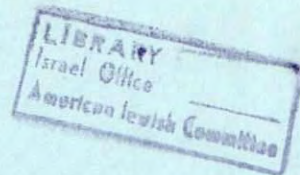


THE JACOB BLAUSTEIN INSTITUTE  
FOR THE ADVANCEMENT OF HUMAN RIGHTS



# Perspectives On Palestinian Women

Information for participants in the World Conference to  
Review and Appraise the Achievements of  
the United Nations Decade for Women  
Nairobi, Kenya, July, 1985.

*Age Brk.  
Women  
70-75*

## **The Jacob Blaustein Institute For The Advancement of Human Rights**

Through a wide variety of programs, the Jacob Blaustein Institute aims to narrow the gap between the promise of the Universal Declaration of Human Rights and other international human rights agreements -- and the realization of these rights in practice.

Blaustein Institute projects fall roughly into four broad categories, albeit with considerable overlapping:

- a) scholarly endeavors designed to clarify basic human rights concepts or issues;
- b) educational and training programs to promote wider knowledge and use of international human rights principles and institutions, to develop a critical public constituency capable of extending and improving them, and to encourage young people to consider careers in this field;
- c) programs that nurture and strengthen human rights organizations and movements;
- d) the creation of a corpus of legal writings for use by human rights pleaders and advocates as they confront human rights violations.

In pursuing its objectives, the Blaustein Institute works with diverse academic institutions, foundations, national and international human rights organizations and legal groups.

## FOREWORD

The 1975-85 United Nations Decade for Women will culminate with the world conference to be held in Nairobi, Kenya, July 15-26, 1985. The Nairobi Conference is the third international event sponsored by the world organization during the Women's Decade. The first took place in Mexico City in July 1975; the second in Copenhagen in July 1980. The purposes of the Copenhagen Conference, like those of the conference planned for Nairobi, were to assess the progress achieved, to identify the obstacles encountered in attaining the goals of the Decade and to plan how to implement these goals in the future.

These Nairobi purposes are specified in two main agenda items. The review of progress and appraisal of obstacles at national, regional, and international levels is to take place under agenda item 7. Under agenda item 3, the conference is to devise "forward-looking strategies" to achieve the goals of equality, development and peace at these national, regional and international levels up to the year 2000.

The U.S. and West European governments have insisted from the start of UN planning for the Nairobi Conference that its agenda should exclude political questions more properly considered in the Security Council (and other political organs) and that differences should be resolved by consensus rather than majority vote. The Soviet and Non-Aligned blocs were unyielding. These blocs have 11 and 99 members respectively (the latter including 21 Arab states, and a large number of other Muslim states). The differences remained for the conference itself to settle, where these states would have a controlling majority.

Since Israel's creation in 1948, and especially after its victories in the 1967 and 1973 wars, the UN has been the principal forum of the wide-ranging campaign of the Palestine Liberation Organization (PLO) and its Arab and Soviet allies to delegitimize Israel. While failing to achieve Israel's expulsion from the UN, a goal it has not relinquished, the PLO has been able to secure repeated condemnations of Israel's alleged policies and practices. It has also succeeded in impugning Israel's identity as a Jewish state by obtaining in 1975 a General Assembly resolution equating Zionism with racism. These condemnations have been tacked onto an array of unrelated issues on agendas throughout the UN system, including those concerned with the status of women.

The intrusion into a UN specialized agency, conference or technical program of extraneous political questions is especially improper when these very questions are repeatedly addressed in the UN's political organs that exist for that very purpose. As the UN Secretary-General has urged, "the public forum afforded by the United Nations...not [be] wasted on the exchange of useless accusations that offer no hope of bridging differences." (Lecture, Harvard University, January 10, 1985; SG/SM/3648, p. 6).

Over the objections of the U.S. and other members of the Nairobi planning bodies, the subject of Palestinian women has been placed on the Nairobi agenda, under item 7. A Report of the Secretary-General (hereafter referred to as the SG Report), entitled "The Situation of Women and Children Living in the Occupied Arab Territories and Other Occupied Territories," is the documentation on which basis the subject will be considered.

