

## Adolescence (13-19yrs) in Palestinian

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### Abstract

**Adolescence insights** were explored through 4 open ended questions on; reasons, services needed for drug users, HIV prevention and services needed for people living with HIV. Reasons that make MARA go outside the walk of their peers; The social status of the family was the most recognized response among the majority of the participants, many reported parents' divorce and separation in addition to family financial status and unemployment as said "these are major factors that lead to the loss of their children". Many commented on family violence and disrupted families; others criticized their family's lack of care and guidance in raising children. Among girls' respondents, early marriage was an issue that was stated bitterly where 6% of those few married girls were divorced. Some of the married ones reported that "husbands' violence, use of drugs and alcohol drinking at home leads to sexual violence, force use of alcohol and drugs".

Services needed to be provided for drug users; many said "I do not know", some asked for awareness raising and few others said "use of condom". Such responses are very marked information that needs to be highlighted to all on the importance of awareness and prevention of STIs and HIV

Services needed to prevent HIV; they emphasized the importance of knowledge and awareness as well as consistent guidance to help adolescents avoid risk behaviors and unusual practices. Few advised for not to practice sex outside marriage

Services needed to provide care and support to people living with HIV; for this question there were 12 responses only. Of those; majority suggested provision of treatment, psychosocial support and care for people living with HIV, as said by one "do not isolate them" and other said "do not stigmatize them"

The stakeholder representatives interviewees reiterated on many issues starting with their knowledge of the prevalence and size of the problem of MARA. All organizations representatives agreed that risk behaviors among adolescents is very much increasing particularly the drug use, but no one was able to give the correct number for the drug users in Palestine, their impressions are based on their own experiences and access to some of these adolescents. One of them describe drug use among young people "it's like a fire in a straw lot". Other risk factors such as child labor is available and many of them face harassment, and maltreatment where they stay long hours of work with low wages. Sexual behaviors are also not identified in terms of data as reported by some "we have things like that, but not very often" and others said "family violence, sexual abuse and incest happens but can't identify the real problem"

Reasons and determining factors for MARA; again there was a consensus among all institutions for reasons and factors affecting adolescents; family status and family dynamics, low socio-economic conditions, poverty and unemployment among families, child school dropout and consequently child labor, unstable political conditions and harassment of young people. Coupled with Peer pressure, violence at home or outside, lack of recreational facilities, lack of information and/or misleading information are other determinants that allow young people to go outside the normal walk of their peers.

Institutions' preventive and protective interventions for MARA; Most of the institutions have common preventive and protective intervention strategies, with a variation among them regarding each specialization. But in general they all have education and awareness programs that deal with adolescents and youth needs at schools and university levels, local youth and women organization utilizing many modalities as peer educators, recreational activities, and many others that promote community engagement and young people development. There is a praiseworthy growing awareness raising against drugs among Palestinian youth and among all stakeholders by Palestinian Police –ANGA. BUT no one has specific intervention strategies targeting MARA except for Asadiq Tayyeb and Caritas being specialized in drug users' rehabilitation. No one mentioned the adolescents' laborers needs for care, awareness and or help to find an alternative for them

The overall results for MARA are similar to local Palestinian studies done with MARP but it added value in terms of understanding this specific age group and the determining factors that lead adolescents to be at risk. The profile of MARA was similar to MARP, they are more economically and socially disadvantaged than the general population, but MARA are more subjected to harassment and manipulation particularly those who are working; being young and have little agency or control over their selves. An important indicator that jeopardizes adolescents to be at risk as been indicated by MARA and stakeholders subjective data was their families parenting styles and family dynamics (either these families do not care or are too rigid and aggressive – no dialogue among family members) and considered a determinant factor to cause early marriage of girls, school dropout and child labor which ultimately reflected on their children and adolescents future

**Keywords:** Adolescence ( 13-19yrs) , Palestinian

## 1. Introduction and background

Based on estimates prepared by PCBS, the total population of Palestine at mid-2013 was about 4.42 million. As elsewhere in the region, the Palestinian population is youthful; 52% are under the age of 18, and 42% are under 15, also 73.8% of this population lives in urban areas and the rest in camps and villages (PCBS press release, 11/7/2013). The Operations Research on HIV and AIDS draft report in OPT (2012) indicated that crowding and unemployment induce people to migrate for work, and create conditions conducive to alcohol and drug use which have expanded rapidly in Palestine in recent years. Furthermore, the trend toward urbanization brings with it an increase in drug use and poly-drug use and provides a salient method for understanding both the risks in the lives of adolescents and young people to HIV and other health dangers (UNICEF rapid assessment in Lao-PDR, 2012)

The Palestinian geo-political structure manifested by; the geographical separation of West Bank from Gaza Strip, the check points within and between WB cities, the severe restriction of movement between East Jerusalem and the rest of the WB undermine the social and economic development, increase health risks and impede the delivery of health and social services.

The International Peace and Cooperation report (IPCC, 2009) on “Jerusalem the old city; The Urban Fabric and Geopolitical Implications” notes that the separation barrier has had unfavorable economic effects and social hardship for Palestinians in general and residents of east Jerusalem in specific; decreased family income and/or relocation of workplace that adversely affects the economy in terms of employment opportunities and social structure.

Globally, around 16 million people inject drugs and 3 million of them are living with HIV. On average, one out of every ten new HIV infections is caused by injecting drug use and in parts of Eastern Europe and Central Asia over 80% of all HIV infections is related to drug use.

WHO strongly supports harm reduction as an evidence-based approach to HIV prevention, treatment and care for people who inject drugs and has defined a comprehensive package, which includes needle and syringe programs and opioid substitution therapy.

