

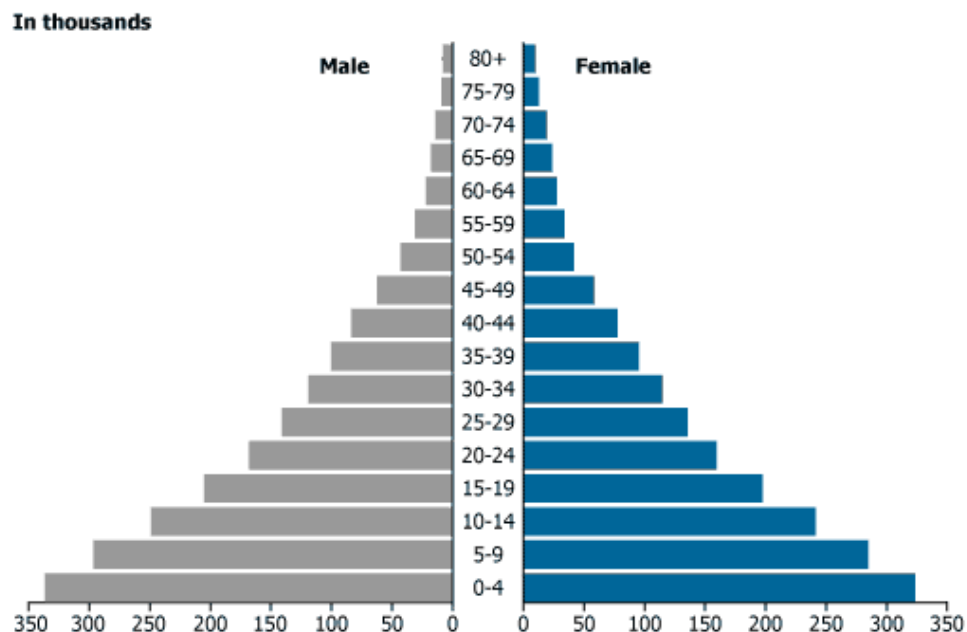
A First Glimpse at the 2004 Palestinian Demographic and Health Survey

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The population of Palestine is currently growing at a rate of 3.4 percent per year—a rate of natural increase that is among the highest in the world.¹ The latest Demographic and Health Survey (DHS), conducted in Palestine in 2004, shows that this high rate of growth is likely to continue—adding to development challenges of the territories, which for years have been plagued with conflicts, economic stagnation, and high unemployment.

Two demographic factors are contributing to rapid population growth in Palestine. First, the population is predominantly young, with an ever-increasing number of young women approaching their reproductive years. The age structure of the Palestinian population is among the youngest in the world (see figure)

Age and Sex Composition of the Palestinian Population in Gaza Strip and the West Bank (including East Jerusalem), 2005



Source: Palestinian Central Bureau of Statistics, *Demographic and Health Survey 2004: Main Findings* (2005).

In mid-2005, nearly 18 percent of the population was below age 5, and 46 percent was below age 15, according to the Palestinian Central Bureau of Statistics. As a result, the population of Palestine is expected to grow from 3.8 million in 2005 to 7.4 million by 2025 and to 11.2 million by 2050, even assuming that fertility in Palestine declines in the coming decades to 3.1 births per woman by 2025.²

Second, women living in Palestine have a total fertility rate (TFR) of 5.6 children—significantly higher than women in other countries that have similar levels of education and access to health services. (Women in Gaza have 6.6 births, on average, while women in the West Bank (including East Jerusalem) have an average of 5.2 births.)³

Palestinian women marry young and consequently begin their childbearing at a relatively young age. On average, a Palestinian woman marries at age 18 and gives birth to her first child two years later. The 2004 DHS shows that 7 percent of women ages 15-19 in Palestine had already given birth to a child or were pregnant.⁴

Use of Family Planning and Other Reproductive Health Services

The 2004 survey follows two Palestinian DHS surveys in 1996 and 2000, allowing for an analysis of trends. Over this period, trends in contraceptive use have been mixed. For Palestine, the percent of married women of reproductive age (ages 15-49) using contraception rose from 45 percent in 1996 to 51 percent, but then fell slightly to 48 percent in 2004 (see table).⁵

Contraceptive Use Among Married Palestinian Women, Ages 15-49

Palestine	1996	2000	2004
Any method	45	51	48
Modern method	31	37	34
West Bank (including E. Jerusalem)			
Any method	51	54	52
Modern method	34	39	37
Gaza Strip			
Any method	34	46	41
Modern method	25	33	30

Source: Palestinian Central Bureau of Statistics, *Demographic and Health Survey 2004: Main Findings* (2005).