The subject was placed on the agenda in response to a General Assembly recommendation that the conference pay particular attention to the problems of women in territories under "racist or colonial rule" or "foreign occupation," taking into account the Mexico City and Copenhagen guidelines. Since the subject of Palestinian women had been discussed in Copenhagen, the Nairobi preparatory body (the Commission on the Status of Women) decided, in carrying out the General Assembly's recommendation, to request the Secretary-General to update an earlier (1982) report it had prepared on this subject. Although the title of the SG Report speaks of "occupied Arab territories" and of "other occupied territories," the Report itself mentions none of the latter -- much less discusses in detail the problems of women in them -- for example, the occupied territories of Afghanistan, Kampuchea and Chad. The Report deals exclusively with Palestinian women, obscuring or minimizing Israel's achievements in the West Bank and Gaza and, moreover, assuming that Israel is at fault for unsatisfactory conditions -- real or imagined.

At the request of the Jacob Blaustein Institute, Dr. Mala Tabory, a legal scholar and social scientist, undertook a study intended to provide participants in the Nairobi Conference with another perspective beside that contained in the SG Report. Concerned about the situation of women worldwide, the Institute felt that it was important for the conference attendees to have a document that contributes to a balanced and constructive view of the controverted subject of Palestinian women.

Dr. Tabory drew in her research for the full study (which is available on request) from both Arab and Israeli published sources as well as on the documents of several UN agencies. Most important, she visited factories, vocational schools and health centers in the West Bank and Gaza to interview Palestinian women about their situation.

A convenient digest of Dr. Tabory's findings follows. It is divided in keeping with the main headings in her text: demography and vital statistics; employment; working conditions; education, including vocational training; health; and environmental sanitation. Thanks are due to Kenneth Bandler, Allan Kagedan and Phyllis Sherman for preparing the digest.

As established in Dr. Tabory's study, and indeed admitted in the SG Report, the latter's account of the situation of Palestinian women and children is not truly a "report" -- much less an impartial one. It not only disregards Israel's information and viewpoint, it fails to apply elementary evaluative criteria, such as comparison of present with pre-1967 conditions. Nor does it take into account the bearing of Arab/Muslim religious traditions and social patterns on the situation of Palestinian women. Its method appears to be to assert as a general proposition that the Israeli occupation is per se harmful to all Palestinians, from which is extrapolated, without specific evidence, the conclusion that it must be damaging to Palestinian women and children.

This perception of the SG Report is borne out by the statement in its introduction that "As no comprehensive study related to the status of Palestinian women has been prepared within the United Nations system during the last year,...it [the SG Report] draws exclusively on recent reports and other material dealing with various aspects of living conditions of Palestinian people in the Arab occupied territories, prepared by United Nations bodies." That the Report is indeed based on prior UN documents, which themselves reflect an anti-Israel bias, is evident from its 82 bibliographical notes, only four of which cite Israeli sources. The rest are drawn from the reports of the General Assembly's Committee on the Exercise of the Inalienable Rights of the Palestinian People, serviced by the UN Secretariat's Palestine Division. The Committee and the Division are known to reflect the views of the PLO.

Other statements in it confirm this impression of the SG Report: "Although none of these reports refer specifically to the question of Palestinian women, they describe the living conditions of the Palestinian population as a whole"; "The policy of the occupying power uniformly affects men, women, youth and children as members of society"; the military authorities' "oppressive practices...affect equally all members of the family." In short, the authors of the Report, unwilling or unable to prepare a particularized study of the situation of Palestinian women, simply repeat the generalized criticism of Israel's occupation common to many UN documents.

Among the other sources cited in the SG Report are the reports of the Mexico City and Copenhagen conferences. The Mexico City Conference was widely criticized as politicized, especially for including in its final Declaration a call to the international community to seek

the elimination of Zionism along with racism and apartheid. The linking of Zionism with these evils served as precedent for the General Assembly's adoption on 10 November 1975 of the mischievous and dangerous resolution falsely equating Zionism with racism. The Copenhagen Conference extended this falsehood, restricted to the Declaration adopted in Mexico City, into a Program of Action for improving the situation of women worldwide.

The UN Charter declares the determination of all the peoples of the United Nations "to reaffirm faith in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women and of nations large and small." In sharing that faith, the Jacob Blaustein Institute expresses the hope that the Nairobi Conference will not be diverted into extraneous political bypaths but will rather direct its energies to the real issues of women, and thereby truly contribute to attaining the goal of equal rights for men and women the world over.