Drug use is recognized as becoming a growing problem in the occupied Palestinian Territory as indicated by the 2006 Drug Report of the Palestinian Anti-Narcotics General Administration. The report estimates the number of drug users to range between 45 and 55 thousands distributed among the various regions with 8,000 – 10,000 drug users in Gaza, 25,000 – 30,000 in the West Bank and 12,000-15,000 in East Jerusalem. The same report alerts that the rates are especially increasing among the youth, with an estimated annual increase of 2.4 percent

Even without official data, it is widely accepted that Palestine face deterioration as far as drug issues are concerned. The problem is more serious in East Jerusalem, Hebron and Ramallah. Given the low living standards and the growing rates of poverty and unemployment, the situation is likely to get worse, especially in Gaza, where no official information is available for the time being. Unofficial reports of deterioration in drug-related figures in Gaza are of particular concern (Regional Report on the Near East, June 30, 2013)

According to Rummel (1976), social practices are rules, norms, custom, habits, and the like that encompass or anticipate another person's emotions, thoughts, or intentions. Also added, considering the constituents of behavior (agents, ways and meaning), kinds of behavior (reflex, act, and practice), is what distinctively social behavior about. Many studies indicated that in stressful situations, people often turn to alcohol drinking and drugs use to alleviate their stress and misery as coping mechanisms

The UNODC-AWRAD assessment of Drug Users in the West Bank and Gaza Strip (2011) provided a number of alarming results regarding young people behaviors as: Use of drugs among youth is increasing at an alarming rate, and at early stage of lives with reports of drug users under 13 years old and among young girls. The mean age for starting drug use was 22 years old and the range was between 13-50 years old. One quarter started their drug intake before turning 18 years old. About 77% started before 25 years. Other indicators show that youth are at a higher risk of drug-related and sexual practice risks. For example, almost half of the young users said that they utilized used needles, compared with 32% among older users. The same survey claimed 88% out of the 352 injecting and non injecting drug users declared that they ever had sex (52% said that they had sex with only one partner, 19% with two partners, and 11% with three partners. The rest (18 percent) said they had sex with more than three partners throughout their life. A very small number (less than 6 percent) said that they had sex with 10 partners or more. A minuscule of them had sex with 20 or more partners. In three cases, the large number of sex partners is related to engaging in (sex work).

As Israel has a substantially higher HIV prevalence than the OPT (it is estimated that there are 2,500-12,000 individuals living with HIV in Israel (WHO/UNAIDS/UNICEF, 2008), legal or illegal Palestinian migrants working in Israel may be at increased risk of HIV infection in comparison to their non-migrating peers. Štulhofer (2010) HIV Bio-Behavioral Survey among IDU in the East Jerusalem found that Participants' mean age at first sexual intercourse was 18.24 years and the majority of IDUs were sexually active at the time of the survey, while a minority of participants reported more than one sexual partner in the past year. (On average, four

sexual partners with SD = 8.68 were reported in the same period.) Over one fifth of the surveyed IDUs used condoms consistently in the past month and with somewhat higher proportion reported condom use at most recent intercourse. A minority of surveyed IDUs had sexual intercourse with a casual drug-injecting partner in the past month 18.1%. Having a steady partner or spouse who also injects drugs was reported by 17.8% of participants. The report postulated, such results is very much congruent with many other studies that showed injecting drug users, young users, those who share needles, those who inject in public shooting galleries and places, and the unemployed are at higher risk of contracting STIs.

Bermudez, et al., (2011) for UN Women study in Exploring the Dynamics and Vulnerabilities of HIV Transmission Amongst Sex Workers in the Palestinian Context using a rapid assessment methodology, based on surveys, some open-ended questions and focus groups illustrated the extreme vulnerability of women, who are suffering unacceptable levels of violence, exacerbated by the occupation, high rates of poverty, unemployment and Sex work among this vulnerability. The study targeted 28 women (female sex workers-FSWs), who self-identified as having sold sexual services in the West Bank or East Jerusalem, either forced or voluntarily. Within the year prior to the research, 64 clients of FSWs were included in the study (men living in the West Bank or East Jerusalem who purchased sexual services in the past year). Of those 28 FSWs; 96.3% had been victims of physical violence, 75% identified family member's (husbands or parents) as having organized their sex work, 76% reported having been the victim of sexual violence at the hands of an intimate partner or family member and over 50% have identified their husband and/or father as the perpetrator. Within the same study; the authors indicated that several case studies described situations in which men involve their wives or daughters in sex work to pay for loans or support their drug habits. "Anecdotal evidence suggests that women and girls are engaged in situations of forced sex work through escort services, brothels, private houses, and cleaning services, with such activities most commonly occurring in discreet apartments operated by Palestinian madams" (P. 16).

According to the Ministry of Health, the first HIV case in the occupied Palestinian territories was diagnosed in 1988. To date, there are 14 people living with HIV and 13 people are under antiretroviral therapy (ART). The majority of these cases are infections that have been contracted more than five years ago and are attributed to heterosexual transmission. Increasing rates of HIV are reported among injecting drug users and migrant workers in Israel (Štulhofer, 2010, P. 11). The statistics do not include the HIV and AIDS cases reported in East Jerusalem, estimated to amount to 18 cumulative cases, which are notified to and followed up by the hospitals in Israel (Štulhofer, 2010)

While data and dynamics of HIV infection in time suggest low prevalence, in the absence of bio-behavior surveys among those most at risk and vulnerable, it is likely, especially in the context of the prolonged conflict in the West Bank and Gaza Strip that many cases go undetected and potential epidemics be silently spread among specific populations (UNDP-Fact sheet, 2008-2013). Masaad et, al (2012) qualitative study on the perception of drug use and sexual behaviors of adolescents findings suggest that drug use and unprotected sexual intercourse outside marriage might be more common than is currently assumed by contrast to the conservative societal context among Palestinians.

