

ANERA Newsletter

American Near East Refugee Aid

Number 98 Summer 1992

Community development projects often begin with health programs aimed at mothers and children. Why? For infants, these are the defining years, where diet and general health will determine their mental and physical capabilities later in life. The healthier the children, the stronger the community. And mothers are the key factor. In most societies including our own, women are the primary health care givers for the family. Their role becomes even more important in areas where doctors are not readily available or affordable. The more that women understand their own health needs, the better equipped they are to take care of their family.

Women in the Middle East face health problems similar to those in Western countries. But they also face additional problems that are specific to less developed countries, such as malnutrition, contaminated food/water, and a lack of health care facilities and providers. Their health is also affected by their culture, where a son-preference tradition places less value on female children that can mean lasting negative effects on the health of women.

Obstacles to adequate health care

The West Bank and the Gaza Strip have been economically repressed for 25 years. Although adjacent to Israel (which is known for its advancements



COMMUNITY HEALTH *Begins At Home*

in the health field), conditions affecting the health of mothers and children in the territories, especially in Gaza, mirror those of less developed countries (see page 2). Additionally there is no Palestinian government to plan for the health needs of the population. In the absence of state resources, Palestinians address their health needs at a community level, emphasizing programs for pregnant women and their children.

Poverty, lack of access to health care services and lack of education are the major problems. Over 90% of the families in the West Bank or Gaza Strip cannot afford and therefore have no health insurance. Although over half of births take place at home, there is no program

within the West Bank for training midwives. Children are held in high esteem and mothers seek prenatal care at a high rate, when available. However the health of the mother is not always considered as important, and women rarely receive postnatal care.¹

What are the results of lack of access and education?

When the health of women is underestimated by a society, the general health of the family suffers. An underlying cause of poor health is a lack of women's education and autonomy. Literate women who are free to move about are far more comfortable in taking their children to hospitals and clinics,

and are generally better informed about first-aid.²

A recent study by Bethlehem University found low levels of knowledge of first-aid skills in three areas in the West Bank: a city, a village and a refugee camp. This is significant during this time of *intifada* violence, when residents are often shot or injured and must fend for themselves. Severe bleeding, for example, is only stopped by applying strong, constant pressure to the wound. But half the city and village and one third of camp residents said they used cold water. One in four children is so seriously burned in accidents caused by flimsy kerosene stoves and heaters that

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Preventable Suffering

*Mothers' and children's health
in the developing world*

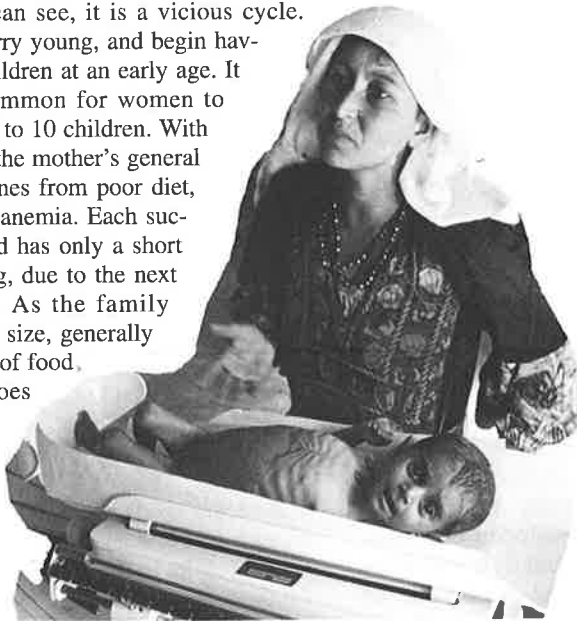
An infant born today in a developing country is more than five times as likely to die during the first year of life as a child born in a developed country.⁴ In the Middle East these conditions are found in the Gaza Strip, Yemen, Egypt, the Sudan, Somalia and underdeveloped rural areas.

