Palestinian National Authority
Palestinian Central Bureau of Statistics

Palestinian Family Health Survey, 2006

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Introduction

The Palestinian Central Bureau of Statistics in cooperation with the Pan Arab Project for Family Health (PAPFAM), UNICEF and UNFPA are conducted the first Palestinian Family Health Survey in the year 2006. The survey is part of a wide regional survey that was conducted in many Arab countries which supervised by the State of Arab League, and include the core indicators of the Multiple Indicators Cluster Survey (MICS) supervised by UNICEF.

The surveys is designed to collect, analyze and disseminate demographic and health data pertaining to the Palestinian population living in the Palestinian Territory, with a focus on demography, fertility, family planning and maternal and child health, in addition to youth and elderly. The 2006 survey also includes new sections and elements, such as basic health and socio-economic information on different groups within the population, and children less than five years, and children aged 2-14 years, children aged 5-17 years in addition to un-married youth aged 15-29 years and elderly people aged 60 years and over. It is hoped that by gradually introducing new sections into the Palestinian Family Health Survey, it can be transformed into a survey of all of the population.

For the first time, the survey will enable us to disseminate the majority of the survey indicators at governorate level.

Concepts and Definitions

AIDS:
Acquired Immunodeficiency Syndrome, a serious (often fatal) disease of the immune system transmitted through blood products especially by sexual contact or contaminated needles.

BCG Vaccination:
Vaccination through injection given to infants in the first month of life to protect against Tuberculosis, an infection caused by the bacterium Mycobacterium tuberculosis, affecting primarily the respiratory system and is spread by coughing and sneezing.

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

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

DPT Vaccination:
Combination vaccination against diphtheria, pertussis (whooping cough) and tetanus, usually given in a series of injections starting at 2 months followed by 4 months then 6 months with a booster at 12 months of age.

Exclusive breastfeeding:
Children aged 0-5 months who are being breastfed and have not received any other food or drink, except for vitamins and medications.

Experience minor physical punishment:
Children aged 2-14 years who exposed to the following during the past three days: shook, or hit on the bottom or elsewhere on the body with something like a belt, hairbrush, or using hands.

Experience psychological aggression as punishment:
Children aged 2-14 years who exposed to the following during the past three days: shouted, yelled at or screamed at, or called dumb, lazy, or another name like that.

Experience only non-violent aggression:
Children aged 2-14 years who exposed to the following during the past three days: took away privileges, forbade something liked or did not allow to leave house, or explained why the behavior was wrong, or gave him something else to do.

Family Planning Method
It is a method used for delaying or stopping pregnancy. Modern methods include pill, IUD, Injection, Vaginal methods, Female Jelly, Female Sterilization, Male Sterilization and Condom.

Fertility:
The actual reproductive performance of an individual, a couple, a group or a population.

Folic Acid tablets:
Medication containing folic acid in the form of tablet to prevent or treat folic acid deficiency, especially during pregnancy.

Health insurance
Indemnity coverage against financial losses associated with occurrence or treatment of health problem.

Height for Age:
This parameter reflects the achieved linear growth and its deficit indicates long-term cumulative inadequacies of health or nutrition. Two related terms are used when describing this parameter: length and stature. Length is the measurement while in a recumbent position and is used for children under 2 years of age, while stature refers to standing height. For simplification, the term height is used for both measurements in this report. Low height for age (below –2SD of the NCHS/WHO reference) ranges from 5 to 65% among less developed countries. In low prevalence countries, it is most likely due to normal variation, i.e. shortness; in less developed countries it is likely to be due to a pathological process, resulting in stunting. A pathological process can be from the past or a continuous process.

Iodized Salt:
Food salt fortified with adequate amount of Iodine 15 ppm and above to prevent iodine deficiency disorder, including goiter in adults and children and mental handicap in children.

Infant:
A live-born child from the moment of birth through the completion of the first year.

Infant Mortality Rate:
The number of infant deaths under one year of age in a given year per 1,000 live births during the year.

Iron Tablets:
Medication containing iron supplement given in the form of tablet or syrup to prevent or treat iron deficiency anemia.

Live Birth:
A birth is considered live if the new born has shouted, cried, or shown any signs of life upon birth.

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

Measles Vaccination
Vaccination through injection given once at nine months of age to protect against measles, which is an acute and highly contagious viral disease occurring primarily in children. A second dose follows at 15 months of age combined with Rubella and Mumps vaccines called MMR.

Nutritional Status:
Nutritional status is the state of nutrition of individuals, and is one of the indicators of the level of development of a given country. Nutritional status is linked to the availability and type of food consumed, food habits and practices as well as the level of poverty in a given society. It is usually assessed using anthropometric parameters and growth (weight, height, that is, wasting and stunting) body mass, as well as dietary intake of selected foods important for growth and good nutrition.

