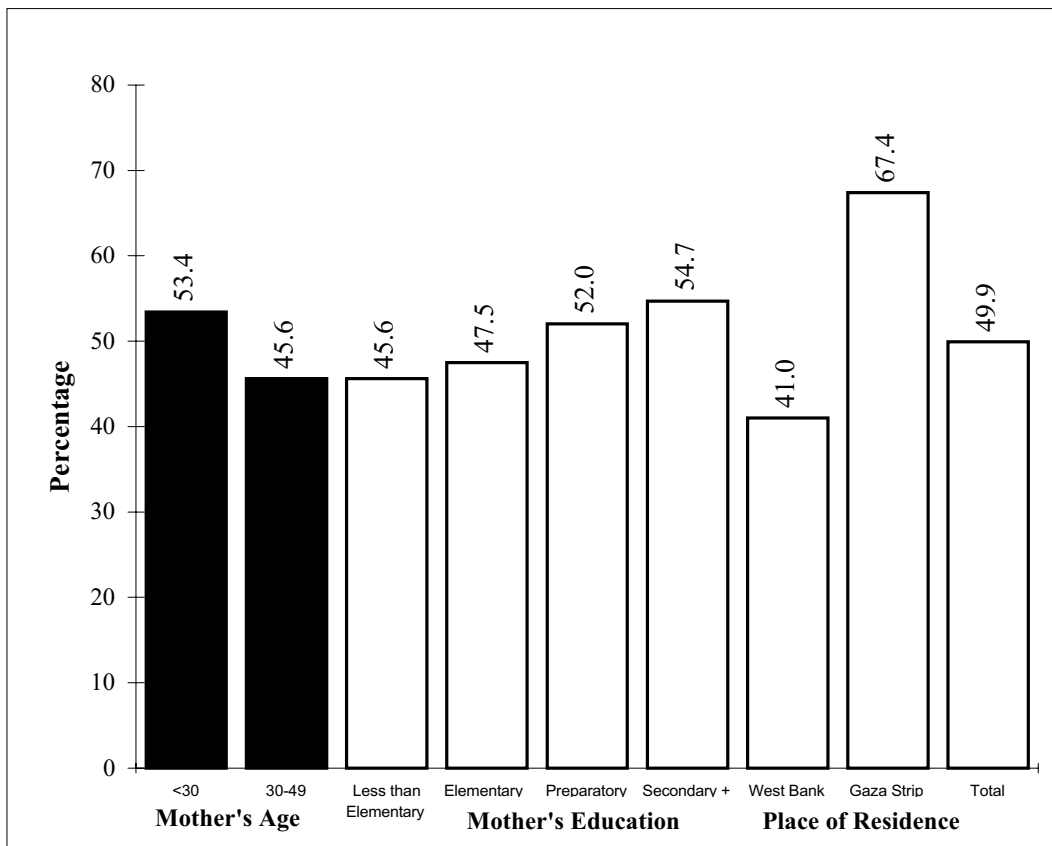
**Figure 4: Percentages of Pregnant Women on Medication by Type of Medication in the West Bank and Gaza Strip.**



### 3. Vaccination Against Tetanus

Data obtained from this survey show that about 50% of mothers had received Tetanus vaccination in their last two pregnancies. Vaccination rates increase among mothers aged less than 30 years, mothers residing in Gaza Strip and among mothers with higher educational levels.

