Promoting Sexual and Reproductive Health Rights in Adolescent Refugees: A Case Study of Save the Children’s Work in Aida Refugee Camp, West Bank, Occupied Palestinian Territory

Liverpool School of Tropical Medicine

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Executive Summary

Access to sexual and reproductive health (SRH) has been considered a fundamental basic human right ever since the 1994 International Conference on Population and Development. Yet across the world adolescents’ access to their sexual and reproductive health rights (SRHRs) have been violated (ICPD Taskforce, 2013); even though they make up one fifth of the world's population (UNDESA, 2013). Consequently adolescents, especially females, suffer disproportionately from poor SRH outcomes since social norms and taboos greatly hinder the provision of services to promote their SRHRs (YHRC, 2011).

The occupied Palestinian territory (oPt) is suffering from a 65 year long complex humanitarian emergency. Palestinians are the world’s largest refugee population and like most developing regions, refugees, especially adolescents, are the most vulnerable sector within the Palestinian society (UNICEF, 2011). The conservative traditional Palestinian-Arab culture prevents the open discussion of SRHRs and since this culture guides policies, the legal framework and the provision of services in oPt, and the promotion and protection of adolescent sexual and reproductive health rights (ASRHRs) have been neglected even though adolescents make up approximately one quarter of the population (PCBS, 2013).

Save the Children partnered with Juzoor and the United Nations Relief and Works Agency for Palestine Refugees in the Near East and implemented a three-year European Commission funded project to address this gap. Using a qualitative research approach the project in Aida refugee camp was evaluated. The evaluation was primarily based on the feedback, experiences and perceptions from the mothers and adolescents who directly participated in the project, and also from the wider community through conducting semi structured interviews and focus group discussions.

Whilst SRHRs are a neglected issue in oPt, the project was able to effectively and appropriately advocate for the promotion of ASRHRs in Aida refugee camp using an age and culturally appropriate approach. Through a community approach, the project purposefully gained the trust and support from key respected community members in the camp; which consequently induced community-wide acceptance. Subsequently, a
change in the camp culture occurred to allow the open discussion of SRH amongst adolescents, mothers and families. Whilst the project directly benefited 20 mothers and 38 adolescents, it evidently positively impacted the wider community in Aida Camp. However, the project’s biggest failure was the lack of direct involvement of fathers, and this is deemed absolutely necessary considering this male dominated culture.

Whilst this project was limited to five impact areas in West Bank, it significantly impacted the conservative values in Aida refugee camp. Save the Children in collaboration with their partners, have momentously taken the first step in promoting ASRHRs in oPt for the very first time. This research provided Save the Children and their partner’s invaluable feedback and practical recommendations for the improvement and expansion of the project across West Bank, East Jerusalem and Gaza Strip. Whilst this research was context specific to tackling this cross cutting issue across the oPt, the key themes identified can be applied to the global promotion of ASRHRs, particularly the Middle East and North Africa regions.

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**Abbreviations**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>ASRHRs</td>
<td>Adolescent Sexual and Reproductive Health Rights</td>
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<td>CPLC</td>
<td>Child Protection Local Committees</td>
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<td>CSW</td>
<td>Commission on the Status of Women</td>
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<td>FGDs</td>
<td>Focus Group Discussions</td>
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<td>FAO</td>
<td>Food and Agricultural Organisation of the United Nations</td>
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<td>FGM</td>
<td>Female Genital Mutilation</td>
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<td>GBV</td>
<td>Gender Based Violence</td>
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<td>ICPD</td>
<td>1994 International Conference on Population and Development</td>
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<tr>
<td>MENA</td>
<td>Middle East and North Africa</td>
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<tr>
<td>MoE</td>
<td>Ministry of Education and Higher Education</td>
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<tr>
<td>NGO</td>
<td>Non governmental organisation</td>
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<td>OCHA</td>
<td>United Nations Office for the Coordination of Humanitarian Affairs</td>
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<td>oPt</td>
<td>occupied Palestinian Territory</td>
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<tr>
<td>PA</td>
<td>Palestinian Authority</td>
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<tr>
<td>PFPPA</td>
<td>Palestinian Family Planning and Protection Association</td>
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<td>PCBS</td>
<td>Palestinian Central Bureau of Statistics</td>
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<td>RC</td>
<td>Refugee Camp</td>
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<td>SC</td>
<td>Save the Children</td>
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<td>SC oPt</td>
<td>Save the Children occupied Palestinian Territory office</td>
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<tr>
<td>Acronym</td>
<td>Full Form</td>
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<td>SCI</td>
<td>Save the Children International</td>
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<td>SCS</td>
<td>Save the Children Sweden</td>
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<td>SRH</td>
<td>Sexual and Reproductive Health</td>
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<td>SRHRs</td>
<td>Sexual and Reproductive Health Rights</td>
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<td>SSIs</td>
<td>Semi Structured Interviews</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNDESA</td>
<td>United Nations Department of Economic and Social Affairs</td>
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<td>UNESCO</td>
<td>United Nations Education, Scientific and Cultural Organisation</td>
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<td>UNICEF</td>
<td>United Nations Children’s Emergency Fund</td>
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<td>UNRWA</td>
<td>United Nations Relief and Works Agency for Palestine Refugees in the Near East</td>
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<td>YHRC</td>
<td>Youth Health and Rights Coalition</td>
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1 Introduction

Figure 1.1. The Palestinian flag at a national event marking 65 years of being under occupation by Israel

(Source: Author, 2013)
Problem Statement

Adolescent’s sexual and reproductive health rights in a complex humanitarian emergency

The World Health Organisation (2004) stated that ‘sexual and reproductive health (SRH) is fundamental to individuals, couples and families, and to the social and economic development of communities and nations’. Therefore, sexual and reproductive health rights (SRHRs) are considered to be a fundamental human right (UNFPA, 2009). The gravest costs and consequences of poor SRH fall disproportionately on women, adolescent girls, and communities living in poverty. Therefore, the promotion of SRHRs is a matter of social justice, the empowerment of women and young people, gender equality and equity and international population development and management (ICPD Taskforce, 2013).

Adolescents should have universal access to sexual and reproductive health information and services in order to exercise their rights. Even though adolescents comprise of one fifth of the world’s reproductive population, they are too often stigmatised and marginalized from society. Additionally, legal, social and cultural barriers prevent the provision of adolescent SRH services. Adolescence is a time where opportunistic interventions can be of maximum benefit and therefore special attention should be placed on promoting the SRHRs of adolescents living in poverty and in humanitarian and conflict affected settings (PCBS, 2012 and ICPD Taskforce, 2013).

The Palestinian refugee context

The complex humanitarian emergency associated with the Israeli occupation of the occupied Palestinian territory (oPt) has resulted in the world’s largest refugee population. The combination of an inadequate legislative framework and the conservative Arab-Palestinian culture that prevents the discussion of the highly sensitive topic, resulted in a complete neglect of adolescent sexual and reproductive health rights (ASRHRs) in oPt (SCS, 2011).
Whilst poor SRH outcomes are not confined to a specific culture or religion, they are highly prevalent amongst vulnerable adolescent refugees and women during humanitarian crises (Unite, 2008). Just under half of the population in oPt are refugees, most of whom are women and children. They lack access, and effective and culturally acceptable services to promote ASRHRs; even though Palestinian refugee children have a right to special protection and services to promote their SRHRs (CRC, 1989). Like most developing regions Palestinian refugee children, particularly adolescents, are the most vulnerable sector of the Palestinian society and as a result there is an increasing demand for adolescent related services and facilities in oPt (UNICEF, 2011 and PCBS, 2013). From birth, Palestinian refugees have lived under occupation in an environment of violence, insecurity, inequality and injustice. They have had their fundamental human rights violated on a daily basis and therefore the promotion of their SRHRs returns them with an element of dignity, humanity and control over their lives.

**Save the Children’s response**

After recognising this huge gap, Save the Children, in partnership with Juzoor for Health and Social Development and the United Nations Relief and Works Agency for Palestinian Refugees in the Near East (UNRWA), implemented an innovative three-year project to promote the awareness of adolescent SRHRs in West Bank in 2010, something that had never been done before. The project directly and indirectly benefited thousands of Palestinian adolescents, mothers and families in five impact areas through the provision of culturally and age appropriate services. The project had an overwhelmingly positive impact as demonstrated by pre and post intervention survey results. As one of the leading advocates for children in oPt, Save the Children are determined to make children’s voices heard. However, during the official evaluation of the project, no in depth qualitative feedback was gained from the adolescents who directly benefited from the project in order to directly explore the impact the project had on them.
Justification for Research

Based on their remarkable success, Save the Children and its partners were granted funding to expand the project across the whole of oPt, including the Gaza Strip and East Jerusalem. They therefore requested that the project in one of the impact areas, Aida refugee camp, be evaluated. They stipulated that the evaluation should be based predominantly on the experiences, perspectives and opinions of the adolescents and mothers who have directly benefited from the project because they believe their feedback is absolutely critical to the improvement and expansion of the project across oPt.

By consolidating the literature regarding ASRHRs and services to promote them, this research will highlight the importance of promoting ASRHRs in oPt based on the deepened contextual knowledge of oPt. The research will also importantly provide Save the Children and their partners with recommendations on how to improve and facilitate the expansion of the project on a national level based on the feedback gained from their project beneficiaries.

Introduction to the host organisation: Save the Children

Save the Children (SC) is the world’s leading independent non-governmental organisation (NGO) for children, working in over 120 countries. SC aim to deliver immediate and lasting improvements to children’s lives by creating a world that respects and values each and every child and their rights in order to allow them to fulfill their full potential (SCI, 2013).
Occupied Palestinian Territory office

In 2007, Save the Children established a country programme in oPt in order to help and support the children of the world’s largest refugee population who continually live in an environment of fear, violence, poverty and insecurity. SC works with Palestinian and Israeli NGOs, international agencies, civil society and the Palestinian Authority (PA) to strengthen their capacities in order to better protect and promote Palestinian children’s rights to education, protection, healthcare and employment opportunities (SC oPt, 2013).
A Situational Analysis of the Occupied Palestinian Territory

Figure 2.1. ‘Welcome to Palestine'

(Source: Author, 2013)
Overview

Since the 1940s, the continuous struggle between the Jewish Zionist movement and the Palestinian Arabs has been the root cause of the on-going Israel-Palestine conflict. Over the past sixty-five years, a combination of historical, geographical, political, economic, sociocultural and religious factors have contributed to the longevity of this chronic complex humanitarian emergency. The factors involved in the conflict are vast and complex and have become embedded in the narratives and minds of both the Israelis and Palestinians over the decades. This continuing struggle is the product of Israel’s fight for security and the Palestinian fight for human rights, justice and a sovereign state.
Geography

The occupied Palestinian territory (oPt) consists of two separate geographical entities known as the West Bank and Gaza Strip within the Middle East, as shown in Figure 2.2.

Figure 2.2. Map of oPt

![Map of oPt](Source: OCHA, 2005)

History

Ever since the creation of the State of Israel, the Palestinian land has significantly got smaller as a result of the frequent wars with Israel and the never-ending construction and expansion of illegal Israeli settlements within the West Bank, as shown in Figure 2.3.
The political situation surrounding the Israeli-Palestinian conflict is hugely complex and central to Middle Eastern and international politics. However, after 65 years, there is still no successful political solution and there is unlikely to be one in the near future unless grave compromises are made by both sides; which is highly unlikely.

The geopolitical divide between the two governing administrative bodies in oPt, Hamas in Gaza Strip and the Palestinian Authority (PA) in West Bank, has hindered internal and international relations since Hamas was labeled a terrorist organisation by many Western governments (Islah, 2010). The West Bank is divided into three administrative divisions, Area A, B and C, based on whether the PA or Israel holds civil and security control, see Figure 2.4. However, while Israel continues to occupy the Palestinian territories, neither the PA nor Hamas have sovereign control over their land, resources and economy (Islah, 2010).
Demography

4.29 million Palestinians live in oPt, 1.8 million (42.1%) of which are registered refugees. The population in oPt is considered to be young since just under half (47.6%) are under the age of 18 (PCBS, 2013). In 2012 one of the world’s highest population growths occurred in oPt as a result of low mortality rates, high fertility rates and improved access to medical services.

Chronic complex humanitarian emergency

As the occupying power, Israel continues to violate Palestinians’ basic human rights and break International Laws, however they incur no punishment or consequences for such policies and practices (Mearsheimer and Walt, 2008).
Since 2006, the Gaza strip has been completely blockaded and as a result in 2012 the PCBS reported that Gaza was the most heavily populated place on Earth and that most of the population were food insecure. In West Bank, the occupation consists of numerous military checkpoints and a physical barrier separating West Bank from Israel and East Jerusalem (B’Tselem, n.d), both of which have severely restricted Palestinian access to land, resources and services, see Figure 2.5. Palestinians, particularly the refugees, are heavily dependent on external international aid in order to survive and figures show that 21.3% of the population in West Bank is living in poverty (PCBS, 2013b and UNRWA 2012).

**Figure 2.5. Qalandia military Israeli checkpoint**

(Source: Author, 2013)
Palestinian Refugees

The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) is dedicated to those that fit their eligibility criteria;

‘Anyone whose normal place of residence was in Mandate Palestine during the period from 1 June 1946 to 15 May 1948 and who lost both home and means of livelihood as a result of the 1948 Arab-Israeli war’ (UNRWA, 2007).

URNWA was established in 1949 to carry out temporary relief and works programmes for the Palestinian refugees, however its mandate has been repeatedly renewed in order to cater to the changing needs of the Palestinian refugees and their descendants. In 2012 there were 5.3 million registered Palestinian refugees residing in UNRWA’s 58 refugee camps as shown in Figure 2.6 (UNRWA, 2012)

Figure 2.6. The location of the UNRWA Palestinian Refugees

(Source: UNRWA, 2012)
3 Literature Review

Figure 3.1. Graffiti on the wall of separation inside Aida refugee camp, Bethlehem

(Source: Author, 2013)
Adolescence

Global demography

‘the period ranging from 10-19 years old’

Over the past 50 years the world’s adolescent population has drastically increased in size and currently it stands at the largest in history; 1.2 billion which equates to 18% of the world’s population (UNDESA, 2013). 88% of the world’s adolescents live in developing countries where they are disproportionately affected by poverty and socioeconomic barriers to accessing education and healthcare services (UNICEF, 2012).