Regarding laws and legislations within Palestine, Injecting drug use is driving HIV epidemics in many countries around the world including Palestine. The relevant laws regarding drugs use applicable in the occupied Palestinian Territory are the 1960 Jordanian Penal Code and the Israeli Defense Forces Military Order No. 588 of 1975 concerning illegal drugs which is obviously an obsolete legal framework and seems insufficient to face the challenges of today's antidrug fight. The new law draft is in accordance with Jordanian and Egyptian modern legal framework and the relevant UN Conventions. Among the deficits of the present legal framework, the following could be regarded as the major ones: i) the extreme facility by which dealers are able to avoid imprisonment by paying a warranty, ii) the lack of special provision for punishing recidivists, iii) the treating of the addict as a criminal and not as a patient (Regional Report on the Near East, June 30, 2013) where these laws do not deter drug dealers and users.

Sajej , Qtat (2016), The prevalence of IDUs is alarming with 44% of participants use injecting drugs; 22.1% are at extreme risk using both non-injecting and injecting drugs and 21.5% use injecting drugs only with greater number for males. Sexual behaviors; the questions were limited to the last 12 months; 78% of adolescents by the age of 19 years claimed that they had sexual intercourse experience. Of those, around 48% reported to have regular partners; 40% had one partner, 20% two partners and 9.4% had 3 partners. Sexual abuse was evident when 42.3% were practicing sex under the influence of drugs and 26.3% were forced by a male partner to have sex with, this male was mostly from family members. Selling sex (for money or drugs and other things) was reported by 26.2% who received a reward for sex that was offered mostly from their employer and work colleagues. Use of condoms; out of 78%, around 46% have used condoms with variation in frequency of use. Of those, 27.5% got it from pharmacy/shop, 12.1% from friends, 3.4% from family. MARA boys sexual practices; 14.8% (22 boys out of 107 boys) has practiced anal intercourse with a boy/man at average age of 14.6 years for the first time; 8.7% had one male partner, 1.3% had two partners and 1.3% had more than two partners. Furthermore, 16.8% (25 boys) reported having female sex partners; 8.1% had one female partner, 4.7% had two

partners, and the other 2.6% had 3 or more.

The PCBS with MOH and UNFPA (2011) youth needs (15-24 years old) survey of youth friendly health services in the West Bank indicated that; youth have lots of free un-invested time, which leads to harmful health and social practices and the most prominent was smoking and drug addiction, etc, followed by psychological problems and non-communicable chronic diseases. The same study indicated there is a gap between health knowledge and practices, and that one fifth of the youth who needed medical services did not seek it and half of the surveyed youth thought that the available health services did not meet their needs.

The studies mentioned above, the little information known about the MARA problem and the low awareness of the potential health consequences resulting from health-risk behaviors requires this essential study to be explore young people at risk of exposure to STIs/HIV

## **2. Objective**

To identify the existing services addressing adolescents and youth (girls and boys) in general and with those at increased risk of HIV infection through in-depth interviews with relevant decision maker and key stakeholders representatives from INGOs, NGOs, governmental organizations, and CBOs

## **3. Study methodology**

### **3.1 Study design**

This study utilized qualitative approach, qualitative data was obtained from key stakeholders to identify the existing services addressing these adolescents and youth. The MARA as identified by GFTAM are workers in Israel, sex workers and their clients, prisoners and injecting drug users (IDUs) were purposefully approached. The study design was based on study objectives, approved by PFPPA-UNFPA management team and the principle researcher prior to its initiation.

### **3.2 Accessibility and Ethical Consideration**

Gaining access to MARA was sought on voluntary basis. The data collectors went directly to the accessible sites, individuals and galleries, explained the purpose of the study and ensured participants for anonymity and confidentially, they further explained that results and conclusions made through information obtained will be used for the research purposes only. Consent of respondents was sought prior to individual interviews and assurances of anonymity were provided. A letter of agreement was signed by the researcher supported by a formal letter signed by the PFPPA management describing the purpose of the study and asking for permission to conduct the study was another ethical safeguard.

### **3.3 The qualitative data collection**

The qualitative data included in-depth interviews with INGOs, NGOs, Governmental Organizations and CBOs representatives working in areas and overlapping with young people and adolescents' issues, reflected their knowledge and perceptions of MARA problems, preventive and protective measures, coordination mechanisms and challenges that confront them as well as their recommendation toward improving the wellbeing of adolescents and MARA There was one field supervisor to double check the data collection process, the principle researcher of the study has coordinated all activities of data collection with the research team to have a consensus on obtaining the data from respondents as close as possible.

### **3.4 Qualitative data analysis**

A thematic analysis approach was utilized guided by the objectives and key questions of this research study. All data collected was assembled (the field notes, transcripts, personal comments) and carefully read through and thoroughly until the investigator become intimately familiar with them. This process facilitated the formation of the themes by clustering and coding the statements expressed by the respondents under each question. This process guided the researcher to describe and discuss the results explicitly and to develop recommendations.

*Desk Review a desk review was conducted to obtain background information on the demographics of the Palestinian population, child labor, drug use, sex work and HIV in within the Palestinian context. Other relevant information related to the study variables and objectives including available health and social services. Data sources included academic research, PCBS statistics, and reports from UN Agencies as well as any other non-governmental and inter-governmental organizations*

### **3.5 The qualitative data tools**

The qualitative data was semi-structured open-ended questions aimed at obtaining detailed information from stakeholders that included INGOs, NGOs, and governmental institutions that identified their perceptions and practices toward MARA, difficulties and constraints they may encounter, and lastly their future recommendation regarding health, social services and policies to reduce incidence of social problems and GBV within the scope

of their work (please refer to annex 3 for the open-ended questions and annex 5 for list of participants).

