

Caring for Bedouins' health

CYNTHIA RAMSAY

Dr. Rania Okby was in Vancouver last week, speaking to several groups, including students at King David High School. On May 1, she addressed a small gathering at the University of British Columbia.

Fittingly, this latter talk was held in the Clyde Hertzman Boardroom of Human Early Learning Partnership, which is, according to its website, "a collaborative, interdisciplinary research network" whose "research explores how different early environments and experiences contribute to inequalities in children's development."

Okby spoke about traditional and environmental factors that affect the health of Bedouin women in Israel. Currently doing a one-year obstetrics fellowship at Sunnybrook Health Science Centre at University of Toronto, Okby is a graduate of the Centre for Bedouin Studies and Development, Ben-Gurion University (BGU), and is part of the staff at Soroka University Medical Centre and faculty of health sciences at BGU, specializing in high-risk pregnancy.

David Berson, executive director of the B.C. region of Canadian Associates of BGU, welcomed guests to the Hertzman Boardroom and presented a brief video of the Israeli university, while UBC professors Adele Diamond and Judy Illes chaired the event. Sally McBride of HELP gave a brief overview of her organization.

In introducing Okby, Diamond highlighted the difficulties of crossing between cultures, which can make "you no longer feel at home in any one because you've tasted a little bit of the other, and so you've changed. Not only is she forging a balance between Bedouin life and Western life, but she's also forging a balance between being the mother of two girls, ages 7 and 5, and having an incredibly active career. And, she's not only doing that, she's forging a balance between clinical work, teaching and research." To do any one of these things would be a job for a lifetime, said Diamond.

Okby's presentation offered insight into some of the health challenges facing her community. "As Bedouin women, we are discriminated in Israel on three levels," she said. First, by living in Be'er Sheva, which is a community on Israel's periphery; second, by being a minority with a Jewish majority; and, third, by being women in a male-dominated culture. These and other conditions – such as the rapid change from being a semi-nomadic people to living a more stationary, Western lifestyle – influence both the physical and mental health of Bedouin women, and she went on to explain in what ways.

Defining a Bedouin as "someone born and raised in the desert," Okby said there are Bedouin living around the world. "Being a Bedouin is a lifestyle, so it has nothing to do with religion, nothing to do with nation-



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ality," she said. There are 200,000 to 220,000 Bedouin in Israel, about half living in recognized villages; the other half not. The Bedouin comprise about 25 percent of the total population in the Negev, and are a diverse group.

In the early years of Israel, explained Okby, about half the Bedouin did not agree to leave their land to settle in cities, and these tribes are still in a dispute with the government over land ownership. People who live in unrecognized villages are not permitted to build permanent homes, so live in metal houses. There is no, or little, electricity, access to health care or public transportation, few roads and a lack of educational infrastructure.

Okby presented a statistical picture of the situation of Bedouin women: 6.2 years average education, 14.5% never went to school, 10.4% have higher education, 10% are working women, the average age of marriage is at 18.6 years old and the number of children per woman is 6.13. "When I started medical school 18 years ago, the number was 10, so things are improving and the numbers are decreasing, but still it's a lot of [children]," she noted. Consanguinity, marrying within the same family, is 60 percent, while polygamy is 34 percent, "which has a bad influence on the mental and psychological health of the women and the kids."

Issues such as post-partum depression, which affects one in three Bedouin women, are a challenge to treat, as the general view of psychiatry is not positive among Bedouin communities. Another major health concern, said Okby, is high infant mortality: 12% among the Bedouin compared to 6.6% among the Arab and 2.8% among the Jewish populations of Israel. "These numbers – you cannot ignore it, it is very clear," said Okby, attributing the high rate to genetic disease or malformation, among other factors. Because of their religious beliefs, most Bedouin women won't terminate a pregnancy beyond 17 weeks, even if prenatal screening detects problems, she said.

In addition to traditional factors, environment-related ones also affect infant mortality, including infectious disease and hypothermia. From ages 1 to 4, there are 12.7 Bedouin kids per

thousand births who die from trauma compared to 1.9 in the Jewish community, and most of these Bedouin children are living in the unrecognized villages. The injuries result from a lack of awareness as well as way of life, cooking on open fires, for example.

Then there is the increasing incidence of Western illnesses, like diabetes and obesity, which are affecting the Bedouin, with lesser activity, poor knowledge about nutrition, and poverty. "About 30% of the diabetic patients don't have enough money to get their medication, they have to choose medicine or food." As well, Bedouin women are more at risk of breast cancer, and the average age of diagnosis is higher than in the Jewish community.

"There are lots of obstacles for the Bedouin women for better health, but there are lots of things to do, and lots of things are being done," said Okby.

There are two main groups who can improve the situation: the Bedouin and the Israeli government. The other two important players, she said, are BGU and Soroka hospital.

To make things better, more education (of men and women) is needed, said Okby, as are systematic changes: for example, increased public transportation and doing prenatal screening before 17 weeks. Already, the age for mammography screening has been reduced to 40 (from 50) and there are mobile mammography units. As well, folic acid is being added to the bread made and sold in Bedouin villages.

Regarding BGU, Okby spoke of its Centre for Bedouin Studies and Development. When it started 18 years ago, there were only five female students, she said. There are now 265 women and 167 men in the program, said Berson.

The program has developed and now, among the changes, it includes a preparatory year, said Okby, to help with the cultural transition from community to university. And there are others helping in the region, such as the Arab Jewish Centre for Equality, Empowerment and Cooperation-Negev Institute for Strategies of Peace and Development (AJECC-NISPED), whose contributions Okby highlighted.

In the discussion period, it was noted that the Negev comprises 60% of the land of Israel, but only about seven percent of the population. Until recently a neglected part of the country, the army is relocating its main base there and other developments are literally changing the landscape.

"This is a really important side of Israel," said Berson, "even though there are a lot of challenging issues with the Bedouin population, there is a lot of really good news, a lot of hope here, and it really dovetails with what's going on in the desert with Ben-Gurion University." He said that people who haven't visited Be'er Sheva in the last few years would "be shocked to see the changes taking place there." ■

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