Adolescents in the occupied Palestinian territory

47.6% of the population in oPt are under the age of 18. The PCBS (2013) defines adolescence as those ‘aged 15-19 years old’ and therefore it has no adolescent related data according to the WHO definition.
An age of opportunity

‘It is imperative that adolescents voices are heard… they are aware that their futures depend not only on what others can do for them, but also what they can do for themselves’

(UNICEF, 2011)

Adolescence is more than a transitional period between childhood and adulthood; it is a period of intense physical, psychological and emotional change (UNICEF, 2011). However, the term ‘adolescence’ is not explicitly mentioned in any international convention or declaration even though adolescents make up one fifth of the world’s population.

Too little is known about adolescents because of the lack of research and investment in them. As a result they often lack the appropriate services and interventions to respond to their individual needs. Studies show that adolescence is a pivotal decade when poverty and inequality is passed to the next generation and therefore interventions, particularly focusing on protecting and empowering adolescent girls, are needed to break this transmission (UNICEF, 2012)

Adolescents are the future emerging generation who are living in the present. They deserve protection, support and most importantly recognition since they are able to positively contribute to their society if given the opportunity (UNICEF, 2012).
Sexual and Reproductive Health Rights

The 1994 International Conference on Population and Development (ICPD) recognised that sexual and reproductive rights (SRHRs), women's empowerment and gender equality was, and still is to this day, at the core of international population management and development. After affirming that SRHRs were a basic human right, a twenty-year plan of action to empower women through the promotion of their access to SRH services was produced. Additionally, this global agenda set the foundations for the new concept of SRHRs by defining reproductive health for the very first time (ICPD, 1994).

SRHRs encompass four interlinked individual components; sexual health, reproductive health, sexual rights and reproductive rights as shown in Figure 3.2. The ICPD Taskforce (2013) defines SRHRs as:

‘Basic fundamental human rights: the right to make free, informed and responsible decisions and have full control over very basic aspects of one’s private life- one’s body, sexuality, health, relationships and if, when and with whom to marry and have children- without any form of discrimination, stigma, coercion or violence. This includes the right to enjoy and express ones sexuality, be free from interference on making personal decisions about sexuality and reproductive matters and to access sexual and reproductive health information, education and services.’ (ICPD, 1994)
Figure 3.2. A diagrammatic explanation of SRHRs

(Source: Adapted by Author, 2013 from ICPD Taskforce, 2013)
Adolescent Sexual and Reproductive Health Rights

‘Sexual and reproductive health rights are paramount in securing the human rights, dignity and freedom of individuals, families, communities and nations across the world’

(ICPD, 1994)

The stark reality

Adolescents have the right to enjoy their SRH however millions of adolescents do not have access to SRH provisions (UNFPA, 2009). The ICPD Taskforce was established in 2012 to ensure that the promotion of SRHRs are secure priority in the post 2015 development agenda. Whilst significant improvements have been made, millions of people, especially women and adolescent girls, still do not have their SRHRs respected and fulfilled (ICPD Taskforce, 2013), see Figure 3.3. Adolescents, especially females, suffer disproportionately from poor SRH outcomes, which can have lasting effects on their physical and psychological health and development (YHRC, 2011).
Figure 3.3. ASRHRs: A global situational analysis

1 in 3 girls in developing countries get married without consenting before they are 18 years old

50% of sexual assaults are committed against girls under the age of 16

2,400 young people are infected with HIV every day

1 in 5 women has a child by the age of 18

#1 cause of death for adolescent girls in low/middle income countries is maternal mortality

(Source: Adapted by Author, 2013 from ICPD Taskforce, 2013 and WHO, 2013)
Policies and laws

‘Today’s adolescents were born under the protection of the Convention of the Rights of the Child. They are the children of the Millennium Declaration… We have promised them much; and we must deliver’

(UNICEF, 2012)

As previously stated, SRHRs are considered to be a fundamental basic human right. The United Nations Convention on the Rights of the Child (CRC) and the Millennium Development Goals (MDGs) are the two most important laws and strategies that can and should be applied to promoting ASRHRs.

United Nations Convention on the Rights of the Child

The CRC is the single most important legislative document regarding every human under the age of 18 years old. The CRC depicts the minimum entitlements and freedoms that every child has the right to in a set of legally binding non-negotiable standards and obligations (PCBS, 2012 and UNICEF, 2013). Since its creation in 1989, 193 states have ratified the CRC making it the most widely ratified human rights agreement in the world, however millions of children still do not have their basic rights respected (UNICEF, 2009).

If we apply the CRC to ASRHRs it is clear that adolescents have the right to have their SRHRs promoted, and governments who ratify the CRC have a legal responsibility to provide the necessary services to promote ASRHRs in order to protect the from violence and abuse.

Millennium Development Goals

In 2000, world leaders committed their nations to reduce extreme poverty in its different dimensions by the year 2015 through a series of eight individual targets, known as the Millennium Development Goals (MDGs). Ever since, the MDGs have been at the forefront of the international development agenda (UN Millennium Project, 2000).
The promotion of ASRHRs can directly and indirectly accomplish a number of MDGs; ‘promote gender equality and empower women’, ‘improve maternal health’ and ‘combat HIV/AIDs, malaria and other disease’. However UNICEF (2011) argues that most of the programmes and policies in place to achieve the MDGs have ignored ASRHRs.

Services in place to promote adolescent sexual reproductive health rights

‘All adolescents should have the access to comprehensive SRHRs education and services in order for them to exercise their rights, understand their bodies, avoid health problems and make informed decisions about their sexuality’

(ICPD Taskforce, 2013)

The WHO (2013), UNICEF (2011) and the ICPD Taskforce (2013) advocate that there is a remarkable need to invest in ASRHRs services because they are at greatest risk of experiencing poor SRH outcomes however services are limited (UNDESA, 2013). Research has shown a strong role for education in promoting ASRHRs due to the link between education, protection and survival as Figure 3.4 demonstrates (UNICEF, 2012).
Social taboos and norms about sexuality and gender influence the availability and acceptability of services to promote ASRHRs enormously. However, in light of these sociocultural circumstances, services should overcome these obstacles in order to provide services which are fully inclusive and culturally appropriate (ICPD Taskforce, 2013 and UNICEF, 2009a).
Adolescent Sexual and Reproductive Health Rights in the Occupied Palestinian Territory: A Situational Analysis

Sociocultural factors

‘ASRHRs’ is a highly problematic concept in oPt for various sociocultural reasons. SRH is an exceptionally culturally sensitive topic within the conservative Palestinian-Arab society, often referred to as a ‘taboo’ subject (WHO, 2004). Since Arab culture and traditions guide policies and services, the promotion and respect for ASRHRs has been almost completely neglected in oPt, particularly within refugee camps (SC Lebanon, 2013). It can be difficult to talk about one’s rights in oPt, when Palestinians have had their human rights violated for the past 65 years.

Additionally, adolescence is not a commonly recognised notion in the Arab culture; traditionally an individual is either a child or an adult. In comparison to the Western culture, Arabs traditionally get married and have children at a much younger age. As a result, Palestinian children are required to grow up very fast in order to survive the challenges they face on a daily basis and consequently Palestinians often miss out on their adolescence.

Traditions, customs and religious associations with Islam significantly influence the gender dimension within Arab culture by determining a man and woman’s individual roles and responsibilities, expectations and rights within their community. In 2010, the Commission on the Status of Women (CSW) reported that these gender stereotypes constrained women’s rights and access to education, health services and protection. The CSW also found that the high level of domestic abuse and violence committed against Palestinian women is rarely reported because of the stigmatisation women fear they will experience. Traditional hierarchies based on gender and age strongly govern Palestinian communities and families, particularly in the refugee setting.

Family is central to Palestinian culture and traditionally the father is the head of the family. Adolescents are rarely allowed to make decisions on issues affecting them, particularly adolescent girls in the case of early marriages. The need for parental consent often prevents adolescents from participating in services that their fathers deem inappropriate and unacceptable (SCS, 2011).
Legal framework

‘Palestinian children are severely under protected, this is mainly due to inadequate national legislation, internal political instability, scarcity of social and legal services provided for children, limited funds to invest in child protection and a lack of coordination among different stakeholders’

(SCS, 2011)

The legal framework in oPt is based on British Law, Jordanian Law and Israeli military law and although oPt is not governed explicitly by Islamic Law, Arab culture, traditions and customs form the foundation of this legal framework (SCS, 2011). As a result, the CSW (2010) argue that some of these laws are significant obstacles to gender equality because they discriminate against women and adolescent girls. For example, the minimum legal age to get married in oPt is 18, however, because early marriage is considered legal under Islamic Law, 22.7% of women who got married in 2011 were under the age of 18 (PCBS, 2013).
According to International Human Rights Law, the Fourth Geneva Convention and the CRC, Israel is the Occupying Power of oPt and therefore Israel is legally obliged to protect Palestinian children. However, they continuously use practices and policies that violate these agreements (SCS, 2011; OCHA, 2011). Since the oPt is not a recognised sovereign state, the Palestinian Authority is unable to ratify any international convention, such as the CRC. As a result the PA established the Palestinian Child Law in 2005 to protect and support their children although SC argue that this law is largely ineffective.

**Health and education systems**

The Ministry of Health does not focus on services to protect or promote ASRHRs, rather it focuses on maternal health and the under fives (SC Lebanon, 2012). Education in oPt is undoubtedly the most important sector within the Palestinian society (PCBS, 2013) however the Ministry of Education and Higher Education does not insist on compulsory SRH education in the governmental schools (UNESCO, 2004). A very small lesson plan on SRH is included in the curriculum in UNRWA schools, which educate one quarter of Palestinian students, most of who are refugees (PCBS, 2013).

**Civil society**

UN agencies describe the Palestinian civil society as one of the most lively and active civil societies in the world (SCS, 2011). Despite this, in 2010 SC reported that there was a complete absence of an active civil society regarding the promotion of ASRHRs in oPt.
Why should we promote adolescent refugees sexual and reproductive health rights in the West Bank?

‘When young people claim their right to education and health—including sexual and reproductive health—they increase their opportunities to become a powerful force for economic development and positive change’.

(Hillary Clinton, 2011)

As a result of the chronic humanitarian emergency and the deep-rooted Arab culture and traditions, there are no acceptable or effective services to promote adolescent refugees SRHRS in West Bank, despite adolescent refugees representing a substantial proportion of the population (PCBS, 2013) and international agreements affirming their right to these services (SC Lebanon, 2012).

Refugee adolescents are at great risk of experiencing sexual and gender based violence (UN Secretary General Report, 2006). Violence against refugee women is highly prevalent in the Palestinian society however it is impossible to measure the full scale of violence because most cases go unreported (SCS, 2011 and PCBS, 2013). The Palestinian Family Planning and Protection Association (PFPPA, 2010), the first specialised Palestinian NGO in the field of SRH, advocate for Palestinian policy makers to make adolescents SRH a priority on their agendas. Additionally, the 2012 UN Secretary General Report stated the need for enhanced efforts to incorporate gender perspectives into services in order to ensure targeted assistance and support for women and girls.

The biggest obstacle to approaching this sensitive topic is the ingrained culture, traditions and laws within West Bank that prevent the open discussion of ASRHRs, however it is precisely because of these factors that there is an overwhelming need to break the silence around this taboo subject. In turn, this will allow the development and provision of services to protect and promote ASRHRs (UNFPA, 2009 and SC Lebanon, 2012).
How can we promote adolescent sexual and reproductive health rights in West Bank?

Based on the challenges and obstacles that exist in West Bank and the analysis of relevant literature, policies and documents, this research will explore the best methods to promote ASRHRs in West Bank, as summarised in Figure 3.6.

**Figure 3.6. A diagrammatical summary of how adolescent sexual and reproductive health rights can be promoted in West Bank**

(source: Author, 2013)
Eliminating sociocultural barriers:

- Cultural, traditional, gender and age specific barriers must be broken down in order to make way for an open dialogue between adolescents and parents, service providers, policy makers and communities (PFPPA, 2010 and UNICEF, 2011)
- Gender dimensions of violence must be included in services in order to address the stereotypical attitudes regarding adolescent males and females (UNICEF, 2011)
- Tailored contextual approaches must be used in order to cater for the unique needs that adolescents in West Bank have (UNICEF, 2011)
- Efforts are needed to raise the awareness of the root causes and consequences of traditional harmful practices such as early marriage (ICPD Taskforce, 2013)

Community and male involvement:

‘Any adolescent friendly service established without the support of the community is likely to fail and not be sustainable in the long term’

(PFPPA, 2010)

- Policy makers including the government, civil society and the international community must guarantee that the social, legal and political environment in West Bank ensures the promotion of ASRHRs (UNiTE, 2008 and SC Lebanon, 2012)
- The community should be well informed of the existence of services to promote ASRHRs and be thoroughly involved in its implementation and most importantly, they should value its existence (PFPPA, 2010)
- Religious community leaders must advocate for these services (PFPPA, 2010)
- The services should provide parents, teachers, religious leaders, community leaders, civil society and the community at large with information on ASRHRs
- The engagement and commitment of males in these services is absolutely crucial in preventing violence against women and achieving gender equality (UN Women, 2012 and ICPD Taskforce, 2013)
Compulsory sexual education classes;

- Comprehensive sexual education should be compulsory in all schools with the provision of age and culturally appropriate education materials (CSW, 2010 and ICPD Taskforce, 2013)

Involve adolescents;

- Adolescents should be involved in the design, implementation and evaluation of the services in place to promote their SRHRs (PFPPA, 2010 and ICPD Taskforce, 2013)

‘Young people should be involved in the planning and running of the services in order to cultivate a sense of owning the service… this will assist in mobilizing their peers to utilize the services’

(PFPPA, 2010)
The Project- ‘Protecting Adolescents from GBV Through the Promotion of the SRHR in Yemen, Lebanon and oPt’

‘The project wants to address and actively involve all those that share the responsibility to ensure that Palestinian children can enjoy their right to SRH education’

(SC oPt, 2013)

Project description

In response to the lack of services to protect and promote ASRHRs, Save the Children, in partnership with UNRWA and Juzoor, implemented the programme; ‘Protecting adolescents from Gender Based Violence (GBV) through the promotion of their Sexual and Reproductive Health Rights (SRHR) in Yemen, Lebanon and oPt’ in January 2010 in West Bank.

