

**A Study of 22 Palestinian Villages  
in the Jenin District  
with Special Reference to  
the Needs of Persons with Disabilities**

**The Northern Regional Committee for Rehabilitation**

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## Preface

This report presents basic information on 22 village communities in the Jenin District of the West Bank which was collected to inform a community-based rehabilitation program (CBR) launched in the area by the Union of Palestinian Medical Relief Committees (UPMRC) and the Patients' Friends Society (PFS) in Jenin under the umbrella of the Central National Committee for Rehabilitation (CNCR) in the West Bank and Gaza Strip. A similar study has already been published by the Gaza National Committee for Rehabilitation (GNCR) on al-Shati and Bureij refugee camps in the Gaza Strip.

The CNCR believes this study to be important not only because of the wealth of previously undocumented information it provides on the surveyed communities, but because it has been effectively used to mobilize these communities around the issue of disability rehabilitation. Indeed, the study could not have been completed without the active, voluntary participation of many individual community members, as well as local councils and committees. The success of this study confirms the critical importance of community participation in assessing the needs and planning for community development projects if they are to be successfully implemented. The CNCR also views the CBR project now underway in the Jenin District as clear evidence of the potential for effective coordination between Palestinian non-governmental organizations and the value of integrating innovative development projects into the programs of existing local institutions.

The efforts of the following persons who contributed to the survey are gratefully acknowledged:

### **Field/Rehabilitation Workers**

Abir Abdul Aziz	UPMRC
Asma Abdul Fattah	UPMRC
Salwa Ayaseh	UPMRC
Bahieh Atiq	Patients' Friends Society
Lubna Hamarsheh	Patients' Friends Society
Sabah Jaradat	Patients' Friends Society
Hiam Kamal	UPMRC
Fatmeh Oueis	Patients' Friends Society

Amal Rabay'ah  
Siham Sa'di  
Avitan Shalbak  
Wadad Wazani  
Khansa Zeidan  
Leila Zein al-Din

UPMRC  
Patients' Friends Society  
UPMRC  
UPMRC  
Patients' Friends Society  
Patients' Friends Society

**Field Work Coordinators**

Shawqi Zakarneh  
Subhieh Ghanem (Im Bassil)  
Taghrid D'eibes

Patients' Friends Society  
Patients' Friends Society  
UPMRC

**Project Manager**  
'Allam Jarrar

UPMRC

**Regional Committee Representatives**

Ahmad al-Ruzzeh  
Jihad Mash'al

Patients' Friends Society  
UPMRC

**Coordinator of Diakonia CBR Projects, West Bank & Gaza Strip**  
Ghada Harami

Diakonia

**Director of Diakonia CBR Projects, West Bank & Gaza Strip**  
Ivan Magnuson

Diakonia

**Diakonia Consultant to CBR Projects**  
David Henley

Diakonia/Uppsala University

**Supervisor of Computer Coding**  
Hala Salem Atieh

Community Health Dept., BZU

**Computer Analysis of Data**  
Rita Giacaman

Community Health Dept., BZU

**Analysis and Report Writing**  
'Allam Jarrar  
Rita Giacaman

UPMRC  
Community Health Dept., BZU

## **1. Introduction**

This report summarizes the findings of a comprehensive study of 22 Palestinian villages in the northern West Bank district of Jenin. While providing considerable data on the general socio-economic conditions of these communities, the study was primarily designed to document the conditions and assess the needs of persons with disabilities in these communities in order to inform a community-based rehabilitation (CBR) program now underway in the area.

The CBR program was initiated by the Northern Regional Committee for Rehabilitation (NRCR) in the Jenin District and represents a joint venture by the Union of Palestinian Medical Relief Committees (UPMRC) and the Patients' Friends Society (PFS) in Jenin. The NRCR is one of four regional committees operating within one umbrella organization, the Central National Committee of Rehabilitation in the West Bank and Gaza Strip (CNCR). The CNCR is a consortium of all the major Palestinian non-governmental organizations working in the area of disability and rehabilitation in the West Bank and Gaza Strip.

Beginning in the Gaza Strip with the active financial and technical support of the Swedish non-governmental organization Diakonia, the CNCR was established four years ago in order to coordinate the work of non-governmental organizations and facilitate the formulation of rational and realizeable disability rehabilitation policies at the national level. The CNCR was thus envisioned as a national policymaking and planning body.

The CNCR is committed to the premise that persons with disabilities have a right to be fully integrated within their communities and that this is best achieved by programs rooted in community mobilization and participation. The principle of social integration is regarded as a basic human right: persons with disabilities have the right to live with their families, to participate within the existing school system whenever possible, to work and earn an income, and to participate in community activities just like all other members of society. Without underestimating the importance of institutional rehabilitation services, the CNCR approach prioritizes assisting persons with disabilities and their families in daily life activities so as to promote the full enjoyment of their right to participate in social, educational, economic, and cultural life within their communities. Institutional services are used for referral assistance as needed to promote this process of integration. Because the CNCR recognizes that democratization does not and cannot develop out of a vacuum, we are committed to ensuring that the operationalization of our projects are underpinned by such principles as tolerance, participation, equality, and citizens' rights. Thus, while our work focusses on the rights of persons with disabilities, it ultimately serves the gradual process of community-wide democratization.

Historically, rehabilitation services in the West Bank and Gaza Strip have been predominated by institutional models. The CNCR therefore felt it necessary to begin its work by exploring and testing alternative rehabilitation projects as a means of developing effective community-based rehabilitation models that take into consideration specific socio-economic, political, and cultural settings. Currently four model projects are in operation: one in the Gaza Strip, one in the northern region of the West Bank, one in the central region of the West Bank, and the fourth is just

beginning in the southern West Bank region. These projects involve dozens of communities encompassing a population of some 400,000 people.

This study on the Jenin District project begins with a short overview of the context which provided the necessary conditions for this unique, cooperative undertaking and then outlines necessary background information on the area of study. Following this introductory information, the study details the procedures and methodologies used to launch the study survey. Results of the survey are presented in two sections. The first section provides a general demographic and socio-economic description of the 22 communities surveyed. The second section provides a similar description specific to persons with disabilities in these communities and then provides an overview of the conditions and concerns which characterize the lives of this sector of the population. This is followed by an examination of those sectors of the population who are most vulnerable to disability and/or the negative repercussions which may accompany it. This examination informs the priorities for future CBR programs identified in the concluding section of the report.

### **1.1. The conditions for cooperation**

The formation of the NRCR in the Jenin District of the West Bank is a result of the fruitful cooperation between the UPMRC and the PFS in Jenin which emerged during the early days of the Palestinian Uprising in 1988. The conditions faced by Palestinian society in this period prompted a growing realization of the benefits to be gained by professional cooperation between service providers. Indeed, the emergency nature which characterized the Uprising demanded the development of new forms of organizational cooperation which had not previously been feasible. Within this context the UPMRC and PFS (Jenin) began to work together in a variety of activities and programs around health education, health promotion, the distribution of tasks in emergency care at the popular level, and joint health care services delivery. The ease with which the UPMRC and the PFS (Jenin) have been able to integrate their activities was made

possible by the similar approaches to the delivery of primary health care (PHC) services shared by the two organizations.<sup>1</sup>

At the same time, the number of persons disabled as a result of Israeli army violence served to create a greater awareness regarding the particular needs of those who sustained Uprising injuries and, in time, the needs of the wider community of persons with disabilities. Service providers in particular and the wider population in general began to accept the necessity for developing special services and programs for persons with disabilities and for ensuring their basic human rights as integrated members in society. This increased awareness regarding disability issues has been marked by an emphasis on the development, not simply of institutional rehabilitation projects, but of rehabilitation projects which are community-based and directly linked to community-based PHC services.

These developments took place at a time when different Palestinians non-governmental organizations were beginning to meet to discuss possibilities of coordination of efforts and cooperation in the area of disability rehabilitation. These events laid the necessary groundwork for the formation of the Central National Committee for Rehabilitation in the West Bank and Gaza Strip (CNCR) and, with the efforts of the UPMRC and PFS (Jenin), its affiliate the NRCR in Jenin.

The leading role of the UPMRC and the PFS in providing PHC services in the northern West Bank meant that they were already well-equipped to take the initiative and generate new and innovative CBR projects for the Jenin area. Both organizations could also draw on considerable experience in providing services to persons with disabilities even prior to the Uprising. At the time of the formation of the NRCR in Jenin, the UPMRC was

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<sup>1</sup>It is worth noting that both the UPMRC and the PFS grew and developed substantially in the Jenin District just at the time when active cooperation between the two organizations began to take shape. In hindsight it is clear that this cooperation was, in fact, an important factor leading to this institutional development and the significant improvement of service delivery in the region.

operating a community outreach physiotherapy program for a catchment area of 15,000 people in the Jenin area and the PFS was running a physiotherapy center in Jenin Town. Thus, with this clear basis for active cooperation, the two organizations undertook an in-depth study of the Jenin District as a means of initiating a CBR program in the region. The results of this study are presented below. First, however, some basic background information is presented to provide an appropriate context within which to place the study findings.

## **1.2. Background on the Jenin District**

Located in the northern region of the West Bank which borders Israel, the Jenin District is home to approximately 200,000<sup>2</sup> people, living in 70 localities. In the north of the District, several villages form the lower edge of the "Triangle" of Palestinian towns and villages which extends into central Israel. Other northern villages overlook the fertile plain of Marj Ibn 'Amer, of agricultural importance to both Palestinians and Israelis. Villages in the east of the District overlook the Bisan Valley inside Israel. Just south of the District is the Nablus District of the West Bank.

The Jenin District is considered one of the richest agricultural areas in the country. Agriculture is the primary economic activity within the District. Vegetable production is particularly high because of the relatively high percentage of land which is irrigated.

As a result of the 1948 Arab-Israeli war, thousands of refugees flooded the area. Today, about 20% of the population are of refugee origin. Of those, 30% live in the District's two refugee camps and the remainder are scattered in the town of Jenin and its outlying villages.

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<sup>2</sup> See Barghouthi, M. and I. Daibes, *The West Bank Rural PHC Survey, Interim Report, the Jenin Area*, Health Development Information Project, Ramallah, 1991.

Jenin Town and the refugee camp which falls within its municipal boundaries are inhabited by some about 31,000-35,000 people<sup>3</sup>. Jenin is a market town with a relatively large proportion of its commercial activity supported by the surrounding villages. A significant proportion of the District's agricultural activity also takes place within the town boundaries. Jenin Town thus functions both as a commercial and agricultural center for the entire District.

With 75% of its inhabitants living in rural areas,<sup>4</sup> the peasant mode of life continues to dominate economic and social relations in the Jenin District. Prior to 1948, the socio-economic life of communities in the southern part of the District was closely tied to Nablus Town, while the northern part enjoyed strong ties with Haifa and Akka. After 1948 Jenin Town began to take a more prominent socio-economic role in the area. In contrast to Nablus and other West Bank areas, the social elite and notable families of Jenin District tended to remain in their villages rather than migrate to town. The resulting decentralization of power and lack of a strong socio-economic elite class within the town is believed to be one of the factors blocking the full development of Jenin Town into a cohesive socio-economic and political entity. To this day, in contrast to the rest of the West Bank, a relatively high degree of socio-economic power in the Jenin District remains in the hands of rural notables.<sup>5</sup>

Following the 1967 Israeli occupation of the West Bank and Gaza Strip, the close proximity of Palestinian communities inside Israel to communities in the Jenin District, as well as social and cultural links, encouraged an increase in commercial activities across the borders. As increasing numbers of villagers and townspeople formerly working in local agriculture began

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<sup>3</sup> *Ibid.*

<sup>4</sup> *Ibid.*

<sup>5</sup> See Khoury, P. and J. Kostiner, *Tribes and State Formation in the Middle East*, University of California Press, Los Angeles, 1990; Horami, A. *History of Arab People*, Warner Press, NY, 1992.

working inside Israel, local agricultural activity declined and the District witnessed a serious deterioration in agricultural productivity. Rain-fed crops and olives suffered in particular. These economic shifts fed the development of commercial activity in Jenin Town, and, with the resulting concentration of capital, small-scale industries also began to appear in the town.

More recently, conditions which emerged during the Uprising, particularly the tightening of Israeli restrictions on the movement of West Bank and Gaza Strip Palestinians into Israel, appears to have again transformed the economic base of the District. The inability of laborers to travel freely into Israel for employment and the subsequently high levels of unemployment and severe drop in individual family incomes has led to a more general economic crisis in the District. The District's economic base has largely collapsed, exposing its complete dependence on Israel and acute vulnerability to changing Israeli policies. With the loss of work opportunities in Israel, the District has witnessed a shift back to agriculture activity as a means of subsistence. The sudden availability of cheap labor has also spurred modest development in the town's small industrial sector.

Jenin District is known to be one of the least developed areas in the West Bank and Gaza Strip in terms of service provision and organizational infrastructure. The entire District has only one hospital with a mere 57-bed capacity, putting the number of beds available per person at 0.25/1000, in comparison to an average of 0.51/1000 for other West Bank districts.<sup>6</sup> In 1992, there were 64 clinics operating in the area, excluding private practices. Of those, the vast majority (61) were rural clinics and the remaining (3) were urban clinics. Of the rural clinics, a sizeable 57% were operated by non-governmental organizations<sup>7</sup>.

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<sup>6</sup> Information obtained from the data base of the Department of Community Health, Birzeit University for 1992.

<sup>7</sup> This information pertains to 1994, and has been obtained from a yet unpublished updated data base collected by the Health Development Information Project, Ramallah, 1994.

A recent shift of international aid away from health and educational services, as well as non-governmental organizations in general, has led to the closure of 66% of the rural clinics in the District in a one-year period<sup>8</sup>. Indeed, the Jenin District, known to be the most deprived area with regards to health and other social services, has also been the District most negatively affected by this shift in international funding.

Few rehabilitation services for persons with disabilities are available in the Jenin District. Those existing generally lack a community-based approach. A few mid-level referral centers exist which provide physiotherapy and special education courses in specialized schools. These institutions have neither the infrastructural or human resource capacity to provide the necessary referral services to CBR projects. Education, training, and other disability-related services are likewise relatively poor or absent altogether in this District. Thus, in contrast to some areas such as the Ramallah District or Gaza where UNRWA and/or other organizations can generally fulfill the referral needs of CBR projects, there is no adequate organizational infrastructure within the Jenin District capable of providing such referral services. This raises serious concerns regarding the limitations of a CBR project required to rely upon services outside of the District.

## **2. Launching the CBR project**

In preparation for initiating its CBR project in the Jenin District, the NRCR trained a group of CBR workers and undertook a survey of the communities where the project was to be launched. The survey was designed both to inform project planning and to launch the process of community mobilization around disability rehabilitation. The survey was conducted in the end of 1992 and the beginning of 1993.

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<sup>8</sup> This information was obtained from the Health Development Information Project's 1992 and 1994 surveys of health services in the country.

## **2.1. Selecting the survey sample**

The sample of communities surveyed and targeted for the CBR project was defined by a number of factors. First, the natural catchment area of the project was demarcated by the location of existing primary health care structures operated by the two cooperating organizations, the UPMRC and the PFS (Jenin). Second, an attempt was made to ensure that persons with disabilities inhabiting both the eastern and western parts of the District were included in the sample. Based on the strategy of linking a central village together with peripheral communities in one CBR program, five central villages were then selected on the basis of their population size and their ability to serve the largest number of peripheral villages. Thus Zababdeh, Maithaloun, Ya'bad, Burqin, and Yamoun were identified as the central villages. Seventeen peripheral villages, each linked to one of the five central villages, were then identified bringing the total number of communities surveyed to 22 villages. In selecting the peripheral villages, service providers with substantial knowledge and experience in the area were asked to assess the ability of candidate communities to mobilize around disability rehabilitation. This process was undertaken on the expectation that project success improves substantially as community mobilization and participation increases. Finally, communities included in the sample were required to have a minimal level of existing organizational and/or communal structures capable of supporting the project, such as village councils, community groups, or women's groups.

## **2.2. Training the project workers**

The CBR project formally began with the training of 16 CBR workers. The three-month course, accredited by Bethlehem University, was held in the summer of 1992. The course took a semi-structured form, combining concrete technical training with studies in health, education, and Palestinian society. The course also included field work designed to provide students with practical training and exposure to community-based work. The technical component of the course was based primarily on the World Health Organization's manual *Rehabilitation in the Community*, although

sections of it were modified and adapted to the local setting and other sections were added. The other components of the course were developed in light of the health, education, and rehabilitation experience of the different members of the training team and the NCRC.

Initially, the project had to bring trainers from abroad to assist in conducting parts of the course. Over time the course was modified in response to accumulating experiences. A team of Palestinian trainers began to emerge -- a mix of professionals, including academics as well as rehabilitation workers -- who excelled in their field work. Thus the NCRC trainees benefited greatly from the technical expertise of some of the Gaza rehabilitation workers, while the GNCR rehabilitation workers learned from the NCRC's experiences in community mobilization and community participation skills. The Central Regional Committee for Rehabilitation (CRCR) learned from both of these and the Southern Regional Committee for Rehabilitation (SRCR), which is just beginning its field work, is now benefitting from the experience of all the other regional committees. In a nutshell, continuous communication and exchange of experiences and expertise among the different committees is facilitating the development of nationwide strategies whose continuity can be ensured due to their community base.

The 16 people chosen to train and then work on the project were selected according to the following criteria:

1. Trainees were to come from the same communities as those in which the project was to be implemented.
2. Women trainees were preferred, in the belief that they would gain entry into households more easily than men.
3. Trainees were to be personable and have strong communication and social skills.
4. Trainees were required to demonstrate initiative and possess a clear desire to work with persons with disabilities.

5. Trainees were required to hold a minimum of a high school education diploma.
6. Trainees were to possess a strong sense of belonging to the communities to be served and a readiness to take active part in the development of the project despite the difficult work conditions.

Following their completion of the general CBR course, project trainees were given further training specifically related to the Jenin District survey. This training included practical exercises in field work and testing of the preliminary questionnaire.