Oral Rehydration Solution (ORS):
Solutions for the prevention of dehydration in infants and children. Those are either commercially produced sachets or tablets or can be prepared at home with home fluids that contain both salt and nutrients.

Polio Vaccination
Vaccination by oral drops against an acute infection that can cause paralysis in children. It has the same schedule as DPT in children less than 5 years with the addition of two injectable doses given at 1 and 2 months of age.

Reproductive Health
Reproductive health is defined by WHO as a state of physical, mental, and social well-being in all matters relating to the reproductive system at all stages of life. Reproductive health implies that people are able to have the capability to reproduce and the freedom to decide if, when, and how often to do so. Implicit in this are the right of men and women to be informed and to have access to safe, effective, affordable, and acceptable methods of family planning of their choice, and the right to appropriate health-care services that enable women to safely go through pregnancy and childbirth.

Persons with chronic diseases:
Any person who suffer from at least one medically diagnosed chronic disease and receive continuous treatment for that disease.

Safe drinking water:
Water piped into the dwelling, a public tap, a well or borehole with pump and mineral water.

Suspected pneumonia:
Children 0-59 months who suffer from cough during the past two weeks preceding the survey with quick breaths or have difficulty breathing due to problem in chest or both problem in chest and blocked nose.

Smoker
The individual (10 years old and over) who smokes one cigarette or more a day including pipe and narghileh smokers.

Tetanus
A life-threatening disease caused by toxins produced by the bacterium Clostridium tetani, which often grows at the site of a cut or wound. Tetanus usually occurs after an acute injury, such as a puncture wound or laceration that has been contaminated with dirt containing the clostridium spores.

Under-Five Mortality:
The proportion of children born alive who die before reaching their fifth birthday.

Vitamin A/D:
It is drops of vitamin A and D. They one given to children from birth until one year age by Maternal Child Health clinics, which they belong to the Ministry of Health. It is not given by UNRWA clinics.

Weight for Age:
This parameter is influenced by both the height and weight of the child. It reflects the long and short-term health of an individual or population. Lightness and underweight have been used to describe normal and pathological processes. High weight for age is not used to describe obesity.

Weight for Height:
This parameter reflects body weight to height. Its use carries the advantage of requiring no knowledge of age. However it is not a substitute for the other indicators. Low weight for height is called thinness if normal or wasting if pathological and can reflect a recent or chronic condition. Prevalence in non-disaster areas is around 5%. Lack of evidence of wasting in a population does not imply the absence of current nutritional problems.

Survey Questionnaires

In this survey four questionnaires were used:

The first questionnaire: This questionnaire was designed to collect PAPFAM and MICS indicators together, and it was collected from about 7,056 households. The questionnaire was consisted of the following parts:

- Household part: consisted household roster including demographic variables such as age, sex, date of birth, smoking, labor force status, education variables, disability, chronic diseases and others. In addition to child discipline section for children aged 2-14 years, child labor for children aged 5-17 years and education section for persons aged 5-24 years.
- Dwelling part: including questions on housing conditions such as main drinking water source, iodized salt and other socio-economic indicators.
- Women part: this part was designed to collect data from all ever-married women 15-54 years old. It consists of seven sections: Women general characteristics, Reproduction, Maternal care, Family planning and Desire for reproduction, Tetanus toxoid vaccination, Knowledge of STDs, Chronic disease and disease due to reproduction.
- Child part: this part was designed to collect data from all children aged less than 5 years, it consists of four sections: Child health and vaccinations, Early education, Birth registration, and Anthropometric measurements.

The second questionnaire: This questionnaire was designed to collect MICS indicators only; it is part of the first one. It was collected from about 6,182 households. The questionnaire was consisted of all the parts mentioned above except: Chronic diseases in household part, and Knowledge of STDs in women part. This methodology was used in order to disseminate the data on these indicators at the governorate level.

The third questionnaire: This questionnaire was designed to collect data from all un-married youth aged 15-29 years.

The fourth questionnaire: This questionnaire was designed to collect data from all elderly persons aged 60 years and over.