Save the Children and their partners were awarded funding from the European Commission for three years and the project was completed in January 2013. The aim of the project was to protect adolescents from GBV through the promotion of their right to SRH. The project was designed to provide adolescents, and parents, with the provision of culturally and age appropriate SRH education materials and services using a rights-based approach and a community-based approach. The long-term aim was to help develop local and national policies that would continue the promotion of ASRHRs after the programme had finished (SC, 2010), see Figure 3.7 for the official aim and objectives. The remainder of this research will address this particular project in the context of oPt only.
Figure 3.7. The project’s official aim and objectives

<table>
<thead>
<tr>
<th>Aim</th>
<th>Enhanced protection of children and adolescents (10-17 years) in the MENA (Middle East and North Africa) Region from gender-based violence (GBV) through promoting their right to Sexual and Reproductive Health.</th>
</tr>
</thead>
</table>
| Objectives | 1. Improving quality of child/adolescent friendly SRHR information and services in Lebanon, Yemen and oPt.  
2. Increasing accessibility to SRHR information and services for adolescents and children in Lebanon, Yemen and oPt.  
3. Improving Policy Makers’ support for children and adolescent’s friendly services and information on SRHR. |

(Source: Adapted by Author, 2013 from SC, 2010)

Partner organisations

Save the Children worked with two local partners, UNRWA and Juzoor, in order to implement the project into oPt. Juzoor is a Palestinian NGO that works with civil society and governmental bodies in Palestine to promote a coherent, interdisciplinary, cross-sectorial approach to improve the health and social well-being of individuals, families and communities in Palestine (Juzoor, 2013).

Specifically related to the project, SCs main role was the overall leadership and management of the project; they attained funding from the European Commission and built the capacity of their local partners through the training of their field workers. UNRWA and Juzoor had previous knowledge and operational experience in this context and therefore they implemented all the activities in the impact areas. Four of
the impact areas were under the responsibility of UNWRA since they were refugee camps and therefore UNRWA provided health clinics, personnel and databases for the beneficiary selection.

**Impact areas**

The project was implemented into five impact areas in West Bank due to the evident lack and huge need for these services. The impact areas consisted of four refugee camps and one rural village, as shown in Figure 3.8 (SC, 2012).

**Figure 3.8. Project impact areas in West Bank**

(Source: Adapted by Author, 2013 from OCHA, 2001)
Target population

The direct and indirect target groups for the project in West Bank were:

- Adolescents aged 10 to 17
- Parents
- Palestinian civil society
- Educational, health and social service providers
- Decision makers at UNRWA and the PA institutions (SC, 2012)

Pre knowledge, attitudes and practices (KAP) survey

‘76.1%, 86.2% and 92.5% of adolescents, parents and service providers respectively said that there was violence against children aged 10-17 in their community’

(SC, 2010)

Before implementing the project, SC conducted a baseline KAP survey that focussed on the target populations SRHR knowledge and protective mechanisms. The results were used to tailor information and services based on the specific needs of the target population. The baseline measurements were also compared to the post KAP survey in order to quantify the impact of the project (SC, 2010).

Results showed that most adolescent’s (90/120) identified their mother as the primary source of information about their SRH, and not once were teachers, counsellors, friends or the media consulted. Parents and adolescents had high levels of knowledge regarding violence however they had very little knowledge regarding sexual abuse. Violence against adolescents aged 10-17 years old in the impact areas was commonly recognised by the target groups however very few (12/120) adolescents were able to identify three or more strategies to protect themselves from violence. Alarmingly, the majority of service providers (31/53) lacked the training and ability to deal with adolescents who had been victims of violence and sexual violence. Also, only 95% of adolescents (114/120) agreed with the statement, ‘I have the right to live without any kind of violence’ (SC, 2013a).
Project activities and outcomes

The project successfully reached approximately 15,000 adolescents and parents throughout West Bank through a variety of methods and activities. Additionally, 499 service providers in West Bank were trained to promote ASRHRs in oPt (SC, 2012). In each impact area there was a mother and adolescent peer group, who directly benefited from the project. The peer groups met on a weekly basis to increase their knowledge of SRHRs using mostly group, but sometimes peer-to-peer methodologies. Age and culturally appropriate education materials were adapted from existing regional materials and developed into three training modules; SRHRs manual training; GBV, Early Marriage, STIs, HIV; and Child Sexual Abuse. Adolescents, parents and the wider community indirectly benefited through various activities, awareness sessions and public events. In each impact area, an Information Point was created equipped with the education materials, see Figure 3.9 for some projects outcomes.
SC worked closely with the Palestinian civil society, the relevant bodies within UNRWA and with national and regional governmental actors in order to create Child Protection Local Committees in the refugee camps, and to build appropriate referral mechanisms for detecting and managing cases of abuse and violence. The referral mechanism has been established however due to its complexity it needs further work and development. See Appendix 1 for a comprehensive list of the projects outcomes.
Possibly the greatest overall advocacy achievement is that the UNRWA Department of Education has agreed to update the UNRWA school curriculums in the impact areas to include aspects of ASRHRs (SC, 2012).

**Box 3.1. A special success story of the project in West Bank**

Mothers and adolescents from the peer groups used puppets to break the cultural and traditional barriers to discussing sexual and reproductive health matters. This method was found to be useful but more importantly fun by everyone.

(Source: Adapted by Author, 2013 from SC, 2012)

**Post knowledge, attitudes and practices (KAP) survey**

‘The positive change in knowledge, attitudes and practices reached the target of 60% improvement’

(SCa, 2013)

The post KAP survey was conducted in late 2012. Preliminary results show a remarkable change in the target populations’ knowledge, attitudes and practices, especially the adolescents and parents. Service providers, particularly health workers, demonstrated a lower level of change in knowledge and this is worrying since they already had low levels of knowledge before the project was implemented.
and therefore this needs to be focussed on when considering the future expansion and implementation of the project (SC, 2013a).

‘Best Practices for Sexual and Reproductive Health Rights for Children and Adolescents in the MENA Region’

In October 2012, Save the Children held a regional workshop in Jordan to discuss the promotion of ASRHRs in the Middle East and North Africa (MENA) regions. Key local and regional actors were present from the national civil societies and ministries to share knowledge, discuss challenges faced and lessons learnt in order to highlight the best practices for the promotion of ASRHRs. The workshop highlighted the need to improve and expand the evaluation process of this project in order to improve the project and better promote ASRHRs across the MENA regions (SC Lebanon, 2012).

The next step

Due to the overwhelming positive impact of the project SC have been granted funding from the Swedish International Development Agency (SIDA) to improve, expand and implement the project over a further three years. The project will be implemented into; eight UNRWA refugee camps, including Shu‘fat Camp in East Jerusalem; a city in Northern West Bank; and five locations in Gaza Strip. SC will also pilot the project into other areas in East Jerusalem in partnership with the Palestinian Counselling Centre.

The project has had many successes and it has accomplished so much in the field of promoting SRHRs in oPt however this research has identified gaps in the project, the most significant of which was the failure to successfully attract and involve fathers in the project (SC, 2013a). The identified gaps will be further examined in the research findings and discussion in order to provide recommendations on how the project can be improved to allow more adolescents and communities in oPt to benefit from it.
4 Aim and Objectives

Figure 4.1. Graffiti outside Aida Youth Centre, Aida refugee camp

(Source: Author, 2013)
The monitoring and post evaluation of the project was largely based on the pre and post KAP surveys which demonstrated that the project was successful based on predetermined outcome measures. However with this being said, no in depth qualitative research was conducted to evaluate the project in order to explore and describe the impact that the project has had on the target population.

The CRC is at the core of Save the Children’s work and it asserts that children have a right to express their views regarding services that are in place to promote and protect their rights. With this in mind, and in response to recommendations from the regional workshop to improve and expand the evaluation process, Save the Children, recognised that the evaluation of their project, based on the KAP survey alone, was incomplete without in depth feedback from those who have participated in the project.

Consequently, Save the Children requested that the programme in Aida refugee camp be evaluated based on the experiences, perspectives and opinions of the adolescents, parents and service providers who have directly benefited from the project. The results of this research will provide Save the Children, UNRWA and Juzoor with relevant recommendations on how to improve the project in order to facilitate and support the expansion and implementation of the project into new locations.

“We aim to increase the participation of children in oPt in the decisions which affect their lives”

(SC oPt, 2013)
Aim -

To evaluate Save the Children’s Sexual and Reproductive Health Rights (SRHRs) programme in Aida refugee camp, Bethlehem, West Bank to identify lessons learned in order to expand and implement the programme into other refugee camp settings

Objectives -

1. To identify the sexual and reproductive health rights (SRHRs) and gender based violence policies and legislation within the Palestinian context

2. To identify the political, cultural and social factors that influence adolescent refugees’ knowledge and understanding of SRHRs, with a focus on refugee camp settings

3. To explore perceptions of the programme to promote adolescent SRHRs in Aida camp, West Bank

4. To offer practical recommendations for the improvement, development and expansion of Aida’s programme and the for the implementation of the programme into Shu'fat Refugee Camp, West Bank, in the near future
5 Methodology

Figure 5.1. The entrance to Aida refugee camp, Bethlehem, West Bank

(Source: Author, 2013)
Overall approach

The overall approach chosen for the research was qualitative in nature. Qualitative research is an approach, which seeks to explore, describe and analyse the culture and behaviour of people and groups by gaining their perspectives (Hudelson, 1994). Using qualitative methods this research explored the perceptions and opinions of adolescents, parents, service providers and community members in order to evaluate the SRHRs project in Aida camp. Save the Children, UNRWA and Juzoor were directly involved in the design, development and implementation of this research, and from this point on will be referred to as the research team.

Pre field work preparation
The author developed the topic guides for the semi structured interviews (SSIs) and focus group discussions (FGDs) prior to departure to the field. Upon arrival in the field an orientation day was organised for the author to meet the research team and discuss and verify the research methodology. It was decided that a female field coordinator from Juzoor would facilitate the FGDs. A discussion between the author and facilitator ensured that the topic guides were understood and appropriate. The letters of invitation, participation information sheets and consent forms were translated in the local Palestinian dialect.

Data collection
A literature review, SSIs, FGDs and non-participant observation (NPO) were used in order to collect data for this research. The methodology and justifications for each objective are outlined below in Table 5.1.
Table 5.1. Research objectives, methods and justifications

<table>
<thead>
<tr>
<th>Objective</th>
<th>Method</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To identify the sexual and reproductive health rights (SRHRs) and gender based violence policies and legislation within the Palestinian context</td>
<td>1.1 Literature review</td>
<td>1.1 To develop an understanding of the Palestinian context in terms of ASRHRs - To understand what legal rights Palestinian adolescents have in West Bank with regards to their SRHRs - To comprehensively understand the ASRHRs project in oPt - To explore projects to promote ASRHRs elsewhere in the world</td>
</tr>
<tr>
<td>2. To identify the political, cultural and social factors that influence adolescent refugees' knowledge and understanding of SRHRs, with a focus on refugee camp settings</td>
<td>1.2 NPO</td>
<td>2.1 To gain a better understanding of participants attitudes through objective observations</td>
</tr>
<tr>
<td></td>
<td>2.2 FGDs with:</td>
<td>1.3 and 2.3: To explain what is understood by SRHRs by the target population</td>
</tr>
<tr>
<td></td>
<td>- Adolescents</td>
<td>- To identify factors that adolescents believe influence their knowledge and understanding of</td>
</tr>
<tr>
<td></td>
<td>- Mothers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.3 SSIs with:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Service users</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Service providers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Key informants</td>
<td></td>
</tr>
</tbody>
</table>
| 3. To explore perceptions of the programme to promote adolescent SRHRs in Aida camp, West Bank | 2.4  NPO  
2.5  FGDs and 3.3. SSIs (as in 2.2 and 2.3) | 3.1. To observe the facilities used by the project  
3.2 and 3.3:  
- To learn about the programme comprehensively with regards to; what, who, why and how it is run  
- To explore the strengths and weaknesses of the project as highlighted by the target population  
- To explore key informants’ perceptions of the project |
|---|---|---|
| 4. To offer practical recommendations for the improvement, development and expansion of Aida’s programme for the implementation of the programme into Shu’fat Refugee Camp, West Bank, in the near future | 4.1 Work in partnership with Save the Children, UNRWA and JUzoor | - To offer useful recommendations, in relation to the research findings, based on perception and experience of the service uses and providers and key informants  
- To support the promotion ASRHRs in new locations in West Bank and Gaza Strip |

(Source: Author, 2013)
Objective 1: Literature review

Objective one was achieved through a comprehensive literature review. Search engines, such as PubMed and Medline, and the Internet were used to retrieve a broad range of primary and secondary resources related to ASRHRs in oPt. Critical appraisal of key studies were undertaken to grasp the major debates in this field. Official project documents were reviewed to facilitate a deeper understanding of the project.

Objective 2 and 3: Field research

Location

Field research was carried out in nine weeks in Aida refugee camp from the 8th May 2013.
Box 5.1. Aida refugee camp, Bethlehem

Aida RC was established in 1950 in an area of 0.71km$^2$. Currently 5,578 people live in the overcrowded camp and as a result the infrastructure is extremely fragile. The socioeconomic situation in the camp is dire due to the high levels of unemployment, 45% (UNRWA, 2013b).

Aida camp was one of the projects five-impact areas and outcomes include;

- Indirect beneficiaries
  - 2000 adolescents
  - 200 parents
- Direct beneficiaries
  - 20 service providers
  - 3 peer groups
    - 20 mothers
    - 15 adolescent girls aged 13-14
    - 23 adolescent boys aged 13-15

(Source: Author, 2013)
Semi structured interviews (SSIs) and focus group discussions (FGDs)

Figure 5.2. Aida Youth Centre

The SSIs and FGDs were conducted in Aida Youth Centre in the information point; where many of the SRHRs project activities took place. Discussion times varied between 30 minutes to an hour.

Topic guides facilitated the conduct of the SSIs and FGDs. The topic guides slightly varied between the different participant subgroups nevertheless they all covered the three main themes; perceptions of ASRHRs before the project; opinions about the project; and recommendations for improvement, see Appendix 2 for an example topic guide. The iterative process led to the exploration of additional lines of enquiry based on participant’s responses.

Semi Structured Interviews
The author conducted all of the 20 SSIs. A translator was used when necessary. SSIs allowed the author to develop an in depth understanding into participant’s responses through the use of probing questions.
Focus Group Discussions

The facilitator led the FGDs in Arabic whilst the author passively observed them in order to take notes and observe participants non-verbal behaviour. The FGDs allowed and encouraged the participants to talk freely as a group and share their individual experiences and perspectives with each other.

A total of four FGDs took place, involving adolescents and mothers. A total of 21 participants were involved in the FGDs, as shown in Table 5.2.

Table 5.2. An overview of the FGDs conducted

<table>
<thead>
<tr>
<th>Participants</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Adolescent girls</td>
<td>6</td>
</tr>
<tr>
<td>2 Adolescent boys</td>
<td>3</td>
</tr>
<tr>
<td>3 Mixed adolescents</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>(2 girls and 4 boys)</td>
</tr>
<tr>
<td>4 Mothers</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>21</strong></td>
</tr>
</tbody>
</table>

(Source: Author, 2013)

Translator

Throughout the duration of the field research three translators were enlisted to conduct real time translation for 12/20SSIs and to translate the recordings of the FGDs. All translators were briefed on the research and the translator agreements assured confidentiality.