### **2.3. Survey methodology**

The group of trainees was divided into two teams of eight persons each. A supervisor was attached to each team. Each team completed surveying one community and then moved on to the next until all the communities in the catchment area were surveyed.

The survey questionnaire -- a modified form of the World Health Organization's "Rehabilitation in the Community" questionnaire -- comprised two major sections. The first section was designed to gather demographic and socio-economic background information regarding each household and its members. This section was most often completed by interviewing the female head of the household,<sup>9</sup> although other household members also frequently joined the interview. Where the female household head was not available, the male head of household was interviewed. The second section requested detailed information on persons with disabilities. This section was designed to gain a clear sense of the daily life activities and levels of social integration amongst persons with disabilities, as well as to aid in identifying their needs. Insofar as the abilities of the person with

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<sup>9</sup>Head of household is defined here as the person responsible for running household affairs including making choices about income expenditures.

disabilities allowed, the second section of the questionnaire was completed by interviewing the person with disabilities in question. Where this was not possible, her/his mother was generally interviewed in the presence of the person with disabilities. An attempt was made to include every household in the 22 villages studied in the survey.

In each village, the survey teams undertook a number of preparatory steps prior to conducting the actual interviews:

1. Institutions and important individuals in the community where the survey was to take place were contacted.
2. Local volunteers were recruited to assist in gaining entry into households.
3. Lists of households were prepared and cross-checked by comparing information obtained from village councils, clinics, and utility companies in order to ensure that every household in each community was reached.
4. Each village included in the survey was mapped out and divided up into quarters and sectors, in order to facilitate the actual field work.
5. Meeting points and working spaces for the team were located within each community in cooperation with local institutions.

The survey itself was completed in two phases. In the first phase, trainees surveyed Zababdeh, Burqin, and Yamoun central villages and then moved on to cover a total of 12 villages. When this first phase of the survey was completed, it was decided to immediately begin rehabilitation work in the surveyed area in order to capitalize on the relations established and the interest generated by the house-to-house survey. At the same time, the second phase of the survey was implemented. In this phase Ya'bad and Maithaloun central villages were surveyed along with their ten peripheral villages.

Throughout the field work, supervisors met every morning with their survey team in order to ensure follow-up and to solve any problems which might have arisen the previous day. At the end of each day, the supervisor of each of the two teams reviewed all the completed questionnaires to ensure that the information collected was clearly and accurately recorded. The supervisors were also responsible for seeing that the survey plan of action was completed according to schedule. This close supervision and animation served to maintain a high morale amongst the field workers throughout the survey. It also ensured that the survey was completed on time, despite a variety of political-related obstacles and other problems faced by the workers during the period of the survey.

The first phase of the survey was completed in 18 days and included 27,000 people. The second phase took 35 working days and included approximately 20,000 people. The second phase took longer to complete as half of the team had already begun rehabilitation work immediately after completing the first phase of the survey. Likewise, initial analysis of the results allowed for the formulation of a plan of action and immediate implementation even before the final survey report was completed.

As each phase of the survey was completed, the information obtained was coded and fed into the computer. The Standard Package for the Social Sciences (SPSS) statistical analysis package was used to analyze the data. The statistical results were then collated with the narrative reports of the workers and supervisors in order to prepare this report.

### **3. General description of survey population**

In total, 7,232 households are included in the survey, representing the vast majority of all the households in the catchment area. Of these, 4,234 households are located in the five central villages and 2,998 in the seventeen peripheral communities. That is, 59% of the total households surveyed are located in the five central villages, indicating an expected concentration of the population in the central villages, relative to the periphery. (See Appendices 1 and 2.) The total population of the area

surveyed was found to be over 47,000 people, with about 27,500 living in the central villages and about 19,500 in the peripheral ones.

### **3.1. Distribution of population by origin**

The majority (86%) of the population surveyed is indigenous to the area. (See Appendix 1.) Some 11% of the survey population are refugees and the remaining 3% are Bedouins, 2.2% of whom are settled and .6% of whom continue to lead a nomadic existence. Most of the refugees (62%) live in the central villages. Overall the percentage of refugees in the Jenin District is significantly lower than figures cited for the West Bank (just over one quarter of the population) and the Gaza Strip (roughly two-thirds of the population).<sup>10</sup> The relatively low percentage of refugees means that the population in the Jenin District has less access to the free health, educational, and social services normally provided by UNRWA for the refugee population. This is likely to have a significant bearing on the types of structures and mechanisms which might be developed for referral services needed by CBR projects in this area.

### **3.2. Distribution of population by sex**

The overall ratio of males to females in the study population is unusually high at 1.24 males per every female. The male to female ratio in central villages (1.24 males/female) is slightly lower than in the peripheral villages (1.26 males/female). Yamoun area has the highest proportion of males with 1.28 males/female, followed by Maithaloun, Zababdeh and Ya'bad areas with 1.26, 1.25 and 1.19 males/female respectively, and a low of 1.18 males/female in the Burqin area. This data may reflect a tendency to under-report the number of females in the family which has been noted elsewhere; female family members appear to be frequently forgotten during survey

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<sup>10</sup>Heiberg, M. and G. Ovensen, eds. *Palestinian Society in Gaza, West Bank and Arab East Jerusalem: A Survey of Living Conditions*, FAFO - Report 151, May 1993, p. 360.

questioning as a result of the low status often ascribed to women.<sup>11</sup> Alternatively, it may be due to higher death rates among females, particularly amongst female children.<sup>12</sup>

### 3.3. Household size

The average household size within the overall survey sample is 6.5 persons, with an average of 6.4 in the central villages and 6.7 in peripheral communities. Differences were also recorded between the five areas in the region studied. The highest average household size is 6.7 in the Maithaloun area, which, according to survey findings discussed below, is the least developed of all the areas, although not the poorest in terms of community wealth status. In the Yamoun area the average household size is 6.6, followed by the Ya'bad and Zababdeh areas at 6.5, and a low of 6.2 for the Burqin area, which is notably the closest area to Jenin Town and, as discussed below, is relatively wealthy.

Such differences are often attributed to a variety of factors, including varying practices regarding households comprised of nuclear versus extended families, differences in fertility rates, or differences in mortality rates, especially among children. Data, however, suggests that education is a more important factor in determining household size within the survey population, as areas whose inhabitants have a higher level of education tend to have smaller household sizes than areas with lower educational attainment rates. While a full explanation of the differences is beyond the scope of this study, it appears that household size may be linked to the overall state of socio-economic development within a community.

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<sup>11</sup>See, for example, Giacaman, R. *Life and Health in Three Palestinian Villages*, Ithaca Press, London, 1988.

<sup>12</sup>For discussion about higher mortality rates amongst female children, see *Ibid.*; Biddu Interim Report, UPMRC, Jerusalem, 1986.

Household sizes in this survey sample are slightly lower than those found for the West Bank in the FAFO study undertaken in 1992.<sup>13</sup> (See Table 1.) Forty-two percent of the families in the Jenin District survey are comprised of one to five persons compared to FAFO's figure of 37% for the West Bank as a whole. Thirteen percent of the households in the Jenin District are comprised of 11 persons or more compared to 15% for the West Bank.

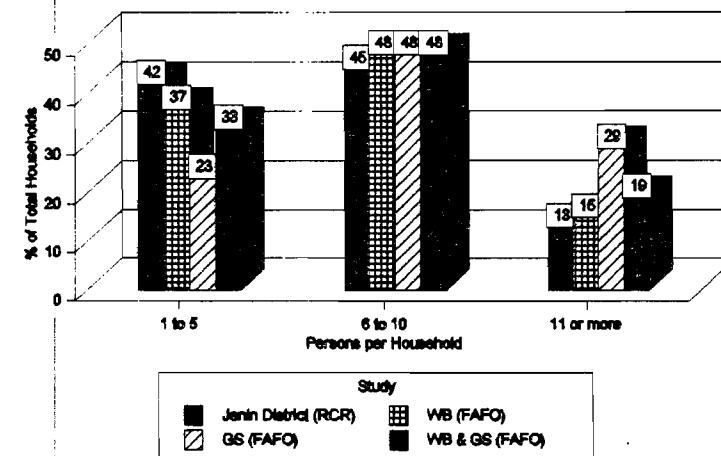
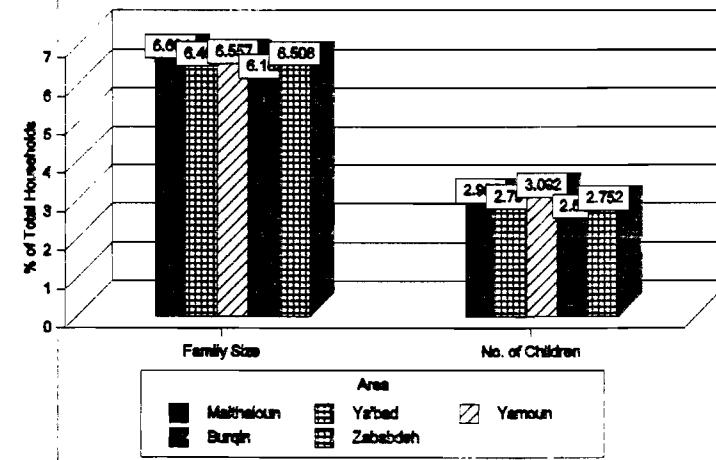
**Table 1: Number of Persons per Household  
(Percentage of Total Households in Study)**

	NRCR Study	FAFO - WB	FAFO - GS	FAFO Total
1-5 persons	42	37	23	33
6-10 persons	45	48	48	48
>10 persons	13	15	29	19

**Table 2: Average Household Size and  
Number of Children by Area**

	Maithaloun	Ya'bad	Yamoun	Burquin	Zababdeh
Avg. No. Household Members	6.7	6.5	6.6	6.2	6.5
Avg. No. Children	3.0	2.8	3.1	2.5	2.8

<sup>13</sup>Heiberg and Ovensen, *op. cit.*

**Figure 1: No. of Persons per Household****Figure 2: Avg. Household Size & No. of Children by Area**

Comparing the average household size to the average number of children<sup>14</sup> in these household shows that the areas with higher averages for the number of household members -- Maithaloun and Yamoun -- also have higher averages for the number of children. (See Table 2.) Yamoun recorded the highest average number of children, 3.1 followed by Maithaloun, with 3.0, while Burqin had both the lowest average household size and the lowest average number of children at 2.5.

#### **4. Socio-economic status of survey population**

The socio-economic status of the communities surveyed was examined using a series of socio-economic indicators including work patterns and educational attainment rates amongst household heads, home ownership patterns, crowding rates, and wealth status. Wealth status of individual households was then cross-tabulated with various indicators to check for correlations.

##### **4.1. Work patterns amongst household heads**

Of the 7,232 households surveyed, a stunning 12% reported that not a single household member was involved in paid work. It is unclear whether these households depend on remittances from relatives abroad, returns on investments, or charity. Of the remaining households, 66% reported one household member involved in paid work, 15% reported two, 4% reported three, and 3% reported four to eight household members involved in paid work.

Amongst the adult male heads of households surveyed, 42% work as wage laborers or in the service sector. Another 18% of the male household heads

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<sup>14</sup> Unless otherwise specified, the term children in this study is used to refer to those under 15 years of age.

in the Jenin study work in farming, and 12% in commercial activities.<sup>15</sup> Sixteen percent of the male household heads were reported as unemployed during the time of the survey.<sup>16</sup> Comparing central and peripheral communities shows the number of farmers in the peripheral villages (21%) to be significantly higher than in central villages (16%). Correspondingly, 26% of those working in central villages work in other areas, mostly in white collar jobs (including office work, teaching, small businesses, etc.) in contrast to 22% in the peripheral ones. However, no appreciable differences in the percentage of wage laborers is noted: the percentage of male household heads registered as wage laborers is 42% and 40% for the central and peripheral villages respectively. Neither are substantial differences apparent in terms of unemployment for the central (16%) and peripheral (17%) villages.

Work patterns between the five surveyed areas differ significantly. (See Table 3.) The Ya'bad and Yamoun areas recorded the highest percentage of male household heads working as wage laborers, with 44% and 47% respectively. The Maithaloun and Zababdeh areas have the highest percentage working in agriculture, with 26% and 21% respectively, in contrast to 16% to 18% in the other areas, and making up for the lower rates of waged work in these two areas. The Zababdeh and Ya'bad areas, on the other hand, registered higher figures for those involved in white collar jobs, with 26% and 27% respectively, in contrast to 22% to 23% in the other areas.<sup>17</sup>

In summary, work patterns of male household heads are generally similar across the district. The primary differences are related to agriculture. The

<sup>15</sup> Heiberg and Ovensen, *op. cit.*, p.401.

<sup>16</sup> Project supervisors estimate that the unemployment rate in the survey catchment area had risen to about 30% by August 1994.

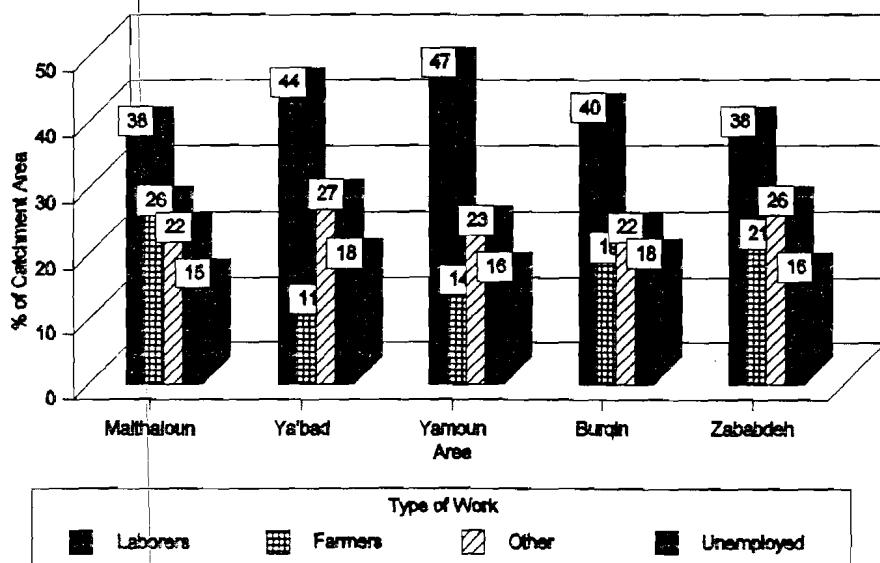
<sup>17</sup> Project staff in the field report that the high percentage of white collar workers in the Zababdeh area is primarily due to the presence of a significant number of relatively well-educated people from the village of Zababdeh itself.

**Table 3:**  
**Type of Work Amongst Male Household Heads by Area**  
**(Percentage of Catchment Area)**

	Maithaloun	Ya'bad	Yamoun	Burqin	Zababdeh
Worker	38	44	47	40	38
Farmer	26	11	14	19	21
Other	22	27	23	22	26
No work	15	18	16	18	16

chi square = 153.02637, p<.005

**Figure 3: Type of Work Amongst Male Household Heads by Area**



peripheral villages maintain a higher percentage of agriculture workers relative to those in central villages. Similarly, male household heads in the Maithaloun and Zababdeh areas are generally more active in the agricultural sector than their counterparts in other areas.

In total, 84% of the female heads of households included in the survey defined themselves as homemakers who do not take on additional work outside the home.<sup>18</sup> An additional 11% registered as farmers. The remainder are primarily employed part-time in office work (2%), sewing and embroidery (1%), and waged labor (1%), in addition to a small number who work in small private enterprises, such as family shops, and a few white collar jobs (0.4%), mostly in teaching. Thus, outside of the work involved in homemaking and housekeeping, farming, primarily on family land, accounts for most of the work done by female heads of households.

As is the case with males, central/peripheral differences in patterns of work among female heads of households are apparent: 84% of the female household heads in the central villages described themselves as homemakers, while the corresponding figure for the peripheral villages dropped to 80%. Only 8% registered as farmers in the central villages, in contrast to 14% in the peripheral villages. Clearly, in farming communities, both men and women tend to participate in agricultural work. It may also be that the more depressed economic status of women in the peripheral villages relative to the central ones results in their higher participation rates in the agricultural sector.

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<sup>18</sup>Figures regarding those working are based on interviewee responses. Because of its invisible nature and the absence of remuneration for it, women generally do not describe housekeeping and the provision of care to family members as work. Female household heads who described themselves as not working were therefore specifically asked if they were homemakers. The decision to remain true to the categorizations used by interviewees themselves should not be understood in any way as a devaluation of this form of work.

#### 4.2. Educational attainment amongst household heads

On the whole, the average number of years of education attained by male household heads in the survey population is 7.1 years. Of the total male heads of households, 16% have no education at all, 54% have one to nine years of schooling, 18.6% have ten to twelve years, and 11.5% have thirteen to eighteen years.

A comparison of the educational attainment rates of male household heads in the central and peripheral villages reveals a higher percentage of no education in peripheral villages (18%) than in the central villages (15%), and a higher level of one to twelve years of education in central villages (73%) than in the peripheral ones (71%). The rate of attainment for post-secondary education, however, is comparable (12% for central villages and 11% for peripheral villages).<sup>19</sup>

Significant differences were found between the educational attainment rates of male household heads in the different areas. (See Table 4.) The Zababdeh area registered the highest number of male household heads with no education at all (19%) and also the highest number with post-secondary education (14%). This appears to be due to the marked differences in educational attainment rates between Zababdeh central village and its peripheral villages. (See Appendix 2.) The Burqin area follows a similar pattern: 18% of the male household heads have no education at all, while 12% have post-secondary education. The Maithaloun area recorded the lowest educational attainment rates, with 17% reporting no education at all and only 10% reporting a post-secondary education.