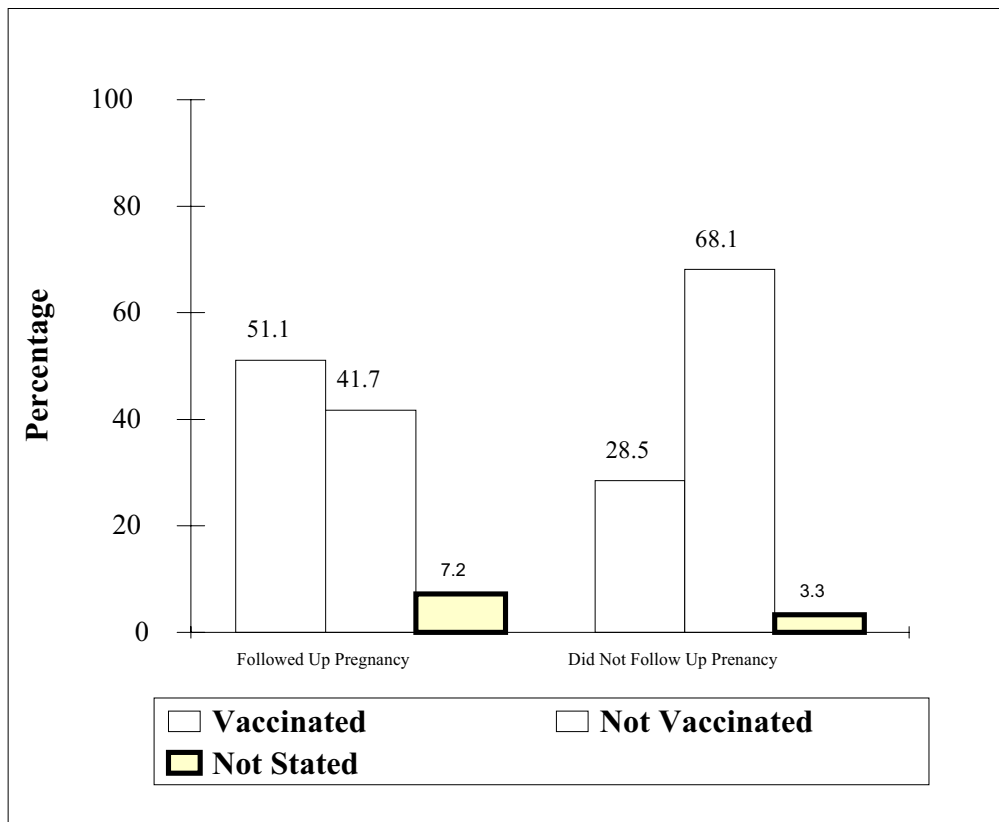
**Figure 5: Percentages of (Last Two) Births in the Five Years Preceding the Survey where Mothers Received Tetanus Vaccines by Selected Background Characteristics in the West Bank and Gaza Strip.**



The vaccination rate against tetanus is considered low when compared to the percentage of births that received pre-natal care (95%). A comparison between the level of vaccination and pre-natal care reveals a higher rate of tetanus vaccination (51%) among mothers who received pre-natal care in comparison to 29% among births whose mothers did not receive pre-natal care.



**Figure 6: Percentage Distribution of (Last Two) Births in the Last Five Years Preceding the Survey by Pre-Natal Care Utilization and Vaccination Against the Tetanus Toxoid in the West Bank and Gaza Strip.**



Despite the disparity in vaccination rates among births with pre-natal care and the rest of births, the actual vaccination rate is still considered low, which stresses the importance of pregnant women’s vaccination as a core component of pre-natal health care programs.