Objective 4: Production of recommendations

Objective four was completed through regular contact with research team throughout the duration of the research project. The author collated and analysed the data gained from the field in order to produce final recommendations that aim to support the improvement and expansion of the project into new locations in oPt.
Participants, sampling and recruitment

For methodological and analytical purposes, the participants were subdivided into three subgroups; service users, service providers and key informants. Snowball and purposive sampling was used and all participants were selected based on a strict inclusion and exclusion criteria as show in Table 5.3.

Table 5.3. Participants, inclusion and exclusion criteria and sampling

<table>
<thead>
<tr>
<th>Participant subgroup</th>
<th>Service Users</th>
<th>Service providers</th>
<th>Key Informants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inclusion and exclusion criteria</td>
<td>- Male and female adolescents aged 13-15 years - Mothers - Members of the peer groups in Aida - Shown commitment and weekly attendance to the peer group</td>
<td>- Staff or volunteers - From Save the Children, Juzoor and UNRWA - Involved in the direct delivery - Or the management of the project in Aida - Male or female</td>
<td>- Lives or works in Aida camp - Not a service user or provider - Over the age of 18 - Male or female</td>
</tr>
<tr>
<td>Sampling</td>
<td>Purposive</td>
<td>Snowball</td>
<td>Snowball</td>
</tr>
<tr>
<td>Methods</td>
<td>SSIs, FGDs, NPO</td>
<td>SSIs, NPO</td>
<td>SSIs, NPO</td>
</tr>
</tbody>
</table>

(Source: Author, 2013)

The inclusion and exclusion criteria were applied to the project register to provide the sampling frame for the service users. Participants from this frame were then randomly selected by picking names out of a hat. With the help of Save the Children and their partners, the participants were contacted and given the letter of invitation and participation information sheet.

Save the Children, Juzoor and UNRWA helped the author initiate contact with the initial service providers and key informants and from then on further participants were recruited via snowball sampling.
A total of 41 participants were included in this research, see Figure 5.3. Sample size was based on the principles of saturation point, where the author was confident that a full range of meaning, perspective and understanding was captured.

Figure 5.3. A diagrammatic representation of the participants

(Data: Author, 2013)

Data analysis

A rigorous analysis of the non-numerical data occurred in order to ensure trustworthy qualitative research.

All literature was critically appraised. The SSIs and FGDs were recorded using a digital recorder and transcribed using Microsoft Word. The data was then electronically inputted and grouped in NVivo in order to produce a coding framework. Using grounded theory, thematic frameworks were produced to recognise the key re-emerging themes.
Quality assurance and trustworthiness

Table 5.4 shows the qualitative research techniques that were employed throughout the design, implementation and write up of this research in order to ensure trustworthy, high quality and information rich qualitative data.

Table 5.4. Qualitative techniques used to ensure trustworthiness

<table>
<thead>
<tr>
<th>Triangulation</th>
<th>The use of SSIs and FGDs helped the author develop a reliable interpretation and understanding of the data which facilitated trustworthy and valid data analysis.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondent validation</td>
<td>This was undertaken after the SSIs and FGDs to clarify and confirm the author understood the participants’ responses</td>
</tr>
<tr>
<td>Reflexivity</td>
<td>The researcher and translator were aware of the effect they could have on participants, known as the Hawthorne Effect, and therefore tried to minimise it.</td>
</tr>
<tr>
<td>Back translation</td>
<td>A second translator back-translated the initial translation to ensure that the original translator translated word for word.</td>
</tr>
</tbody>
</table>

(Source: Author, 2013)

Ethical considerations

Consent

To respect participant autonomy, informed voluntary written consent was gained from all participants throughout the research, especially before commencing the SSIs and FGDs. All participants were given a participation information sheet which emphasised the participation was voluntary.

Regarding the consent process for the adolescents, written consent was required from both the adolescent and their parent because they were under the age of 16.
Consent was gained from the UNRWA Camp Services Officer for the research to be conducted in Aida camp

Confidentiality and data management

All information provided by participants was kept confidential and made unidentifiable. SSIs and FGDs were conducted in a safe and private location. Data was stored either on a password-protected computer or within a locked filing cabinet that only the researcher had access to. Presented data was anonymised using an identifier number and the data was destroyed after the completion of the report.

Participant interests

The research centred on highly sensitive issues with the inclusion of vulnerable refugee participants and therefore the best interests of the participants were the primary concern throughout the research process. Efforts were taken by the research team to minimise the potential negative consequences for the participants and local community as a result of the research. Sensitive matters were explored thoughtfully and cautiously with respect to the conservative culture to avoid distressing the participants and supportive mechanisms were ensured where needed.

The research methodology was built on the projects methodology in order to make the participants feel comfortable. Most of the projects’ activities were mixed gender participation and led by a female service provider. It was therefore deemed appropriate for the research to be conducted by a female researcher/facilitator and to have a mixed gender adolescents in FGD.

Ethical approval

Before the commencement of this research ethical approval was obtained from the Liverpool School of Tropical Medicine Ethics Committee.
Dissemination of research

A copy of this study will be made available for the Liverpool School of Tropical Medicine. The host organisations; Save the Children, UNRWA and Juzoor were also sent a copy of the report.
Study Limitations

There were a number of limitations to this study. Firstly the fact that the author was a female from the UK researching this sensitive topic in a conservative refugee camp must be acknowledged as it may have had an effect on the responses from participants, particularly the adolescent boys. However, the author did everything they could to make the participants feel as comfortable as possible such as using icebreakers before the SSIs/FGDs, providing refreshments and communicating with the participants in Arabic when possible.

The author was constrained by both money and time. The plan was to conduct four additional FGDs in Shuafat Refugee Camp. The purpose of conducting the research in Shuafat Camp was because project was due to expand to this camp and SC informed the author that it was very different to Aida camp in terms of the geography, politics, demography and camp culture. However, due to time constraints this research was unfeasible. Despite this, because the research focused solely on Aida camp, it is felt more in depth findings were achieved.

The author intended to conduct SSIs with fathers who directly benefited from the project in order to gain a fathers perspective on SRHRs in Aida camp, however since no fathers directly benefited from the project this was impossible. Nonetheless, most of the male key informants were in fact fathers from Aida camp, so they were able to fill this gap. Additionally, the plan was to gain roughly an equal distribution of male and female participants in order to produce gender balanced findings. Whilst this occurred in the service providers and key informants, only 7/20 adolescent service users were male and the principal reason for this was that most boys had to work during the research since it was their school summer holidays.

In the instances where translators were used, some credibility may have been lost due to the interpretation of the data; which may have resulted in a loss of the true meaning of the findings. Finally, despite all precautions, as a result of the authors inexperience in conducting qualitative research the inductive and interpretative nature of this research may be biased.
6 Results

Figure 6.1. The mothers FGD conducted in Aida Youth Centre, Aida refugee camp

(Source: Author, 2013)

Figure 6.2. The adolescent girls FGD conducted in Aida Youth Centre, Aida refugee camp

(Source: Author, 2013)
Introduction to Results

The research revealed the emergence of some core themes in the evaluation of the project to promote ASRHRs in Aida camp.

The overarching factor that influenced adolescents’ knowledge and understanding of SRHRs in Aida camp was the conservative patriarchal Arab-Palestinian culture. The combination of this traditional culture and the sensitive nature of SRHRs have resulted in a complete neglect of the subject within Aida camp rendering the discussion of SRHRs as shameful. Save the Children’s project to promote ASRHRs was deemed very successful by the service users, service providers and key informants. This was primarily because of the emphasis the partner organisations placed on understanding and familiarising themselves with the camp culture and gaining the support and trust from the key influential community members who held the power in the camp.

The project’s critical weakness was the failure to directly involve fathers in the project’s activities and it is unlikely that a lasting change in the camp culture will occur unless adult males are involved in the project. The identification of these key themes have resulted in comprehensive findings about SRHRs and Save the Children’s project in Aida camp, which will be discussed further.
Participant Demographics

In total 41 Palestinian participants were involved in this research, which included 13 girls aged 13-14 years old and seven boys aged 13-15 years, as shown in Figure 6.1. It was particularly challenging interviewing the boys, in comparison to the girls who were basically young women. Whilst the boys were enthusiastic about participating in the research to offer feedback on the project they had been involved in for two years, the economic difficulties their families faced resulted in most of them being forced to work during their summer holidays, even though child labour laws in oPt prohibited them from working. As a result of these responsibilities and obligations, only three boys participated in the boy’s FGD and no boys turned up for the SSIs. Appendices 9.2a-d show the participants interview codes and Appendices 9.3a-d summarise the characteristic of all the participants.
Figure 6.3. Research participants and methodology

Abbreviations: F- female, M- male, Mo- mother

(Source: Author, 2013)
Main Results

Factors that influence knowledge and understanding

An occupation within an occupation

'We are in a special case of economic and social life inside Aida camp… we have many, many problems and demands'

(SSI-CSO(M)-23/05/13)

The situation in Aida refugee camp is highly problematic due to the socioeconomic hardships and the continuous exposure to the occupation. Most men in the camp are uneducated and have to work very long hours in gruelling manual labour jobs for very low salaries and subsequently, not unsurprisingly, SRHRs are not a priority for them (SSI-UPM(F)-04/06/13).

Part of the camp is enclosed by the eight metre high Wall of Separation, see Figure 6.4. The daily problems in the camp are exacerbated by the daily Israeli military incursions and the behaviour of the males, both of which commonly result in young Palestinian men being arrested (SSI-CSO(M)-23/05/13).
Figure 6.4. An aerial view of Aida refugee camp, Bethlehem

Key:- --- Wall of Separation  ----- Aida camp

(Source: Jerusalem Applied Research Institute, 2010)

The ‘biggest violence [in Aida camp] comes from the occupation’ (SSI-AF13-19/06/13) and this significantly hinders the promotion of ASRHRs, particularly amongst males. For example one of the boys said ‘because we are boys, nobody talks with us’ (Mx.FGD-AM4-17/06/13). With the chronic occupation and its implications, the promotion, education and awareness of ASRHRs was not a priority in the camp in comparison to safety and survival. Education was extremely important to those in Aida camp, however, the constant clashes with Israeli soldiers resulted in difficulties in the availability and access to educational services. For example, two days before this research was conducted, approximately twenty Israeli soldiers raided and destroyed the youth centre and the projects information point, where this research was conducted. After the manager of the youth centre refused to open the door of the youth centre to the soldiers, the soldiers blindly fired into the centre as shown in Figure 6.5 (SSI-PV(M)-20/05/13).
Arab culture and traditions were the main barriers to gaining knowledge and understanding of SRHRs as identified by the participants. Before the project, talking about SRHRs was considered to be a taboo in the conservative culture and as a result this topic was not spoken about. Islam was described as a positive and protective aspect within the Palestinian community because Islam ‘says you have a right to know your rights and to know anything to do with sexual issues’ (SSI-JPC(M)-15/05/13). The Imam (SSI-IM(M)-20/06/13) explained that ‘Islam is not the problem, it is the solution to the root of the problem... the problem is with the culture and stereotypes’. However a few participants believed that the ‘Palestinian interpretation
of Islam’ was at times problematic and contributed to the conservatism surrounding this topic.

The gender division

‘...because we are boys, nobody talks with us’

(Mx.FGD-AM4-17/06/13).

Males generally have more rights and freedoms in comparison to females in Aida camp, however, both genders have very different roles, responsibilities and pressures. For example, one boy stated ‘maybe just girls should be educated because boys have to bring money to the family’ (M.FGD-AM1-15/06/13). The implications of this reality prevented most boys from partaking in this research and claiming their right to voice their opinions on a project that is in place to protect, support and educate them. On the other hand it is important to mention that during school term time, 23 boys regularly attended the boys peer group activities and therefore it seems that boys have different obligations in and out of term time.

Before the Project

An unspoken topic

‘You have to be so careful when you speak about it [SRH]... you can’t speak about everything and be honest when you speak’

(SS1-IM(M)-20/06/13).
SRHRs was not discussed between friends and families before the project (SSI-CC(M)-23/05/13) because it was considered to be ‘forbidden and shameful’ (F.FGD-M5-20/05/13 and Mo.FGD-M4-20/05/13) and as a result the volunteer from the women’s centre explained that ‘many of the problems we have [in Aida camp] are related to sexuality’ (SSI-WCV(F)-30/06/13).

**Little knowledge known**

‘Parents never talk about sex… I know some cases when the young girl gets married and she knows nothing about sex’

(SSI-WCV(F)-30/06/13)

Most participants had very little to no knowledge of their SRHRs before the project. For those who had some prior knowledge, it was very limited and they learnt it from their mothers, although one mother had a lot of knowledge because she was part of a university group, which taught other women about SRH (F.FGD-MS-20/05/13).

**No services available**

‘We have many projects that talk about gender and violence… but this is the first time that sexual and reproductive health is spoken about in Aida’

(SSI-CC(M)-23/05/13)

Only two community members were aware of services that were available before the project to promote ASRHRS (SSI-CSO(M)-23/05/13 and SSI-WCV(F)-30/06/13), however the adolescent’s, mothers and service providers were unaware of any such services. The imam (SSI-IM(M)-20/06/13) discussed the ‘good and bad acts’ with the 10% of the men and the 2% of the women from the camp who went to the mosque.
An inadequate school curriculum

‘I did the sexual education for my child because his teacher told his class that their families would teach them’

(SSI-WCV(F)-30/06/13)

There are two UNRWA schools in Aida camp; a boys and a girl’s school that go up to 9th grade. The UNRWA curriculum includes a very small section on SRH however since child protection is a new theme in Palestine (SSI-JPC(M)-15/05/13) the school principle explained that the ‘concept of protection does not exist’ in the curriculum (SSI-SP-23/05/13). The curriculum is inadequate and limited to purely scientific facts; it completely disregards the social aspects of SRH. Additionally, teachers rarely taught these lessons because they felt shy and embarrassed. Most teachers had a complete lack of knowledge on SRH and they lacked the ability to educate children using the appropriate methodologies and as a result either the school counsellors were called upon to teach this topic or the topic was completely ignored (SSI-SC(F)-06/06/13).