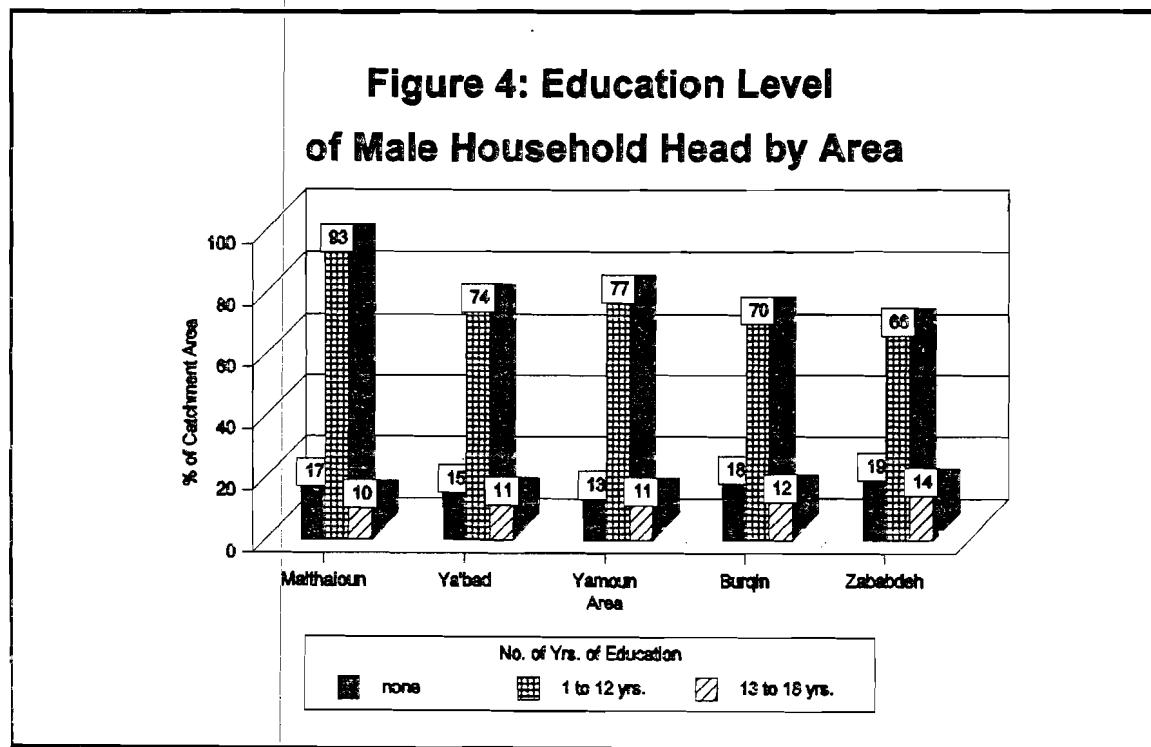
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<sup>19</sup>These results were somewhat unexpected as it is known from project staff working in the Zababdeh area that Zababdeh central village boasts a relatively large number of university-educated members. Project workers further observed, however, that many of these community members, once educated, undergo changes in their life views and aspirations and, more often than not, end up leaving Zababdeh in search of better work and life opportunities elsewhere.

**Table 4:**  
**Education Level of Male Household Head by Area**  
**(Percentage of Catchment Area)**

	Maithaloun	Ya'bad	Yamoun	Burqin	Zababdeh
None	17	15	13	18	19
1-12 years	73	74	77	70	66
13-18 years	10	11	11	12	14

chi square = 50.98304, p<.005



Thus, overall, differences in educational attainment rates are not remarkable. However, central villages generally appear to fare better than peripheral ones and the Zababdeh and Burqin areas appear to fare better than the other areas included in the study.

The average number of years of education for female heads of households is 4.7, considerably lower than that for males (7.1). This reflects trends in the country as a whole, despite a rapid rise in women's education levels in recent years which has considerably reduced the gender gap.<sup>20</sup>

As in the case of male household heads, educational attainment rates of female heads of households are higher in the central villages than in the peripheral villages. In the central villages 36% of the female household heads have no education. This figure rises to 40% in peripheral villages. The percentage of female household heads with one to six years<sup>21</sup> of schooling is 36% for the central villages and 33% in peripheral ones. Thirty-three percent of those in the central villages have seven to twelve years of schooling in contrast to 26% in peripheral ones. At the post-secondary level rates drop to a mere 5% and 2% in the central and peripheral villages respectively ( $\chi^2 = 97.21972$ ,  $p < .005$ ). Women in the peripheral villages thus represent the least educated sector of the study population.

#### 4.3. Home ownership patterns

The rate of home ownership is consistent with patterns in villages across the rest of the West Bank. Of the total households surveyed, 95% of the surveyed families own their houses, 4% rent them, and 1% have other arrangements, such as living in houses owned by other members of the family. By contrast, the FAFO study found that 26% of the homes included in its survey were rented.<sup>22</sup>

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<sup>20</sup>Heiberg and Ovensen, *op. cit.*, pp. 131-154.

<sup>21</sup>Because of the significantly lower educational attainment rates amongst women, the category of one to nine years of education used for men was divided into one to six and seven to nine years for women.

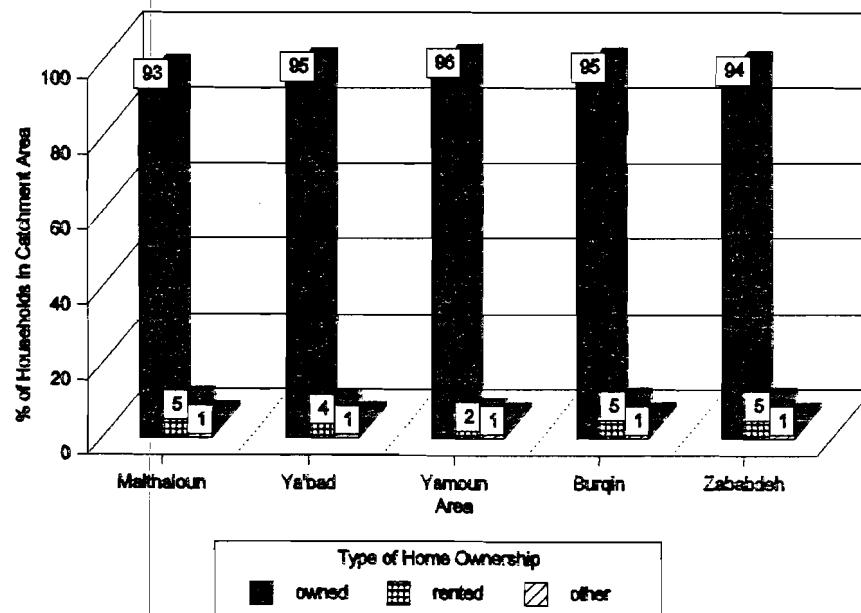
<sup>22</sup>The inclusion of urban areas in the FAFO study, where home rental is more common, probably accounts for much of this difference. The FAFO study found that in the West Bank,

**Table 5: Home Ownership Patterns by Area  
(Percentage of Households in Catchment Area)**

	Maithaloun	Ya'bad	Yamoun	Burqin	Zababdeh
Own	93	95	96	95	94
Rent	5	4	2	5	5
Other	1	1	1	1	1

chi square = 26.72342, p = 0.00079

**Figure 5: Home Ownership by Area**



two-fifths of the population live in urban areas, while three-fifths of the Gaza Strip population live in urban areas (Heiberg and Ovensen, *op. cit.*, p.41).

Looking at patterns of home ownership by area, reveals the lowest rate of home rental in the Yamoun area (2%), followed by the Ya'bad area (4%), and then the Maithaloun, Burqin, and Zababdeh areas (all at 5%). (See Table 5.) The increasing numbers of those renting their homes may be an indication of the early stages of urbanization. However, differences between the five areas area are still too small to be significant. Likewise, the differences in home ownership rates between central and peripheral villages is minimal. In short, home ownership patterns throughout the 22 villages surveyed remains practically identical.

#### 4.4. Crowding rates

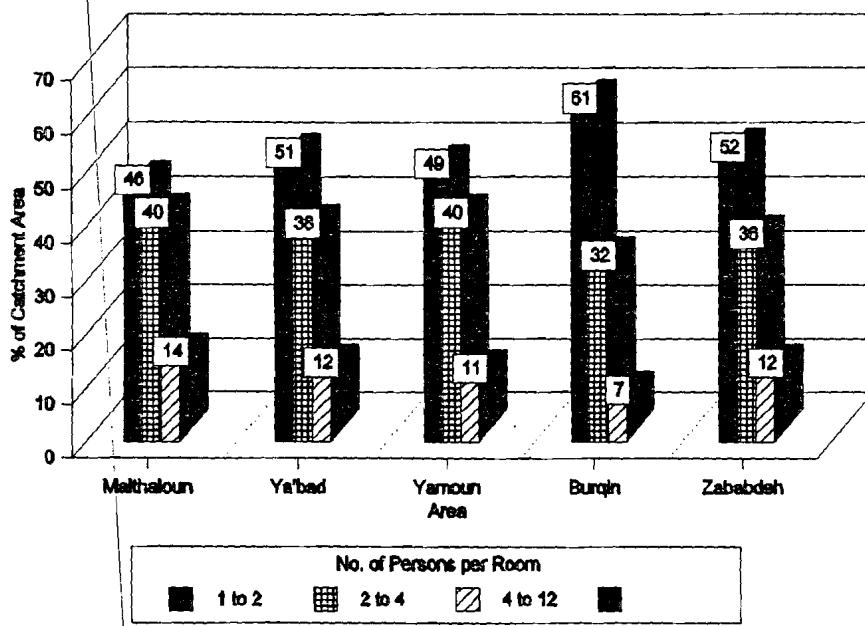
The mean number of rooms per household in the Jenin District survey sample was recorded at 3.0. This is somewhat lower than the 3.6 rooms/household recorded for the West Bank and Gaza Strip by FAFO.<sup>23</sup> Limited differences were found between central and peripheral villages, with an average of 3.0 rooms/household for central villages and 2.9 for the peripheral ones. Likewise, only small differences were found between each of the central village areas, with a mean of 3.0 rooms/household for Maithaloun, Ya'bad, Yamoun, and Zababdeh and 3.1 for Burqin.

**Table 6: Crowding Rates by Area  
(Percentage of Catchment Area)**

	Maithaloun	Ya'bad	Yamoun	Burqin	Zababdeh
1-2 pers./room	46	51	49	61	52
2-4 pers./room	40	38	40	32	36
4-12 pers./room	14	12	11	7	12

chi square = 55.28898, p<.005

<sup>23</sup> *Ibid.*, p. 84.

**Figure 6: Crowding Rates by Area**

Dividing the total number of persons living in a household by the total number of rooms, reveals that overall, 50% of the households in the areas studied have a crowding rate of 1-2 persons per room, 38% have 2-4 persons per room, and 11% have 4-12 persons/room. Crowding rates differ between the five areas. (See Table 6.) The Maithaloun area recorded the highest average crowding rate, with 14% of the households registering a crowding rate of 4-12 persons/room and only 46% of the households registering 1-2 persons/room. In contrast, the Burqin area recorded the lowest crowding rate with 61% of its households registering a crowding rate of 1-2 persons/room and only 7% with 4-12 persons per room. Crowding rates in the remaining three areas fall between these two extremes and are comparable to one another. As noted above, the Maithaloun and Burqin areas also showed the highest and lowest average household size respectively. Given that differences in the number of rooms/household between regions were shown to be negligible, it would

appear that crowding rates are determined primarily by family size and numbers of children in the household, rather than the number of rooms per household.

#### 4.5. Wealth status

The assessment of wealth status for each community relative to that of other communities was undertaken by the team of rehabilitation workers along with staff members of both the UPMRC and the PFS, thus exploiting the extensive knowledge these organizations have gained through their long-term work in the region. In categorizing each community a number of factors were considered: the amount of land owned by the village, the number of village residents working inside Israel, and the geographic and commercial relations of the given community with Jenin. Greater amounts of land owned by the village and higher numbers of workers inside Israel were used to indicate greater wealth. Closer proximity to the commercial center of Jenin Town was also an indicator of greater wealth.

On this basis, Burqin and its villages were classified as well-off relative to other areas in the Jenin District, while the Yamoun, Ya'bad, and Maithaloun areas were classified to be of medium wealth status.<sup>24</sup> Zababdeh, although classified as well-off if considered without its peripheral villages, was classified as poor when considered as an area, due to the difficult conditions of its surrounding communities.<sup>25</sup>

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<sup>24</sup> Note that wealth status does not necessarily reflect the overall state of development of these communities. For instance, although Maithaloun is not a very poor village, because of its relatively greater distance from the nearest urban center and a range of historic and cultural factors, Maithaloun is known to be the least socio-economically developed of all the central villages included in this study.

<sup>25</sup> At the time of writing, the peripheral communities of Zababdeh are even more impoverished as they have been hit the hardest by the restrictions against Palestinian workers entering into Israel.

In assessing the wealth status of individual households, all households in the surveyed communities were classified as "managing," "trying to manage," and "unable to manage." The classification was undertaken by the field workers with the assistance of key informants from within each village. Upon entering each house, researchers closely observed various signifiers, including such things as the amenities available, the amount of gold present, and house size, to help determine household wealth status. Their classifications were then compared with key informants from within the village.<sup>26</sup>

Using this method, 29% of all the households in the 22 villages surveyed were classified as "managing," 59% as "trying to manage," and 12% as "unable to manage." Checking wealth status of households against other socio-economic indicators, such as the number of persons working per household, the dependency ratio, crowding rates, and educational attainment rates, reveals significant correlations.

#### **4.5.1. Wealth status v. number of household members working**

An examination of wealth status relative to the number of household members described as working, for example, indicates that the higher the number of employed household members, the greater the likelihood of that family being "able to manage." (See Table 7.) Similarly, among those households where no one was employed, 37% are "unable to manage," while among those with one member employed and those with two to eight members employed only 10% and 5%, respectively, are "unable to manage." As suggested by this data, community informants maintain that household income in this region is primarily linked to work rather than, for instance, remittance money from abroad or land ownership.

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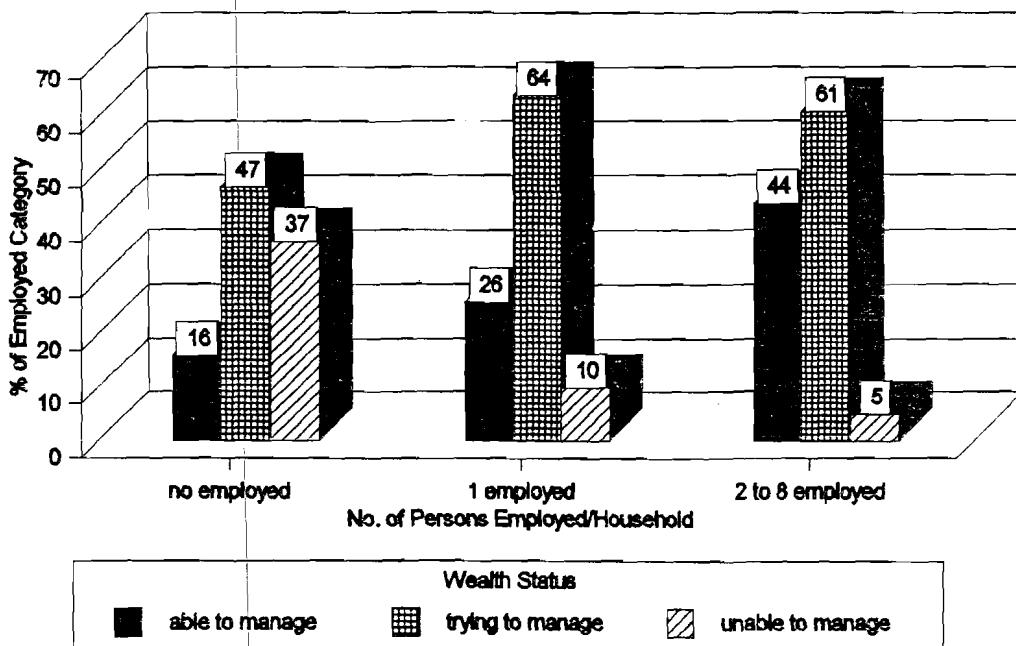
<sup>26</sup>The same method has been effectively used in previous studies to obtain general information regarding the wealth status of households within each community. See, for example, Giacaman, *op. cit.*; Biddu Interim Report, *op. cit.*

**Table 7: Wealth Status by No. of Employed per Household  
(Percentage of Employment Category)**

	no employed	1 employed	2-8 employed
Able to manage	16	26	44
Trying to manage	47	64	61
Unable to manage	37	10	5

chi square = 777.39692, p<.005

**Figure 7: Wealth Status by No. of Employed per Household**



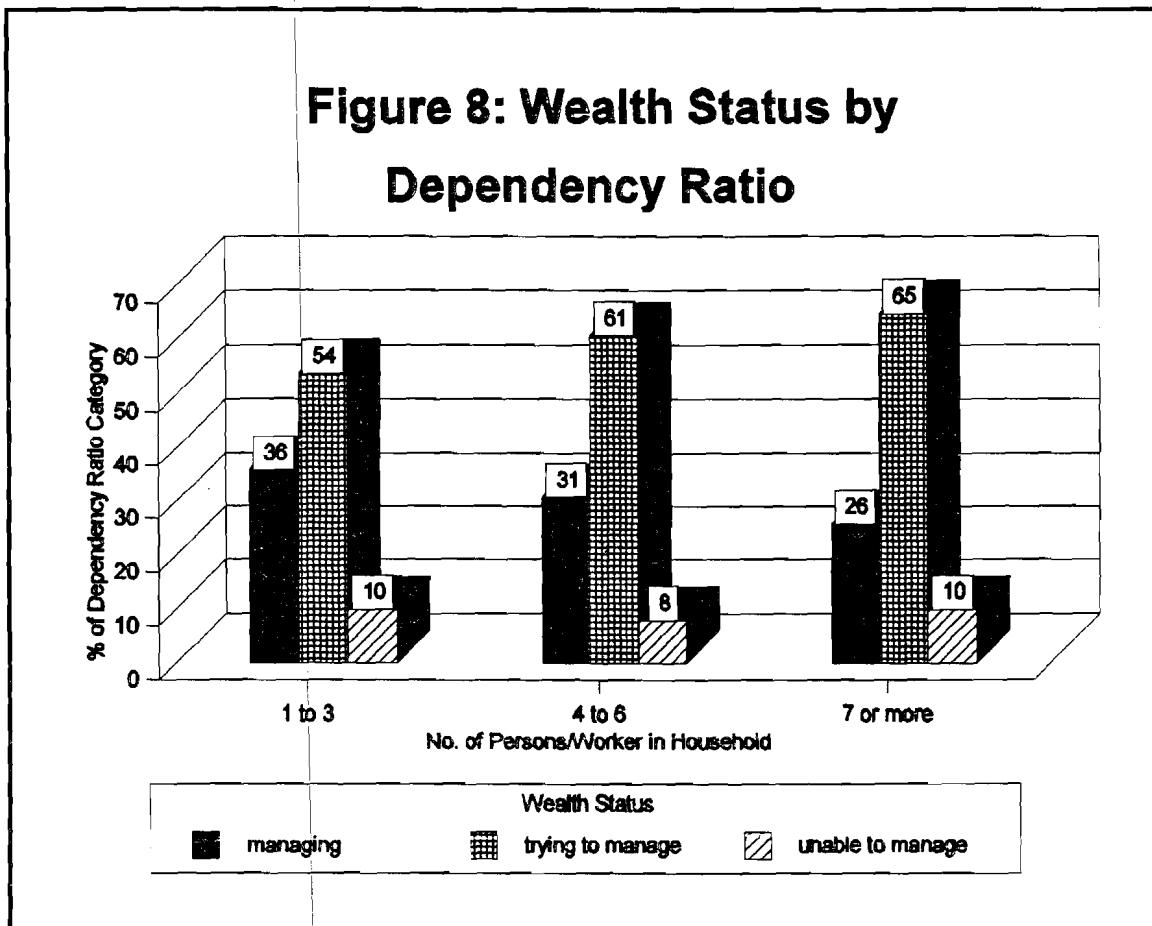
#### 4.5.2. Wealth status v. dependency ratio

Likewise, a correlation is apparent between wealth status and the dependency ratio, or the total number of persons in the households relative to the number of persons working. (See Table 8.) Overall, a comparison of data does not show a clear relationship between the dependency ratio and the "unable to manage" category, with 10%, 8%, and 10% respectively for the three dependency ratio categories. Significant differences appear, however, with regards to the other two classifications: households with lower dependency ratios tend to be better off. Thus 36% of those with one to three dependents/worker were classified as "managing," in contrast to 31% among those with four to six dependents/worker, and only 26% among those with seven or more dependents at home. Similarly, the percentage of those "trying to manage" increases as the dependency ratio increases.