Data Set Linkage

The data files were presented to be used by users on one CD-ROM, which contains 17 SPSS files representing all the data. Noting that data on files 1-14 were collected from 13,239 households, while data on files 15-17 were collected from 7,056 households. The SPSS data files can be linked with each other by selected key variables as listed below. The following table contains descriptions of those files:

No.	File name	Content	Key variables
1	Main.sav	Household questionnaire cover	IDH00: Questionnaire serial no. HR01: person line no.
2	Roster.sav	Households members' data	IDH00: Questionnaire serial no. HR01: person line no.
3	Education 5-24 yrs.sav	Data on educational status for persons aged 5-24 yrs	IDH00: Questionnaire serial no. HR01: person line no.
4	Child labour.sav	Data on labor force status for persons aged 5-17 yrs	IDH00: Questionnaire serial no. HR01: person line no.
5	Child setting.sav	Data on child discipline status for children aged 2-14 yrs	IDH00: Questionnaire serial no. HR01: person line no.
6	Housing.sav	Data on dwelling characteristics	IDH00: Questionnaire serial no
7	Wmain.sav	Women questionnaire cover	IDH00: Questionnaire serial no. WIR05: Woman line no.
8	Women 15-54.sav	Data on ever married women aged 15-54 yrs	IDH00: Questionnaire serial no. WIR05: Woman line no.
9	births.sav	Data on reproduction history for ever married women aged 15-54 yrs	IDH00: Questionnaire serial no. WIR05: Woman line no.
10	Cmain.sav	Children under five questionnaire cover	IDH00: Questionnaire serial no. WIR05: Woman line no. CHIR05: Child line no.
11	Children under five.sav	Data on health status and vaccination for children under five	IDH00: Questionnaire serial no. WIR05: Woman line no. CHIR05: Child line no.
12	Malnutrition.sav	Data on malnutrition among children under five	IDH00: Questionnaire serial no. WIR05: Woman line no. CHIR05: Child line no.
13	Youth.sav	Data on un-married youth aged 15-29 yrs	IDH00: Questionnaire serial no. HR01: person line no.
14	Elderly 60+.sav	Data on elderly people aged 60+	IDH00: Questionnaire serial no. HR01: person line no.
15	Reproductive health.sav	Data on reproductive morbidity among women aged 15-54 yrs.	IDH00: Questionnaire serial no. WIR05: Woman line no.
16	Chronic diseases among women.sav	Data on chronic diseases related to reproduction among women aged 15-54 yrs.	IDH00: Questionnaire serial no. WIR05: Woman line no.
17	Aids knowledge. Sav	Data on AIDS knowledge among women aged 15-54 yrs.	IDH00: Questionnaire serial no. WIR05: Woman line no.

Target population

The target population consisted of all Palestinian households that usually reside in the Palestinian Territory.

Sample and Frame

Sample frame and sample design:
The list of all Palestinian households has been constructed from the updated frame in 2003. The master sample was drawn to be used for different surveys.

The sample type was a stratified two-stage random sample:
First stage: 325 EAs were selected from all Palestinian Territory.
Second stage: A systematic random sample of 40 households was selected from each enumeration Area (EA) in the West Bank and Gaza Strip.

Due to the privacy of this survey, each EA was divided into two cells, the first one with 21 households while the other with 19 households. The first cell was prepared to collect the PAPFAM and MICS indicators, while the second was prepared to collect the MICS indicators only. It is worth to mention that there is no crosscutting between the two groups.

In this survey all un-married youth aged 15-29 years and elder persons aged 60 years and over were enumerated, in addition, one child out of all children aged 2-14 years in each household was selected for child discipline part using Kish Table.

Sample size:
The number of the households in the sample was 13,238 households: 8,781 in the West Bank and 4,457 in Gaza Strip.

Weight Calculations

The weights were calculated taking into account compensating for incomplete cases during data collection and population distribution by region, sex, age structure according to population estimates for mid-2006. The number of the population of the Palestinian Territory and their distribution by age groups by mid-2006 were also taken into consideration when weights were calculated; therefore, the findings, estimates, and rates drawn from this survey reflect the reality of that period.

Moreover, the standard errors of survey estimates must be calculated so that the user may identify the accuracy of the estimates and reliability of the survey. The total error of the survey can be categorized into two types: Statistical errors and non-statistical errors. Non-statistical errors are related to the procedures of statistical operation at the different stages such as failure to interpret the questions of the questionnaire, not wanting or failure to give the correct answer, and poor statistical coverage, etc. These errors depend on the type of work, training and supervision, efficiency of design, implementation and related activities. The work team made best efforts to reduce non-statistical errors during all stages. Statistical errors, however, can be assessed and often measured by the standard deviation, which was calculated using CENVAR software package using the Ultimate Cluster method to calculate variation

Reference period

The period of data collection extended from November 1, 2006, to January 20, 2007. The data collection of the youth and elderly extended from December 10, 2006 to March 20, 2007

Data Collection

Pilot Survey

Pilot survey is a miniature reflection of the main survey. It is designed to reflect all set up aspects and specifications to conduct the survey. The pilot survey is aimed at inspecting a number of issues including training, fieldwork, survey questionnaire, interview procedures, data processing, and the sample.