A hidden reality of violence

‘The mother is afraid to say something… maybe she thinks its normal’

(SSI-SC(F)-06/06/13)

It is unclear how prevalent violence was in the camp before the project because violence was something that wasn’t spoken about (F.FGD-AF5-15/06/13). That being said, the Camp Services Officer (SSI-CSO(M)-25/05/13) disclosed that two weeks before this research was conducted, a woman from the camp was beaten by her husband and his brother. The volunteer from the Women’s Centre (SSI-WCV(F)-30/06/13) argued that ‘most of our problems, most of the violence inside the families you’ll find that it is sexual problems’. The imam however, (SSI-IM(M)-20/06/13) stated that there was no sexual violence in the camp because ‘in Islam we haven’t got sexual violence’. 
Perceptions of the project

Service Users

‘In the beginning I didn’t like the project... and now I am trying to imagine how I can live without it’

(F.FGD-AF2-15/06/13)

The mothers and adolescents were extremely positive about their overall experience in the project. Aside from the intended benefits of the project, the mothers and adolescents particularly benefited from the social aspect of the project; it allowed friendships to be made and fun to be had, which over time created a sense of unity and belonging to a group. One mother explained;

‘Women have a lot of depression and pressures [in Aida camp] but after we were together I leave with happiness and I feel like another woman; I feel psychologically comfortable and that made me love this project’ (Mo.FGD-M2-20/05/13).

Community

‘I am not aware of anyone who is unhappy with the project. Still many people don’t know about the project and the word ‘sexual’ is very sensitive so I don’t expect everybody accepts the ideas’

(SSI-SP(F)-23/05/13)

The community members interviewed were aware of the project and supported its intentions. All participants agreed that the community as a whole accepted and supported the project because it was in the best interests of the camps’ women and children. As the ‘Head of the Camp’, the Camp Services Officer explained, ‘if someone in the community wasn’t happy with the project, I would have heard about it, and I didn’t’ (SSI-CSO(M)-23/05/13). The female counsellor hypothesised that families who had no children may not have been happy with the project (SSI-SC(F)-06/06/13).
**Husbands and fathers**

‘My husband doesn’t like me to attend because [he believes] it’s shameful to talk about these topics’

(Mo.FGD-M5-20/05/13)

Approximately half of the mothers and children revealed that at some point their husbands/fathers were not happy that they were involved in the project because they believed it to be wrong and shameful however they did not prevent them from continuing in the project. The UNWRA project manager explained that ‘indirectly fathers have accepted the project’ (SSI-UPM(F)-04/06/13) because if they genuinely did not want their wives or daughters to participate in the project, they would have outright prevented them from doing so.

In the circumstances when fathers/husbands prevented their wives and children from partaking in certain activities there were many instances where the counsellors visited fathers in their homes to persuade them to allow their wives/children to participate. However, no mechanisms were identified on how the project helped the women and children who were forbidden to be involved in all aspects of the project; an aspect which deserves some further research and consideration.

**Obstacles and barriers**

**A slow and challenging start**

‘It wasn’t easy at first, but day by day it got easier’

(SSI-PV(F)-11/06/13).

Unsurprisingly the project experienced many obstacles and challenges throughout its life cycle, most of which occurred during the early stages of the projects implementation as a result of the community’s initial concerns regarding the cultural acceptance of the project. The counsellors had to be exceptionally careful in terms of
'what to say, and what not to say' (SSI-SC(M)- 20/06/13) and initial fieldwork was carefully monitored in order to prevent offending anybody who could have ceased the continuation of the project in Aida camp. Only five mothers attended the first mothers peer group meeting even though 30 mothers were invited, however over time the numbers increased because the ‘project’s overall approach and methodology overcame the initial concerns and challenges (SSI-SC(F)-06/06/13). The problem with mixing

‘Some girls left when they knew they had to do mixed activities’

(F.FGD-AF2-15/06/13)

The mixed gender adolescent activities were hugely problematic with the fathers and the community and as a result some girls were either not allowed to participate, or were forced to drop out of the project because fathers thought that ‘the girls and boys would make relations’ during these mixed activities (F.FGD-AF1-15/06/13). One girl in the girl’s FGD explained that people from the community used to say ‘look at those girls and what they are doing, why are their families allowing their girls to do this, it’s not right’ (F.FGD-AF4-15/06/13). On the other hand, two of the girls said that their favourite activities were these mixed activities because they gave them ‘an idea about the other sex, and how to deal with them’ (SSI-AF12-19/06/13) and because they ‘used to feel like we are the same; facing the same problems, and that we could work together’ (SSI-AF13-19/06/13).
**Project strengths**

*Familiarisation with the camp*

‘*If you don’t understand the structure [in Aida camp] in maybe one action you can lose your connection and reputation in the area*’

(SSI-JPC(M)-15/05/13).

The project was exceptionally daring because for the very first time it broached this hugely sensitive topic with the use of mixed gender activities; something that was completely unheard of before in Aida camp. It was explained in one interview that ‘[Palestinians] don’t trust a lot of people coming from outside’ (SSI-WCV(F)-30/06/13) and therefore it was absolutely critical that the partner organisations focussed their initial efforts on understanding the context and culture within Aida camp in order to facilitate the implementation of the project into the camp (SSI-JPC(M)-15/05/13).

*Keep your friends close*

‘*It is important to prepare the society. You need to build trust. All you need is support and trust*’

(SSI-UPM(F)-04/06/13)

Incredible time and effort was put into involving the community, particularly those ‘who have the responsibility and the authority to open doors’ (SSI-JPC(M)-15/05/13), in the design and implementation of the project into Aida camp. After familiarising themselves with Aida camp, the implementing partners recognised that in order for the community to accept the project it was essential that trust and support was gained from the key community members who were ‘heard by the community’ and who ‘held the power and influence in Aida camp’ (SSI-WCV(F)-30/06/13).

Subsequently the partner organisations met with the; imam, school principles, Popular Committee, head of the camp and youth centres from the camp and involved them in the design and implementation of the project into Aida camp.
As a result, the service providers and community members attribute the overall community’s acceptance and support of the project to these substantial efforts made in gaining the initial trust and support from those who had the ability to influence the wider community.

**Important for the whole community**

‘Everybody should be able to feel free to live and enjoy their teenage years’

(F.FGD-AF5-15/06/13)

All participants agreed that the project is extremely important for the community in Aida camp. Before the project there were limited resources and information on SRHRs and the culture and traditions prevented an open discussion on this taboo topic in Aida camp (Mx.FGD-AF8-17/06/13). However, the project was able to break down these cultural barriers and provide the community with culturally and age appropriate accurate SRHRs information (SSI-CC(M)-23/05/13).

**The confidence to learn**

‘[I have learnt] that no one should steals my rights easily’

(Mx.FGD-AF8-17/06/13)

Adolescents have learnt a large variety and volume of information about their SRHRs. Their favourite topics to learn about were ‘how to protect myself’, ‘violence and the different forms’ and ‘early marriage’. Mothers have learnt how to answer their children’s questions with the correct information without getting shy and embarrassed and approximately half of them have also learnt how to deal with their husbands;

‘For the 18 years I have been married I was not able to discuss things with my husband. But when I participated in this project I started to deal with him and face him because in the past he was like a dictator’ (SSI-M8-23/05/13).
Direct and indirect spread of information

‘The children are messengers for the whole school’
(SSI-SC(F)-06/06/13)

Even though the project is directed at mothers and adolescents, families and the wider community have also indirectly benefited. Adolescents and mothers gained the knowledge and ability to educate their families and friends through peer-to-peer education in order to further promote the awareness of ASRHRs and some mothers also passed on the information they had learnt to their husbands. For example in one interview a girl explained that she ‘plays the role of the psychosocial counsellor’ (F.FGD-AF2-15/06/13) and a boy said ‘I feel like I am the guidance for others… I give trainings to some friends about these classes’ (Mx.FGD-AM6-17/06/13).

A change is coming

‘We are still at the beginning of this’
(SSI-JPC(M)-15/05/13)

Most participants noticed a change in the Aida camp culture, particularly amongst women and children, however the perceived magnitude of change varied between participants with most participants stating that the overall change was very small but incredibly significant. However, the school principle explained that she was ‘very confident that there has to be change, but for how long I do not know… you need to change a culture which takes much longer that two or three years…’ (SSI-SP(F)-23/05/13).
A change has come

‘If the children have something to ask, they will ask now’

(SSI-SC(M)-20/06/13)

Adolescents are have gained the confidence to speak with their parents, teachers and peers about their SRHRs (SSI-SC(M)-20/06/13).

‘For many women, it was the first time to go to Ramallah [for a meeting] and sit in public, with men. There is a change’

(SSI-CSO(M)-23/05/13)

Mothers from the peer group are empowered and have a voice that is heard by their families. They now have the ability, confidence and knowledge to answer any questions their children ask them about sexual and reproductive health (SSI-SC(F)-06/06/13) for example one mother explained:

‘I wasn’t able to talk with my child about masturbation but after I got involved in this project I have a licence to speak freely now’ (F.FGD-M1-20/05/13)

‘Before this project, man and woman don’t speak together but now after this project it is a very nice family, they talk’

(SSI-PV(M)-22/05/13).

Some husbands have also indirectly benefited from the project and are now more able to talk with their children and wives (Mo.FGD-M4-20/05/13).
Project weaknesses

Indisputably the biggest weakness identified was the lack of father’s involved in the project in Aida camp. Approximately 1/3rd of the camp indirectly benefited from the project through peer-to-peer education and public awareness campaigns. However only 1% of the camp, 58 people, directly benefited through the peer groups and this limited number was unable to change the culture within Aida camp; something that many participants believed needed to happen in order to successfully promote ASRHRs. The overall project’s aim was to ‘protect adolescents aged 10-17 years old’, however, only adolescents aged 13-15 years old were involved in the project. Additionally, whilst project reports documented the attainment of support from local and national media outlets, not once did the media feature in the research findings.

Not a father insight...

“What? Why are there no fathers involved? There should be fathers involved!”

(SSI-PC(M) 30/06/13)

Originally, the project intended to have fathers involved in the project however the project’s approach and methodology failed to attract any fathers to the project. Most of the participants interviewed were unsurprised that this was the case because they believed minimal or absent efforts had actually been made to involve them in the project. However on a positive note, the male community members said they would have participated in the project if they were involved and half of the women believed their husbands would participate in the project.
Project improvements

Continue and expand

'Take it [the project] to other camps, villages and cities... everywhere'!

(SSI-SC(M)-20/06/13).

All participants want the project to continue and expand within Aida camp. There should be additional peer groups because all mothers and adolescents knew people who wanted to be involved in the project. Additionally, most of the girls recommended that younger children should also be involved in the project. Furthermore, all participants recommended the project spread across the 'whole Palestinian Land' (SSI-CC(M)-23/05/13).

More, more, more...

'I just want to get more and more information to learn'

(SSI-AF13-19/06/13)

The adolescents and mothers want more subjects, activities and workshops in the project although they gave very vague examples of types. The paternalistic culture has disempowered women and adolescents in Aida camp. They are rarely considered and heard by families, the community and civil society and they are evidently not used to being asked to critically evaluate services that support them because they often depend on them. This disempowerment was a barrier in gaining accurate feedback, particularly from mothers and boys. For example in one interview, a mother looked extremely uncomfortable and seemed particularly taken aback that the researcher was asking for her perceptions on the project and she was subsequently reluctant to offer any feedback or critique of the project (SSI-M8-23/05/13).
Train more people

‘We should be ready to answer questions in the centre so we should be trained’

(SSI-CC(M)-23/05/13)

Whilst the counsellors felt that they had been very well trained, they recommended that more service providers and community members, especially teachers, be trained with the correct methodologies to teach the community about SRH (SSI-SC(F)-06/06/13 and SSI-SC(M)-20/06/13).

Teach us how to face the occupation

‘Give us an idea about our rights and the occupation’

(SSI-AF13-19/06/13)

Throughout the research, the occupation was frequently cited as a factor that influenced participant’s knowledge and understanding of their SRHRs. In the past, the occupation had prevented the implementation of services in Aida camp to promote ASRHRs as a result of the restrictions on movement and access to areas in the West Bank and the funding restraints for humanitarian organisations. SRHRs had never previously been a priority within oPt and therefore the promotion of ASRHRs was completely neglected in Aida camp. Adolescents and mothers wanted to know their rights in order to empower them and sufficiently face the occupation. The counsellors wanted organisations and the government to better protect and support adolescents and their rights;

‘I would like these organisations and the government to make changes about children’s rights, especially with what is going on with the Israelis killing the children… a boy in my group was shot by the Israeli soldiers and he is now in intensive care’ (SSI-SC(M)-20/06/13).
Involve fathers

‘They are the head of the household in each home and have the opinion that can change all things’

(SSI-RCV(F)-11/06/13)

Participants agreed that it is imperative that fathers are involved in the project because of the role they have in families and because in many cases ‘fathers have their effect for their children more than mothers, especially for boys’ (SSI-SP(F)-23/05/13). The project should target both men and women;

‘I cannot work on sexual and reproductive health without male engagement. It is an absolute must … if you make changes in the values and knowledge of women and then if she goes home and her husband hears her talking she will have a problem’ (SSI-WCV(F)-30/06/13).

Enhanced efforts and patience

‘You need to start and not be disappointed if its only one man at the start’

(SSI-WCV(F)-30/06/13).

Heightened efforts are needed in the initial phase of inviting fathers to the project such as phoning the father, meeting them, visiting him in his home and sitting with him and explaining the project. Since most men in the camp work long hours Sunday to Thursday, activities for father should be made available in evenings and on weekends in order for the project to be appealing and accessible for males (SSI-M7-23/05/13).
Utilise the community

‘It is not easy to bring them [males], but it is easy in the same way… start from who is working in the camp’

(SSI-CC(M)-23/05/13)

Men who are highly respected by males in Aida camp such as teachers, counsellors, men from the youth centres, the head of the camp and the imam can and should encourage males to be involved in the project. If they show support for the project and particularly if they participate in the project this will encourage men to do so. Additionally, participants emphasised the role of the imam can have during the weekly Friday prayers by reassuring males that the project is culturally and religiously acceptable (SSI-PC(M)-30/06/13).
Figure 7.1. Palestinian Child's Day celebration ‘Wherever I am... I'm Palestinian’

(Source: Author, 2013)
Introduction to Discussion

The evaluation of Save the Children’s project to promote ASRHRs in Aida refugee camp revealed that SRHRs are a cross cutting issue affecting every child, adult and community in oPt. Research findings confirm that the conservative traditional Palestinian culture has stigmatised the open discussion of SRHRs and whilst the complex humanitarian emergency has persisted, the government, civil society and international organisations in oPt have not prioritised the promotion of SRHRs in their agendas. As a result of multifactorial influences, the provision of services to promote Palestinians SRHRs in oPt were absent before Save the Children implemented their project in 2010.