**Table 8: Wealth Status by Dependency Ratio  
(Percentage of Dependency Ratio Category)**

	1-3 persons/worker	4-6 persons/worker	> 6 persons/worker
Managing	36	31	26
Trying to manage	54	61	65
Unable to manage	10	8	10

chi square = 51.60154, p<.005



#### 4.5.3. Wealth status v. crowding rates

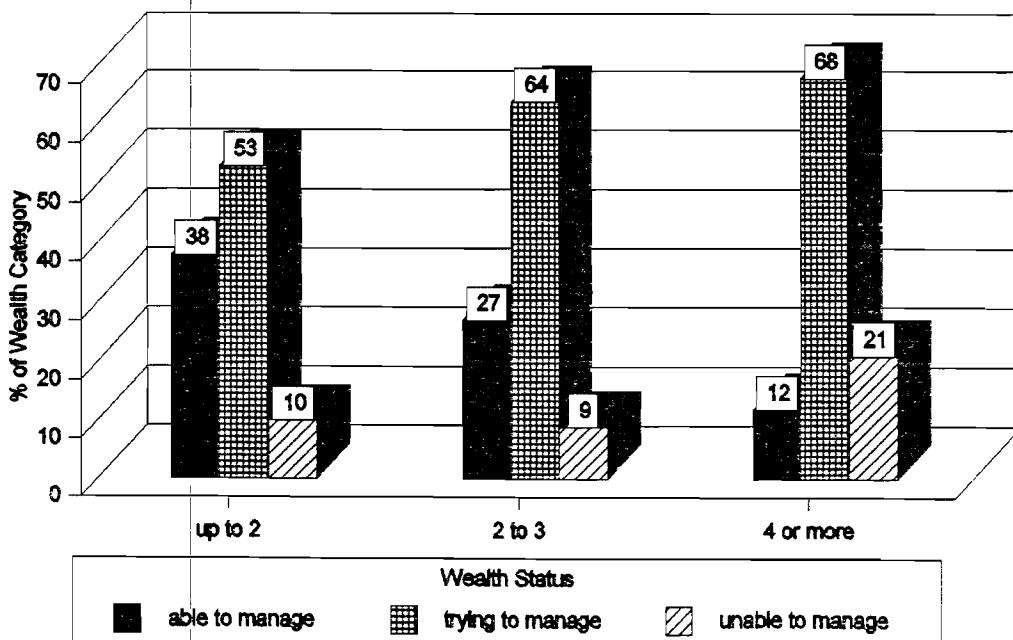
Cross-tabulating wealth status with the crowding rates obtained for each of the households reveals an inverse relationship between wealth status and crowding ratios. (See Table 9.) Thus, the majority of those in the "able to manage" category have a crowding ratio of less than two persons/room, while the majority of those "unable to manage" fall within the highest crowding ratio of three or more persons/room.

**Table 9: Wealth Status by Crowding Rates  
(Percentage of Wealth Category)**

	1-2 persons/room	2-3 persons/room	>3 persons/room
Able to manage	38	27	12
Trying to manage	53	64	68
Unable to manage	10	9	21

chi square = 468.92994, p<.005

**Figure 9: Wealth Status by  
Crowding Rates**



**Table 10:**  
**Wealth Status by Education of Male Household Head**  
**(Percentage of Wealth Category)**

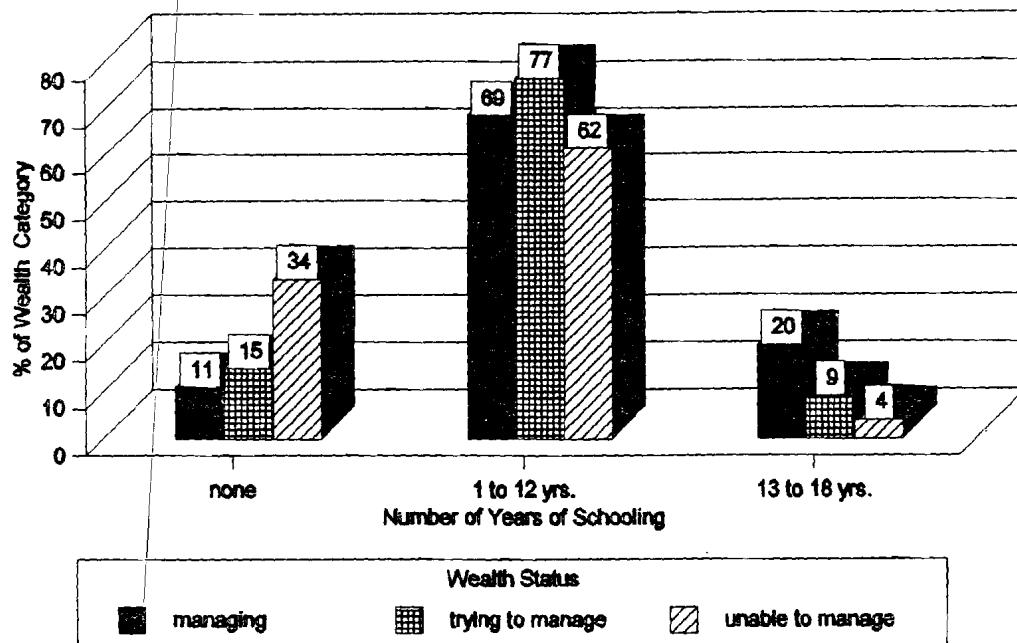
	Managing	Trying to manage	Unable to manage
No schooling	11	15	34
1-12 yrs. of schooling	69	77	62
13-18 yrs. of schooling	20	9	4

chi square = 403.59946, p<.005

#### **4.5.4. Wealth status and educational attainment amongst male household heads**

Examining wealth status in relation to education levels for male heads of households established a clear relationship between increased education and increased wealth status. (See Table 10.) Thus, only 11% of those "able to manage" have no education at all, in contrast to 34% of those "unable to manage." Likewise, the percentage of those among the "able to manage" who have received a post-secondary education is 20% compared to a mere 4% among those "unable to manage." These results potentiate the notion that wealth and education are inter-related factors. Hence, any attempt in this study to determine the relationship between education and any other dependent variable involves controlling for wealth and vice versa.

**Figure 10: Wealth Status By Education  
of Male Household Head**



Overall, the data suggests the existence of clear correlations between individual household wealth and each of the socio-economic status indicators examined above. Household wealth appears to be integrally linked to the education level of male heads of households, with better educated male household heads recording higher wealth status. Similarly, wealth appears to be linked to the number of employed per household and inversely related to the dependency ratio and crowding rates. No relationship, however, was established between the total number of persons within a household relative to the household wealth status.<sup>27</sup>

<sup>27</sup> It is important to note that these results pertain to individual household wealth and not overall communal wealth. While these two categories of wealth are related, they are, as explained above, nevertheless assessed according to different measurements.

## 5. Description of the population of persons with disabilities in the survey

The surveyed population includes a total of 893 persons with disabilities living in 864 households. Persons with disabilities thus represent 1.9% of the survey population and are found in 12% of the households surveyed.<sup>28</sup> These findings are similar to frequencies of disability countrywide, as well as elsewhere in the world. (See Appendix 3.)

Variations in the percentage of persons with disabilities between the different communities is not high. (See Appendix 2.) The highest percentage of persons in any given community with disabilities is 3.9%, registered in Kufri Qud in the Burqin area. On the lower end of the scale, three very small communities in the Zababdeh area (each comprised of no more than 8 to 28 households) registered 0%. (See Appendix 2.)

### 5.1. Distribution by sex

As was the case with the results obtained in the Gaza Strip survey, a marked difference was recorded in the occurrence of disability between males and females: 60% of those with disabilities are male while only 40% are female. (See Appendices 1 and 2.) The reasons for this discrepancy are unclear. Further study is required to examine whether these results represent survey errors and under-reporting, or whether excessive discrimination against girls with disabilities -- over and above the discrimination against girls in general, which has already been well-documented for this community<sup>29</sup> -- is leading to early death.

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<sup>28</sup> Of the total number of 893 person with disabilities, 855, or 96% had completed files. These were utilized to complete the analysis below.

<sup>29</sup> See, for example, UNICEF and the Jerusalem Family Planning and Protection Association, *A Survey of Infant and Child Mortality in the West Bank and Gaza Strip*,

## 5.2. Distribution by age

The age of persons with disabilities ranges from under one year of age to 98 years, with the relatively youthful average of 29.6 years. Fourteen percent of those with disabilities fall between the ages of 0-4 years, 13% are 5-9 years, 12% are 10-14 years, 35% are 15-49 years, and the remaining 26% are between 50-98 years old. A comparison with the overall population distribution reveals that a relatively high concentration of persons with disabilities are between five years of age and the late 20's. (See Appendix 3.) At the same time, the percentage of persons with disabilities under the age of 15 years (39%) is markedly lower than the percentage of persons under the age of 15 years in the overall West Bank and Gaza Strip population (45-50%).<sup>30</sup> The usual pattern of increasing disability with age certainly contributes to this discrepancy: in the general West Bank and Gaza Strip population people over 65 years of age are estimated to compose not more than 4-6% of the population, while in this study 14% of the total number of persons with disabilities were over 65 years. The high percentage of elderly persons may also suggest that people with disabilities experience relatively early death, perhaps as a result of such factors as the seriousness of their conditions, lack of access to necessary services, or general discriminatory practices.

## 5.3. Duration and types of disabilities

The duration of disabilities documented ranges from under one year to lifelong, with a mean of 11.4 years. Of the total number of persons with disabilities, 40% reported a disability of one to four years, 21% reported five to nine year-long disabilities, and 39% reported disabilities lasting ten years or more.

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Jerusalem, 1992.

<sup>30</sup>Heiberg and Ovensen, *op. cit.*, p.44.

**Table 11: Disabilities by Type  
(Percentage of Total Number of Persons with Disabilities)**

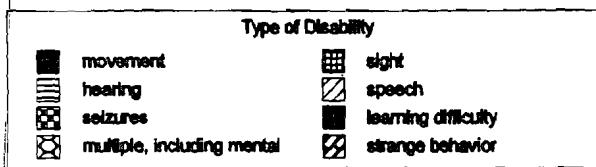
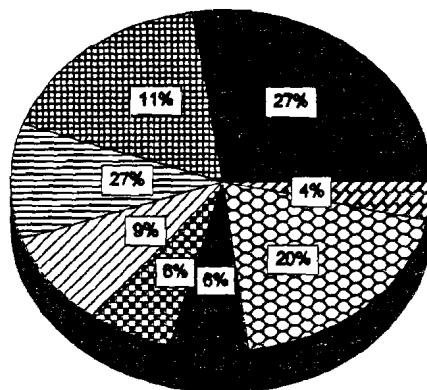
Type of Disability	Number	Percentage of Total
Movement	244	27
Sight	153	17
Hearing	95	11
Speech	82	9
Seizures	55	6
Learning difficulties	56	6
Multiple disabilities, incl. mental disabilities	171	20
Strange behavior	32	4
Total no. of disabilities	888	100

**Average number of disabilities per person = 1.04**

In total, 27% of the disabilities recorded were related to movement. (See Table 11.) Seventeen percent of the disabilities were related to hearing, followed by 9% for speech, 6% for seizures, 6% for learning difficulties, and 4% for strange behavior. An additional 20% of the persons with disabilities recorded multiple disabilities.<sup>31</sup> The actual frequency of learning difficulties is likely to be much higher given the general difficulty parents frequently have in identifying this problem, especially in early age and/or if the disability is mild. Recategorizing the data, we find that 28% of the

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<sup>31</sup>The above figures should be interpreted with caution as some of the disabilities listed by interviewees as independent of each other are, in fact, inter-related and should have been recorded as multiple disabilities.

**Figure 11: Disabilities by Type**

disabilities registered were related to movement, 37% were sensory-related, and 35% were mentally-related. Overall, these results are remarkably similar to those found in the GNCR study of Bureij and al-Shati refugee camps.<sup>32</sup>

#### 5.4. Daily living skills

As noted above, the study questionnaire included a number of questions regarding the ability of persons with disabilities to perform a variety of daily living skills (such as eating, dressing, and cleaning) alone or with assistance. According to study results, persons within the catchment area

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<sup>32</sup> See The Gaza National Committee for Rehabilitation and Diakonia, *Disability and Rehabilitation Needs in the Gaza Strip: A Survey Report on Bureij and al-Shati Refugee Camps*, Gaza City, 1993, p.21.

are in need of acquiring or improving 2,426 different daily living skills.<sup>33</sup> (See Table 12.) In general terms, the data indicates that between 17% to over 50% of those with disabilities are unable to complete daily tasks affected by their disability without difficulty or assistance. These results clearly indicate the need for initiating CBR projects within the region. The ratio of the total number of skills requiring improvement relative to the total number of persons with disabilities in the Jenin District communities (2.8 skills/person) is, once again, remarkably similar to findings in the Gaza Strip,<sup>34</sup> suggesting that, in the absence of specific provisions for the needs of persons with disability within a given environment, daily living skills will generally be similar in level. In other words, the environmental conditions of the West Bank and Gaza Strip are not markedly different relative to the needs of persons with disabilities. It is important to note here that the level of performance of activities of daily living did not relate to age, sex, or household wealth status.

### 5.5. Community integration

The level to which persons with disabilities are integrated into the community was measured by the degree to which they participate in various social activities. (See Tables 13A and 13B.) A shocking 25% of the children were listed as not playing at all, even with smaller children, compared to 10% and 12% for Bureij and al-Shati refugee camps respectively. Forty-four percent of the children with disabilities do not go to school at all, even with younger children or without undertaking homework, in contrast to 36% and 19% in Bureij and al-Shati respectively. Fifteen percent do not participate in family activities at all, in contrast to

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<sup>33</sup>This figure includes only those cases in which questions were relevant. For example, a person with disabilities with a speech-related disability was not asked about movement. Similarly, questions pertaining to income or jobs were not asked of children, as questions on school and play were not asked of adults.

<sup>34</sup>This ratio was found to be three skills/person for both Bureij and al-Shati refugee camps. See GNCR and Diakonia, *op. cit.*, pp.21-25.

26% and 29% for Bureij and al-Shati respectively, and 38% do not participate in any social activity, compared to 34% for both Bureij and al-Shati refugee camps. Of those persons with disabilities who are capable of seeking employment, 84% reported that they have neither a job nor an income, comparable to the figure of 85% found for both Bureij and al-Shati camps.

**Table 12: Performance of Daily Living Skills  
(Number of Persons by Skill Level)**

	Performs with Difficulty/Help	Unable to Perform
Eats	88	44
Cleans	176	104
Uses toilet	119	81
Dresses	153	77
Sits	93	57
Stands	103	94
Moves inside	117	89
Moves outside	108	140
Walks 10 steps	112	121
Understands instructions	116	41
Expresses needs	90	50
Communicates verbally	55	31
Uses sign	53	32
Lipreads	44	38

In summary, while the results on social activity and income is similar in both the Jenin and Gaza studies, the communities that are the subject of this study appear to fare even less well than those in the Gaza Strip with regards to participation in play and schooling. This is likely to be a result of the presence of UNRWA schools available for the general Gazan population, including those with disabilities, in contrast to the general lack of basic educational services in the northern West Bank. On the whole, the above data demonstrates the need for concerted efforts towards the integration of persons with disabilities into community life, with a particular focus on play, schooling, and employment.