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## DEMOGRAPHY AND VITAL STATISTICS

The SG Report's discussion of the demography and vital statistics of West Bank and Gaza Palestinians gives readers an inaccurate picture of the effects of Israeli occupation. Among other inaccuracies, it fails to record the significant advances in health care made since 1967.

### Palestinian Population Overall

The SG Report admits that "it is difficult to know exactly how many Palestinians there are altogether" (par. 10). Estimates published by Arab countries and by the PLO, and even by UNRWA, have been found to be exaggerated, reflecting a political purpose to magnify the "refugee problem." In fact, with the exception of the West Bank and Gaza, no formal census of the Palestinian populations in Middle East countries has ever been conducted.

### Refugee Camp Population

The SG Report asserts that some 50 percent of the West Bank population and 85 percent of the Gaza population are refugees registered with UNRWA (par. 10). It claims that as of June 1984 there were 350,779 refugees registered in the West Bank (90,905 in camps) and 410,745 in the Gaza Strip (226,937 in camps). It bases these figures on 1983 UNRWA refugee registration lists and 1981 Israeli government statistics for the total population. However, UNRWA itself has stated that the registration figures "do not necessarily represent the actual population of Palestine refugees in their places of registration; the refugees move and do not always inform the Agency; they also die without their families informing the Agency."<sup>1</sup>

By 1983, according to Israeli census figures, there were 105,000 refugees living in the West Bank (65,000 in camps) and 205,000 in Gaza (175,000 in camps).<sup>2</sup> These figures show that only 14 percent of the West Bank population and only 42 percent of the Gaza population are refugees, in contrast to the SG Report's figures of 50 and 85 percent, respectively.

### Population Growth

Before 1967, despite high birthrates, the population of the West Bank and Gaza was relatively static. This was due to high infant and other mortality and to extensive emigration. Since then, improved

economic conditions and a decline in net out-migration have led to rapid population growth. Thus the Gaza Palestinian population increased from 364,000 in 1969 to 476,000 in 1982, and the West Bank Palestinian population grew from 164,000 in 1967 to 747,500 in 1982.

### Infant Mortality

During the period 1967-82, infant mortality in the West Bank and Gaza was reduced by more than 50 percent.<sup>3</sup> The reported infant mortality rate in 1982 in the West Bank was 25.6 per 1,000 live births, and in Gaza 41.3 per 1,000.<sup>4</sup> These figures compare favorably with available data on infant (0-1 year) mortality rates for 1981 in neighboring Arab countries. For example, infant deaths per 1,000 live births in Jordan were 68; in Egypt 80; in Syria 61; and in Saudi Arabia 112. The infant mortality rate in Israel was 13.9 per 1,000.<sup>5</sup>

Infant mortality in the West Bank and Gaza has declined in part because of the extensive development and utilization of health services, including the establishment of primary health care units, visits by public health staff to remote villages, availability of health insurance, increased public demand for health care, and UNRWA supervision of refugee camps.

### Child Mortality

During 1981-83 child (0-5 years) mortality rates averaged 7.0 per 1,000 in the West Bank and 10.3 in Gaza. In countries with very poor health conditions, according to the World Health Organization (WHO), the under-six mortality rate exceeds 100 per 1,000; in highly developed countries it is as low as 2.0 per 1,000.<sup>6</sup>

### Life Expectancy

Improvements in medical services and health conditions among the Palestinians have resulted in higher life expectancy. In 1967, life expectancy at birth was estimated at 48 years in the West Bank and Gaza. In the mid-1970s it was estimated at 55, and in the early 1980s at 62. Again, this most recent figure compares favorably with the figures for neighboring countries: 61 in Jordan, 56 in Egypt, 66 in Syria, and 55 in Saudi Arabia. In Israel life expectancy is 74 years.

### Emigration

The SG Report states that "the high male emigration rate" from the West Bank and Gaza "has created a ratio of 80 males to 100 females." This figure is inaccurate. In 1983, there were 996 males per 1,000 females in the West Bank and 991 males per 1,000 females in the Gaza area.

Of course, West Bank and Gaza residents do emigrate; migration for economic reasons is common throughout the world. In the Middle



East, workers have migrated from the more densely populated, labor-surplus countries to the Arab oil-producing countries along the Persian Gulf. Due to their educational level and technical training, workers from the West Bank and Gaza have been in demand by states with extensive resources but limited trained manpower. In 1982, there were 400,000 Palestinians in Saudi Arabia and the Gulf States. They constituted some 40 percent of Kuwait's total work force.