The evaluation of the project in Aida camp, based primarily on project beneficiaries’ perceptions, highlighted three main themes for discussion. The first is concerned with the project’s innovativeness and success in bringing about a cultural change amongst the community regarding ASRHR. The second area subsequently discussed the root cause of this positive impact; the project’s comprehensive ‘bottom up’ community based approach that strategically harboured the support of key influential community members in Aida camp. Finally, the project’s biggest weakness, the failure to directly involve husbands and fathers in the project, was attended to.
An Innovative Revolutionary Project

The first drop in the ocean

Save the Children has worked in the unique Palestinian context for decades, and in doing so it recognised that development aid often created dependency. SC concluded that it was necessary to implement this project in oPt based on the gap in provision of services. SC therefore purposefully worked alongside local Palestinian partners, UNWRA and Juzoor, in order to build the capacity of local organisations to ensure sustainability of such services. In keeping with their philosophy ‘every child has rights, no matter of who they are or where they live’, SC invested in the promotion of adolescent refugees’ SRHRs in oPt, the outcome of which was a pioneering project that momentously impacted adolescents, mothers and families within Aida camp, Bethlehem. Although much remains to be done in Aida camp, a crucial step in the right direction has occurred regarding ASRHRs. The project’s bold approach based on community involvement addressed SRHRs for the very first time in Aida camp. The project was able to openly advocate for the promotion of ASRHRs using a variety of culturally and age appropriate methodologies in spite of the cultural and traditional barriers that existed.

People don’t resist change. They resist being changed (Senge, n.d.)

The greatest obstacle to the promotion of ASRHRs in Aida Camp, the oPt, and in the wider Middle East and North African region, is the conservative paternalistic culture that considers the discussion of sexuality to be shameful (Roudi-Fahimi and Ashford, 2008). Therefore, in order to have implemented this project and to have produced such a positive impact SC, predominantly through collaboration with the community, was able to change this deep-rooted traditional culture in Aida Camp and openly talk about ASRHRs for the very first time.

Too often in the field of international development, programmes and notions are imposed on developing nations by Western organisations based on Western cultures and practices, and unsurprisingly they are frequently unsustainable and culturally inappropriate. Long-lasting cultural change cannot be imposed on a nation especially a refugee population whose culture in the one thing that unites them during their
struggle of chronic oppression. Cultural change is a slow process that occurs only if people want, accept, trust and believe in the change and this is particularly lengthier when considering such a sensitive taboo issue.

After acknowledging these cultural and traditional barriers Save the Children intentionally joined forces with local Palestinian partners who were accustomed to this culture and were able to efficiently work with the community and implement the project into Aida Camp. Research findings revealed a community-wide acceptance of the project and subsequently the camp culture changed with respect to ASRHRs. The change is small but extremely significant and encouraging for the future promotion of ASRHRs on a national level and it can be concluded that this would not have ensued if the community did not accept and want this change to occur.

**A Comprehensive and Coordinated Multi Sectorial Community-Based Project**

A community approach

Every impact area is unique and therefore it is imperative that sufficient time is taken to understand the individual context through partnership with the community. A community approach should be used during the planning, implementation and evaluation of a project to promote ASRHRs in order to influence the target populations cooperation and acceptance of such project (UNICEF, 2011 and ICPD Taskforce, 2013).

Save the Children applied this fundamental ‘bottom up’ community approach in Aida camp, and in doing so established a unified language for communication and networking amongst the camps important and influential community members. Parents, community youth leaders, the imam, the ‘head of the camp’, the school principals and health providers were engaged throughout the project’s lifespan in order to foster successful partnerships between community stakeholders and create synergy in promoting ASRHRs in the camp (UNICEF, 2012). Whilst this process was
hard work, time consuming and required extreme sensitivity and caution at times, it was absolutely essential to mobilise and empower the community in Aida camp.

The camp's imam was supportive of the project and whilst he raised some very good points, some of his viewpoints may be harmful to the promotion of ASRHRs in Aida Camp as a result of his respected and influential role in the community (UNICEF, 2009). For example he candidly asserted that sexual violence did not occur in oPt because of Palestinians’ fear of God.

**Collaboration across multiple community sectors**

Projects with a multi sectorial approach that focus on prevention, risk reduction and promoting resilience achieve greater progress in promoting SRHRs (YHRC, 2011 and ICPD Taskforce, 2013). The project was able to promote and strengthen cooperation and coordination amongst instrumental sectors across the relevant fields in order to intensify the promotion of ASRHRs in Aida Camp.

**To support children we must turn to the experts; their mothers**

There is an inseparable relationship between empowering women, global development and gender equality. An empowered mother is the best advocate a child will ever have due to the undividable link between the education, health and well-being of a mother and that of her children (SC, 2013b).

In oPt mothers are the primary carers for their children, and are also the primary sources of information for children regarding their SRH. As a result of the high levels of gender-based violence (GBV) against women, especially early marriages, it was deemed urgent and essential that women’s SRHRs also be promoted in order to empower them, and their children. Therefore, whilst the projects manifesto was for the promotion of adolescent SRHRs, in practice it also promoted mothers SRHRs. Through a strong female centred approach, the project built mothers capacities and empowered them to communicate with their children, husbands and community about SRHRs for the very first time.
**Bottom up approach**

It is constructive and productive in terms of long term outcomes to consult beneficiaries in the planning, implementation, monitoring and evaluation of projects to promote SRHRs (UNICEF, 2009; YHRC, 2011; ICPD Taskforce, 2013). Based on Save the Children’s commitment to enable children’s voices to be heard in oPt, they offered adolescents, and the community in Aida camp, with the opportunity to provide anonymous in-depth feedback about the project. This subsequently emphasised a sense of community ownership of the project which in turn ensured it longevity and sustainability.

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**The Absence of Fathers**

SRHRs affect both men and women and therefore the only way to effectively and sustainably promote them is by involving both genders in service provisions. However, in the past, services have predominantly assisted women only. In the rare cases where males have been targeted, they have often been alienated and blamed for poor SRH outcomes (Kidu, 2012). This has led to shortcomings in the field of SRH even though the ICPD (1994) explicitly specified the need for male involvement in SRH issues in the Programme of Action (FAO, 1998 and UNFP, 2009). Significant global steps forward have been taken in the promotion of SRHRs since the 1994 ICPD conference. However negligible steps have occurred with a gender equity approach. As much as it is the fundamental right of women and children to have access to SRH services, it is also a man’s right. This is frequently overlooked and as a result, men tend to have little knowledge of SRHRs. There needs to be a transition towards fully inclusive gender participatory SRH services in order to firstly understand the individual perspectives and needs of men and women and secondly to understand the interplay of gender dynamics between them regarding SRH.

The provision of SRH education and services for men and women will increase their mutual awareness of sexuality and promote the discussion of SRHRs between them (FAO, 1998 and UNFP, 2009). Additionally, the engagement and commitment of both genders in services to promote ASRHRs will help empower women, reduce GBV and
promote gender equality (UN Women, 2012 and ICPD Taskforce, 2013). Figure 7.1 summarises why men should be involved in all aspects of SRH services.

Figure 7.2. Why men should be included in SRH Provisions

(Source: Adapted by Author, 2013 from FAO, 1998; UNFPA, 2009; ICPD Taskforce 2013)
The project in Aida Camp successfully targeted both male and female adolescents however it failed to directly involve adult males. This failure was unsurprising based on the male dominated paternalistic culture and the service users’ accounts of their male counterparts’ attitudes towards ASRHRs. However, the project was able to gain the support from the influential community members, most of whom were men. Men were initially intended to be directly involved in the project across West Bank and in one impact area they were successful in doing so (SC, 2012). It is absolutely necessary to involve men in all aspects of SRH issues and therefore it is hugely disappointing that fathers were not directly involved in the project in Aida camp, especially since contact with adult males from the camp revealed that they were supportive of the project and that they would have participated in the project if they were asked.

On a positive note, it is important to recognise that in comparison TO the pre KAP survey, more fathers were represented in the post KAP oPt survey. This demonstrates a wider out-reach to fathers generally; however, the figures acquired from Aida Camp could not confirm that this was representative of Aida Camp fathers. Additionally, since the project empowered women to communicate with their husbands through peer-to-peer education, fathers and husbands indirectly benefited from the project. Furthermore, and possibly most significantly, in many cases the project was critically able to neutralise husband’s/father’s vetoes to preventing their wives and children from participating in the project. However, this is not enough in a society where fathers and husbands are considered the head of the family. Adult males need to be educated and made aware of their children’s, wives and personal SRHRs and it is therefore concluded that unless they are directly involved in the project, a sustainable change in the camp culture that de-stigmatises SRHRs will not occur. Whilst it is felt that a huge opportunity was missed to directly involve fathers in the project in Aida camp, it is recommended that this be the single most important next step for the improvement of the project in Aida camp.
Conclusions and Recommendations

Figure 8.1. Graffiti on the Wall of Separation near Aida refugee camp, Bethlehem

(Source: Author, 2013)
Conclusion

Before this project, ASRHRs were arguably one of the most neglected problems in oPt. Whilst the government, civil society and international organisations have focussed their agendas on children’s rights, protection and education, there have been no services in place to promote ASRHRs. The biggest obstacle to the provision of SRH services in oPt is the deep-rooted conservative culture which stigmatises this sensitive topic. As a result of the lack of services and the traditional culture, adolescents in oPt had little knowledge regarding their SRHRs and they were consequently often victims of sexual abuse and gender-based violence.

In response to this gap in provision, Save the Children joined forces with local Palestinian partners UNRWA and Juzoor, to implement a project to promote ASRHRs across West Bank. In Aida camp, the project openly advocated for the promotion of ASRHRs and in doing so it educated and empowered adolescents, mothers and families in Aida camp to discuss SRHRs. Before this project, the culture in Aida camp prevented these discussions; however, the project was able to bring about a change in the camps culture. This change occurred predominantly as a result of the project’s approach to involving the community and its respect of influential members in the project in order to gain their trust, support and acceptance. Whilst this change is small, it is a highly significant and encouraging for the continued promotion of SRHRs across oPt. The project’s biggest weakness was the failure to directly involve fathers and husbands in its activities. Literature advocates for gender inclusive SRH services and this was especially necessary in the Palestinian context due to the paternalistic culture that centres on male domination.

To conclude, the project was revolutionary in terms of its capacity to promote ASRHRs in Aida Camp. Through diverse culturally and age appropriate methods, it brought about a momentous, albeit small, change to the culture in Aida camp. Since they were born, adolescent refugees in oPt have had their fundamental human rights repeatedly violated. However, this project was able to return adolescents with one of their fundamental rights; the right to SRH. Whilst this right does not eliminate the oppression, violence and inequality from their lives, it does return them with a sense of ownership and humanity. It is therefore concluded that whilst this project focussed
on the promotion of ASRHRs, it actually did a lot more for the well-being, empowerment and humanisation of the community in Aida refugee camp.

**Critique of the dissertation process**

The limited time available for field research meant the evaluation of the project in Aida refugee camp was based solely on its direct beneficiaries. Due to the uncontrollable scheduling of this research, it was largely unfeasible to conduct research with the adolescent boys, and therefore their perspectives are largely absent in the research findings. Whilst this research has been context specific to oPt, ASRHRs are neglected worldwide and therefore the recommendations outlined below may be useful in other contexts; particularly in Arab countries.

**Recommendations**

**Recommendations for Save the Children, Juzoor and UNRWA**

*The project in Aida Camp*

- To continue the activities in the camp despite project and funding completion; stopping will disempower adolescents and mothers in the camp and generate frustration.
- Start to directly involve men in activities.
- Expand the peer groups. Create official roles for mothers and adolescents from previous peer groups to educate their peers.
- Continue working with the community and involve other community-based organisations such as Al Rowaad Centre and Lajee Centre.
- Meet with the camp’s imam to discuss the reality of SRHRs in oPt and to reiterate the purpose of promoting them.
• The information centre should be staffed with a specialist trained service provider and be open more frequently.

The expansion of the project across oPt

• Implementing the pre KAP survey before the project is implemented in all of the future impact areas is integral in order to understand their unique environments. Slowly introducing this sensitive topic will help gain trust and support from the community.
• Enlist support, trust and acceptance from the impact area’s key influential members; particularly the religious leader.
• Communicate with, and if possible work with, all organisations and centres within the impact areas, thus encouraging support for the project.
• Implement the project with the determination and intention to directly involve fathers from the outset. Whilst being hard work and time consuming, it will produce long-term sustainable outcomes. Children, wives and influential community members should be mobilized to do this. Whilst the learning outcomes should be the same for mothers, fathers and adolescents, the methods used to produce these outcomes may need to differ. For example, activities with fathers and children, and activities for fathers delivered by a male service provider may increase their acceptance of and subsequent participation in the project.
• Design workshops that focus on relationship advice and marriage counselling.
• Regularise the peer group activity timetables; many mothers interviewed complained about the short notice given regarding the scheduling of such sessions.
• Define a selection criteria for those participating in the peer groups.
• Employ a specialist who has significant experience in this topic area. See the SSI with the women’s centre volunteer in Appendix 5.
• Be sure to regularly communicate with the service providers. The two counsellors interviewed in Aida camp were completely unaware that the approval to update the school curriculum had been granted.


Advocacy

- Ensure the school curriculum changes in the initial five impact areas commences in a timely fashion.
- The WHO defines adolescents as those aged 10-19 however this regional project includes adolescents aged 10-17 years old. The age of adolescents in the project should synergise with the internationally accepted definition of adolescence in order to gain more of a presence in the international field.
- Media involvement in advocating the project and raising the awareness of ASRHRs is essential. Media outlets such as Facebook, Twitter and the radio could be used. Additionally, the creation of a child friendly website could be used to communicate about the project's activities, especially since the PCBS (2013) report that just under half of the children in oPt have access to the internet.