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#### **Qualitative data analysis**

**Introduction :** The qualitative data were obtained from 13 relevant institutions represented by 16 interviewees dealing with adolescents in general and with most at risk adolescents (MARA) in specific; Two INGOs (UNFP and UNICEF), the national AIDS Committee, three NGOs (PFPPA and Caritas and Y-PEER), Palestinian ministries (MOH, MOE, MOSA, and 4 people from MOI) and 3 CBOs (Al-Sadiq-Tayyeb, Ajyal and Aman).

The data collected through in-depth interviews reflected the institutions' roles in developing, preventing, protecting and rehabilitating children and adolescents and promoting their well being and the challenges they face in doing so. The data is assembled into themes reflecting general information about Institutions Work and its relevance to MARA, followed by identifying representatives' knowledge and perceptions of the size of the problem, reasons and determining factors. Also the data elicited information regarding preventive and protective measures, cooperation and coordination mechanisms to provide support and follow-up taken by these institutions, challenges they encounter and their recommendation toward improving the wellbeing of adolescents in general and MARA in specific (please refer to Annex 5 For the list of institutions and its representatives)

## **4. General Information about Institutions Domain of Work and Relevance to MARA**

### **4.1.1 The International Non-Governmental Organizations**

The interviewed INGOs included UNICEF and UNFPA are Sub-Recipients from GFTAM for the direct implementation on the ground either through their own capacities and expertise or through Sub Sub-Recipients. The program focuses on prevention of HIV and AIDS and vulnerability reduction with most at risk population groups as well as strengthening the capacities and systems of the national counterparts in order to provide a stronger response in the Palestinian territories.

The domain of work for the INGOS complement each other toward adolescents well being; UNICEF aims to support programs that deals with children and adolescents' development and protection, UNFPA aims to strengthen community action to better respond to HIV and AIDS through raising awareness and promoting prevention and mitigating stigma, in addition to strengthen national coordination and partnership mechanisms for better HIV programming.

Both INGOs not involved directly with MARA, UNICEF consider the preventive measure in building Life skills based education activities for children and adolescents and UNFPA work a lot with adolescents with emphasis on vulnerable out of school young people at MOSA.

### **4.1.2 The Non-Governmental Organizations**

Caritas Jerusalem is a member of Caritas Internationalis, works on helping the increasingly poor population of East Jerusalem, involved with MARA focusing especially on drug abuse issues through; prevention, and early intervention programs. Caritas has specific training aiming at building capacities of young people in general through preparing psychologists, social workers and students to work in the field of prevention and intervention against drugs abuse.

PFPPA is a member of the International Parenthood Federation (IPPF), the first specialized Palestinian NGO in the field of Sexual and Reproductive health. PFPPA provides health and social services through its spread service delivery points (SDP) focusing on young people and women's health with emphasis on SRH and rights including STIs and HIV, also focus at the most at risk adolescents and youth through different activities including the youth friendly program.

Y-PEER Palestine is a member of Youth Peer Education Network newly started in Palestine. Y-PEER is a network of organizations and institutions consisting of thousands of young people working in the broad areas

of adolescent sexual and reproductive health. The local Y-PEER members are active peer educators, training of trainers and youth advocates for adolescents' health and well being with emphasis on sexual and reproductive health and rights

The National AIDS Committee and MOH with relevant ministries and NGOs focus on prevention of HIV and AIDS in Palestine and vulnerability reduction with most at risk population and groups as well as strengthening the capacities and systems of the national counterparts in order to provide a stronger response toward these matters. The National AIDS Program collaborated with multilateral agencies to implement several operational research studies. These data formed the basis of a situation assessment in 2011, which has fed into the strategic planning process and improved the understanding of the risk environment.

Al-sadiq Attayeb- a local non-profit organization, provide addicts with comprehensive treatment program (psychosocial, physical and social) and provide their families with psychosocial and spiritual support to enable them offer their addict person during and after treatment. They perceive that adolescents being in prison or in protection facilities and laborers particularly those working in Israel are most at risk. They focus on treatment and rehabilitation services, as well as preventive programs through launching awareness in schools and youth organizations in many areas of WB

Aman- a society for counseling and community health- Hebron; a local non-profit organization, works on counseling and rehabilitation services for drug users. Perceive that adolescents being in prison for drug use or in protection facilities and laborers particularly those working in Israel are most at risk that needs to be well rehabilitated and integrated within their societies

Ajyal – a society for growth and development- Hebron; a local non-profit organization, focus on educational and developmental services for young people. Perceive that adolescents being in prison for drug use and those suffer from STIs including HIV are most at risk among other youth

#### **4.1.3 Governmental organizations**

Six key officials were interviewed from 4 Palestinian ministries, each commented on the issue of MARA from their role and perspective where all showed concern to work on children well being in general and MARA in specific

The Ministry of Interior –Palestine Police – Anti Narcotics General Administration (ANGN) representative believe that drug problem needs to be addressed both in terms of demand and supply reduction, and interconnected issues which must be incorporated as part of an integral drug control strategy. According to the Palestinian official, the OPT constitute mainly a consumer/user and not a producer area. The amount of drug-production remains relatively low and is covered almost exclusively by marijuana/hashish cultivation. Palestinian authorities assert that most of the drugs abused and trafficked within the OPT are produced either in Israel or in Areas C, especially in regions adjacent to settlements. In many cases there is coordination between relevant agencies but many times as said “we can't control it because of the political situation particularly on drug trafficking at areas of check points”.