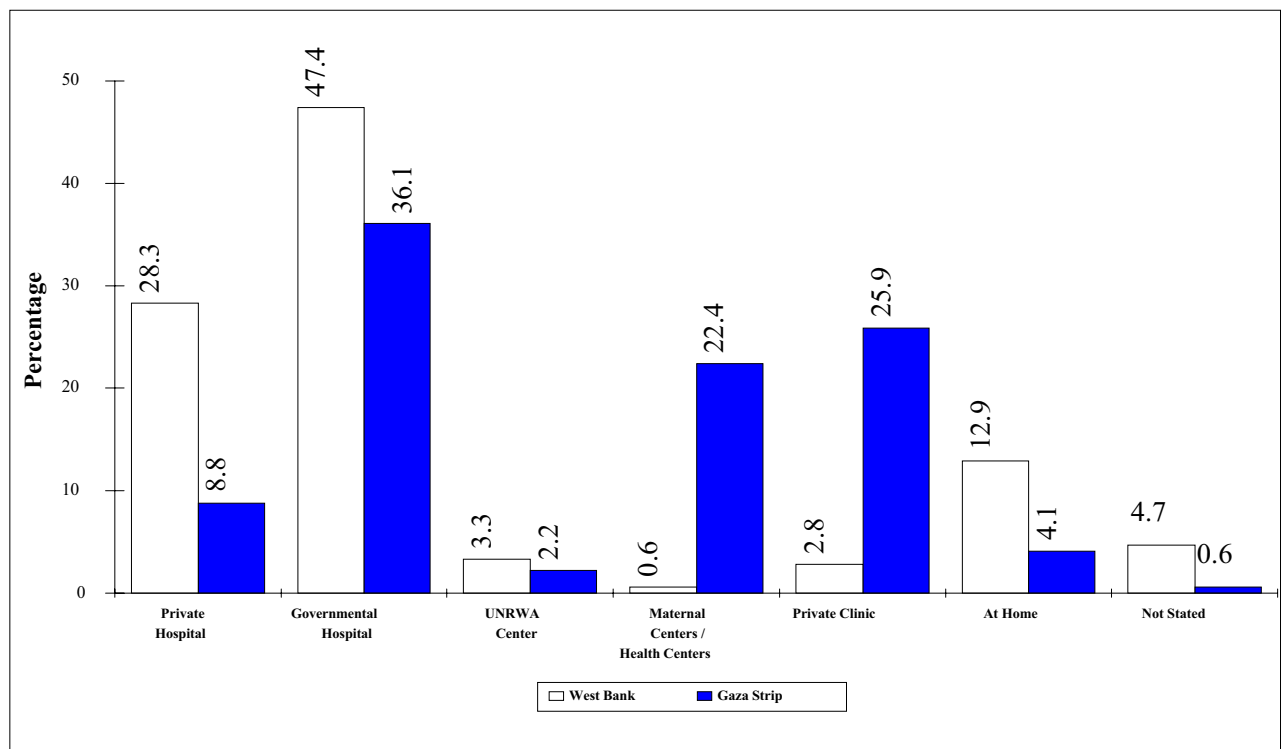
On the other hand, the main reasons underlying the lower rates of tetanus vaccination may be due to mothers’ lack of knowledge regarding this vaccination (36%), or the unavailability of this vaccine in health centers (32%) particularly in the West Bank, as recited by women respondents.

## 4. Health Care During Delivery

### 4.1 Place of Delivery

About 44% of births, among the last two births in the five years preceding the survey, occurred at governmental hospitals, 22% at private hospitals, 11% at private clinics, and 10% at home. Findings show an increase in the number of hospital births (private or governmental) and home births in the West Bank over those in Gaza Strip. Furthermore, the number of births at private clinics or at Maternal Centers / Health Centers are found higher in Gaza Strip than in the West Bank.