During 1982 and 1983, reported net out-migration from the West Bank and Gaza declined significantly from previous years, due to improved economic opportunities and socioeconomic conditions at home, and to newly imposed immigration restrictions in Arab countries, reflecting declining oil revenues.<sup>7</sup>

#### Female Heads of Household

The SG Report, citing UNRWA statistics for 1983, states that "on the West Bank there were 27,226 female heads of household out of a total of 72,272 and in the Gaza Strip 14,567 out of a total of 75,296." The Report fails to mention that "Roughly 25-33% of all households in the world are de facto headed by women, with the percentage much higher in certain countries and regions... The rising incidence of female-headed households in rural areas of developing countries results from impoverishment and migration."<sup>8</sup> According to the UNRWA figures, roughly 38 percent of all West Bank households and 19 percent of all Gaza households are headed by women, figures that compare favorably with others in the developing world.

#### Conclusion

During the period of the Israeli administration, the Palestinian population has undergone rapid growth, resulting from significant improvements in economic and health conditions that markedly reduced infant and child mortality rates and increased life expectancy. The SG Report ignores these achievements.

## EMPLOYMENT

Any assessment of the economic health of the administered territories must take into account the past. Before 1967, Jordan neglected the West Bank in favor of the East Bank. High unemployment depressed economic life in both the West Bank and Gaza. The Israeli occupation has witnessed rapid economic growth and unprecedented employment opportunities. Income from employment in Israel has increased West Bank purchasing power and contributed to local economic improvement. From an economic standpoint, the Israeli administration has had a favorable impact on the West Bank and Gaza.

### Labor Force Participation

To be sure, as the SG Report implies, the level of Palestinian women's labor force participation is low; but the participation level of women in Arab countries generally is even lower. This is a result of high fertility, low literacy, and traditional restriction of women to domestic roles. Indeed, the Palestinian women's labor force participation rate compares favorably with those of Arab women elsewhere. Thus, according to the SG Report, the participation rate for women in the West Bank is 18.7 percent, in Gaza 6 percent; the figure for Egypt is 5.7 percent, for the United Arab Emirates 5.8 percent and for Yemen 5.6 percent.<sup>1</sup>

### Traditional Position

After noting the alleged absence of employment opportunities for Palestinian women, the SG Report comments that these same women, presumably taking advantage of employment opportunities, are being uprooted "from their traditional position in society."

It is valid, of course, to explore how women's employment may affect a traditional culture, weighing this against how it can help women to gain dignity. The complex question of the needs of women as individuals as against the demands of family and community is hardly restricted to Palestinian women; it affects women in all modern and modernizing societies. This is not an issue of Israeli policy, which seeks neither to encourage nor dissuade Palestinian women from working, for the very reason that Israel wishes to avoid accusations that it is imposing its values on a traditional Arab culture. Arab girls generally work for only a short time before marriage. Their youth and early marriage inhibit the acquisition of job skills. Thus Arab (including Palestinian) women tend to be confined to unskilled

occupations. Once married, traditional mores inhibit them from working outside the home.<sup>2</sup>

### Conclusion

With regard to employment, Palestinian women in Israel, the West Bank and Gaza, are better off than women generally in Arab countries. Israel has opened up new job opportunities for those women who choose, of their own accord, to seek employment.

## WORKING CONDITIONS

Unfortunately in many countries, women's working conditions are inferior to those of men. The SG Report provides a distorted picture of the working conditions of Palestinian women, inaccurately portraying them as "exploited," poorly paid workers who work illegally and receive no health or other benefits (par. 39). The Report mentions three categories of Palestinian working women: women employed legally in Israel; women employed legally in the West Bank and Gaza; and women working illegally in Israel. Each category merits separate consideration.

### Legal Employment in Israel

The SG Report fails to mention a key institution in the lives of Palestinian women employed legally in Israel: the union. Israeli's Histadrut, encompassing 90 percent of the country's workers, actively encourages Palestinian men and women who work in Israel to join its ranks, though few have actually done so. The Histadrut welcomes Palestinians not only because it has always opposed discrimination but also because nonunionized workers threaten the wage levels of unionized workers. Palestinians who belong to the Histadrut enjoy the same benefits as Israeli members, including severance pay, work accident insurance, vacation pay, sick pay, child allowances, clothing allowances, a spouse allowance, religious holiday pay, access to health services and medical insurance.<sup>1</sup>

Most Palestinian men and women who work in Israel choose not to join the Histadrut because they do not wish to be seen cooperating with Israel.<sup>2</sup> Nonetheless, even these workers benefit from collective agreements reached by the Histadrut covering the enterprises where they work.