**Table 13A: Selected Social Activities of Children with Disabilities  
(No. and Percentage of Total Population of Children with Disabilities)**

Activity	No. of Persons	% of Total No. of Persons
Plays regularly with peers	196	54
Plays with younger children	76	21
Does not play	92	25
Goes to school regularly	140	43
Goes to school with younger children	17	5
Goes to school but does no homework	24	7
Does not go to school	143	44

**Table 13B: Selected Social Activities of Persons with Disabilities  
(No. and Percentage of Total Population of Persons with Disabilities)**

Activity	No. of Persons	% of Total No. of Persons
Regularly joins family activities	499	62
Sometimes joins family activities	182	23
Does not join family activities	120	15
Regularly joins social activities	202	29
Sometimes joins social activities	223	32
Does not join social activities	263	38
Regularly has a job/income	39	8
Sometimes has a job/income	42	9
Does not have a job/income	414	84

### **5.6 Types of services provided for persons with disabilities**

Of the total number of persons with disabilities in the studied communities, 57% reported having previously sought services related to their disabilities (e.g., medical, rehabilitative, social, educational, etc.), 26% reported that they were availing themselves of relevant services at the time of the study, and 17% said that they had never received any services at all. No relationship was found between service provision and household wealth status, nor between service provision and the educational levels of male or female heads of households. However, a significant difference in the level of received services was noted by catchment area. (See Table 14.)

**Table 14: Receipt of Services by Area  
(Percentage of Catchment Area)**

Receipt of Service	Maithaloun	Ya'bad	Yamoun	Burqin	Zababdeh
Previously	55	73	58	57	47
Currently	26	14	19	35	42
Never	20	14	23	8	11

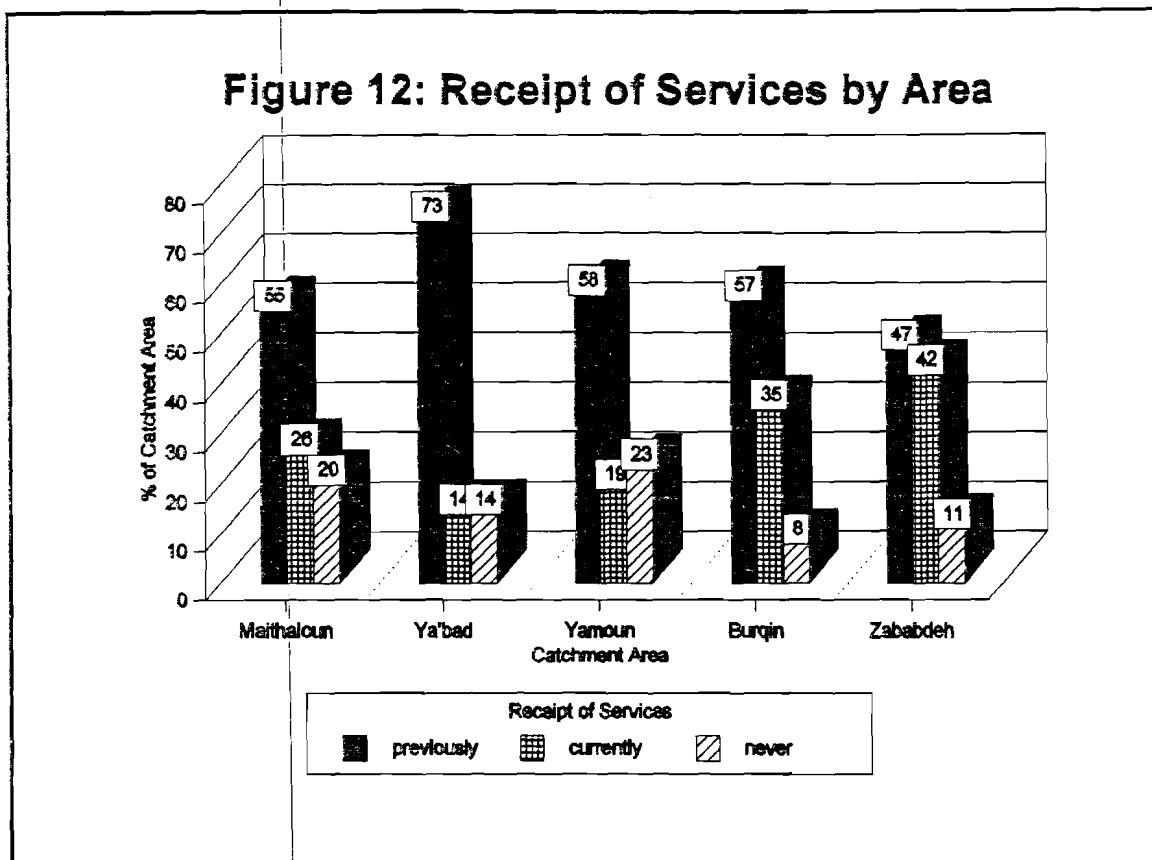
chi square = 43.43522, p<.005

An examination of services received by area reveals that 42% of those with disabilities in the Zababdeh area were making use of services at the time of the survey, in comparison to 35% of those in the Burqin area, 26% of those in the Maithaloun area, 19% of those in the Yamoun area, and a low of 14% of those in the Ya'bad area. On the other hand, the percentage of persons with disabilities who reported having never received any services is highest in the Yamoun area at 23%, followed by Maithaloun, Ya'bad,

Zababdeh, and Burqin areas at 20%, 14%, 11%, and 8% respectively. Examining those areas where greater service use is reported shows that those areas recording higher service use are in closer proximity to the central town of Jenin and/or have primary health care clinics within the area. Burqin and its peripheral villages, for example, lie in close proximity to Jenin Town and thus enjoy far greater accessibility to a variety of services than the other four catchment areas. Zababdeh and Maithaloun areas have primary health care and physiotherapy outreach programs operated by UPMRC. Yamoun is only served by very poorly-operated clinics characterized by insufficient funding, lack of basic equipment and staff, and the absence of regular hours and programs.

An overwhelming majority of the disability-related services received by persons in the study are curative in nature. Overall, 83% of those who reported receiving disability-related services have received curative services, including 46% of the total who have received medications at least once. Only 10%, on the other hand, have received rehabilitation services, and the remainder have received other types of services, including spiritual healing services. No differences were noted between the type of care received and the different household socio-economic indicators used in this study.

These results support previous observations by project staff that curative care, primarily the administration of medication, predominates disability-related services throughout the country. These results also highlight the virtual absence of rehabilitation services, whether primary or secondary, in the Jenin area, underlining the urgent need for the establishment of both CBR projects and the development and strengthening of the necessary regionally-based intermediate referral services.



Palestinian non-governmental organizations were responsible for the majority of services rendered to persons with disabilities. Of those who reported receiving disability-related services, 41% reported that they had received services at a Palestinian non-governmental organization, 28% had received services at governmental facilities, 24% had received services from other sources (primarily spiritual and traditional healers),<sup>35</sup> and 7% had received services at locally-based international non-governmental organizations working locally. These results are compatible with those of other studies showing the primary role undertaken by the Palestinian non-governmental organization network in providing basic health and rehabilitation services available to the Palestinian community.

<sup>35</sup>The use of spiritual and traditional healers is generally indicative of a scarcity in resources available for seeking services. See, Giacaman, et al., *Between the Physical and the Psychosocial: Women's Health in the Old City of Nablus*, (forthcoming).

The study also indicates a marked lack of access to needed technical aides for persons with disabilities. Of the total number of those with disabilities, 21% reported using aides while 58% stated that they do not. The remaining 21% said they are not in need of aides. That is, 75% of those who believe that they are in need of aides to facilitate in coping with daily life are nonetheless without them. This situation suggests the necessity of examining the area of technical aides for future disability-related projects.

### 5.7. Difficulties faced by the families of persons with disabilities

When parents of persons with disabilities were asked to identify any difficulties they faced relating to the presence of children with disabilities, 41% reported serious financial problems. Thirty percent reported psycho-social problems, primarily related to stigma associated with the presence of persons with disabilities in the family and guilt feelings that the presence of disability is somehow the family's fault. An additional 9% reported medical-related problems. A significant 20% responded that they did not face any particular difficulties related to the presence of persons with disabilities in the family.

Correlating responses regarding difficulties faced by the family with the wealth status of the household, an expected pattern emerges of higher responses pertaining to financial problems amongst impoverished households. Thirty-three percent of those "managing" cite financial problems. This figure rises to 50% among those "unable to manage," indicating that the presence of persons with disabilities creates additional financial demands on already financially compromised families in particular. The percentage of those households reporting medical problems did not vary significantly between the households of different wealth status categories. However, "managing" households tended to place greater emphasis on psycho-social problems, with 39% of the households in this category citing psycho-social problems as a priority, in contrast to 28% among those "trying to manage" and a low of 25% among those "unable to manage" ( $\chi^2 = 13.83021$ ,  $p = 0.03159$ ). These results potentiate

previous findings, such as those in Bureij and al-Shati refugee camps,<sup>36</sup> which suggest that the financial status of the family is related to its perceptions of difficulties related to household members with disabilities: psycho-social elements become secondary when people are extremely poor. However, when they are better able to cope financially, they begin to pay attention to the stigma associated with disability.

Examining the "no problem" response in relation to sex of the household member with disabilities revealed that 24% of the families with male members with disabilities reported no problems arising from the presence of that person, in contrast to only 15% among those households with female members with disabilities ( $\chi^2 = 15.09451$ ,  $p = 0.00174$ ). Thus perceptions of gender and discriminatory gender relations in a society which views women with disabilities as a liability that will remain within the family for life appear to be related to whether the disability is perceived as a household difficulty or not.

The frequency of the "no problem" response also differed according to type of disability: 38% of the families of those with members with physical disabilities reported "no problems," compared to 14% of those with members with sensory disabilities, and only 5% of those with members with mental disabilities ( $\chi^2 = 16.59133$ ,  $p = 0.01091$ ). That is, consistent with later findings in this report, it appears that physical disabilities are perceived as least problematic by families, with perceptions of problems related to disabilities increasing for sensory disabilities and peaking for mental disabilities.

### **5.8. Difficulties faced by persons with disabilities**

According to the study results, persons with disabilities perceive of problems related to their disabilities differently than their families. Persons with disabilities place much greater emphasis on psycho-social related

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<sup>36</sup>GNCR and Diakonia, *op. cit.*

problems in particular. Of the total number of persons with disabilities interviewed personally, 43% listed psychosocial problems as a priority, representing 13% more than family responses. The percentage of persons with disabilities noting financial problems on the other hand, dropped to 19%, representing a 22% decrease relative to the corresponding figures for family respondents. The percentage of those citing medical problems was similar at 11%. Twenty-seven percent of those with disabilities interviewed reported no problems in contrast to 20% amongst family members interviewed ( $\chi^2 = 288.10854$ ,  $p < .005$ ). These differences are predictable given that household heads are generally responsible for costs sustained as a result of the disability. Similarly, psycho-social problems are thought to be more of a priority among persons with disabilities, since attempts to conduct their lives are more directly affected by their disabilities in terms of such activities as acquiring an education, seeking employment, getting married, having children, and generally being able to participate fully in social life.

### **5.9. Perceptions regarding the causes of disability**

In general, parents of persons with disabilities provided what are generally considered more modern explanations regarding the occurrence of disabilities in their children, rather than attributing them to traditional or spiritual causes. Specifically, 24% cited the occurrence of disease as a cause, 16% cited accidents, another 16% cited difficulties in giving birth, 6% cited hereditary causes, 5% attributed the disabilities to God, 4% thought the disability was due to exposure to serious episodes of anger, 3% pointed to old age as a cause, 2% blamed an episode of fear, 1% blamed the use of medications, and 0.5% cited envy or the "evil eye." Of the total 19% could not explain the disability at all. On the whole, 11% of the reasons stated for the disability can be considered spiritual or traditional conceptions, while a high of 69% reflect modern explanations. These results demonstrate the pervasiveness of medical explanations in Palestinian society at large.

A further analysis of these responses reveals no relationship with most socio-economic indicators. Differences in responses were, however, found in relation to the type of disability. Specifically, 7% of the responses pertaining to those with physical disabilities involved spiritual or traditional explanations, in contrast to 10% for those with sensory disabilities and 16% for those with mental ones. Conversely, 78% of the explanations for physical disability were modern, in contrast to 65% for sensory, and 65% for mental disabilities ( $\chi^2 = 20.85249$ ,  $p = 0.00034$ ). This suggests that the study population perceives mental disability differently from physical disability. This, in turn, may be linked to the relatively higher levels of stigma related to mental disabilities.

## 6. Identification of vulnerable groups

The examination below of the conditions of persons with disabilities in relation to age, sex, wealth status, and educational attainment within households serves two purposes. First, it helps to define the present reality of persons with disabilities and their future options and aspirations. At the same time, it indicates the areas of greatest need for the planning and development of future disability-related services by identifying groups within the population as a whole and within the community of persons with disabilities in particular which are more vulnerable to the risk and/or negative repercussions associated with disability. This is particularly important given that high visibility frequently leads to the unquestioned prioritization of disabilities related to movement at the expense of other types of disabilities, regardless of actual need relative to disability type.

### 6.1. Sex

A comparison of males and females with disabilities relative to various socio-economic indicators reveals no substantial differences between the sexes and fails to explain the 20% higher frequency of males with disabilities relative to females. No real differences were found between the percentage of males and females with disabilities relative to the educational

levels of male or female heads of household, wealth status of the household, or the location or type of community in which they live. Neither were any differences noted in the number of females between families with one member with disabilities and those with more than one member with disabilities. Likewise, no correlation was found between the sex of the person with disabilities and the length, type, or severity of disability.

At the same time, a pattern is apparent of lesser integration of females with disabilities relative to that of males. For instance, among children with disabilities, 15% of the boys were recorded as not playing at all, in contrast to 22% of the girls; 35% of the boys were registered as not going to school at all, in contrast to 43% of the girls; 9% of the boys were described as not joining in family activities, in contrast to 16% of the girls; and 31% of the boys were listed as not joining in social activities, in contrast to 40% of girls. Thus it appears that, despite the absence of significant differences in skill levels related to daily activities, the obstacles to participation in social activities faced by the female child with disabilities are greater than those experienced by the male child with disabilities.

A similar trend appears in the area of economic activities. Although the overall percentage of persons with disabilities who were registered as working and/or having an independent income is markedly low (8% regularly and another 7.1% sometimes), the percentage of women 18 years and over with disabilities employed or possessing a source of independent income falls to just 10% (5% regularly and another 5% sometimes), compared to 15% for men of comparable age with disabilities. Recalling that only 16% of all of the female heads of households in the study population were described as working, this data suggests that women with disabilities are doubly disadvantaged.

The lower level of socio-economic integration experienced by females, however, still does not explain the higher percentage of males with disabilities relative to that of females. One possible explanation for this difference can be obtained by looking at female/male ratios by age categories. Amongst children with disabilities 0-4 years in age, the

percentage of girls was 3% lower than that of boys. These figures contrast both the normal worldwide and countrywide female/male ratio at this age, which is generally close to equal. The data thus indicates the possibility of disproportionate incidents of death amongst girls with disabilities in this age group and leads to speculation as to whether higher mortality rates amongst girls with disabilities may be resulting from discriminatory practices which impact negatively on their health. The disproportionate representation of males relative to females becomes progressively more marked as persons with disabilities grow older. The percentage of males with disabilities aged 5-14 years is 5% higher than that of females and, amongst those 15 years and older the percentage difference rises to 11%. Hence, surviving females with disabilities are progressively at higher risk of death than males of like age with disabilities. The need to prioritize the needs of women with disabilities within rehabilitation projects as a particularly vulnerable groups is thus obvious. These findings also emphasize the need for early intervention by service providers and for raising awareness amongst the general public regarding the particular needs and rights of women with disabilities.

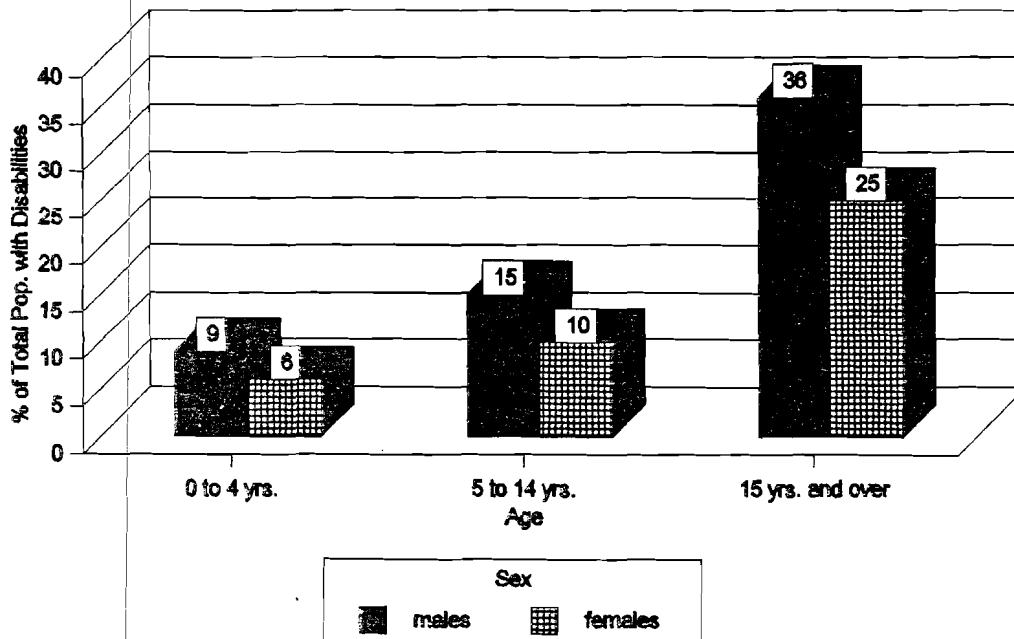
**Table 15: Presence of Disabilities by Sex and Age  
Percentage of Total Population with Disabilities**

	0-4 years old	5-14 years old	>14 years old
Males	9	15	36
Females	6	10	25

## 6.2. Socio-economic conditions

Study results indicate a clear difference in the general socio-economic conditions in households of persons with disabilities and those without. The average household size is significantly higher for families with persons with disabilities (7.6) than those without (4.8). Families with persons with disabilities also live in more crowded conditions, with a mean crowding of 2.9 persons/room for families compared to 2.5 persons/room for those without members with disabilities. Moreover, an inverse relationship is apparent between the wealth status of households and the frequency of disability. Twenty percent of the households of persons with disabilities were categorized as "unable to manage," compared to only 11% of those families in which disabilities were absent. Similarly, households with disabilities have a lower average number of household members working (1.2) compared to households without persons with disabilities (1.3).