The Anti Narcotics General Administration have education and awareness departments in all districts and with other agencies and as said “we target young people in schools, youth clubs, CBOs etc... as preventive measures”. The procedural activities for dealing with drug users is clear but the Draft Law on Drugs and Psychotropic Substances which was approved by the Palestinian cabinet and was forwarded to the President's Office need to be issued by a Presidential Decree. Regrettably no Presidential Decree has been issued by the time of the interview (Feb. 2014) yet. The official further said “we execute the laws but we have no authority on law enforcement”

The Anti Narcotics General Administration in Hebron also have been interviewed and believe that adolescents laborers are the most vulnerable to risk, beside their control of use and smuggling, they refer users for treatment and rehabilitation youth facilities.

The family and youth protection department- Palestine Police- are more concerned with family problems that lead to abuse of the weak person in the family which are women and children where this department interfere utilizing the law and referral to punitive measures or Public Prosecution.

The Ministry of Health-Primary health care challenge is to maintain the low incidence levels of HIV/AIDS, build awareness on prevention, and provide assistance to the PA for a multi-sectoral approach to combating HIV/AIDS in the future. The MOH and its National AIDS Committee are fully committed to supporting the comprehensive harm reduction response which includes needle and syringe programs and comprehensive drug dependence treatment. MOH launch preventive services and awareness programs for school children with emphasis on adolescents for smoking and drug use prevention, and promote life skills through school teams and many other modalities

The Ministry of Education- school health directorate; administer programs and projects that work on improving school children and adolescents' well being. School health targets all school children to improve their health and build their life skills with emphasis on adolescents' health through youth friendly project that target 7-10 grade all through the year. In addition to utilization of the adolescents' health curriculum, empowerment

programs implemented through different school activities to ensure safe development and safe environment and allow them to work independently and to avoid risk and unsafe practices.

The Ministry of Social Affairs (MSA) – rehabilitation centers; is concerned with marginalized and unprivileged youth utilizing social care and rehabilitation centers as part of its National Social Protection Strategy in Palestine, and in partnership with the various partners in the social protection sector, the MOSA seeks cooperation to organize efforts on reintegrating these children into the society after being rehabilitated and empowered to be accommodated within their communities. The MOSA believe that adolescents in prisons and /or protection facilities and adolescents laborers are the most vulnerable to risk and need the attention of all

## **4.2 Institutions' representatives' responses**

### **4.2.1 Prevalence and size of the problem of MARA**

All organizations representatives agreed that drug use is increasing, but no one was able to give the correct number of drug users in the oPT, their impressions are based on their own experiences and access to the users in their own communities as some of them describe the drug use as “it like a fire in a straw lot”

They further elaborated; when talking about IDUs, there is no classification per age group which makes it difficult to estimate adolescents' problems with drug addiction, same as for other vulnerability factors. Furthermore, UNICEF also believe that the problem is increasing, due to the unstable economic and political situation

According to PFPPA, there is no accurate information about MARA specifically in Jerusalem area, but further elaborated that the number of young people encountering risks is increasing. There are other behaviors that exposes adolescents high risk behaviors noted such as; Harassment, drug abuse, Smoking and physical abuse which are noted and available but we have no numbers on that

Caritas believe the problem of IDU is increasing “high prevalence” as their representative said “our field observation pointed that many adolescents have taken different types of drug with varied ranges among communities”

MOSA reported the problem of risk behaviors is increasing, “we have delinquent adolescents but they are under control, also those in rehabilitation centers are at risk if not found the proper care” they further elaborated, “there is no national data regarding this matter”.

MOI- official reported “drug use is criminalized in Palestine” and according to the Anti-Narcotic General Administration official, 956 drug users were convicted in 2013 in the West Bank for drug related cases; of those the young people were 4 persons were under the age of 16 years and 56 persons ages were 16-20 years which means adolescents drug users are abundant and start at an early age. MOI –Family Protection Department official reiterated on the numerous family problems they try to help, many of these problems are related to socio-economic conditions, disrupted families and as said “family violence including sexual abuse is increasing and this problem is reflected on young people, many times we intervened to ensure a safe place for them”

MOH-NAC official reported “the risk factors are too many knowing there is a large number of workers in Israel, but the HIV incidence is very low” and further clarified that the target group age already has been vaccinated for Hepatitis B, however, the risk of blood born diseases and psychosocial disorders still exist. MOH- reported the number of adolescents' behavioral problems is increasing in terms of; smoking, drug use, and alcohol, leading to many risk behaviors that exposes them to social and health problems.

MOE- There is no data about the size of the problem “there are some students who may use drugs in schools but mostly in Jerusalem” another comment on controlling this problem was as said “school principals always go around the school yards particularly in East Jerusalem to check for any unusual practices or left over of the drug use”

Al-Sadiq-Tayyeb Society; reported that number of drug users is increasing problem increase but still there is lack of accurate data. Furthermore, Ajyal and Aman reported that number of drug users is increasing and child labor is also increasing where these young people are always subjected to humiliation and disrespect.

### **4.2.2 Institutions representatives' knowledge and perceptions of reasons and determining factors of risks affecting adolescents**

Again there was a consensus among all institution on most reasons and factors affecting adolescents as such; low socio-economic conditions and poverty among families, child school dropout and consequently child labor, unstable political conditions and harassment of young people at check points are all factors that put pressure on these young people. Coupled with Peer pressure, lack of recreational facilities, lack of information or misleading information are other determinants that allow young people to go outside the normal walk of their peers

Both UNFPA and UNICEF elaborated that poverty and low socio economic status puts pressure on families and their children and expose them to be vulnerable to psychosocial problems and physical illnesses. Thus, adolescents are the most affected to be involved in different occupations to help their families; some of them are exposed to different risks such as being laborers in Israel where they could be easily exploited. Also

they believe that adolescent's situation is getting harder because of; restrictions in movements, detention, low socio-economic situation, not enough/needed services provided to them, especially for adolescents living in marginalized areas. PFPPA commented that working children and adolescents are exposed to health problems in addition to the possibility of exposure to accidents and injuries at work.