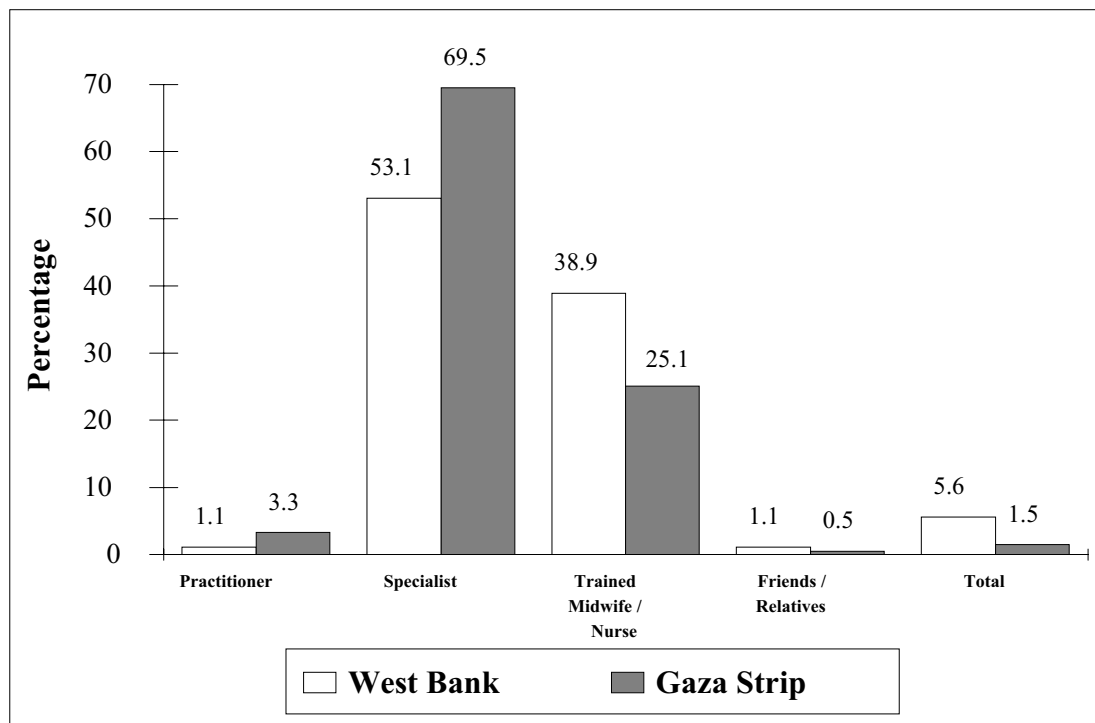
**Figure 7: Percentage Distribution of (Last Two) Births by Place of Residence and Place of Birth**



### 4.2 Health Cadre Followed up the Delivery

As for the health cadre supervising deliveries, the findings showed that 59% of the total number of deliveries was assisted by specialist doctors during delivery, compared to one third of the total number of deliveries (34%) that was assisted by qualified midwives. An increase in the number of deliveries supervised by specialists is found in Gaza Strip (70%) rather than in the West Bank (53%). Conversely, the number of midwife-assisted deliveries is found higher in the West Bank (39%) than in Gaza Strip (23%).

**Figure 8: Percentage Distribution of (Last Two) Births in the Five Years Preceding Survey by Place of Residence and Type of Cadre Assisting During Delivery.**