**Figure 13: Presence of Disabilities  
by Sex and Age**



Twenty-seven percent of the male heads of households with persons with disabilities noted that they were unemployed in contrast to 14% among families without persons with disabilities. Likewise, 18% of the families of persons with disabilities reported that no one in the household was working at the time of the survey, while this figure fell to 12% amongst families without persons with disabilities.<sup>37</sup>

The results of the Bureij and al-Shati refugee camps study, although more limited in nature, also potentiate the impression that disability and poverty are linked.<sup>38</sup> While it is difficult to discern from the data available whether disability is the cause of poverty or vice versa, several generally established patterns in South countries tend to support the linkage reflected in the statistical results of this study. First, because the poor usually have larger families, the risk of the birth of children with disabilities is higher amongst this group. Second, the impoverished tend to have poorer nutrition, again increasing the risk of the birth of children with disabilities. Third, large family sizes and inadequate birth spacing often lead to the abrupt cessation of breast feeding, which increases the risk of infection and, consequently, the risk of disability. Additionally, looking specifically at conditions in the Jenin District, because of their generally lower socio-economic status, families of persons with disabilities are likely to have less access to quality pre- and post-natal care relative to those with greater economic security. Finally, the lack of adequate institutional support needed to care for persons with disabilities in the District exacerbates financial difficulties for

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<sup>37</sup>No relationship, however, was found between household wealth status and the number of persons with disabilities within a given household. This is in sharp contrast to results of the Bureij and al-Shati study which revealed a clear inverse relationship between increasing household wealth status and the number of persons with disabilities per household (*Ibid.*).

<sup>38</sup>Although the results of the Bureij and al-Shati study did indicate a rising rate of household poverty with the increasing number of persons with disabilities within the family, a study of the wealth and educational status of the entire community was not completed (*Ibid.*).

**Table 16: Presence of Disabilities by Selected Indicators**

Household characteristic	With disabilities	Without disabilities
Avg. educational level of male head	5.7	7.3
Avg. educational level of female head	3.5	4.8
Average family size	7.6	6.4
Mean no. of children <15 years of age	3.1	2.9
Wealth status - managing	21%	30%
Wealth status - trying to manage	59%	59%
Wealth status - unable to manage	20%	11%
Male household head - worker	33%	43%
Male household head - farmer	20%	18%
Male household head - other	20%	25%
Male household head - no work	27%	14%
One person working in household	18%	12%
2-8 persons working in household	22%	21%
Mean total working in household	1.2	1.3
Mean crowding rate of household	2.9	2.4

families attempting to provide for persons with disabilities.<sup>39</sup> On the whole, then, special attention must clearly be paid to impoverished households including persons with disabilities, not only because of the importance of ensuring that provisions are made for the basic needs and rights of those with disabilities in particular, but because members of these households appear to be more at risk of disease and disability in general.

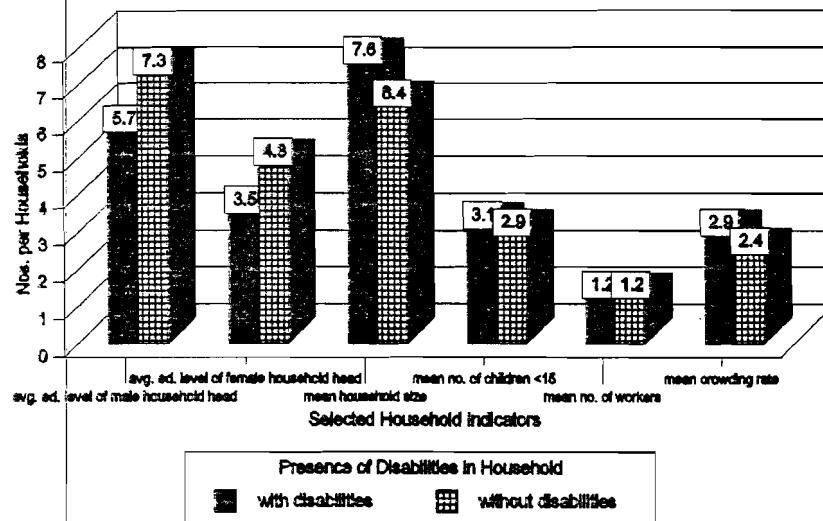
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<sup>39</sup>This is in marked contrast to the situation in the Gaza Strip where free services from UNRWA are much more accessible, alleviating, to a considerable degree, economic pressures related to provision of adequate care for persons with disabilities.

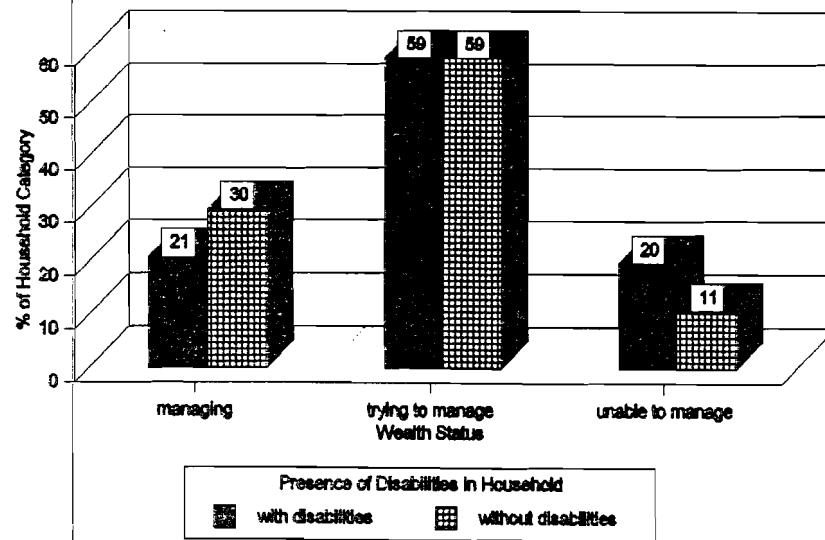
An analysis of the relationship between educational attainment rates amongst household heads and the frequency of disability reveals a clear inverse relationship. However, this relationship is only maintained when households enjoy a certain degree of economic security. The average number of years of education for male household heads amongst families of persons with disabilities is 5.7 years, in contrast to 7.3 years for households in which disabilities were absent. The average number of years of education amongst female household heads amongst families of persons with disabilities is 3.5 years, in contrast to 4.8 years amongst families with no disabilities present. Likewise, an examination of the combined educational levels of male and female heads of households relative to the presence or absence of persons with disabilities in the family confirms a significant inverse relationship between education levels and disability, with a higher frequency of persons with disabilities occurring in the families of lesser educated couples.

However, in view of the fact that education is frequently determined by wealth, a further analysis of the relationship between educational attainment rates and frequency of disability was done in which wealth was controlled to assess the impact of education on disability regardless of wealth status. In this analysis the inverse relationship between the educational levels of both males and females and disability frequency remains evident for those households in the "managing" and "trying to manage" categories. However, the relationship between education levels of both males and females and the presence of persons with disabilities in the household disappears for households falling into the "unable to manage" category. That is, the relationship between educational levels and frequency of disability remains despite the control for wealth for households with access to a sufficient amount of resources to manage their daily lives and provide for the needs of household members with disabilities. However, in those households without adequate means of subsistence, educational levels become insignificant. Thus the scarcity of resources appears to hinder, if not altogether preclude, the possibility of utilizing educational resources to deal with and/or prevent disability within the family.

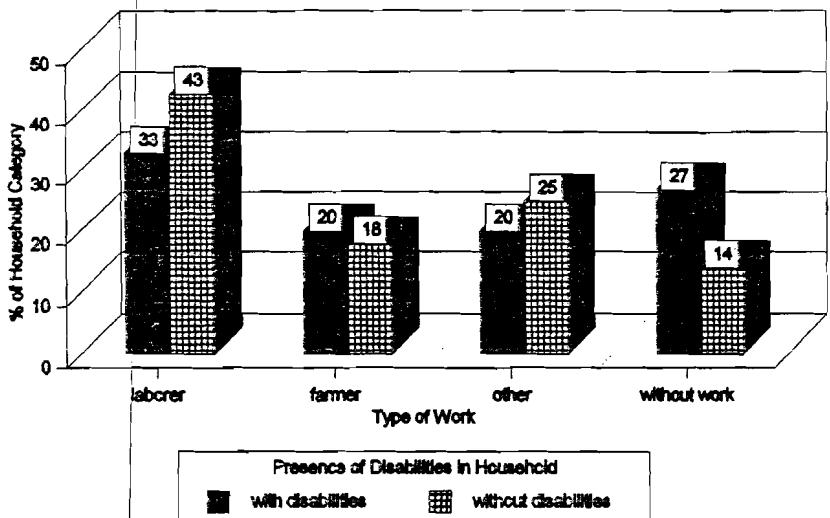
**Figure 14A: Presence/Absence of Disabilities by Selected Indicators**



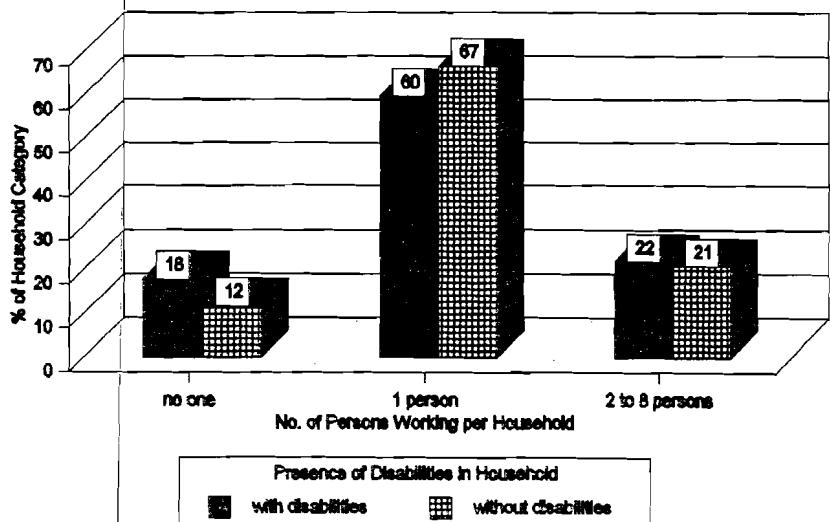
**Figure 14B: Presence/Absence of Disabilities by Wealth Status**



**Figure 14C: Presence/Absence of Disabilities by Type of Work**



**Figure 14D: Presence/Absence of Disabilities by No. Workers/Household**



**Table 17: Presence of Disabilities by Education Level of Household Head  
(Percentage of Educational Category)**

No. of persons w/ disabilities	No education		1-6 yrs. of education		7-12 yrs. of education		13-22 yrs. of education	
	M	F	M	F	M	F	M	F
none	83	84	85	89	91	92	93	94
1 or more	17	16	15	11	9	8	7	6

M = male household heads, chi square = 83.26742, p<.005

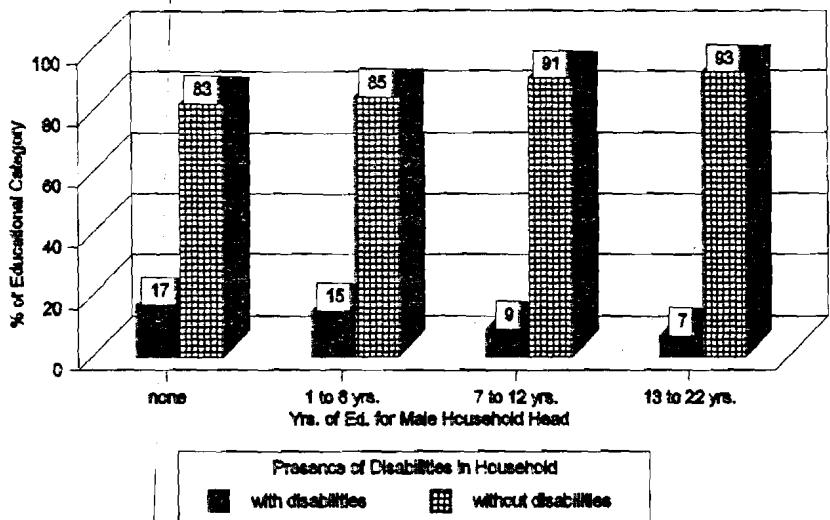
F = female household heads, chi square = 68.97336, p<.005

These very important findings corroborate those in other studies which demonstrate that abject poverty is ultimately a determinant not only of disability, as was the case in this study, but the presence or absence of disease conditions as well. A nutritional study of a rural community in the Ramallah District in the late 1980's, for example, revealed that only families living in abject poverty recorded differences in nutritional status between boys and girls, suggesting that when families have sufficient resources, discrimination against girls in terms of access to nutrition disappears. However, when resources are scarce, the favoring of boys can lead to insufficient diets for girls, resulting in higher malnutrition rates for the latter.<sup>40</sup> This trend appears to be similar for persons with disabilities, who share much in common with women in Palestinian society in terms of stigma and discrimination. When the resources are sufficient, the needs of persons with disabilities are usually fulfilled. However, when household resources are scarce, it is their needs, like those of females in the family, which are sacrificed.

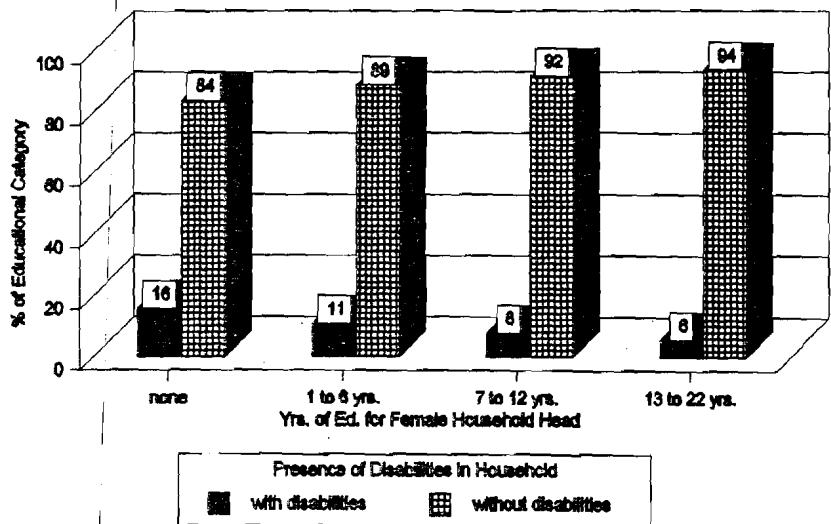
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<sup>40</sup> UPMRC, *op. cit.*

**Figure 15A: Presence/Absence of Disabilities by Male Education Level**



**Figure 15B: Presence/Absence of Disabilities by Female Education Level**



The above analysis underlines the need to pay particular attention to impoverished families. The impact of educational attainment levels is apparent only when families enjoy a level of economic security permitting them to utilize their education to fulfill the special needs of all of their family members.

### **6.3. Cousin marriage**

Although the large majority of health care providers believe that an important cause of disability is the practice of cousin marriage, an analysis of the data collected for this study reveals a minimal relationship between the marriage of first cousins and the presence or absence of disability. However, a separate analysis of those with mental and sensory disabilities<sup>41</sup> demonstrates that 14% of those with first cousin marriage have one or more family member with these types of disabilities in contrast to 11% among couples who are not related ( $\chi^2 = 10.14481$ ,  $p = 0.00145$ ). The frequency of physical disabilities, on the other hand, appears to be a result of factors other than cousin marriage -- perhaps inadequate prevention schemes and/or large family sizes.

### **6.4. Disability type**

In order to assess the varying conditions of those with differing types of disabilities, data on those with physical, sensory, and mental disabilities was examined separately in relation to a variety of factors, including socio-economic conditions, levels of daily living skills, levels of social integration, and types of services.

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<sup>41</sup> The persons with mental and sensory disabilities were considered one category to test the generally held view that these disabilities are hereditary in contrast to disabilities related to movement, which are not thought to be affected by family genetic pools.

#### **6.4.1. Socio-economic conditions v. type of disability**

As noted in other studies, findings in the Jenin District reveals no substantial differences in the household wealth status of those who suffer physical or sensory as opposed to mental disabilities.<sup>42</sup> Likewise, no differences were found between those with physical or sensory disabilities and those with mental disabilities relative to sex, education levels of male or female head of household, origin (refugee, bedouin or indigenous), or type of community (central or peripheral) or area in which a person resides.

A pattern of slightly higher frequency of physical and sensory disabilities relative to mentally-related disabilities with increasing age is apparent in the study results. Specifically, 14% of those with physical and sensory-related disabilities and 16% of those with mentally-related disabilities are in the category of 0-4 years of age; 12% of each group falls in the 5-9 years age group; and 11% and 12% respectively falls in the age group 10-14. From 15-49 years of age these figures rise to 35% and 38% respectively and then drop again to 29% and 22% respectively for the age group 50 years or older, reflecting an increase in physical and sensory disabilities in older age.

#### **6.4.2. Daily living skills v. type of disability**

The differences between those with physical or sensory disabilities and those with mental disabilities relative to daily living skills were analyzed by developing a special index defining the sum total of the abilities of each individual. A correlation of this index to disability type, shows that 27% of those with physical or sensory disabilities were reported to manage well with activities of daily living, while only 7% of those with mental disabilities were recorded in this category. Again, 27% of those with physical or sensory disabilities were recorded as managing daily tasks with

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<sup>42</sup>An analysis was first undertaken maintaining the physical, sensory , and mental category separation. However, the data revealed similarities between the activities of daily living as well as the social integration indicators between those with physically-related and sensory-related disabilities. There were substantial differences between these two categories and the mentally-related disabilities category. Physical and sensory disabilities were therefore combined to simplify and heighten comparisons and contrasts of these with mental disabilities.

difficulty or with help, whereas the corresponding figure for those with mental disabilities was 19%. Finally, 46% and 74% of those with physical and sensory disabilities and those with mental disabilities respectively, were reported to manage daily activities poorly ( $\chi^2 = 6.41963$ ,  $p = 0.04038$ ). Nonetheless, the difference in skill abilities is not substantial enough to justify the marked differences in social integration levels discussed below.