One reason for this high mortality rate is low birth weight. A mother who suffers anemia or who has a poor diet is more likely to bear low birth weight children. Additionally, children who are weaned early are more likely to suffer parasitic diseases and infections from poor hygiene, unsafe water and contaminated food, causing malnutrition and dehydration. After 2-3 days of diarrhea, a child can easily lose 15% of his body weight, and at that point, death is imminent. Each successive infection increases the risk of another. Children born of very young mothers are more likely to die, and children born to mothers over 35 are more likely to have birth defects. Close spacing between births is harmful for the mother and the child. Birth order also increases the risks for the child. The seventh child and additional children are one-third more likely to die than earlier children.⁵

Why do women continue to have such large families? Research has shown that family size and use of family planning are directly linked to the parents' education and financial stability. Parents must feel secure that their children will survive and have hope for a successful future. Because many children do not make it to their fifth year, women are expected to continue to have large numbers of children in order to ensure the continuation of the family, and the support for parents in their old age.

As you can see, it is a vicious cycle.

Women marry young, and begin having their children at an early age. It is not uncommon for women to bear from 6 to 10 children. With each child, the mother's general health declines from poor diet, fatigue and anemia. Each successive child has only a short time nursing, due to the next pregnancy. As the family increases in size, generally the amount of food available does not increase proportionally.



ANERA's Donors Support Community Health

In East Jerusalem, the Arab Health Center is always overcrowded. Devoted to the principle that everyone should be able to receive health services, the Center keeps its costs low. A visit to the doctor and treatment costs about \$4 for anyone needing care. The Center has a laboratory, and thanks to ANERA donors, a new X-ray machine. This gift reaches further than just the patients it will serve. The Center's radiologist, Dr. Abdullah Hannah, will train radiology students from the Arab College of Medical Sciences on this new equipment. Long-time ANERA donors will remember that ANERA was one of the founding contributors to this school.

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More than 30,000 children have been shot, beaten or tear-gassed requiring hospitalization since the beginning of the *intifada*. Ahli Arabi Hospital is the only charity hospital in Gaza. It offers protection to the wounded, in contrast to the government hospitals which Israeli soldiers occupy



24 hours a day. The hospital has 75 beds for a population of 700,000. At any time, patients are spilling out into the hallways and are tucked into every available space in the hospital. While fees at government hospitals average \$200 a day—about what a Gazan family earns in a month—Ahli Arabi offers subsidized care to the uninsured. ANERA donors are currently helping this hospital renovate, add space, and improve its surgery department.

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During the Lebanese civil war, the Lebanese Red Cross earned international respect for its relief efforts, responding immediately to crises with first-aid and blood for the wounded. The Red Cross saved lives on both sides of the conflict, running emergency shelters in Muslim and Christian areas, and serving the public equally. In this post-war era, the Red Cross continues to run maternal/child clinics, milk centers for children, blood centers, pharmaceutical dispensaries and mobile clinics for isolated villages. The Red Cross is planning for a healthier Lebanon by providing first-aid training and health education, and by creating a social welfare arm which provides social and medical services and home visits for the chronically ill and infirm. ANERA donors responded generously during the war, and continue to support these vital community services.

NOTES FROM WASHINGTON

Thanks to all who took time to answer our survey. We love to hear from you and always want to know what you would like to know from us about ANERA's work.

*We welcome a new colleague **Nina Dodge** to our Washington office. Her goal is to expand assistance for ANERA's work from our broad network of supporters. Nina's family has a long history of involvement with the Middle East and the American University in Beirut; she herself grew up in Beirut. Nina has worked extensively on Middle East development programs both here and abroad.*

*She replaces **Elizabeth Tykal-Barnhart** who is leaving to pursue a graduate degree in public health. Welcome to **Ron Wolfe**, our new data base coordinator, who recently graduated from The College of William and Mary and has also lived in the Middle East.*

hospitalization is required, yet one-third to one-half of all three groups used toothpaste as the first-aid treatment, which can cause complications and lead to infections.³

Communities organize to solve their health needs.

The majority of first-aid care is delivered at home. But studies show that when professional health care is affordable and available, it is used. The question, then, is how to meet this need.

Throughout the West Bank and Gaza Strip, medical professionals and communities are cooperating to assess their needs and plan for their own health services. ANERA's donors support their efforts. You have helped the village of Beit Sahour, just outside of Bethlehem, establish a cooperative health clinic and an insurance plan for the residents. In

Anata, construction for a clinic is underway and money is being raised for a mobile clinic to serve the bedouin community. ANERA's donors support mother and child health care services, such as the Red Crescent Maternity Hospital and the Child Care Society of the Holy Land, with diagnostic equipment and laboratories.