What effect does working in Israeli factories have on Palestinian women workers? According to Raymonda Tawil, a Palestinian writer, equality has increased the women's self-esteem. In many cases, they were the only wage earners in their family, and it was precisely this role as breadwinner that imposed a great responsibility upon them and at the same time gave them a feeling of dignity.<sup>3</sup>

### Legal Employment in the West Bank and Gaza

What of Palestinian women who work in the West Bank and Gaza? Free union activity exists in the territories, and as of 1985 there

are 31 unions in the West Bank and seven in Gaza.

If a small percentage of West Bank and Gaza workers, as compared with Israeli workers, are unionized, this is not surprising. Local economies have been and remain largely agricultural and therefore unreceptive to unionization. Nonetheless, the Israeli administration in the territories has taken actions to improve local working conditions including some intended to assist women in particular. It has regulated work hours, protected the right to not work at night, banned women's employment in dangerous occupations, and increased maternity leave from 21 to 45 days.

Perhaps the best evidence of the progress in employment made by Palestinian women working in the West Bank and Gaza is the number of women working in teaching and other white-collar jobs. In the West Bank, there are 363 female school directors, 6,475 teachers, and 655 health service workers.<sup>4</sup> These women are not only benefiting personally from the experience gained in these occupations, but they are assisting members of their community to live productive lives.

#### Illegal Employment in Israel

The third category of Palestinian working women are those who choose to work illegally in Israel. What motivates this choice? The families of these young women, wishing guidance and protection for them, fall prey to the Rais, an illegal labor recruiter who hires them out to hotels, restaurants and agricultural enterprises and deprives them of a high percentage of their wages. The Israeli government seeks to stem the tide of illegal workers and has no interest in perpetuating such circumvention of the law, including tax evasion and the prohibition against employing youths under 17. The Histadrut actively tries to persuade illegals to work legally and to join the union since illegals drive down all workers' wages.

The SG Report notes that Palestinian women generally fill jobs at the lower end of pay scales. This is true -- but so do women in many countries, as anyone familiar with the condition of women internationally knows. In Canada, for instance, women typically earn between 50-60 percent as much as men. The reasons for this are multiple. In short, it is a widespread problem in many regions that should be addressed by the Nairobi Conference.

#### Conclusion

Many aspects of the situation of Palestinian women "deplored" in the SG Report are the very problems discussed in the Nairobi Conference document on women in developing countries. Palestinian working women in the West Bank and Gaza share problems that face women in developing and even developed countries, but by any measure their working conditions have improved since 1967.

## EDUCATION

Education provides the foundation for future employment and for citizen participation in cultural and public life. In its discussion of education provided by UNRWA as well as by private Arab institutions, from the preschool to vocational training, the SG Report highlights alleged Israeli harassment of Palestinian students. Such incidents have to be viewed from the perspective of Israeli security requirements in the face of the sometimes violent student demonstrations. In any event, the SG Report barely discusses the broader question of education, much less gives an account of Israeli contributions to education in the West Bank and Gaza.

### Literacy

Literacy is the basis for all further education. In the West Bank and Gaza, the rate of illiteracy has declined since 1967, placing residents of these regions ahead of Arab countries. From 1970 to 1984, the percentage of illiterate women declined in the West Bank from 65 to 39 and in Gaza from 65 to 37. In Arab countries, the percentage of illiterate women is higher: Algeria (1982) 68, Egypt (1976) 77, Jordan (1979) 49, Saudi Arabia (1980) 87, Syria (1975) 76.<sup>1</sup>

Paralleling the rise in literacy is the increase in the number of students at all educational levels. The overall student population of the West Bank and Gaza grew 104 percent between 1967 and 1985 while the school-age population increased only 28 percent. The number of school girls aged 5-18 increased 125.3 percent, reflecting a jump in attendance at all three school levels: elementary and junior high (both compulsory) and high school (voluntary).<sup>2</sup>