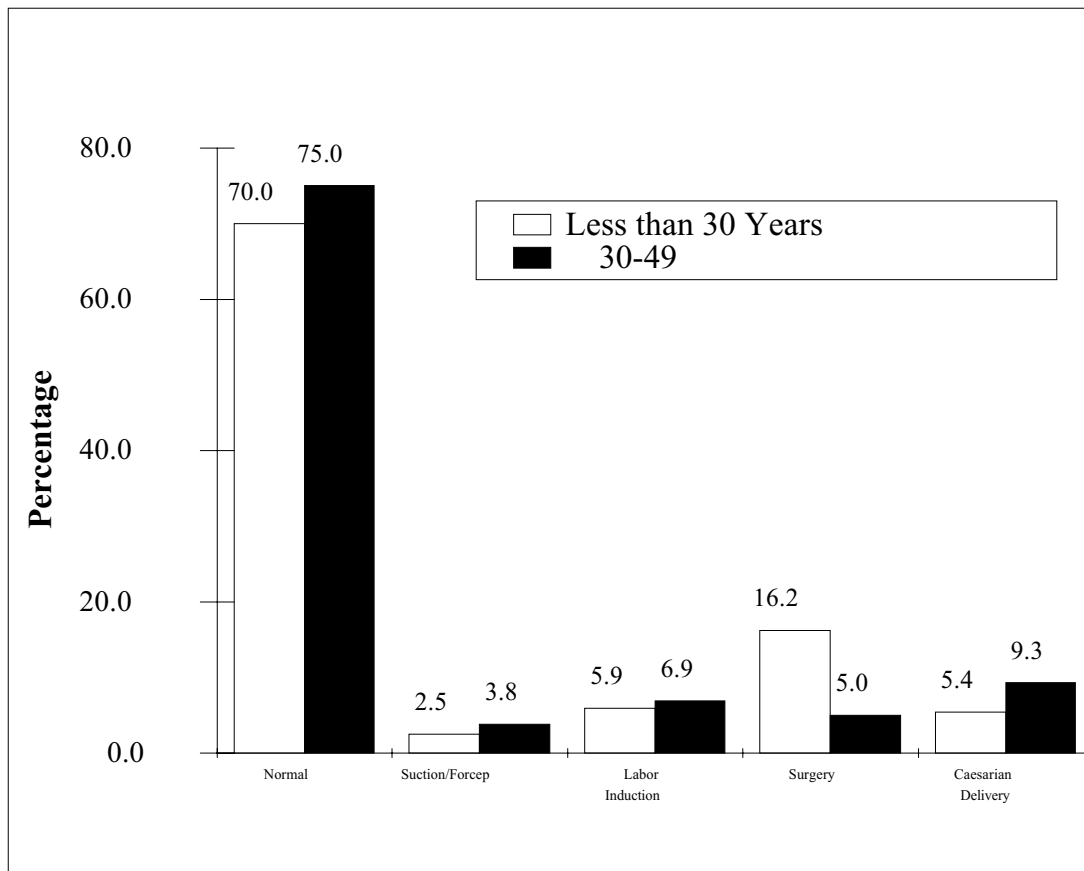


### 4.3 Nature of Delivery

The findings show that 72% of deliveries occurring at health care facilities were normal deliveries. On the other hand, episiotomy was used in 11% of deliveries that occurred at health care institutions, compared to 6% for induction of labor methods, and 7% for caesarian section.

Figure 9 indicates that the higher need to suction/forceps, induction of labor, and Caesarian sections was found more frequently in mothers above the age 30. On the other hand, the episiotomy technique is used more frequently for mothers less than 30 years of age, which indicates that the mother's age at the time of giving birth is a determinant factor in the nature of delivery.

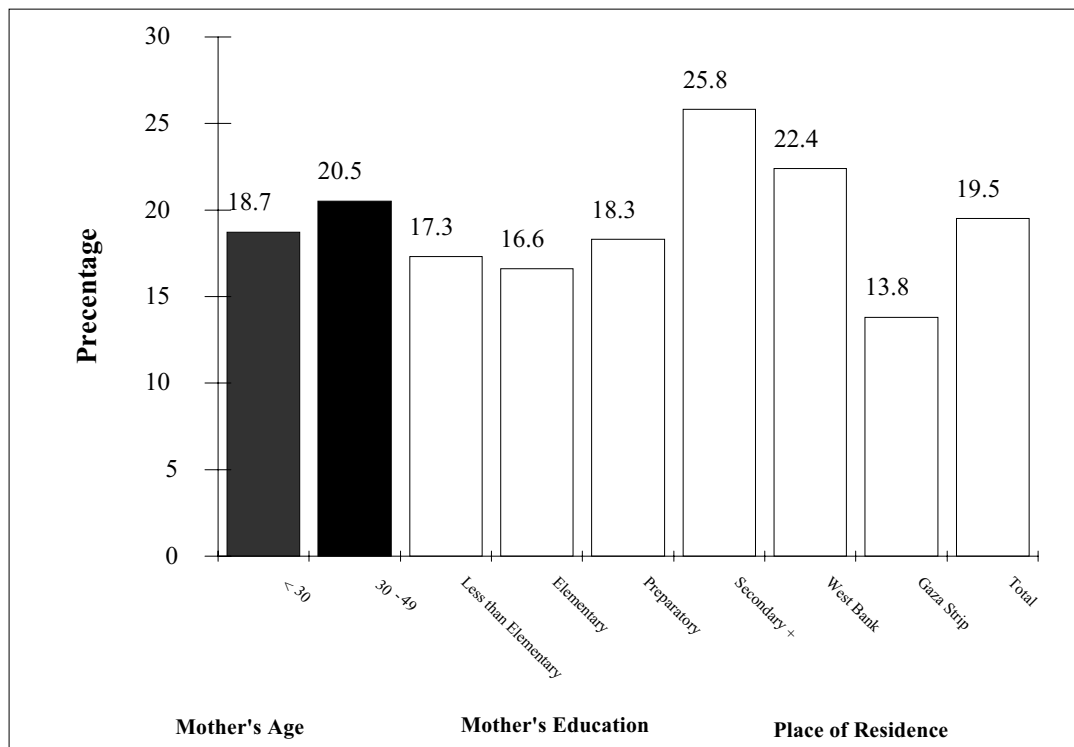
**Figure 9: Percentage Distribution of (Last Two) Births Occurring at Health Care Facilities by Mother's Age and Nature of Delivery in the West Bank and Gaza Strip.**