#### **6.4.3. Levels of social integration amongst children with disabilities v. type of disability**

An examination of social integration of children with disabilities relative to type of disability reveals a significant difference between those with physical or sensory disabilities and those with mental disabilities, despite the similarities between these two groups relative to various socio-economic differences mentioned above. For instance, while 67% of those with physical or sensory disabilities play normally and 22% do not play at all, only 34% of those with mental disabilities play normally and 30% do not play at all ( $\chi^2 = 48.19647$ ,  $p < .005$ ). Similarly, while 55% of those with physical or sensory disabilities go to regular schools, this figure drops by more than half to just 26% for those with mental disabilities. Of those with physical or sensory disabilities, 37% do not go to school at all while this figure jumps to 55% for those with mental disabilities ( $\chi^2 = 26.82263$ ,  $p < .005$ ). Again, 71% of those with physical or sensory disabilities reportedly join family activities and 10% do not at all. By contrast, 46% of those children with mental disabilities reportedly join family activities and 24% do not do so at all ( $\chi^2 = 51.25587$ ,  $p < .005$ ). Finally, while 33% of the children with physical or sensory disabilities join social activities normally and 36% do not at all, 22% of those with mental disabilities join social activities normally and a high of 42% do not do so at all.

The analysis of these various indicators of social integration thus consistently point to the undue lack of integration of children with mental disabilities, in particular. These results indicate that disability type tends to determine social integration levels rather than differences in the socio-economic characteristics of individual families. Children with mental

disabilities must therefore be given priority not only with regards to training in daily skills but, more importantly, in efforts to promote social integration and eliminate social stigmatization.

#### **6.4.4. Social integration levels amongst adults with disabilities v. disability type**

An analysis of disability type relative to levels of social integration for persons with disabilities who are 15 years or over showed significant differences for those with physical, sensory, and mental disabilities, depending on the integration indicator utilized. Therefore, an analysis was completed maintaining each type of disability separately. Those with physical disabilities, for example, face the most severe restrictions in terms of movement in their village: 33% of those with physical disabilities move throughout their village on their own, compared to figures of 52% each for those with sensory and those with mental disabilities. Again, 41% of those with physical disability do not move at all in the village, in contrast to 23% and 28% respectively for those with sensory and mental disabilities ( $\chi^2 = 10.57698$ ,  $p = 0.0317$ ).<sup>43</sup>

An analysis of the percentage of those joining family activities by disability type reveals even sharper differences in levels of participation between the three types of disabilities. Seventy-six percent of those with sensory disabilities registered as joining in family activities, compared to 64% and 43% for those with physical and mental disabilities respectively. Only 6% of those with sensory disabilities were registered as not participating in family activities at all, while 18% of those with physical disabilities did not do so. This figure soars to 30% for persons with mental disabilities ( $\chi^2 = 38.94897$ ,  $p < .005$ ). That is, whether this is because of stigma or the type and severity of disability in question, it remains true that those with sensory disabilities enjoy greater levels of participation in family activities relative to those with physical and mental disabilities.

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<sup>43</sup>Unfortunately, because the number of cases was too small, we could not conduct this analysis controlling for the severity of disability to discern whether this also contributes to the inability of an individual to move within her/his village.

Examining the level of participation in social activities relative to type of disability reveals that those with sensory disabilities maintain the highest level of participation while a significant drop occurs in the participation of those with physical disabilities. Participation in social activities was recorded at 46% for those with sensory disabilities, 29% for those with mental disabilities, and 17% for those with physical disabilities. In terms of non-participation, 24%, 46%, and 60% of those with sensory, mental, and physical disabilities respectively reported never participating in social activities ( $\chi^2 = 35.72919$ ,  $p < .005$ ).

It was impossible to conduct an analysis regarding the relationship between work patterns relative to disability type since the large majority of persons with disabilities (84%) stated that they do not have a job or income of any sort. That is, when it comes to employment or a means of subsistence persons with disabilities of all types are, by and large, economically dependent on their families. These results become more pronounced if one compares the level of employment of persons with disabilities relative to the responses of household heads. As noted above, 16% of the male household heads were listed as unemployed. Of the 259 adults males aged 18 years and over with disabilities in the study, on the other hand, 85% were unemployed and without income of any sort. These results reiterate the unjust differences in employment levels between persons with disabilities and the rest of society and accentuate the obvious need to focus on vocational training and job placement for persons with disabilities as an integral part of any rehabilitation project. They further highlight the importance of organizing to raise consciousness in society at large regarding the economic rights of persons with disabilities to work and to establish their economic independence to the extent that physical or mental impairments permit.

#### **6.4.5. Types of services utilized v. type of disability**

Study results show that those with physical disabilities receive a higher percentage of services than those with sensory or mental disabilities.<sup>44</sup> While 57% of both those with physical disabilities and those with sensory or mental disabilities have received previous treatment, 34% of those with physical disabilities and only 23% of those with sensory or mental disabilities were listed as currently receiving services. Similarly, 9% of those with physical disabilities have never received services, while this figure jumps to 15% for those with mental or sensory disabilities ( $\chi^2 = 19.97277$ ,  $p = 0.00005$ ). Service provision, inadequate for all persons with disabilities, is thus particularly so for those with mental or sensory disabilities.

### **7. Summary of study findings**

This report was based on data collected in a house-to-house survey conducted in 22 villages of variable sizes in the Jenin District. A total of 7,232 households were visited, each with an average of 6.5 persons per household. The total population within the study's catchment area is over 47,000 persons. This population lives in communities markedly underdeveloped relative to other parts of the West Bank. In comparison to other West Bank regions, rates of unemployment are high, educational attainment rates are low, basic infrastructure is inadequate, and access to basic health, education, and social services in general are minimal.

The surveyed communities included 893 persons with disabilities, or 1.9% of the total population, comparable to disability rates elsewhere in the world. The general lack of services and the relative underdevelopment characterizing the region have particularly difficult ramifications for this sector of the population. Other than a very few secondary or mid-level support services (most notably physiotherapy), persons with disabilities in

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<sup>44</sup>In general, no differences in types of services were noted for sensory or mental disabilities, these two categories were thus lumped together in this analysis.

the Jenin District lack access to the most basic support and rehabilitation services. As in the case of basic service provision to the general population, the non-governmental sector is responsible for the bulk of what little services are available. Only 57% of those with disabilities have ever sought such services and the majority of these received curative medical services only, to the exclusion of other types of vital services, such as educational, social, and rehabilitation services. Furthermore, 58% of those with disabilities reported that they are without the technical aides they require.

Moreover, the level of socio-economic integration of persons with disabilities into their communities is markedly low. Only 54% of the children with disabilities were reported to play as their peers, only 43% go to school, and, while 62% participate in family activities, only 29% participate in social activities. Of the total adult male population 18 years and over with disabilities just 15% reported having jobs or an independent income, even on a part-time or irregular basis, in contrast to 84% of the male household heads in the general population. This figure dropped to 10% for women of the same age with disabilities compared to 16% amongst the female heads of households overall.

Study results show that under current conditions both persons with disabilities and their families face serious difficulties in coping with the presence of disabilities. However, to a large extent, family members and persons with disabilities themselves give emphasis to different types of difficulties. Most families of those with disabilities (41%), particularly those defined as "unable to manage" economically, identified financial problems related to the presence of disability within the household. A lesser number (30%), largely from households identified as "managing" economically, identified psycho-social problems related to disability stigma as a serious difficulty. Persons with disabilities, on the other hand, tend to emphasize difficulties related to psycho-social problems: 43% identified social stigma as a major difficulty, while only 19% noted financial difficulties.

### 7.1. Priorities for CBR programs

Study results indicate that, due to increased presence of disabilities and/or to increased vulnerability to various potentially negative impacts of disability presence, particular sectors of the wider population in general and the population with disabilities in particular should be prioritized in the planning and implementation of future disability-related services. Sectors receiving particular consideration should include the five listed below.

- Girls with disabilities:** Consistent with other findings, this study suggests that, due to their sex, girls with disabilities suffer even greater discrimination than boys with disabilities. In addition to experiencing lower levels of social integration, the disproportionately low percentage of females with disabilities relative to males indicates that girls with disabilities may have higher mortality rates. The specific needs of girls with disabilities must be prioritized in an effort to counter the double discrimination to which they are subjected in this society.
- Children under the age of 15 with disabilities:** Children under the age of 15 represent only 38% of the total population with disabilities, in contrast to representing 45-50% in the general countrywide population. This may indicate higher incidents of mortality among children with disabilities relative to other children in the same age group. This may be partially explained by expectations that disability frequency rises with age due to increased exposure and age-precipitated diseases and disabilities. However, in view of the fact that the data indicated that the large majority of children became disabled very early in life, special considerations must be taken to develop disability prevention programs. These programs should ensure that mortality rates are minimized and that the increased severity of disability resulting from lack of care or access to services is prevented. The low rate of school attendance amongst children with disabilities, for example, may severely and irrevocably debilitate long-term life opportunities and must, therefore, be addressed.

- Impoverished households:** Socio-economic indicators showed that families with persons with disabilities tend to be significantly poorer than the general population. Particular attention must be given to this sector, not only because families in this sector are more likely to have members with disabilities, but also because economic deprivation often leads to the exacerbation of disability.
- Families headed by individuals with low educational levels:** The presence of disability increases with falling educational levels of both male and female heads of households classified as economically "managing" or "trying to manage." However, for those families "unable to manage" economically the advantage of educational attainment disappears, again indicating the importance of paying special attention to economically deprived families with members with disabilities.
- Persons with mental disabilities:** Of the three broad categories of disabilities (physical, sensory, and mental) persons with mental disabilities were, overall, far less integrated into the life of their communities than those with physical disabilities or sensory disabilities. A concerted effort is thus required to promote awareness regarding the rights of those with mental disabilities in particular and considerable work must be done to encourage their full integration into community life.

Study results also show that particular needs of persons with disabilities must be prioritized in the development of effective CBR programs. In particular, programs should consider the three areas below.

- Increased access to appropriate technical aides:** In view of the fact that 58% of those with disabilities were without the technical aides they perceived as necessary, the issue of technical aide production and referral must be prioritized.

- Vocational and employment training:** Given the very low rate of employment of persons with disabilities -- only 8% of all adult males with disabilities are regularly employed -- rehabilitation projects must include vocational and other training projects geared towards the employment of persons with disabilities. Employment is crucial, particularly as it is often a pre-condition for full integration into community life.
- Stigmatization of persons with disabilities:** In view of the fact that nearly half of those persons with disabilities who were interviewed personally reported stigma-related difficulties, any CBR project must clearly prioritize work designed to change the unjustly negative perceptions which continue to surround disability. Problems of stigmatization must be confronted by the mobilization of persons with disabilities -- as well as their families and other activists -- in community-wide education processes.

## 7.2. Concluding remarks

In conclusion, the marked underdevelopment which characterizes the Jenin District and the increasing level of impoverishment and unemployment of its inhabitants, leaves persons with disabilities particularly vulnerable. Within this context, the challenges to community-rehabilitation projects are many. Three issues, in particular, must be addressed if CBR programs in the region are to be successful. First, beyond the general work of improving the quality of daily life, projects must work to develop special programs linked to primary health care which are designed to promote disability prevention. In the long-run, it is more beneficial to prevent disability as far as is realistically possible, rather than work to respond to the consequences of it throughout the life cycle of persons with disabilities.

At the same time, it is vital that projects work to change attitudes towards disability. This work should begin with persons with disabilities themselves as they often internalize ideas about disability held by society at large and operationalize them against themselves. It must also include staff members

working in CBR projects, families, neighbors, and the community at large. This is likely to take years of work to succeed. It is a process requiring no less than the activation, confidence building, education, and organization of the entire community. Thus, such projects require long-term commitment to actions whose results may not be readily seeable or quantifiable, but rather will involve a gradual process of generalized change in consciousness within the community.

Finally, the severe shortage of adequate intermediate referral services operating within the Jenin District must be addressed. Development of these referral services must involve strong links to programs at the community level to ensure that local CBR projects have the needed support services. At the same time, an effective national network linking intermediate referral services is essential to ensure that needs are fulfilled with minimal expenditure and duplication on the one hand, and with the maximum communication and exchange of experiences and ideas necessary for a successful national disability rehabilitation scheme on the other.

Undoubtedly, the Palestinian national experience in rehabilitation models rooted in the fundamental principle that people with disabilities have the right to equal treatment and equal access to services is still in its infancy stage. The role of non-governmental organizations in developing innovative approaches and programs that promote the notion of citizens' rights and the process of democratization is therefore crucial for future social development. For decades, Palestinian society was not allowed to develop normally because of one form of external aggression or another. It is therefore not surprising that its people are still in the process of learning about what democracy has to offer the individual as well as the collective. In this sense, the CNCR, as well as other non-governmental organizations and their coordinating bodies, can serve a vital role not only in assisting in the fulfilment of basic needs and in the development of sectoral models, but also in the wider development of the Palestinian democratic experience.

**APPENDIX 1**  
**Overall Characteristics of Jenin Villages**

<b>Total number of households</b>	7232
Total population	47290
Males	23938
Females	23352
Percentage females	49%
Children < 15 years of age	20850
Percentage children	44.1%
Mean household size	6.539
<b>Population origin</b>	
Refugee	11%
Bedouin	0.6%
Original inhabitants	86%
Settled Bedouins	2%
<b>Work of male household head</b>	
Unskilled/semiskilled laborer	42%
Farmer	18%
Other	24%
Unemployed, imprisoned, etc.	16%
<b>Education of male household head</b>	
None	16%
1-6 years	32%
7-12 years	41%
13-22 years	12%

<b>Work of female household head</b>	
Homemaker	82%
Farmer	11%
Other	7%
<b>Education of female household head</b>	
None	38%
1-6 years	29%
7-12 years	30%
13-18 years	4%
<b>Total number working in household</b>	
None	12%
1 person	66%
2-8 persons	21%
<b>Home ownership</b>	
Own	97%
Rent	2%
Other	1%
<b>Total number of rooms in household</b>	
1-2	43%
3-4	44%
5-10	13%
<b>Household wealth status</b>	
Managing	21%
Trying to manage	59%
Unable to manage	20%

<b>Relation of head spouses</b>	
First cousin	33%
Second cousin	18%
Same clan	4%
Same village, no relation	24%
Different village	21%
<b>Total number of persons with disabilities</b>	<b>1102</b>
Percentage of persons with disabilities	2.4%
Households with persons with disabilities	12%
Households with one person with disabilities	10%
Households with > 1 person with disabilities	2%
<b>Sex of person with disabilities</b>	
Male	60%
Female	40%
<b>Age of person with disabilities</b>	
0-4 years	14%
5-9 years	13%
10-14 years	12%
15-49 years	35%
50-98 years	26%
<b>Length of disability</b>	
0-4 years	40%
5-9 years	21%
10 years or more	39%

**APPENDIX 2-A**  
**Characteristics of Maithaloun Catchment Area**

	Maithaloun	Sanur	Jadidah	Siris
<b>Total number of households</b>	568	383	401	391
Total population	3984	2430	2458	2795
Males	2030	1198	1274	1473
Females	1954	1232	1184	1322
Percentage females	49%	51%	48%	47%
Children < 15 years of age	1738	1025	1052	1437
Percentage children	44%	42%	43%	51%
Mean household size	7.014	6.344	6.129	7.148
<b>Population origin</b>				
Refugee	3.4%	12.8%	11%	8%
Bedouin	0.2%	1%	2%	0.3%
Original inhabitants	96%	77%	87%	92%
Settled Bedouins	0.4%	9%	0.5%	0
<b>Work of male household head</b>				
Unskilled/semiskilled laborer	34%	40%	41%	41%
Farmer	33%	20%	22%	25%
Other	25%	23%	20%	16%
Unemployed, imprisoned, etc.	9%	18%	18%	18%
<b>Education of male household head</b>				
None	18%	12%	19%	18%
1-6 years	34%	29%	29%	29%
7-12 years	36%	50%	40%	45%
13-22 years	12%	9%	11%	8%

	<b>Maithaloun</b>	<b>Sanur</b>	<b>Jadidah</b>	<b>Siris</b>
<b>Work of female household head</b>				
Homemaker	57%	72%	77%	79%
Farmer	35%	23%	12%	17%
Other	8%	6%	11%	4%
<b>Education of female household head</b>				
None	46%	38%	48%	38%
1-6 years	22%	27%	27%	33%
7-12 years	29%	33%	24%	27%
13-18 years	3%	2%	1%	2%
<b>Total working at home</b>				
None	9%	17%	24%	12%
1 person	55%	57%	58%	66%
2-8 persons	36%	26%	18%	22%
<b>Home ownership</b>				
Own	93%	92%	95%	94%
Rent	6%	6%	4%	5%
Other	1%	2%	1%	1%
<b>Total rooms in house</b>				
1-2	39%	53%	40%	47%
3-4	46%	37%	41%	38%
5-10	14%	10%	19%	15%

		Maithaloun	Sanur	Jadideh	Sires
<b>Household wealth status</b>					
Managing		35%	35%	33%	25%
Trying to manage		49%	56%	56%	68%
Unable to manage		16%	9%	11%	8%
<b>Relation of head spouses</b>					
First cousin		25%	34%	36%	24%
Second cousin		15%	20%	14%	17%
Same clan		10%	5%	3%	1%
Same village, no relation		28%	23%	27%	38%
Different village		21%	19%	20%	19%
<b>Total number of persons with disabilities</b>	100	91	51	41	
Percentage of persons with disabilities	2.5%	3.7%	2%	1.5%	
Households with persons with disabilities	12%	17%	11%	11%	
Households with one person with disabilities	9%	13%	10%	11%	
Households with >1 person with disabilities	4%	4%	1%	0	
<b>Sex of persons with disabilities</b>					
Male	57%	51%	51%	73%	
Female	43%	49%	49%	27%	
<b>Age of person with disabilities</b>					
0-4 years	22%	22%	7%	28%	
5-9 years	16%	15%	21%	5%	
10-14 years	5%	14%	14%	23%	
15-49 years	28%	29%	30%	33%	
50-98 years	28%	20%	28%	13%	