Five universities have been established in the administered territories since 1967. Similarly from 1980 to 1985 the number of women students doubled (from 2,599 to 4,680) in teachers' seminaries and agricultural, technical and paramedical colleges.<sup>3</sup>

### Vocational Schools

Since 1968, Israeli government-supported vocational schools have trained 55,000 West Bank and Gaza young women and men. Today, there are 23 of these schools, 18 in the West Bank and five in Gaza. Nine of these offer courses where women learn more "traditional" skills such as sewing, knitting and weaving, useful at home as well as in the workplace, and newer skills such as driving instruction. Thus far,

about 10,000 women have enrolled in these courses, 7,000 from the West Bank and 3,000 from Gaza. These courses, which are publicized in the media, are free of charge and attending students receive a small stipend and work clothes.

The quality of the instruction students receive in the government-financed training centers is proved by the fact that graduates easily find employment in Arab countries, where they sometimes serve as instructors. The International Labor Office's (ILO) reports on this subject describe the vocational schools as a "positive feature" of Israel's involvement with Palestinians. Israel affirms that the schools have facilitated "the access of women to remunerated employment" and have helped to evolve new "ideas and traditions on this issue."<sup>4</sup>

### Conclusion

In addition to UNRWA and private efforts, Israel government-funded schools have contributed significantly to enlarging and improving educational opportunities for West Bank and Gaza inhabitants. In turn, the advances in education have opened up better employment opportunities.

## HEALTH

The SG Report deals extensively with health conditions in the West Bank and Gaza, citing UNRWA's activities almost exclusively and leaving the reader with the mistaken impression that since 1967 conditions have worsened. It makes only passing reference to "inadequate" Israeli improvements in health services. In fact, genuine progress in upgrading health conditions has been achieved since 1967, much of it the result of Israeli efforts. This has been achieved despite the long lead time needed to develop health service infrastructures and the reluctance of many inhabitants to give up their adherence to traditional practices, such as childbirth at home rather than in hospitals.

### Historical Context

Prior to 1967, the level of public health in the West Bank and Gaza was relatively low -- characteristic of a developing region. Malnutrition, infectious diseases and high infant mortality rates prevailed. A poor sewerage system, overcrowding in refugee camps, lack of running water in homes and a concomitantly low level of personal and family hygiene made conditions particularly bad in Gaza. Hospitals, especially in Gaza, were poorly equipped, overcrowded and, as in most developing areas, understaffed.

### Preventive and Curative Services: Israel's Health Care Policy

Israel has undertaken to establish a strong infrastructure to provide comprehensive health services to Gaza and the West Bank. Plans include sustained development of health resources and facilities. Special concern for the needs of women and children, demonstrated by a range of programs to control disease and establish basic sanitation and other primary care services, has guided health care planning.

Underlying Israeli health care policy is the basic principle that local needs are best served by local facilities. A well-equipped and well-staffed local health care system, leading to reduced dependence on regional medical centers is being established. Thus, numerous clinics have been scattered through urban and rural areas. In 1968, for example, there were 89 general medical clinics in the West Bank. Now 148 rural and urban clinics and health centers provide comprehensive primary care and preventive and curative services. Between 1975 and 1982, visits to clinics in the West Bank rose 125 percent, in Gaza by 80 percent.



The Israeli approach contrasts with Jordan's, where good medical facilities are concentrated in large cities like Amman, and services are poor for the nomadic Bedouins. Indeed, Jordan has a higher infant mortality rate as well as fewer hospital beds per 1,000 population than do Gaza and the West Bank.

#### Maternal and Child Health (MCH)

Israel has placed special emphasis on improving maternal and child care. Before 1967 MCH care was very limited. In Gaza where there were only nine centers in the refugee camps, Israel has established 24 new MCH centers, providing a center in every village. Similarly, there has been a fourfold increase in the number of MCH centers in the West Bank (from 23 in 1968 to 95 in 1983) and more than 50 percent increase in general community clinics (from 89 in 1968 to 148 in 1983).<sup>1</sup>

Nutritional aid to pregnant women now includes fetal and infant development. The Israel government provides vitamins A and D and folic iron free of charge to all infants in the area.

Before 1967, over 90 percent of deliveries in Gaza took place at home under the care of traditional birth attendants (dayas) who had no formal training or supervision. In 1970, Israel established a school for midwives in Nablus.