Contraceptive use among married women living in the West Bank (including East Jerusalem) was 37 percent in 2004—only 3 percentage points higher than in 1996. In Gaza, only 30 percent of married women of reproductive age use a modern method of contraception—despite 94 percent of all Gazans having health insurance that covers family planning methods.⁶ Additionally, those Gazans who are not insured still can get any family planning method for token fees from health care providers such as the Palestinian Ministry of Health Facilities, nongovernmental organizations (NGOs), or the United Nations Relief and Work Agency (UNRWA), as well as from any pharmacy on an over-the-counter basis.

Comparing the three DHS surveys also shows that improvements for Palestinians in other aspects of reproductive health have also been uneven. Some of the trends have been positive: For example, the percent of pregnant women in Palestine receiving iron tablets—which play a key role in preventing iron-deficiency anemia—increased from 50 percent in 1996 to 76 percent in 2004. (Nevertheless, 38 percent of Palestinian women of reproductive age are anemic.)⁷

The percent of births taking place in a health facility also increased during this period, from 87 percent to 96 percent. However, 66 percent of Palestinian mothers were sent home in 2004 after their delivery with no consultation—a missed opportunity to provide mothers with correct information on modern contraceptives and where to obtain the services to help them avoid unplanned pregnancies. And only 35 percent of women who had a recent birth in 2004 reported having received a tetanus shot during their pregnancies, a small increase compared with 22 percent in 1996.⁸

Rise in Accidents Spurs Growth in Health Insurance Coverage

Health insurance coverage in Palestine has improved dramatically. The 2004 DHS indicates that 66 percent of the Palestinian population in the West Bank (including East Jerusalem) and 94 percent in the Gaza Strip have health insurance, compared with 55 percent and 77 percent in the 1996 DHS for the same two regions, respectively.⁹

The faster improvements in health insurance coverage among the Gazans can be attributed to a number of features of Palestinian life, most important of which is the ongoing unrest and violence in the territories. Health needs of the population are constantly rising as direct and indirect outcomes of the conflict.

For example, the second-leading cause of death among Palestinians living in the territories is accidents, which constitute 11 percent of all deaths. Accidents (including ones suffered during political events) were the leading cause of death for those ages 5-19 (56 percent) as well as those ages 20-59 (29 percent). The leading cause of death—heart disease, which is often related to stress—accounts for 19 percent of Palestinian deaths annually.¹⁰

A Health Care System Still Fragmented and Increasingly Unaffordable

The Palestinian Ministry of Health is the primary provider of health services to the population in Palestine, followed by UNRWA and NGO facilities that are largely funded by international donors. Private-sector providers are also growing in number. But two factors have hindered the building of a cohesive health system: The fact that these groups of health providers are in large part working independently, and the continued focus on emergency health care needs.

Physical and financial access to health care and quality of the offered services are ever-growing challenges to the Palestinian health system. Growing poverty and unemployment in Palestine have made health care far less affordable for average Palestinians. More than 60 percent of Palestinians there are now living on less than US\$2 a day, compared with 21 percent in 2000. The number of poor people tripled from a pre-*intifada* level of 637,000 in 1999 to just under 2 million in 2004. And female-headed households, which represent 9 percent of all Palestinian households, are disproportionately poorer than male-headed households.¹¹

The Palestinian Ministry of Health and other Palestinian health providers must address making free health care available and accessible to the ever-growing Palestinian population. In that sense, Gazans are in an advantaged position: The refugee status held by the vast majority of this population entitles them to UNRWA health insurance and free services. Notably, 66 percent of the Gazans are covered by UNRWA health insurance, compared with 14 percent of West Bank residents.¹²

Unfortunately, this access has not translated into better health for Gazans for a number of reasons: poor health-seeking behavior; conservative cultural values and a poor social security system, both of which foster desire for larger families; and continually deteriorating living conditions, particularly under the Israeli occupation.

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