PFPPA further elaborated on the reasons; smoking at young age and their exposure to risk of drug use leads them to be classified in severe danger. Besides that, many young people under the age of 20 years are exposed to physical and psychological harm and abuse as a result of their exposure to interrogation and harassment at checkpoints where at many times are arrested. Peer pressure and work environment that may lead to sexual exploitation and physical harm.

Caritas related to the unstable political and economic conditions in Palestine, lack of awareness about the risks of drug use, misleading information and peer pressure are determining factors that make young people vulnerable to drug use and risk behaviors

MOH official commented on parents use of drugs as said "when the father use drug, he becomes violent against his family members and may become an icon for his young children to imitate him" this problem is common and need to be identified explicitly for social and health providers for further management and rehabilitation.

MOE- many indicators can guide the teachers and counselors to children with family problems and described them as; being late, being absent, not well adjusted with his peers and low academic achievement. For these indicators, there are protocols set by MOE to follow on these children with special file for each child for further intervention strategies. He related family status and family members' use of drugs put children at risk factors. In Jerusalem; there is an offensive use of drugs and most of the school children are at risk-political factors

MOI-Police approved the availability of risk factors among young people; mentioned the availability of galleries in many areas for drug users that they have put under surveillance and raided many times, also they mentioned that many adolescents uses unclean syringes/needles, which may put them at risk of transmitting infections if they have. They were reserved toward people with unusual sexual behaviors and said "it is very few".

While the Family Protection Department-Police said; although our scope is not MARA in specific, but we face another kinds of risks "we deal with those exposed to risk and dangers; physical and sexual harassment and abuse, adolescents running out of their own homes, or those trying to commit suicide where many have been exposed to incest".

The various ministries and NGOs as well consider the social and environmental background of MARA such as; family members' use of illegal drugs, work environment and peer pressure are valid reasons, where the root causes such as stress and un-satisfaction from their living status could lead to unhealthy behaviors mentioned above. They emphasized the level of education as a major factor, in addition to family social status, relations and situation, family issues like divorce and other problems could easily affect adolescents. More than that peer pressure and their influence is an important factor too. PFPPA added that adolescents are exploited and manipulated in their workplace by different ways and means; for example, some of them are not paid for their wages as it should be, others are exposed physical and sexual abuse during their work

Also, the majority elaborated that adolescents could be exposed to all risky behaviors including; unsafe sexual practices, sexual exploitation, drug use, imprisonment and exposure to STIs and HIV. Adolescents can be easily affected by their peers because they don't have enough awareness and could be involved in sexual relations without protection, they could also be involved in criminal acts like killing, stealing, drug use and alcohol consumption or other issues difficult living conditions coupled with lack of programs and plans of the government for intervention.

Caritas reported lack of awareness about the drug risk and miss leading information and peer pressure are of the main reasons for young people to use drugs. Y-PEER further elaborated that peer pressure, social condition and violence as well as Poverty and unemployment. MOSA reiterated on family educational and social status, broken families and lack of awareness in raising children and family behaviors are determinant factors to affect the life conditions of children and adolescent. Furthermore, child labor and the stressful labor conditions coupled to lack of awareness about risk behaviors and very much significant to induce risks and to expose these adolescents to unhealthy and risky behaviors

#### **4.2.3 Institutions' preventive and protective interventions for MARA**

Most of the institutions have common preventive and protective intervention strategies, with a variation among them regarding each specialization. But in general they all have education and awareness programs that deal with adolescents and youth needs at schools and university levels, local youth and women organization utilizing many modalities as peer educators, recreational activities, distributing health education related materials that promote community engagement and young people development. There is a praiseworthy growing awareness raising against drugs among Palestinian youth and among all stakeholders by Palestinian Police –ANGA.

UNFPA work at the level of community with different groups, among them is youth in general not specifically MARA, there is work being done with adolescents at schools in the field of HIV prevention, specifically for preparing a group of young students as peer educators in the field of HIV and SRH in general. The peer educators work as source of accurate and trusted information for other peers. Also UNFPA started to integrate youth friendly model within the MOH primary health care services during 2014, aiming at providing sexual and reproductive health counseling and treatment. This model is considered a pioneer in Palestine and it will be replicated in other districts in the future. UNICEF offers after schools activities, such as recreational, development, that promote their community engagements.

Within the five basic themes that PFPPA use as their framework, adolescents and young people are very much engaged and activated through their strategies and activities manifested by training and awareness sessions to be involved within their communities, schools and universities. Preparation of volunteers and peer educators for young people so that they can deliver correct information to their peers about all SRH matters and the risks factors affecting their peers. PFPPA through its programs asked to developed youth-friendly services that need to be expanded.

Caritas is directly involved with MARA drug users through; prevention, intervention and rehabilitation programs, also they work on building capacities of young people in general and raise awareness regarding these matters

MOH and NAC have a lot of intervention strategies and can be summarized as; coordination and cooperation with different stakeholders and health providers-a multidisciplinary approach, social determinants approaches for prevention of MARA and its risks, preventive measures including awareness programs, medical and community approaches. MOH established AIDS clinic in Ramallah old city, a lot of preventive measures through awareness and education, cooperation with other institutions and delegation of other activities to other concerned institutions. Many brochures and posters are produced by health education department on AIDS/STIs and smoking, as well as media campaigns to increase the communities and young people on these issues.

