

מרכז המחקר להערכת תוכניות התערבות לקידום הבריאות

The Center For Evaluation Of Health Promotion Interventions



Preliminary study for the development of a unique model for a well-baby clinic in the village of Jisr az-Zarqa

Background:

The village Jisr Az-Zarqa, located on the Mediterranean coast in Israel just north of Caesarea, is home to some 14,000 residents. The village is characterized by low socio-economic status, and high rates of: unemployment, school dropout, illiteracy, and consanguineous marriage, Which results in high risk of genetic conditions. The village houses a large Maccabi Health Services center which provides medical services to about 100 pregnant women and 400 new babies annually.

Purposes:

The purpose of the present study was to survey the women's health needs of the Jisr Az-Zarqa community. Understanding and mapping community needs will allow development of an alternative to the Tipat Halav (well-baby) stations, which will be tailored to the needs of Jisr Az-Zarqa specifically, and can hopefully be applied to at-risk populations in general as well.

Research Process:

Research Type: A qualitative study consisting of focus groups.

Study Population: The research population consisted of two sub-populations:

- 1) Professionals, mostly nurses at the Tipat Halav station in the village (including the head nurse at the Tipat Halav station, the principal of the grade school in the village, as well as other professionals from the village, for a total of 8 participants).



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- 2) Residents of Jisr Az-Zarqa, with separate focus groups for: men ages 25-50 (3 participants); high school aged girls (8 participants); unemployed women ages 20-40, (5 participants); working women ages 20-40 (5 participants); and working educated women ages 20-40 (7 participants).

Research process:

Six focus groups were carried out among the study population, whose makeup is noted above. Recruitment among the residents was largely carried out by the nurses in the Tipat halav station. Residents of the village who participated in the groups received a gift of NIS 40 for participating in the study. The groups were led by a trained interviewer, in Arabic. Each discussion-focus group lasted about two hours, and was based on a semi-structured qualitative protocol developed for each group based on the characteristics of its participants. The discussions were recorded and transcribed, and subsequently analyzed for main themes and central categories.

Results:

Results of the focus groups shed light on the difficulties faced by the resident of Jisr Az-Zarqa in general, and by the women in particular.

A variety of categories and themes were developed and defined based on analysis of the interview transcripts. Detailed discussion of these issues which were brought up in the focus groups can be found in the full report, in Hebrew, while a summary of the findings can be found later in this report.

The themes (and categories) that were extracted are: Health knowledge and attitudes (appropriate nutrition and healthy lifestyle; personal hygiene; compliance to medical exams); the physical environment (trash in the village); Mental health and stress (emotional stress resulting from unemployment); Local politics (competing interests and lack of trust); Social norms (norms relating to the institution of marriage; norms relating to raising children; "what will the neighbors say;" objections to abortion and pregnancy

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cessation); High incidence of risk behaviors (violence and addictions to drugs and alcohol; smoking); The education system; Barrier to the use of health services (accessibility and availability of services and medical exams; economic barriers; long wait times; preference for female doctors and nurses); The importance and limitations of the Tipat Halav station (long wait times; lack of manpower and staff; feelings of disrespect; lack of counseling for mental health and emotional support; language difficulties and low levels of trust towards the gynecologist; difficulties finding childcare for the other children); Suggestions of solutions to improve health (a women's health center; changing the location of the Tipat Halav station; adding an official playroom and nursing room in the station; establishing a child development center; lack of emergency services).

Summary of the main research findings:

The findings of this qualitative study shed light on the difficulties and health challenges experienced by the residents of Jisr-Az-Zarqa in general and by the women in particular. Among the difficulties that arose, issues of **accessibility and availability of medical examinations and care** stood out. The participants of the groups brought up this issue as it relates to a wide range of health issues, but particularly in relation to women's health and childhood development. Seeking out tests relating to at-risk pregnancies, or therapies relating to childhood development (physical therapy, occupational therapy, speech pathology, and more) requires the women to travel outside of the village, which is not always possible for them for a variety of reasons. As a result, women frequently forgo recommended tests and treatments and "trust in god." Accessibility of these services and providing options within the village would improve the health of the women and development of the children in the long run.

The findings highlight the central role played by the Tipat Halav station in the health of women and children in the village. The station provides services tailored to the

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population; the station is located within the confines of the village and is staffed by women alone. This has apparently led to the women seeing the station as a solution for many of their problems, even if the service is not officially provided within the Tipat Halav framework. For this reason, the women come to the station for follow up in cases of high-risk pregnancies, and for illness among their children. This leads to a greater burden or work on the station, which is already overworked as it is.

This burden sometimes leads to feelings of neglect among the population, following long wait times for appointments, a lack of patience on the part of the nurses, or “closed doors” and refusal to respond to requests from the women. Similar experiences were described when asked about wait times for the gynecologist and pediatrician.

The results of the study indicate a great burden of work on the nurses at the Tipat Halav station in Jisr Az-Zarqa, and therefore there is a need to add manpower which will be able to provide for the population’s needs. Since the situation is, as was described the women, “getting care the Tipat Halav station or giving up on medical care entirely,” there is a great need for a systemic solution, in whose framework medical services will be provided by the Tipat Halav station. Aside from adding nurses for general services, the women brought up the need for a secretary, as well for professionals from the fields of physical therapy, occupational therapy, speech pathology, mental and emotional support, and more.

Establishing a women’s health center, which would include follow up for high-risk pregnant women as well as an available gynecologist, could also aid in improving the health of the population. It should be noted that the women in the study specifically complained about the gynecologist who sees patients at the station in the village. If possible, an Arabic-speaking doctor should replace the current doctor in the village, so that the women feel safe and comfortable.

Despite the numerous challenges that were brought up, the participants of the focus groups showed great concern and real desire to improve the situation. In light of the

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many suggestions which were brought up in other fields not directly connected to the Tiptat Halav station, we recommend consideration of a **multi-system, community-based program** which can address a range of needs to improve the quality of life and health of the residents.