Over the years, partly because of Israeli-sponsored education programs, there has been increasing utilization of hospitals for maternity care. In Gaza the rate of hospital births rose from less than 10 percent in 1967 to 75 percent in 1983. In the West Bank, the rate increased from 13.5 percent in 1968 to 48 percent in 1983. But the practice of using traditional midwives for childbirth is still prevalent in these areas. In mid-1983, to further increase hospital deliveries, Israel lowered hospital charges for noninsured mothers by 50 percent.<sup>2</sup>

With regard to child health care, the SG Report admits that there is insufficient statistical information to permit "an objective evaluation of children's nutritional status." However, it criticizes Israel by implication in citing the allegedly low birth weight of West Bank and Gaza infants. In adducing the statistics that 6.8 percent of West Bank infants and over 5.2 percent of Gaza infants weighed under 2.5 kgm at birth, it does not mention that 10 percent is considered a goal for developing countries and that this has not been achieved even in some developed countries, including parts of the United States.<sup>3</sup>

The SG Report cites the Expanded Program of Immunization as an essential element of MCH, and mentions a 1983 World Health Organization (WHO) report that includes the West Bank and Gaza in "areas of control" for six childhood diseases that constitute public health problems in almost all developing countries. Though it refers to

UNRWA's immunization work, it fails to mention the Israel government's contribution to the program.

WHO noted in 1984 during its visit to schools in the West Bank and Gaza that "the general appearance of the children indicates satisfactory nutritional status... Hygiene seems good and the health status of the children seemed satisfactory."

Israel, in October 1984, with funds provided by the United Nations Children's Fund (UNICEF), established the Child Development Center in Ramallah to provide care for children with physical or mental development problems. Although not completed by the end of 1984, the Center had over 50 patients. Preparations are under way for centers in Hebron, Nablus and Gaza.

#### Health Facilities and Service Costs

The SG Report (par. 56) comments on an "insufficient number of hospital beds" and "the high cost of hospitalization." To be sure, in certain districts the absolute number of hospital beds has remained constant despite the population increase. The reason is that the population's health has improved. Specifically, the rates of tuberculosis and mental illness have declined. Hospitals formerly used for patients with these diseases have now been converted by Israel to meet current needs. The issue is not the absolute number of beds but rather whether necessary health services are being provided. The general hospital bed ratio (in both government and private hospitals) is 1.4 per 1,000 population in the West Bank and 1.8 - 1.9 per 1,000 in Gaza, surpassing Jordan's ratio of 0.86 per 1,000.<sup>4</sup>

Regarding rising health care costs -- a problem in most countries -- many health services, especially maternal and child health care, are provided free of charge. Partial health care insurance was introduced in the West Bank in 1973 and in Gaza in 1976. In 1978 a new voluntary health insurance plan was introduced to provide West Bank and Gaza inhabitants with comprehensive service in all health care facilities in Israel. Noninsured persons receive care through charitable organizations or private medical services.

As to the SG Report's charge of antiquated equipment, the example of the Shifa hospital in Gaza should be cited. WHO noted the extensive redevelopment of this hospital and stated that it "should constitute a high-technology referral center." Of special interest to women is its large new obstetrics department. Similarly, the Nasser Children's Hospital in Gaza was expanded and renovated in 1978 and the number of its beds increased. Ramallah Hospital, a neonatal care unit, was opened in 1980. Caritas Hospital in Bethlehem, a newly rebuilt voluntary public pediatric hospital, operates a modern, well-equipped special-care unit serving premature babies from the entire region.

### Mental Health

The SG Report infers that occupation has caused a "deterioration of mental well-being and an increase of mental diseases, particularly of neuroses" in the West Bank. The inference is that this results from the "occupation." There is no concrete data to support this claim. The incidence of mental illness in the West Bank and Gaza may be as high as it is in the Middle East generally, an area now undergoing the strains of modernization.<sup>5</sup>

### Training of Health Care Staff

Similarly, the SG Report's charge of insufficient health care professionals in the administered territories is unfounded. Israel has emphasized the training locally of nursing and paramedical staff. Examples of training centers for nurses that are undergoing constant improvement and development are the Shifa Hospital Nursing School in Gaza, opened in 1973 and expanded in 1975, which graduated 576 practical nurses by the end of 1983, and the Ramallah School for Registered Nurses opened in 1971.