MOI- Over the years, has become clear that drug problems need to be addressed both in terms of demand and supply reduction, interconnected issues which must be incorporated as part of an integral drug control strategy. The police official said "Sometime our control is limited when drug dealers are in areas C or near the separation wall controlled by Israeli". Referral and follow up of social cases children to MOSA rehabilitation centers, counseling and awareness by using media. MOI- in 2010 established family protection units in all districts

MOE- is very much enthusiastic to develop the well-being of children and adolescents through its curriculum, training of teachers and many other programs that deal with school children development and well being. There is a large variety of activities and programs that aims to promote awareness of children through education and counseling, and a compulsory course in health and environment with the teacher syllabus on adolescents health used for the students from 7-10 grades. Also there is national 'adolescents health guide' that allows teachers to follow up on student's with any undesired physical or psychosocial symptoms. There are 30 trainers in adolescents health whose been trained for 300 hours on school health, counseling and teaching performance.

MOSA-conduct awareness workshops about risk of using drugs, and provide psychosocial counseling for children and build childhood protection network in all governances

Y-PEER has a network with young people and coordinates with many institutions to held sessions about gender equality among youth, SRH and rights, training of trainers, its all empowerment of young people

#### **4.2.4 Community response to help and protect MARA and institution cooperation**

UNFPA consider the response toward MARA at policy level still weak, legislation need to take into consideration the needs of adolescents and youth in this rapidly changing environment politically and socially. At social level there is a lot of work needed to target youth and adolescents as said "the programs among partners for adolescents is not sufficient and few, and there is a need to focus on these matters in their future planning and implementation strategies".

UNFPA level of coordination with governmental institutions are numerous and varies as said "work at the level of community with different groups, among them is youth in general not specifically MARA, there is work being done with adolescents at schools in the field of HIV prevention, specifically for preparing a group of young students as peer educators in the field of HIV and SRH in general, those peer educators will work as source of accurate and trusted information for other peers".

Also UNFPA started to integrate youth friendly health services within primary health care during 2014 within MOH, this model will be a pioneer model in Palestine and it will be replicated in other districts in the future. Main purpose of introducing the service is providing sexual and reproductive health counseling and treatment. UNFPA at NGOs level; cooperate and support the Medical Relief Society to fight stigma on HIV, work with youth and women in raising their awareness about STIs, and provide small grants to PFPPA for HIV prevention. Partnership with UNRWA to train program for health providers on STIs/HIV

UNICEF work on strengthening the system and advocate for protecting and helping MARA adolescents. Elaborated that Faith-based organization roles and service providers need to be improved and to be clear to all especially adolescents who live in marginalized areas. From social and protective environment, they said “More work still needed with special attention and services provided to females”. UNICEF cooperation is there, but “more advocacies still needed at the national level”

MOSA- commented on the lack of clear policies and legislation to protect the vulnerable children from different types of exploitation. There should be a work to establish national committees represented by all stakeholders including the Faith-based organization to allocate the responsibilities and roles among the stakeholders in order to protect these children. MOSA coordination with other organizations included; cooperation with MOH for some sick vulnerable adolescents that MOSA deals with, cooperation with MOE regarding children who left the school and return back to school, and cooperation with organizations that provide psychosocial services for children like TRC, and Palestine counseling center etc....

MOH- adopt the participatory approach with all concerned related health and non-health institutions, participatory approach with the local communities respond to their needs, cooperation with MOE, Ministry of Labor and universities to protect and support adolescents particularly HIV issues. MOH- policies and legislations to protect and rehabilitate this target group are well established and implemented. At political level, healthy development of children and adolescents is very much of concern where many legislations and laws regarding drugs and AIDs, public health law and consumer law are in place and followed well. Faith-based organization is involved through its representative within the NAC.

MOI- Anti-Drug administration believes in and works in partnership, coordination and collaboration with many institutions to bridge the gap between police institution and people. There is the young police project –“that is a cooperative project with schools to instill the values and good impression between schools children and policemen that help in accepting and respecting each other”. Cooperation with school counselors and parents associations to promote children development and as said “we are very cautious in dealing with children at risk and consider privacy and individual respect to align unhealthy behaviors when available”. We always try to create an environment integral to drug control strategy addressed both in terms of demand and supply reduction and in many cases we try to solve each drug problem individually.

MOI- established Family Protection Units in 2010 to be involved in family issues and most importantly they work violence against women and children within the family environment.

MOE- official said “local communities are very cooperative because there is a felt need for their adolescents’ health”. At the same time there is no national policy neither a vision that addresses adolescents’ needs, but there are programs offered according to funders’ vision. The role of Faith-based organization is very limited despite there is a representative national committee and Palestine media does not target the adolescents and if there is programs of this sort , it is not consistent neither comprehensive

#### **4.2.5 Challenges and difficulties that confront you to work on these issues**

UNFPA- is concerned about the high level of social stigma in the Palestinian society that hinders discussing issues related to sex, sexual relations and sexual problems

UNICEF-Facilitators and teachers who provide training to adolescents need to be improved (skills needed to transfer skills and information to adolescents’ knowledge) as well as there is difficulty in recruiting adolescents between 14-18 years old to participate in activities related

CARITAS-Stigma, negative attitudes, lack of follow up, lack of support from related organizations and many times of their families

MOH officials considered the financial status, the political and occupational status – areas C, workers in Israel are all challenging factors to prevent or reduce adolescents and adults’ exposure to risk and unhealthy well being. Also, cooperation and coordination among related institutions needs more practical procedural work to have an effective output. At ministry level; insufficient health educators in each district because of financial status and recruitment policies.