## 5. Post - Natal Health Care

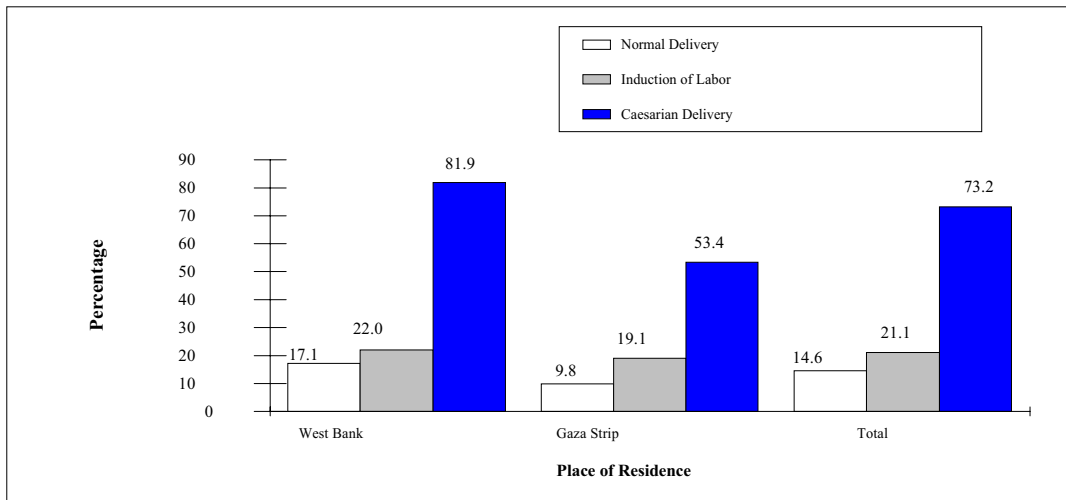
About 81% of mothers did not receive any health care after delivery compared to 18% who did receive post - natal care from a doctor. The percentage of post - natal health care is found higher in the West Bank than Gaza Strip and tends to increase among mothers with higher educational levels.

**Figure 10: Percentages of Mothers Who Received Ante - Natal Health Care by Selected Characteristics in the West Bank and Gaza Strip**



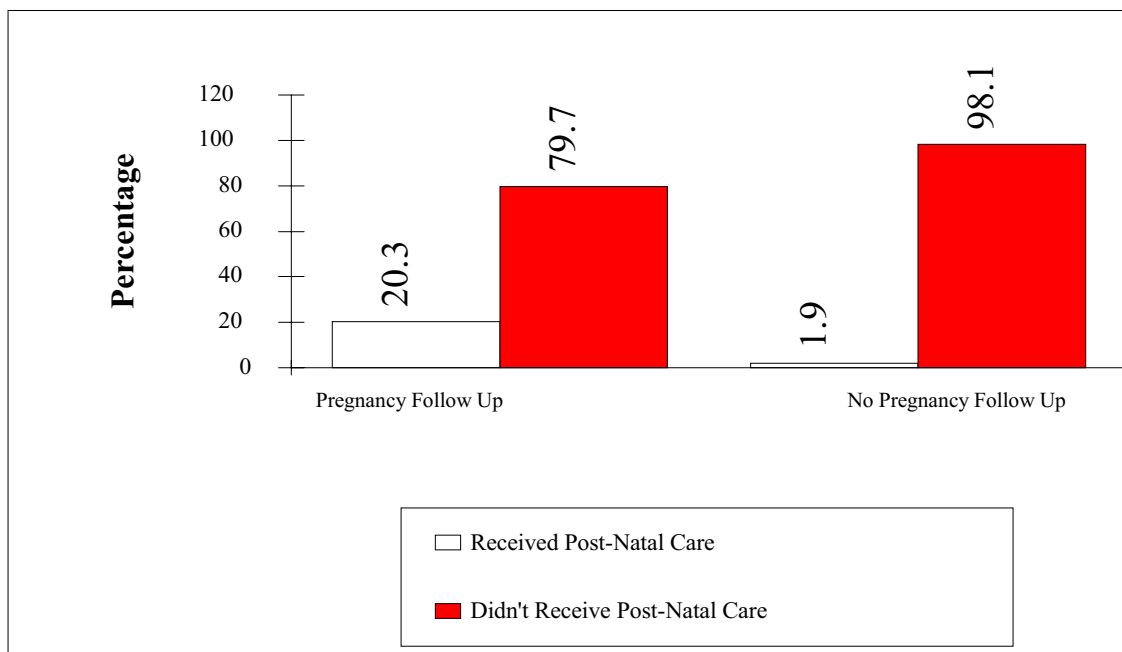
As for post - natal health care by nature of births, figure 11 shows that only 15% of normal births received post - natal care, compared to 73% through caesarian sections. The same figure shows also that 21% of births took place through other methods (induction of labor, suction/forceps and Episiotomy). The percentage of births receiving post - natal care by nature of delivery is considerably higher in the West Bank than Gaza Strip (particularly births by caesarian section).