Certainly, there could be more health care staff in the territories: the problem is that, because of their training, West Bank and Gaza health personnel are in high demand in Arab countries, particularly the Gulf states; and in pursuit of higher salaries, they emigrate. Even so, the total number of nurses practicing in the territories has more than doubled. In Gaza there were 97 doctors in 1967 and by 1982 there were 242. West Bank statistics show a similar rise.<sup>6</sup> Although the territories have an oversupply of doctors, there is a shortage of specialists there as in Israel.

### Conclusion

Since 1967, the Israeli authorities have provided the West Bank and Gaza with preventive health care systems, upgraded hospital care and advanced training for health workers. The result has been a major reduction in mortality rates and the establishment of a health services system that is superior to those in most developing countries.

## ENVIRONMENTAL SANITATION

The SG Report states that "insufficient water supply, pollution of the drinking water, [and] low standards of ... sewage and waste disposal" remain some of "the essential problems of environmental health" in the West Bank and Gaza (par. 69). The Report implies that these conditions are a result of the Israeli occupation.

A major factor affecting the health of a population is the availability of adequate supplies of potable water and an environmentally sound sewage and waste disposal system. Deficiencies in these services are endemic to the developing countries. Before 1967, these services were severely lacking in the West Bank and Gaza. In recent years, in cooperation with Arab municipalities, the Israeli administration has improved environmental health services, which the SG Report fails to acknowledge.

### Availability of Potable Water

Advances have been made in developing safe, chlorinated drinking water systems to serve Palestinian urban areas and larger villages. Since 1967, more than 60 West Bank villages have been connected to central water supplies. Potable and safe water, therefore, reaches homes in some 90 of the largest villages in the region. This service is being extended to smaller villages throughout the area.

Israeli water standards have been applied to the West Bank and Gaza. A safe water supply in these areas was achieved in 1978, with bacteriological monitoring and preventive chlorination. Water standards are regularly monitored by district sanitarians in Gaza and the West Bank.<sup>1</sup>

### Sewage and Waste Disposal

Before 1967, sewage collection and disposal systems did not meet the requirements of the local population. The lack of adequate and safe water supplies for agriculture and home use led some local residents to use sewage water for irrigation. This practice could indeed adversely affect the health of the local populations. Since 1970, however, this dangerous practice has been prohibited.<sup>2</sup>

Large-scale development of sewage collection systems and treatment plants for urban areas is under way, requiring significant financial input and implementation time. The sewerage system in Gaza

has been enlarged and new sewage collection systems and treatment plants built to service municipalities and refugee camps throughout the region. Additional sewerage systems are being planned. Routine testing of sewage for vibrio cholera and other enteric bacteria began in 1981.<sup>3</sup> Sewage collection systems in most West Bank urban areas have been extended and reequipped, and sewage treatment plants built in Jenin, Tulkarem, Ramallah, and Hebron. Master planning has been completed for other localities.

Solid waste collection and disposal facilities in the West Bank and Gaza have been expanded and modernized in recent years. During the past 12 years, municipalities with modern equipment have been collecting garbage in most urban areas.<sup>4</sup> In Gaza, additional dumping lots have been opened in areas where contamination of ground water will be avoided, and several localities are processing solid waste into compost for agricultural use.<sup>5</sup>

#### Malaria Control

Strong evidence of improved environmental health conditions after 1967 is the eradication of malaria. WHO declared the West Bank malaria-free in 1970, and malaria control was achieved in Gaza in 1971.

#### Conclusion

Environmental health conditions in the West Bank and Gaza have been improved significantly under the Israeli administration. Sustained large-scale development of water supplies and of sewage and refuse disposal systems will continue to contribute to the improvement of conditions in these territories.

\* \* \*

Obviously, Palestinian women in the West Bank and Gaza do not enjoy untroubled lives. As this digest has pointed out, these women, like other women in developing as well as developed countries, face many problems. Some may even be exacerbated by living under "occupation" -- even a relatively benign occupation. On the other hand, the SG Report is designed to find fault not fact. It condemns but does not analyze and propose remedial measures. Bringing balance to the discussion of the situation of Palestinian women in the West Bank and Gaza, it is hoped, will enable participants at the Nairobi Conference to see that issue in a proper light. The Conference will thus be able better to fulfill its authentic purpose of advancing the equality of women in the years ahead.

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