The new outpatient clinic of the Red Crescent Society Maternity hospital in East Jerusalem, which was refurbished with ANERA's assistance, is a good example of how development assistance helps community groups solve their own problems. Previously, this clinic was the only source of prenatal care, outside of hospitals, for destitute Palestinian mothers from Jerusalem and surrounding rural areas. The old clinic was cold, dark and miserable. With ANERA's help the clinic added heat, water, lights and a new coat of paint to the always-crowded outer waiting room. Computerized medical records have reduced the waiting

time for check-ups from six hours to less than an hour. Diagnostic tests are now performed in an on-site lab. All help make prenatal check-ups available and affordable.

By making health care more accessible, these self-initiated projects can greatly improve the overall health of women and children. Once small clinics are established, a child's check-up can turn into a health education discussion with the mother. A mother whose children are threatened by dehydration from severe diarrhea can be introduced to rehydration solutions which cost about 7 cents a packet. Women who receive prenatal care during pregnancies have a better chance of carrying the child to term, and will be in better health to care for their families. Small, but significant changes at the beginning can slowly break the vicious cycle and give families a healthy chance for survival.



(left) The new outpatient clinic of the Red Crescent Society Maternity hospital is always crowded.

(below) ANERA helped the clinic computerize its records. Dr. Ahmad Annab, ANERA's Public Health Director (center) talks with staff administrators.



(right) Dr. Muskafi Mesalem helps women monitor their pregnancies. Good prenatal care results in easier births and healthier babies.



¹ *Maternal and Child Care*, Dr. M. Homberg pp. 20-21. Bethlehem University

² *A Political Economy of the Middle East*, John Waterbury and Alan Richards

³ *Health Practices and Health Awareness*, Dr. M. Homberg p. 24. Bethlehem University.

⁴ *Health Care of Women and Children in Developing Countries*, Helen Wallace and Kanti Giri, p. 28. Third Party Publishing Company.

⁵ *Ibid.* p. 21

ANERA HAS RECEIVED GIFTS...

Since 1948 corporations have donated life-saving medications to AMER, ANERA's Medical Division, to aid hospitals and clinics in the West Bank, Gaza, Lebanon and Jordan. Many thanks to **Sterling Drug, Inc.**, **Mead Johnson Nutritional Group**, **Cetus Oncology Corporation**, **Interchurch Medical Assistance** and **Direct Relief International**, for their help in 1992.

In Honor of:

Matthar Yousef Abdo ■ William A. Eddy ■ Idris Shah ■ Historical justice for Palestine ■ The human spirit ■ The Palestinians

In Memory of:

Arlette Atallah ■ Husband and parents of M. Cross ■ Mr. & Mrs. Simon Estfan ■ Dr. Al Glock ■ W.P. Hodnett, Jr. & W.P. Hodnett, Sr. ■ Barbara Miller Howell ■ Jingle ■ Elizabeth Langstaff ■ Masada, mother of Subhi D. Ali, M.D. ■ Barbara Ann Mishriki ■ Bruce E. Schein ■ Leila M. Sowayan ■ Sybil Totah ■ Victims of Kafr Kassem ■ Carol Weakley ■ Dorothy Whalen ■ Gene Yatlee, beloved son of Catherine Yatlee.

The pioneer of Palestinian women's groups, Zlikha Shihabi, died in her Jerusalem home on May 13 at age 90. Mrs. Shihabi dedicated most of her life to the Arab Women's Union, which she founded in Jerusalem in 1936.

ENCLOSED IS A GIFT FOR ANERA'S PROJECTS IN THE WEST BANK, GAZA STRIP AND LEBANON.

___ \$1000 ___ \$500 ___ \$100 ___ \$50 **\$35** ___ \$25

*Your Gift Will Help
Families Survive*

Name: _____

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- I would like to provide a 1-year scholarship for a child in Gaza. (\$100 per child)*
- I would like to provide a 1-year scholarship for a child in Beirut. (\$100 per child)*
- I would like to provide a 1-year scholarship for a child in East Jerusalem. (\$100 per child)*

* Sponsors receive a photo of the child and a letter from the school during the year.

*Written by Elizabeth Tykal-Barnhart, AMER director. Please send comments or ideas to Paula Stinson, editor.
Photos courtesy of ANERA staff, Garo Photo East Jerusalem, Save the Children and UNRWA.*

ANERA

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