MOSA official elaborated on lack of specialized health centers to follow up on adolescents’ issues, lack of effective national organizations to deal with adolescents and their problems, community in general lack nature and needs of adolescents and families lacks skills in dealing with adolescents

MOI-DEA officials has categorized challenges into internal and external; the internal ones are related to legislations and laws, as said “there are deficits of the present legal framework and these laws do not deter drug dealers and users which is considered as an obstacles in handling these cases”. The cultural and traditional values of family privacy and anything outside norms have to be kept secret as said “families do not report drug use of their children and do not follow up on that”. Lack of follow up programs for drug users and lack of social media to highlight these matters are challenging and needs to be highlighted. The external challenge is political; Palestinian drug dealers under Israeli controlled areas like area C, Jerusalem and the checkpoints hinders the Palestinian Police to take actions

MOE –One of the problems is the limitations of coordination and collaboration among partners who

have adolescents' health programs. Also lack of planning where it should be a priority to follow before and after initiation of programs related to these matters

The local NGOs similar to governmental institutions have common challenges and categorized as; management problems including lack of communication between organizations, lack of financial resources, and lack of professional team regarding these matters as well as lack of institutions for referral, treatment and rehabilitation. Social factors; stigma and sensitivity of the topics, and the taboo imposed on the risk factors issues, cultural and community reservation toward that and lastly the political constraints as mentioned above.

## 5. Recommendations

- Use of a comprehensive Mass media programs to help promote young people development and avoid risk taking behaviors with special emphasis on adolescents
- Intensive awareness and educational programs at schools, youth clubs and local communities targeting vulnerable population in major tool to be used
- Family awareness on parenting and child rearing practices should be taken into consideration through religious, community and social organizations (this issue was very much of concern for the development of MARA)
- A Follow up on the young working people by a system created by the labor union, Ministry of labor and MOSA to identify any early exposure to risks (this could be part of the recommended National committee)
- Building the capacity of designated professionals, religious people, peer educators and any other related organizations within local communities to provide guidance and teach about healthy families approach, in order to reduce family problems which found to be a very critical component for adolescents to be engaged in risk behaviors

## References

- Bermudez, L.G., Exploring the Dynamics and Vulnerabilities of HIV Transmission amongst Sex Workers in the Palestinian Context. 2011, UN Women; The Palestinian National AIDS Commission, GFATM.
- GFATM (2012) Compilation of Operations Research on HIV and AIDS in the Occupied Palestinian Territories Funded by a grant from GFATM and in support from UNAIDS MENA RS
- Crossman, A. (2013) Education for sociology. <http://sociology.about.com/bio/Ashley-Crossman-38827.htm> (accessed May 15th.)
- GFATM-PCBS-MOH (2010) Risk Behavior Assessment of Palestinian Workers in Israel
- Homans, H., "Manual on Programming to Prevent HIV in Most-at-risk Adolescents" (draft), UNICEF Regional Office for Central and Eastern Europe and the Commonwealth of Independent States, Geneva, November 2007.
- Massad, S. et, al (2012). A Qualitative study on Perceptions of Drug Use and Sexual Behaviors of Adolescents in The West Bank, Occupied Palestinian Territory:
- Palestinian Central Bureau of Statistics –PCBS on the Eve of International Population Day, 11/7/2012, PCBS press release. Figures based on estimates prepared by PCBS according to the results of the Population, Housing and Establishment census of 2007.
- UNICEF (2010) an assessment based on the Convention on the Rights of the Child. The Situation of Palestinian Children in the Occupied Palestinian Territory, Jordan, Syria and Lebanon
- UNAIDS and UNICEF, (2006) HIV and AIDS Terminology Guide and Glossary for English-Arabic Users. [http://www.unicef.org/egypt/HIV\\_Glossary.pdf](http://www.unicef.org/egypt/HIV_Glossary.pdf) accessed Dec. 2013
- UNICEF APSSC and UNICEF Lao PDR (2011) Scaling Up the Response for Children; A Rapid Assessment Most-At-Risk Adolescents and Young People to HIV in Lao PDR
- Marian Preda, Doru Buzducea, Vlad Grigoraş, Florin Lazăr, (2009) Research Report on Most-at-Risk Adolescents. UNICEF. <http://www.hicn.org/papers/wp74.pdf/> accessed March 22<sup>nd</sup> 2014
- United Nations Development Assistance Framework in the occupied Palestinian territory (2012) Comprehensive Analysis (DRAFT)
- UNODC and AWRAD (2011) Situation Assessment of Drug Use and HIV among Drug Users in the West Bank and Gaza Strip
- Regional Report on the Near East (June 30, 2013). Council of the European Union Report- 116912/EU XXIV. GP Eingelangtam 07/06/13,
- The International Peace and Cooperation report (IPCC, 2009) Jerusalem the old city; The Urban Fabric and Geopolitical Implications; Center Publication XVII: Jerusalem,
- Robert M., Keith S., Tobi S. and Douglas H. (2005) Review of Sampling Hard-to-Reach and Hidden Populations for HIV Surveillance. AIDS 2005, vol. 19 (suppl. 2):S67–S72 2005 Lippincott Williams & Wilkins
- Russel, V. (2005). ABC of Adolescence—clinical review. **BMJ** VOLUME 330 Downloaded from [bmj.com](http://bmj.com) on 13

January 2009

Štulhofer, A., (2010) HIV Bio-Behavioral Survey among Injecting Drug Users in the East Jerusalem Governorate

Wargo, E., (2014) Adolescents and Risk: Helping Young People Make Better Choices College of Human Ecology, Cornell University.

[http://www.human.cornell.edu/hd/Outreach\\_extension/risky-decision-making-in-adolescents.cfm](http://www.human.cornell.edu/hd/Outreach_extension/risky-decision-making-in-adolescents.cfm)