The pilot survey was conducted in Ramallah, Al-Bireh, and Nablus governorates. Seven enumerated areas distributed on seven localities in the governorates were grounds for conducting the pilot survey as follows: Ramallah and Al-Bireh governorates including Al-Bireh, Al-Jalazone, Betunia, and Yabrood localities. In Nablus governorate, the pilot survey included these localities: Nablus city, Askar refugee camp, and Tel. The sample of the pilot survey totaled 210 households including 120 in Ramallah and Al-Bireh governorate and 90 households in Nablus governorate. Thirty households were visited in each enumerated area selected for the pilot survey.

Due to the special status of the survey, it contained four questionnaires: The first questionnaire contained the household health survey indicators and MICS III survey, the second contained only MICS III, and the third and the fourth were allocated for the youth and elderly.

Thirty-six female interviewers were trained for 12 days, including 9 days training on the mechanism of completing the main questionnaire and the MICIII questionnaire, which is part of the main questionnaire. Seventeen interviewers were also trained for three days on the mechanism of completing the youth and elderly questionnaire.

The Main Survey

The training manual for interviewers was prepared to include all relevant topics of fieldwork and questionnaire completion. The manual included the tasks of every member of the fieldwork team, the mechanism to access households, interviewing, and completing the questionnaire. The training manuals for supervisors and editors were also prepared in order to train the team to master all necessary skills to ensure successful survey. The training program was prepared to include all topics of the questionnaire.

About 228 interviewers were trained during the period of October 7 to October 19, 2006, to collect the data of the main questionnaire, while 123 interviewers were trained to cover the youth and elderly during the period of October 29 to November 2, 2006. Theoretical and practical training were used during the training course.

A plan was set up to conduct the fieldwork of the main survey. This stage included preparation of the research team, work equipment and tools (questionnaires, maps, sample statements, and units for measuring weight and length). The structure of the team was defined based on the requirements and the nature of the tasks of the survey. The interviewers were distributed in each governorate in accordance with sample size in the governorate. The interviewers visited the households of the household health survey sample first. After completing almost 50 percent of the household health survey sample, work started on the youth and senior citizens questionnaire since this survey depended, in its sample, on the main survey.

Data Processing

Data entry occurred simultaneously with the collection process and continued until March 25, 2007, using a software package called CSPRO. The CSPRO software package was used for conducting initial testing of data consistency by using the basis of editing for matching and consistency among the questions of one section with other sections according to specific relations between the different questions. The SPSS12 software package was used in testing, editing, and processing data.

Response Rates

Number of households and eligible women, children, youth, elderly and response rates by region

Sample and response rates	Palestinian Territory	West Bank	Gaza Strip
Number of households in the sample	13,238	8,781	4,457
Number of households interviewed	11,661	7,700	3,961
Response rates	88.0	85.5	93.1
Number of Women aged 15-54 years in the sample	10,830	6,607	4,223
Number of women interviewed	10,648	6,474	4,174
Response rates	98.3	98.0	98.8
Number of children under five in the sample	10,318	5,895	4,423
Number of children interviewed	10,230	5,824	4,406
Response rates	99.2	98.8	99.6
Number of not married youth aged 15-29 years in the sample	7,470	4,700	2,770
Number of youth interviewed	6,470	3,876	2,594
Response rates	86.5	82.5	93.6
Number of elderly persons aged 60 years and over in the sample	1,722	1,137	585
Number of elderly interviewed	1,655	1,086	569
Response rates	96.0	95.5	97.3

Data Quality

The following measures were followed to assure the quality of the data:

In the field:
A clear mechanism was set up for editing data. The team of editors was trained on the mechanism. The editing mechanism was as follows:

- Receiving completed questionnaires every day.
- Examining every questionnaire to ensure completion of all sections and questions.

Return incomplete and faulty questionnaires to interviewers to revisit households and correct the mistakes.

During Data processing:

- Editing shifts and allowed values.
- Editing for matching and consistency among the questions of the same section and different sections.
- Conducting tests based on specific relations between the different questions where a list of non-matching questionnaires was drawn and reviewed to determine the source of errors. An entry mistake would be corrected immediately; however, if the mistakes were field mistakes, questionnaires would be sent back to the field and visits were conducted again to correct the mistakes in the questionnaires.

During data analysis:

- The consistency of all indicators were checked in comparison with previous data.
- Data for education, labor force and population structure and other social indicators was checked in comparison with previous data from different surveys.
- Data for health and nutritional indicators was checked in comparison with previous data from health surveys.
- Height and weight data for children under five was checked at single age to reassure the consistency and the logic of the data. Also the data was compared with the additional sample.
- Technical team from UNICEF, UNFPA and PAPFAM was involved in revising and checking the data.