**Study of 22 Villages in the Jenin District**

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	Maithaloun	Sanur	Jadideh	Siris
<b>Length of disability</b>				
0-4 years	29%	33%	34%	34%
5-9 years	24%	21%	24%	14%
10 years or more	48%	46%	42%	51%

**APPENDIX 2-B**  
**Characteristics of Ya'bad Catchment Area**

	Ya'bad
<b>Total number of households</b>	1302
Total population	8457
Males	4199
Females	4258
Percentage females	50%
Children < 15 years of age	3634
Percentage children	43%
Mean household size	6.5
<b>Population origin</b>	
Refugee	14%
Bedouin	0.2%
Original inhabitants	86%
Settled Bedouins	0
<b>Work of male household head</b>	
Unskilled/semiskilled laborer	44%
Farmer	11%
Other	27%
Unemployed, imprisoned, etc.	18%
<b>Education of male household head</b>	
None	15%
1-6 years	36%
7-12 years	38%
13-22 years	11%

	Ya'bad
<b>Work of female household head</b>	
Homemaker	92%
Farmer	2%
Other	6%
<b>Education of female household head</b>	
None	37%
1-6 years	27%
7-12 years	31%
13-18 years	5%
<b>Total no. of persons working at home</b>	
None	12%
1 person	68%
2-8 persons	21%
<b>Home ownership</b>	
Own	95%
Rent	4%
Other	1%
<b>Total rooms in house</b>	
1-2	41%
3-4	48%
5-10	11%
<b>Household wealth status</b>	
Managing	28%
Trying to manage	55%
Unable to manage	16%

	Ya'bad
<b>Relation of head spouses</b>	
First cousin	27%
Second cousin	24%
Same clan	10%
Same village, no relation	22%
Different village	17%
<b>Total number of persons with disabilities</b>	123
Percentage of persons with disabilities	1.5%
Households with persons with disabilities	8%
Households with one person with disabilities	7%
Households with > 1 person with disabilities	1%
<b>Sex of person with disabilities</b>	
Male	71%
Female	29%
<b>Age of person with disabilities</b>	
0-4 years	21%
5-9 years	8%
10-14 years	14%
15-49 years	42%
50-98 years	16%
<b>Length of disability</b>	
0-4 years	51%
5-9 years	23%
10 years or more	26%

**APPENDIX 2-C**  
**Characteristics of Yamoun Catchment Area**

	<b>Yamoun</b>	<b>Kufr Dan</b>	<b>al-Arqa</b>
<b>Total number of households</b>	1391	436	172
Total population	9133	2771	1180
Males	4639	1419	630
Females	4494	1352	550
Percentage females	49%	49%	47%
Children < 15 years of age	4373	1212	566
Percentage children	48%	44%	48%
Mean household size	6.566	6.505	6.9
<b>Population origin</b>			
Refugee	6%	6%	3%
Bedouin	0.2%	1%	1%
Original inhabitants	90%	90%	96%
Settled Bedouins	3.7%	3%	0
<b>Work of male household head</b>			
Unskilled/semiskilled laborer	49%	36%	53%
Farmer	12%	22%	12%
Other	24%	23%	20%
Unemployed, imprisoned, etc.	15%	19%	15%
<b>Education of male household head</b>			
None	12%	17%	14%
1-6 years	35%	33%	32%
7-12 years	43%	40%	46%
13-22 years	11%	11%	8%

## Study of 22 Villages in the Jenin District

	Yamoun	Kufr Dan	al-Arqa
<b>Work of female household head</b>			
Homemaker	89%	92%	98%
Farmer	5%	3%	1%
Other	6%	5%	1%
<b>Education of female household head</b>			
None	35%	37%	41%
1-6 years	29%	38%	39%
7-12 years	33%	23%	20%
13-18 years	2%	2%	0
<b>Total number of persons working in household</b>			
None	12%	9%	12%
1 person	73%	73%	73%
2-8 persons	16%	18%	15%
<b>Home ownership</b>			
Own	96%	97%	98%
Rent	3%	2%	1%
Other	1%	1%	1%
<b>Number of rooms in house</b>			
1-2	40%	51%	37%
3-4	49%	35%	53%
5-10	11%	13%	10%

	Yamoun	Kufr Dan	al-Arqa
<b>Household wealth status</b>			
Managing	24%	27%	15%
Trying to manage	64%	60	72%
Unable to manage	12%	16%	13%
<b>Relation of head spouses</b>			
First cousin	28%	28%	33%
Second cousin	19%	27%	17%
Same clan	3%	2%	4%
Same village, no relation	36%	20%	16%
Different village	13%	22%	30%
<b>Total number of persons with disabilities</b>	289	78	28
Percentage of persons with disabilities	3.2%	2.8%	2.4%
Households with persons with disabilities	14%	14%	15%
Households with one person with disabilities	10%	12%	14%
Households with >1 person with disabilities	4%	3%	1%
<b>Sex of person with disabilities</b>			
Male	61%	57%	62%
Female	39%	43%	38%
<b>Age of person with disabilities</b>			
0-4 years	15%	8%	4%
5-9 years	13%	19%	12%
10-14 years	9%	5%	24%
15-49 years	37%	52%	20%
50-98 years	25%	16%	40%

## Study of 22 Villages in the Jenin District

	Yamoun	Kufr Dan	al-Arqa
Length of disability			
0-4 years	38%	39%	50%
5-9 years	26%	27%	17%
10 years or more	36%	34%	33%

**APPENDIX 2-D**  
**Characteristics of Burqin Catchment Area**

	Burqin	Hashmieh	Kufr Qud
<b>Total number of households</b>	532	89	86
Total population	3247	565	560
Males	1611	278	288
Females	1636	287	272
Percentage females	50%	51%	49%
Children < 15 years of age	1350	230	216
Percentage children	42%	41%	39%
Mean household size	6.103	6.348	6.506
<b>Population origin</b>			
Refugee	22%	11%	22%
Bedouin	0	0	0
Original inhabitants	76%	89%	78%
Settled Bedouins	2%	0	0
<b>Work of male household head</b>			
Unskilled/semiskilled laborer	39%	50%	34%
Farmer	21%	12%	15%
Other	23%	16%	29%
Unemployed, imprisoned, etc.	17%	22%	22%
<b>Education of male household head</b>			
None	17%	18%	26%
1-6 years	31%	18%	31%
7-12 years	39%	39%	35%
13-22 years	13%	5%	8%

		Burqin	Hashmieh	Kufr Qud
<b>Work of female household head</b>				
Homemaker		87%	97%	83%
Farmer		3%	1%	6%
Other		10%	2%	12%
<b>Education of female household head</b>				
None		37%	39%	41%
1-6 years		23%	33%	33%
7-12 years		33%	26%	23%
13-18 years		7%	2%	4%
<b>Total number of persons working in household</b>				
None		13%	15%	18%
1 person		66%	74%	60%
2-8 persons		20%	11%	22%
<b>Home ownership</b>				
Own		94%	98%	97%
Rent		5%	2%	1%
Other		1%	0	2%
<b>Number of rooms in household</b>				
1-2		35%	48%	40%
3-4		53%	36%	49%
5-10		13%	16%	11%

	Burqin	Hashmieh	Kufr Qud
<b>Household wealth status</b>			
Managing	27%	24%	38%
Trying to manage	62%	60%	50%
Unable to manage	11%	16%	12%
<b>Relation of head spouses</b>			
First cousin	17%	20%	33%
Second cousin	11%	20%	13%
Same clan	4%	3%	12%
Same village, no relation	27%	7%	6%
Different village	43%	49%	37%
<b>Total number of persons with disabilities</b>	76	0	22
Percentage of persons with disabilities	2.3%	0	3.9%
Households with persons with disabilities	14%	0	12%
Households with one person with disabilities	13%	0	1%
Households with > 1 person with disabilities	1%	0	11%
<b>Sex of person with disabilities</b>			
Male	56%	0	40%
Female	44%	0	60%
<b>Age of person with disabilities</b>			
0-4 years	7%	0	0
5-9 years	10%	0	20%
10-14 years	11%	0	20%
15-49 years	35%	0	30%
50-98 years	38%	0	30%

	Burqin	Hashmieh	Kufr Qud
<b>Length of disability</b>			
0-4 years	70%	0	11%
5-9 years	14%	0	33%
10 years or more	16%	0	56%

**APPENDIX 2-E**  
**Characteristics of Zababdeh Catchment Area (1)**

	Zababdeh	Mislich	Imtouf	al-Kafir
<b>Total number of households</b>	441	205	76	13
Total population	2473	1353	545	76
Males	1255	711	259	37
Females	1218	642	277	39
Percentage females	49%	48%	51%	51%
Children < 15 years of age	1042	539	223	40
Percentage children	42%	40%	41%	53%
Mean household size	5.606	6.601	7.167	5.816
<b>Population origin</b>				
Refugee	23%	4%	6%	0
Bedouin	0.5%	1%	1%	0
Original inhabitants	71%	95%	88%	100%
Settled Bedouins	5%	0	5%	0
<b>Work of male household head</b>				
Unskilled/semiskilled laborer	36%	35%	41%	18%
Farmer	16%	28%	23%	46%
Other	29%	22%	19%	27%
Unemployed, imprisoned, etc.	19%	15%	16%	9%
<b>Education of male household head</b>				
None	19%	15%	20%	27%
1-6 years	22%	32%	32%	18%
7-12 years	44%	40%	42%	18%
13-22 years	15%	13%	7%	36%

	Zababdeh	Mislieh	Imtout	al-Kafir
<b>Work of female household head</b>				
Homemaker	74%	73%	83%	100%
Farmer	10%	22%	11%	0
Other	16%	4%	7%	0
<b>Education of female household head</b>				
None	26%	35%	43%	30%
1-6 years	20%	34%	34%	30%
7-12 years	44%	31%	21%	40%
13-18 years	9%	1%	3%	0
<b>Total no. of persons working in household</b>				
None	11%	11%	16%	8%
1 person	63%	62%	64%	85%
2-8 persons	26%	27%	20%	7%
<b>Home ownership</b>				
Own	90%	96%	99%	77%
Rent	9%	2%	1%	0
Other	1%	2%	0	23%
<b>Total number of rooms in house</b>				
1-2	35%	41%	47%	39%
3-4	52%	50%	42%	46%
5-10	13%	9%	11%	15%

	Zababdeh	Mislieh	Imtouf	al-Kafir
<b>Family wealth status</b>				
Managing	43%	39%	27%	39%
Trying to manage	46%	58%	70%	31%
Unable to manage	11%	3%	4%	30%
<b>Relation of head spouses</b>				
First cousin	24%	25%	33%	31%
Second cousin	19%	20%	17%	15%
Same clan	2%	6%	8%	0
Same village, no relation	34%	25%	9%	15%
Different village	21%	24%	32%	39%
<b>Total number of persons with disabilities</b>	62	32	6	0
Percentage of persons with disabilities	2.5%	2.4%	1%	0
Households with persons with disabilities	11%	13%	7%	0
Households with one person with disabilities	8%	10%	5%	0
Households with >1 person with disabilities	3%	3%	2%	0
<b>Sex of person with disabilities</b>				
Male	48%	69%	20%	0
Female	52%	31%	80%	0
<b>Age of person with disabilities</b>				
0-4 years	10%	12%	0	0
5-9 years	10%	15%	0	0
10-14 years	14%	8%	20%	0
15-49 years	24%	46%	0	0
50-98 years	43%	19%	80%	0

		Zababdeh	Mislieh	Imtout	al-Kafir
<b>Length of disability</b>					
0-4 years		36%	31%	60%	0
5-9 years		15%	19%	0	0
10 years or more		49%	50%	40%	0

**APPENDIX 2-F**  
**Characteristics of Zababdeh Catchment Area (2)**

	Sir	Talfit	Tanin	Mataleh
<b>Total number of households</b>	81	10	8	28
Total population	539	91	74	189
Males	267	51	33	99
Females	272	40	41	90
Percentage females	49%	48%	51%	51%
Children < 15 years of age	205	88	31	65
Percentage children	38%	42%	42%	34%
Mean household size	5.606	6.601	7.167	5.816
<b>Population origin</b>				
Refugee	17%	40%	40%	0
Bedouin	0	0	0	0
Original inhabitants	83%	60%	60%	100%
Settled Bedouins	0	0	0	0
<b>Work of male household head</b>				
Unskilled/semiskilled laborer	37%	20%	13%	54%
Farmer	35%	60%	50%	21%
Other	21%	10%	37%	18%
Unemployed, imprisoned, etc.	8%	10%	0	7%
<b>Education of male household head</b>				
None	12%	60%	13%	19%
1-6 years	38%	10%	50%	33%
7-12 years	44%	20%	36%	19%
13-22 years	7%	10%	0	30%

## Study of 22 Villages in the Jenin District

	Sir	Talfit	Tanin	Mataleh
<b>Work of female household head</b>				
Homemaker	81%	60%	50%	75%
Farmer	11%	40%	25%	21%
Other	8%	0	25%	4%
<b>Education of female household head</b>				
None	35%	60%	63%	46%
1-6 years	30%	10%	25%	19%
7-12 years	31%	20%	0	27%
13-19 years	4%	10%	13%	8%
<b>Total number working in household</b>				
None	16%	44%	0	4%
1 person	63%	56%	50%	75%
2-8 persons	21%	0	50%	21%
<b>Home ownership</b>				
Own	96%	50%	88%	100%
Rent	3%	40%	12%	0
Other	1%	10%	0	0
<b>Total number of rooms in house</b>				
1-2	41%	30%	13%	39%
3-4	51%	40%	38%	43%
5-10	8%	30%	50%	18%

	Sir	Talfit	Tanin	Matale
<b>Household wealth status</b>				
Managing	25%	20%	38%	4%
Trying to manage	69%	70%	50%	93%
Unable to manage	6%	10%	13%	4%
<b>Relation of head spouses</b>				
First cousin	28%	20%	25%	61%
Second cousin	20%	0	13%	18%
Same clan	0	10%	13%	4%
Same village , no relation	15%	0	25%	7%
Different village	38%	70%	25%	11%
<b>Total number of persons with disabilities</b>				
Percentage of person with disabilities	0.4%	3.3	0	0
Households with persons with disabilities	3%	30%	0	0
Households with one person with disabilities	3%	30%	0	0
Households with >1 person with disabilities	0	0	0	0
<b>Sex of person with disabilities</b>				
Male	50%	100%	0	0
Female	50%	0	0	0
<b>Age of person with disabilities</b>				
0-4 years	0	0	0	0
5-9 years	0	0	0	0
10-14 years	0	0	0	0
15-49 years	0	100%	0	0
50-98 years	100%	0	0	0

	Sir	Talfit	Tanin	Mataleh
<b>Length of disability</b>				
0-4 years	100%	0	0	0
5-9 years	0	0	0	0
10 years or more	0	100%	0	0

**Appendix 2-G**  
**Characteristics of Zababdeh Catchment Area (3)**

	Mgayar	Jaqous	Laba
<b>Total number of households</b>	166	158	269
Total population	1220	1125	1791
Males	618	577	883
Females	602	548	908
Percentage females	49%	49%	51%
Children < 15 years of age	614	527	686
Percentage children	50%	47%	38%
Mean household size	7.348	7.120	6.658
<b>Population origin</b>			
Refugee	15%	20%	14%
Bedouin	1%	1%	3%
Original inhabitants	77%	78%	81%
Settled Bedouins	7%	1%	2%
<b>Work of male household head</b>			
Unskilled/semiskilled laborer	33%	46%	40%
Farmer	12%	20%	20%
Other	38%	20%	24%
Unemployed, imprisoned, etc.	17%	15%	17%
<b>Education of male household head</b>			
None	24%	21%	19%
1-6 years	23%	22%	32%
7-12 years	36%	45%	32%
13-22 years	17%	12%	16%

	Mgayar	Jaqous	Laba
<b>Work of female household head</b>			
Homemaker	89%	62%	75%
Farmer	7%	30%	18%
Other	4%	9%	6%
<b>Education of female household head</b>			
None	30%	21%	46%
1-6 years	51%	22%	18%
7-12 years	19%	45%	33%
13-18 years	1%	12%	4%
<b>Total number working in household</b>			
None	12%	9%	10%
1 person	71%	68%	68%
2-8 persons	17%	24%	21%
<b>Home ownership</b>			
Own	97%	96%	93%
Rent	3%	1%	7%
Other	0	3%	0
<b>Total number of rooms in household</b>			
1-2	50%	30%	55%
3-4	39%	51%	36%
5-10	11%	19%	9%

	Mgayar	Jaqous	Laba
<b>Household wealth status</b>			
Managing	32%	36%	18%
Trying to manage	63%	51%	68%
Unable to manage	5%	13%	14%
<b>Relation of head spouses</b>			
First cousin	42%	38%	32%
Second cousin	15%	22%	23%
Same clan	4%	5%	11%
Same village, no relation	12%	12%	17%
Different village	26%	23%	17%
<b>Total number of persons with disabilities</b>	28	29	34
Percentage of persons with disabilities	2.3%	2.6%	1.9%
Households with persons with disabilities	13%	15%	13%
Households with one person with disabilities	10%	11%	13%
Households with > 1 person with disabilities	3%	4%	0
<b>Sex of person with disabilities</b>			
Male	68%	70%	53%
Female	32%	30%	47%
<b>Age of person with disabilities</b>			
0-4 years	14%	18%	3%
5-9 years	14%	18%	3%
10-14 years	24%	14%	15%
15-49 years	24%	18%	46%
50-98 years	24%	32%	33%

	Mgayar	Jaqous	Laba
<b>Length of disability</b>			
0-4 years	33%	33%	17%
5-9 years	22%	29%	10%
10 years or more	44%	38%	73%

### APPENDIX 3

#### Histogram of Age Amongst Persons with Disabilities

V20B      Age of Disabled

Count	Midpoint
0	-10.0
13	-2.5
198	5.0
160	12.5
92	20.0
84	27.5
34	35.0
40	42.5
36	50.5
51	57.5
37	65.0
43	72.5
29	80.0
22	87.5
7	95.0
0	102.5
0	110.0