Recommendations for the Palestinian Government and National and International organisations working in occupied Palestinian territory

- It is essential to put SRHRs on the political agenda. This sensitive topic needs to be addressed on a much larger scale across oPt. This can be done through collaboration with all the relevant sectors in Palestinian civil society to incorporate SRHRs into existing and new strategies.
- Work with the Palestinian Ministry of Education and Higher Education to encourage compulsory sexual education in governmental schools.
- Data specific to SRHRs in oPt needs to be gained, regardless of the political and cultural obstacles to this. For example, there is no country specific oPt data in the UNs 2008 global UNiTE campaign to end violence against women.
- Work with the Palestinian Central Bureau of Statistics to update its definition of adolescence to the WHO internationally accepted definition.
Recommendations for future research

- Conduct similar research in the other four impact areas using a similar methodology in order to make comparisons and draw further conclusions.
- Conduct more research into ASRHRs in oPt focusing on boys and men in order to gather more gender equitable findings.
- Conduct similar research in newly implementing project locations and conduct this research promptly after activities have begun in order to gain feedback that can be used to improve the project whilst it is still running.
Figure 9.1. Graffiti on the Wall of Separation near Aida refugee camp, Bethlehem

(Source: Author, 2013)


Kidu, C. (2012). Sexual and reproductive health and rights in Asia and the Pacific: political commitment and partnerships. *Asian-Pacific Resource and Research Centre for Women*, pp.16-17. [Online]. Available at: [http://ehis.ebscohost.com.ezproxy.liv.ac.uk/eds/pdfviewer/pdfviewer?vid=4&sid=c58bd90f-e171-44d8-9b54-1b56a96d1f01%40sessionmgr10&hid=7](http://ehis.ebscohost.com.ezproxy.liv.ac.uk/eds/pdfviewer/pdfviewer?vid=4&sid=c58bd90f-e171-44d8-9b54-1b56a96d1f01%40sessionmgr10&hid=7) [12 June 2013]


Palestinian Family Planning & Protection Association. (2010). *PFPPA Criteria Guideline for Youth Friendly services Centres.* International Planned Parenthood Federation Arab World Branch


Senge, P. (n.d.) People don’t resist change. They resist being changed


United Nations Relief and Works Agency for the Palestine Refugees in the Near East. (2013a). *About UNRWA.* [Online]. Available at:


Appendix

Figure 10.1. The largest key in the world at the entrance to Aida refugee camp signifying the Palestinians right of return

(Source: Author)
## Appendix 1: Project Outcomes

<table>
<thead>
<tr>
<th>Peer groups: direct beneficiaries</th>
<th>Adolescent and mother peer groups met once or twice weekly in schools or in the child friendly environments or the information points. The peer groups helped produce the education materials and attended most of the projects activities.</th>
</tr>
</thead>
</table>
| SRH information and materials: child friendly and culturally appropriate | - Awareness Song about Early Marriage “Zaina”  
- School calendar with child protection rights  
- Stickers of the help-line phone number for children in Palestine  
- Awareness brochure about HIV/AIDS  
- Educational Games  
- Educational tool: Sexual Abuse’s Levels  
- Educational tool: Physical Changes for Adolescents  
- Poster of Sexual Violence elements  
- Booklet of Successful Parenting Skills  
- 16 Animated Films about child rights  
- 9 Puppet Shows (filmed) about SRHRs for adolescents |
| Peer education | Peer education such as the child-to-child and mother-to-mother approach was used to ensure knowledge was being transferred between the target groups and community members |
| Service providers | 499 service providers were trained, 163 of which were intensively trained since they were responsible for training and educating the adolescents, parents, and other service providers. Trained service providers to provide adolescents with adequate information and range of comprehensive services ranging from prevention to response and counselling. Service providers include teachers, school counsellors, social workers and health care providers. |
| **Public Events** | To reach a larger number of beneficiaries and raise awareness about SRHR issues. Example of event include a theatre performance about gender equality, right to access to information and discrimination. |
| **SRHR Activities** | Animate it workshops- children from the peer groups produced animated movies that reflect their concerns and opinions towards there SRHRs. Examples of films focussed on: the right to play, sexual abuse, exploitation, equality, right to education and child labour. 

Puppet Workshops- used with the peer groups to talk about sexual education- a useful and fun method to break cultural and traditional boundaries that had prevented them from discussing such topics in the past. |
| **Advocacy Camps** | A winter camp ‘Safe you – Safe Me’ and summer camps ‘Raise you voice’. |
| **Child friendly environments** | Schools were modified to be ‘child friendly’. A ‘Code of Conduct’ was created which all service providers has to sign. |
| **Information points** | 5 information points were established in the impact areas- each contains the child friendly education materials |
| **Child Protection Local Committees** | With the help of community based organisations, NGOS, UNRWA departments, volunteers, social workers and psychosocial counsellors to discuss the activities, plans and the structure of the referral mechanism |
| **Referral mechanism** | A method of detecting abused cases and referring them within the UNRWA refugee setting |
| **To facilitate best practices on SRH in the region** | Regional Workshop on Best Practices for Sexual and Reproductive Health Rights for Children and Adolescents in the MENA Region which was held in Amman, Jordan in October 2012. Implementing partners, key civil society actors, programme management staff, representatives from EU donors, |
representatives from UN (UNICEF, UNRWA, UNFPA), Arab Council for Childhood and Development and the Ministries of Health, Education and Social Affairs from the governments of Yemen, Lebanon and oPt were present.

| Integration of the materials | This has been agreed between SC and partners and the UNRWA Education Department |

Source: (SC, 2012)
Appendix 2: Topic Guide- Focus Group Discussion

To be used in the 3 x FGD involving the adolescents (a female, male and mixed gender FGD) in Camp Ayda

1. Researcher introduction
   - Introduce researcher and translator and their role
     o Translator- to translate what is said
     o Primary researcher-
       ▪ To listen to what is being said
       ▪ To take notes and record nonverbal reactions
       ▪ To encourage everyone to speak
       ▪ To stimulate and guide the FGD if needs be
   - Explain how the FGD will work
   - Explain the use of the recorder.
   - Explain the purpose of the FGD; to gain your perceptions of the SRH in West Bank and about how the SRHRs programme has helped raise awareness of SRH and your perceptions of this programme
   - Ground rules of the FGD
     o Relaxed, friendly and open environment
     o Respect for each other and their opinions
     o Confidentiality- what is said in the FGD stays here
     o There are no right or wrong answers
   - I would like everybody to participate in the discussion
   - Any questions for me? Any objections to the recording?
   - Are you all happy to proceed to having the FGD?

2. Warm up activity
   - Could you each introduce yourselves and tell the group your;
     o Name
     o Age
     o How long you have been involved in the programme

3. Main body of FGD
- General perceptions and understanding of SRH before being involved in the study
  o So, before you became involved in the programme, what did you understand about your ‘Sexual and Reproductive Health and Rights’
  o How was SRH spoken about in your community?
    ▪ Prompt parents, schools, media
  o What factors do you believe influence you SRHRs and why?
    ▪ Prompt political, cultural, religious, social factors

- Asking about the programme
  o How are you finding partaking in the programme?
    ▪ Prompt- Why?
  o Since being involved in the programme, what do you think you have learnt?

- ‘Tabooneess’ of SRHR
  o What can people in your community say about SRH?
  o Has this changed since the programme has been running?
  o How do people feel about the programme in your community?
    ▪ Prompt who is happy and who may not be

- Strengths and weaknesses of the programme
  o What do you like about the programme?
  o What do you dislike about the programme?

- Areas for improvement
  o If you could change anything about the programme, what would you change?

- Implement into new camp
  o We want to implement this programme into Shufat Camp and want it to be of benefit to as many adolescents as possible. Think about your experience of the programme and your knowledge of your community’s perception of the programme. What advice could you give on the best way to implement this programme into Shufat Camp?
Table 9.2a. Service users interview codes: adolescents

<table>
<thead>
<tr>
<th>Code</th>
<th>Gender</th>
<th>Method</th>
<th>Date</th>
</tr>
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<td>F FGD</td>
<td>15/06/13</td>
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<td>F FGD</td>
<td>15/06/13</td>
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<td>F FGD</td>
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(Source: Author, 2013)

Table 9.2b. Service users interview codes: mothers

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(Source: Author, 2013)
### Table 9.2c. Service provider interview codes

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<td>Juzoor Project Coordinator</td>
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(Source: Author, 2013)

### Table 9.2d Community members interview codes

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(Source: Author, 2013)
## Appendix 4: Primary Sources Information

### Table 9.3a. Service users information - adolescents

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<td>AF10</td>
<td>F</td>
<td>Adolescent</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>AF11</td>
<td>F</td>
<td>Adolescent</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>AF12</td>
<td>F</td>
<td>Adolescent</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>AF13</td>
<td>F</td>
<td>Adolescent</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>AM1</td>
<td>M</td>
<td>Adolescent</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>AM2</td>
<td>M</td>
<td>Adolescent</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td>AM3</td>
<td>M</td>
<td>Adolescent</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>AM4</td>
<td>M</td>
<td>Adolescent</td>
<td>2</td>
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</tr>
<tr>
<td>AM5</td>
<td>M</td>
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<td>14</td>
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Table 9.3b. Service users information- mothers

<table>
<thead>
<tr>
<th>Code</th>
<th>Gender</th>
<th>Participant</th>
<th>Length in project (years)</th>
<th>Children</th>
<th>Child in the project</th>
<th>Age</th>
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<tr>
<td>AM6</td>
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<tr>
<td>AM7</td>
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<td>Adolescent</td>
<td>2</td>
<td>15</td>
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(Source: Author, 2013)
Table 9.3c. Service providers’ information

<table>
<thead>
<tr>
<th>Code</th>
<th>Occupation</th>
<th>Description of job</th>
<th>Gender</th>
<th>Duration in the project</th>
<th>Nationality</th>
<th>Children</th>
</tr>
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<tbody>
<tr>
<td>PV(M)</td>
<td>Project volunteer</td>
<td>Help the psychosocial counsellors and work with the adolescents and mothers</td>
<td>M</td>
<td>2</td>
<td>Palestinian</td>
<td>Yes</td>
</tr>
<tr>
<td>PV(F)</td>
<td>Project volunteer</td>
<td>Work with the mothers and children in the five impact areas</td>
<td>F</td>
<td>3</td>
<td>Palestinian</td>
<td>-</td>
</tr>
<tr>
<td>UPM(F)</td>
<td>UNRWA project manager</td>
<td>Oversee the project. Coordinate with Juzoor and Save the Children</td>
<td>F</td>
<td>2-3</td>
<td>Palestinian</td>
<td>Yes</td>
</tr>
<tr>
<td>JPC(M)</td>
<td>Juzoor Project Coordinator</td>
<td>Oversee the project from Juzoor</td>
<td>M</td>
<td>3</td>
<td>Palestinian</td>
<td>-</td>
</tr>
<tr>
<td>SC(F)</td>
<td>Psychosocial counsellor</td>
<td>Support the girls/boys in the school. Sexual education in the classrooms. Lead the peer groups.</td>
<td>F</td>
<td>3</td>
<td>Palestinian</td>
<td>Yes</td>
</tr>
<tr>
<td>SC(M)</td>
<td>M</td>
<td>3</td>
<td>M</td>
<td>3</td>
<td>Palestinian</td>
<td>-</td>
</tr>
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(Source: Author, 2013)
<table>
<thead>
<tr>
<th>Code</th>
<th>Occupation</th>
<th>Description of job</th>
<th>Gender</th>
<th>Live in Aida Camp</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSO(M)</td>
<td>Camp Services Officer</td>
<td>4 years as director/head of the camp. Coordinates with UNRWA</td>
<td>M</td>
<td>✓</td>
<td>Yes</td>
</tr>
<tr>
<td>CC(M)</td>
<td>Cultural centre staff administrator</td>
<td>Works with women and children from the camp through cultural activities</td>
<td>M</td>
<td>✓</td>
<td>No</td>
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<tr>
<td>PC(M)</td>
<td>Popular Committee</td>
<td>Works with UNRWA, the PA and the people in the camp</td>
<td>M</td>
<td>✓</td>
<td>Yes</td>
</tr>
<tr>
<td>IM(M)</td>
<td>Imam</td>
<td>Works in the mosque in for the past 10 years</td>
<td>M</td>
<td>✓</td>
<td>Yes</td>
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<tr>
<td>SP(F)</td>
<td>School principle</td>
<td>Manager and director of the school which has 750 students grades 1-9</td>
<td>F</td>
<td>Lives in Bethlehem</td>
<td>-</td>
</tr>
<tr>
<td>RCV(F)</td>
<td>Refugee Centre Volunteer</td>
<td>Student at Bethlehem University</td>
<td>F</td>
<td>✓</td>
<td>-</td>
</tr>
<tr>
<td>WCV(F)</td>
<td>Volunteer in the Women’s Centre</td>
<td>A qualified nurse, works in the field of promoting SRHRs across West Bank</td>
<td>F</td>
<td>✓</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Abbreviation-

M – male, F – female, Mx – mixed, FGD – focus group discussion, SSI – semi structured interviews, F FGD – female focus group discussion, M FGD – male focus group discussion, MX FGD – mixed focus group discussion
Interviewer: So are you aware about this project to promote adolescent sexual and reproductive health rights in Aida Camp?

Participant: I didn’t have all the details but actually I am interested here in the camp because I work as head of the administrative committee at the women’s centre. And actually we do care about the attitudes of the children, especially the youth in the camp because you know we feel that the values system is changing. We are with the change and we are with the development, but we need to keep the children open minded. They need to know what is right and what is wrong. We don’t want to lose them actually. So this project is very important.

Actually I am really interested in your field because I was planning to finish my PhD about sexual and reproductive health and rights. And actually also I started with a university in Spain, but for some social reason I am delaying the issue maybe until next year. So maybe we can cooperate.

Interviewer: So can you tell me a bit about yourself?

Participant: So my basic degree is nursing. I have a high diploma in neonatal intensive care. I have a master’s degree in nursing management. Also I have a high diploma in democracy, human’s rights and women’s rights and these issues. Now I work with the General Palestinian Union as an activities coordinator and I work as a free line trainer in health in health issues, human rights issues, especially women’s rights, gender equity, the UN decision 1325. So I have multiple training!

Interviewer: So now do you work in the women’s centre?

Participant: I am not working but actually I am a volunteering in the women’s centre.

Interviewer: So where is the women’s centre?
Participant: We don’t have a special space, so the youth centre has given us some space to use it.

Interviewer: So the women’s centre here, they have activities?

Participant: Yes we have activities, you know small training centre like beauty centres where they can improve their social life through having some small career. Also we work on awareness issues. Actually I started working in this centre since September last year and you know it’s really a very limited centre- we have very limited activities. The administrative committee they didn’t care a lot about the issues so I am working hard to have some funds for new projects. Poverty, you know the economical situation is so hard for the women, especially for the refugees. There chances to have education are so limited, so it is really difficult for the women. And you know they have so many social problems. They have problems with their children so we are working on the awareness sessions. We try to educate them through the sessions. Actually I do some of the trainings with a colleague who is a social worker who is in the administrative committee also. She is an active person. Also we do networking with some of the organisations in the community so they support us also with some of the sessions. Hopefully we will have some kind of projects in the future that can improve their situation.