**Figure 11: Percentages of Births Receiving Post - Natal Health Care by Place of Residence and Nature of Delivery.**



It should be noted that one out of five births that had received pre-natal care actually received post - natal care. Moreover, the percentage of women who did not receive pre-natal care but received post - natal care is very small (i.e. less than 2%).

**Figure 12: Percentage Distribution of Births in the Five Years Preceding the Survey for Mothers Who Received Post - natal Care by Pre-Natal Care in the West Bank and Gaza Strip.**



## **6. Conclusion**

The findings of the Health Survey in the West Bank and Gaza Strip indicate that 95% of mothers received pre-natal health care services for the last two births in the five years preceding the survey. The major reason behind seeking pre-natal care is to follow-up with the routine pregnancy check-ups (about 59% of all births). The average number of follow up visits was almost 7 visits for the whole pregnancy period. Doctors provided the majority of follow up services to pregnant women (78%), compared to 18% by general practitioners. Most pre-natal visits were paid to private clinics (60%) and Maternal Centers / Health Centers (45%).

Though about 95% of births had pre-natal care, the percentage of mothers who received tetanus vaccination is only 50%. The main reasons for the low vaccination rates are lack of women's knowledge on the vaccines and its importance as well as the unavailability of this vaccine at health centers.

As for the place of delivery, data show a general preference for delivery at health facilities: 90% of total births in the last five years occurred at health facilities.

Specialized physicians attended about 59% of births in comparison to 34% who were attended by trained midwives.

Most deliveries at health institutions were normal (72%). Whereas episiotomy was resorted to in 11% of deliveries, caesarian sections were performed on 7% of delivery cases. The increase in medical intervention in delivery (suction/forceps, induction of labor and caesarian section) is more frequently reported in mothers above the age of 30, compared to mothers of different age groups.

The findings also reveal that less than one fifth of births had received post - natal care, which is considered a very low rate.

## **7. Recommendations**

- Strengthen health awareness and health education programs among pregnant women on tetanus vaccination and where to obtain this vaccine.
- Promote Tetanus vaccination among women at the reproductive age and during pregnancy in particular, through the provision of this vaccine at all health centers and maternal / health centers.
- Encourage the utilization of post - natal health care facilities, especially in cases of difficult deliveries. Mothers should be informed and encouraged to seek post - natal care while they are in the pre-natal period.

## 8. General Indicators

### Demographic Indicators

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

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

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

<sup>1</sup>PCBS, 1998. Population, Housing and Establishments Census, 1997. Census Final Results-Summary.

<sup>2</sup>PCBS, 1999. Population in the Palestinian Territory, 1997-2025.

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

<sup>4</sup>Not available.



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

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

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

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