Interviewer: So in Palestine are there many people like you, who are Palestinian who are trying to support women, or is it mostly international people coming in?

Participant: I believe that there are some people from the community who support the women and others from the international community, so we do networking. But actually I believe that you cannot have an actual benefit if you don’t work actually from within, with people who are actually from the community. You are coming from a different culture so it’s not easy to understand the situation. For use, if I go to the urban areas sometimes in the villages, sometimes I cannot understand the culture of the people.

Interviewer: So Save the Children, UNRWA and Juzoor have got more funding and now they plan to implement the project into more locations in West Bank.

Participant: Actually I am working on research, I am finalising the analysis now, about sexual abuse for children and how the workers in the governmental schools treat the children and how they deal with these cases. I think this could be helpful for you.
Interviewer: So for your research, do you get funding?

Participant: No. Actually I did it with another friend she is a community activist. We believe that we need to learn more about this phenomenon so actually we did it by our own.

Interviewer: Where are you from?

Participant: Actually I am a refugee from the Jerusalem area, but I am living in Aida Camp.

Interviewer: Can you tell me more about sexual and reproductive health rights in Aida and West Bank?

Participant: Yea actually usually when you talk about the sexual and reproductive health in all the Arab areas I think it’s like talking about a taboo. Nobody likes to talk about it or maybe they like to talk about it but it’s a conservative community, it’s the cultural values and so people need some information but they cannot just explain their need to talk about it. But you know actually most of our problems or familial problems, most of the violence that happens inside the families, if you discuss the cases, and actually I am talking about that because I really dealt with some cases, you’ll return back to find that is sexual problems that have arisen. So in our community we don’t talk much about the sexual life, we don’t educate our children enough so that makes the problems. And also, mainly from my experience, because I worked with the Palestinian Family Planning and Protection Association (PFPPA) which is funded by the international planned parenthood federation, the main centre of their work is about sexual and reproductive health rights and I think this institution has done a lot for the community because you know they do the education. They have 5 clinics in the West Bank and Gaza. I think the people need the information but you know because the resources as so much limited I believe that we have so many problems related to the sexuality.

Interviewer: Do the PFPPA work in Aida?

Participant: No they have a clinic in Bethlehem area but they could serve people from Aida Camp.

Interviewer: So people from Aida have to go from them?
Participant: It’s really close to Aida. You know they have an outreach programme that covers areas that cannot reach the clinics. They have something new in Palestine actually, which is called the youth friendly centres, which provide educational and counselling centre for the youth. I think this is good start but you know it is not enough to cover the whole community but I think its good if you have at least one centre that can provide this service.

Interviewer: The long-term aim of the project is to have sexual education on the curriculum.

Participant: I want to tell you something. The curriculum has some kind of section: its limited and sometimes the teachers don’t use it. So actually my child was in the 7th grade and he had some materials about the sexual education and actually I did it the sexual education for my child. You know he was telling me that some of the students asked the teacher questions and the teacher told them to go to their families who could answer them. So I think this is one of the problems. It’s good if you have part of your work on increasing the awareness for the teachers on the importance of this subject. I believe that the teachers need to be trained because this was through my experience of working with the schools; this was part of the problems that we faced. Actually I did the education for the community leaders about the importance of this issue. We did trainings for the religious leaders also we have so many problems with these people but importantly they are well heard by the community, so they are people who need to be worked with.

Interviewer: So talking about the curriculum here, I understand that it is very small and it is not about the social side of sexual and reproductive health, but more about puberty and the body…

Participant: Yes it’s not about social values.

Interviewer: So the long-term aim is to get to make a change to the curriculum. So I got told this morning that the head of UNRWA education has said that he will ‘think’ about changing the curriculum.

Participant: Hmm this means ‘you just continue your work and I will continue mine’.

Interviewer: What is the best way to educate and make it more acceptable to know your rights?
Participant: As I told you, because you are talking about changing cultural values it’s really difficult especially when you are talking about sexual and reproductive health. You need to have a very special relationship here in the Arab countries before you start educating about these issues. Especially I want to be honest with you, we as Palestinians we don’t trust a lot of people coming from outside especially if they are talking about an open community, sexuality, and you know especially the community leaders like the religious leaders and community leaders they might think ‘ok they have some plans’, ‘they might be working to destroy our community our values you know’… so its not really easy to work on this issue. I understand that you will have some obstacles actually.

I think you should be working on two levels actually. The first level we have the advisory or the counselling department in the educational parties. These people have their programmes and I think that they understand the importance of Sexual education now, but they need to be guided on how to plan for that. Some of them believe that there should be some changes in the curriculum and you could plan with them. So you can go to the educational ministry, because they are the decision makers actually. The other part that you should be working with is the community itself. Lets say key parties in the community like maybe the main centres, the youth centres because at the moment we cannot change the curriculum and so until we can reach a point that we can work on the curriculum I think we could work with the youth through the different centres. And actually it is important to working with increasing the awareness of the community through awareness sessions through guiding parents also and also media is an important outlet.

Interviewer: So how through the media?

Participant: I had different experiences through the media. Like maybe the radio or TV spots, maybe some TV talk shows this could be effective.

As I told you the community and religious leaders have been actually targeted through an organisation that I worked with so it’s good also to continue with these groups. Also in my personal opinion because I worked with them, I did trainings for them about the importance of sexual rights, and women’s rights because you know as I told you people in these community believe in these people. They take their point of view because most of our community is religious. Through my different trainings that I did, I believe that we shouldn’t always target any religious leader because if you
are facing a person who has his own decision about not changing, I have met many of them who believe they are here just to show you that you are wrong. They need to be worked on, they need to see the difference but also efforts should be given to other people who can help you make the change. It’s not easy. Sometimes people are coming just to put obstacles in front of you. So even the trainers who do the trainings should have clear vision about what they are doing otherwise the benefits of the training will not the same of what we are working for.

**Interviewer:** Is the taboo to do with Islam or the culture, or the traditions?

**Participant:** Ok let me be honest with you. Because when I started the trainings ten years ago, as a Muslim I thought that it was just a Muslim culture and values. But you know it was a shock for me when I worked with a Christian group of women who had more conservative ideas than Muslims. So it’s the cultural values. It’s the Arab community. It’s all conservative. I didn’t actually, to be honest with you, find that big of a difference between the Muslims and Christians. Of course there is a difference between individual but as a whole if you talk about the community, you talk about a Palestinian community, which is conservative.

**Interviewer:** Are there defined roles of the man and the woman?

**Participant:** When you talk about gender equity and women’s rights it’s a big story in our community. Laughs. So it’s not easy. Of course for Muslim and Christian communities we have the same problems. When you talk about inheritance rights, I did trainings on this because it is part of the women’s rights, I was shocked by the opinions of some Christian women who didn’t believe that they should give part of their inheritance to their daughters they wanted to keep it for all their boys. I think it’s about cultural factors more than religion.

**Interviewer:** In the West, everybody is very quick to label Islam, which is portrayed negatively with regards to women…

**Participant:** Actually it’s the image, how people in the West who give the image about Islam, if you want to have my opinion about Islam, I believe that I am a religious person, that Islam has a very nice ideas about how to deal with others. I know that if you are talking about your duties as a Muslim, when you talk about praying and giving money to the poor; the main five duties. But 95% of the religion is about communication and values, ethics, moral issues and it’s all very nice. So I hope that
one day Muslims could have all these values because it’s really nice. It’s culture and the problem in our community is that we limit the cultural values to the culture. And its always cultural beliefs not religious and people do not differentiate between the culture and religion.

Interviewer: Ok so here from your experience what do people understand about their sexual and reproductive health rights?

Participant: I think that you should have some kind of small questionnaire to evaluate what they believe! But from my experience what we teach to our children is very limited in general, I am not talking about myself, I am talking about the community. Because the people when they have their children, they do everything they can for their children but they never talk about sex, its always kept to the final point when the girl is going to have sex through the marriage. Because you know here in our community you cannot have sex unless you have some kind of legal relationship through the marriage. So everything is neglected. Nobody talks about it. Nobody talks about the changes in the body, the needs, the desires and how to deal with them and it’s always forbidden to talk about it. It’s not good. You will not be a good person if you talk about it. So the mothers always keep their children’s mouths closed. And finally when the girl is going to get married, even I know some cases when the young girl is about to get married and she knows nothing about sex. And I think this is a disaster you know. Really.

Yes even with the personal relations between the wife and husband sometimes the wife is not able to talk about her needs, what satisfies her what does she need, what does she like, what doesn’t she like you know. Sometimes the men are the… not the decision makers, but the controllers. They make the decisions about their relationships. So many women are not able to express their feelings even and this makes it difficult. This makes all the problems that come later.

Interviewer: So for you doing what you do… Your friends and people who know what you do, what do they think?

Participant: Some of them of course they believe. I deal with people who are open minded, they understand. Sometimes they may ask for my help in certain cases. But maybe for others it’s not easy to say ok. She is working like a nurse who is counselling but they don’t want to discuss what kind of counselling is done. I work
with the judges, the religious judges, because you know for us the marriage issues we have special courts called the ‘Religious Courts’ that deal with cases of divorce. The judges there, I had the opportunity to work with the judges there, I did sexual and reproductive health sessions for them because you know most of the problems that happens between the man and the women is related to sex and nobody is allowed to talk about this. Maybe some women are shy to talk about this. Maybe she has some kind of sexual abuse she doesn't like the relationship. And you know sometimes they don’t satisfy each other so this kind of relationship is transformed to other forms of violence and you know so sometimes they get divorced because they weren’t able. So now it’s good now that in these courts we what is called the Unit for Family Counselling it newly started.

The first time I did the trainings with this group of judges they were coming like it’s a duty that they had to do it from their management- so that’s why they came. They felt like they were wasting their time and ‘what was she going to talk to us about’. But actually after much training I think that they believe in it now. Many of them have changed their points of views and now they are more supporting of the women’s rights. I think a good change has been done at that level which is important.

Interviewer: So it will take a lot of time. So here the mothers are all so thankful or the project. They are really happy with it. But for me its 20 mothers who have directly benefited from the project which has taken 3 years. You know that’s a small group, within a camp, of many camps. I can see how happy they are and how they feel there is a change, they can speak to their kids and husbands which is great, but it’s such a small group…

Participant: Yes, but it’s a good start! But somebody has to start you know!

Interviewer: So do you think its right to go from here to more camps?

Participant: Yes of course, it’s a really good step to go to other camps.

Interviewer: So if you were in charge of this project, would you involve fathers?

Participant: Of course, I cannot work on sexual and reproductive health without male engagement. It’s absolutely a must in my opinion. And to tell you the truth through our experience, because I have had many experience working with the men, at the beginning it wasn’t easy to bring the men to the meetings. So do you know what we
did? We reached the men at their work areas. For example at the electricity company office we gathered a group of 20 men and worked with them through awareness sessions. So all the time we heard ‘we are busy, we cannot come’. When you talk about Sexual health and sexuality it’s not only related to the sexual relationship.

Interviewer: So men must be involved?

Participant: Yes of course.

Interviewer: Men who I have spoken to so far in the community are like ‘why aren’t men involved, they should be involved’.

Participant: But you have to find some ways.

Because I am working in the field I want to tell you something. If you make lots of changes in even the values and knowledge that people have. To be honest with you if you have this changes only for the women, even if she goes back home and some husbands hear her talking to her daughter or son about something like that maybe she will have some kind of problem. Maybe she will have violence against her. So you should target both men and women.

Interviewer: How would you recommend involving fathers?

Participant: Well you have a centre point like the youth centre they have good relations with a group of me so they might be your key persons or key points to start with a group of men. Maybe you can reach a community leader in the area, if he starts to be part of this project his maybe helpful for you because people respect this man, he is a well known person, he is a good person, he is doing that so I think people would follow him.

Interviewer: You see for me this project did all of that, they met with all of these people… they got the support from them all…

Participant: Ok so how many of these people have attended your sessions?

Interviewer: I don’t know…

Participant: This can show whether I actually support you or not. ‘I am supporting you, I am supporting you’ but actually what are you doing to support you, this is the important bit.
Yea it’s important because one of the groups we started we had like 50 women and its in the Hebron area which is so much conservative area you know. And we had one man at the beginning. You know he came just to fool us maybe in front of the women and when we talked to him and considered the importance of him being part of the group we discussed the issues that we were talking about, how it can be positive for the community and our children. How it can benefit their future. He started to bring the second time he bought another man and you know the group increased. You need to start and not be disappointed if its only one man at the start.

Interviewer: Should activities be mixed?

Participant: It depends, you know in some areas we did separate session because the men would accept being part of the group. In other areas we mixed the groups. Of course if the trainers are from the community they could understand the community and what is allowed to be talked about in mixed groups, what types of subjects need to be separated because you have to follow the cultural values so you could give effective training in the appropriate way. After that people will be more accepting.

Interviewer: So as a woman was talking to groups of men and that was ok?

Participant: Yes it was ok in some areas and not ok in other areas. Honestly it’s not always easy. But lets say if you know the cultural values very well and the religious values you know for me, especially for people from very conservative areas, I prepared my training materials depending on some religious values so they can discuss it with you. ‘So you believe in Islam? Ok so this is what Islam actually says…’ You need to be smart enough about how to reach these groups of people.

Last week actually I did training with a group of maybe 20 imams and also some religious women, who are like religious counsellors for the women. Actually the first day I was evaluated very bad! Because I think that they didn’t hear what I was talking about. Even the way I am dressed, even though I am wearing the veil, they didn’t like it, they thought that ok she shouldn’t be even wearing this. On the second day I changed all of my training materials. We were talking about human rights in general and particularly women’s rights and I told them ‘I don’t want to talk about the national and international laws, I want to talk about the Islamic law. You are very well orientated to this, more than me’ (I didn’t sleep all night because I was preparing from
a religious point of view). And for me I linked all these values from the Quran with what the international laws say. But they couldn’t understand what the international laws said. So I split them into groups and they wanted to show me what does Islam say about that and you know I linked it. I told them ‘this is what the international law says, which you don’t believe, and you refuse me because I am working but I want to tell you what Islam says. So if Islam says 1,2,3 why don’t you follow what Islam says’.

Interviewer: What does the Quran say about women’s and rights and sexual reproductive rights?

Participant: Of course, all the details about the sexual relations are include in either the Quran or the Sunna- from what Prophet Mohammed has taught people. And I wish people would follow what Islam really says but you know even if you are talking about multiple marriages you know its not allowed in the way they do it. There is some part of the Quran that says a man can have about 2/3 or 4 wives, but if you cannot be fair enough between all these women then you should only take one wife, and you cannot be fair enough!