

We have noted two reasons that the teachers use for avoiding these issues, even in light of their understanding that the children are already exposed. The first responds to the fact that they themselves are unsure how to deal with the situation. The second relates to their challenge with the parent body that they fear may misinterpret any attempt they may have at addressing the situation.

The work in the groups, as mentioned above, therefore attempts at providing an environment for the teachers to deal with these quandaries on several levels. The main goal being to provide the teachers with the sense that they have an impact on the classroom and with the confidence that they have some professional bearing on how to address these matters.

Below we relate to three professional aspects, which have been addressed in this context. Although we cannot provide straightforward “answers” to any, we find that addressing these issues can be very helpful in finding means to cope.

A. Mass projection

The first area of interest is that of mass projection that affects the entire communities. In times of acute trauma and stress children (and adults) create a split within them as they have difficulties addressing the complexity of their own feelings (especially those involving hate and anger). It is then natural to project all negative feelings on the so-called enemy. As this process goes on, various frameworks within the child are upheaval and subsequently also those of the society around them. The need to hold on to a common feeling of belonging becomes greater and greater, and thus the projection evolves into a mass projection of “our” negative feelings and traits onto “them”. This phenomena, however, is not useful, as it does not really respond to the feelings of loneliness and helplessness. Furthermore, it does not provide the child with the ability to recognize his or her own multitude of feelings and their legitimacy. It is necessary to provide the children with a secure framework where they can express a variety of feelings, and note legitimacy for a variety of feelings within their own classroom and then also beyond it. Part of this process would include giving a face to the perceived demon, so that we do not break things into “evil” and “good” but rather different people with different feelings. This process must be preceded by an in depth process by the teachers themselves, as it is probably the adult world who gives the children the directions of where to venue their projections and demonizations.

B. Difficulty in addressing complex messages

Following the former point, there is a problem with young children when we try to convey very complex messages to them. Young children have not necessarily developed a complex moral and social understanding. From the experiences of the teachers, however, it seems that children adapt more to the complexity when they are living in the midst of it. It is our need to make sure that we protect the children and provide them with clear-cut information of how to protect themselves against the lurking dangers. Developing fine tuned listening skills can assist a teacher in assessing when it is possible, and maybe even crucial, to provide the children with a more complex message. These listening skills can be developed by the teachers not only in the framework of their preschool but also by they themselves listening to their Israeli and Palestinian counterparts. Through this discourse they fine-tune their own sense of protecting themselves emotionally and their ability to hear and listen to dif-

difficult themes. It is these tools that can then be used in the classroom when balancing the complex messages, which must be brought in the classroom while still protecting the innocent minds of the children.

C. Dynamic of child development in light of dynamics of violent realities – Final Summation

The preschool is a place for dynamic and rapid development. The constant curiosity and subsequent learning that children have in a dynamic world can be mesmerizing. When the reality around them is that of hostility and violence, we tend to want to keep things within the sanctity of their own protected lives. We do not want them to see the troubled world surrounding them. We hope that we can somehow stop the clock and keep them in one additional hour of bliss and serenity. Yet by these tendencies we may be also stunting their capacities to learn and develop contrary to their natural tendencies. A preschool is a place with a lot of potential for learning and play. It is probably one of the most creative environments that the child will encounter in his or her entire life. One of the dangers of our reality of crisis is that by trying to protect them from this reality, we can also destroy its positive elements.

This does not mean that children should be immediately exposed to the vivid and gruesome images of the harsh reality surrounding them. Quite the contrary, we do not recommend flooding the preschool with pictures of violence and bloodshed, which unfortunately they are already, to a certain extent. But it is the task of the preschool teachers, specifically in these times, to make sure that the reality within their preschool is maintained as one of learning and curiosity about all of the issues, which they come in contact with, including curiosity of the “other”. It is the child’s learning and development, which are the keys to turning them into self-sufficient adults who take responsibility for themselves and for the world around them. It is their thirsts for understanding, which can help them cope with the difficult realities, rather than succumb to them. Children are our hope not only because they start with a clean slate, but maybe also because of their natural desire to learn and develop that we adults in our roles of protection and defending tends to give up. Through challenging these tendencies of ourselves, we may be able to maintain that the children’s environment is appropriate and fitting of their natural tendency from early childhood to human development.

Epilogue

Young children represent a large portion of both the Israeli and Palestinian societies. Unfortunately this population over the past several years did not have the privilege to grow up in the nurturing environment that would be fitting to these initial stages of their lives. We could have filled the pages of this document, and probably many more, describing the suffering that these children endure in our region over the past few years. We chose, however, not to avoid this reality, but to focus on what we can do during these times to better provide our children with the skills and hopes necessary to contend with the harsh world, which surrounds them. This is also the focus of our work at MECA. We hope that through our joint endeavors and cooperation we can partner with the educational systems and find ways to help our children as a critical means in creating a better future.

Living-Related Liver Transplantation In Saudi Arabia

Dr. Hind Nour
SHO Paediatric

Armed Forces Hospital, Riyadh, Saudi Arabia.

History of Liver Transplant in KSA

- 1 First liver transplant in the Kingdom was performed in 1990.
- 1 Four programs were established in the following years; KFNG is the only one which continues today.
- 1 Living-related liver transplant (LRLT) program for children at R.K.H. started in November 1998 and continues today.

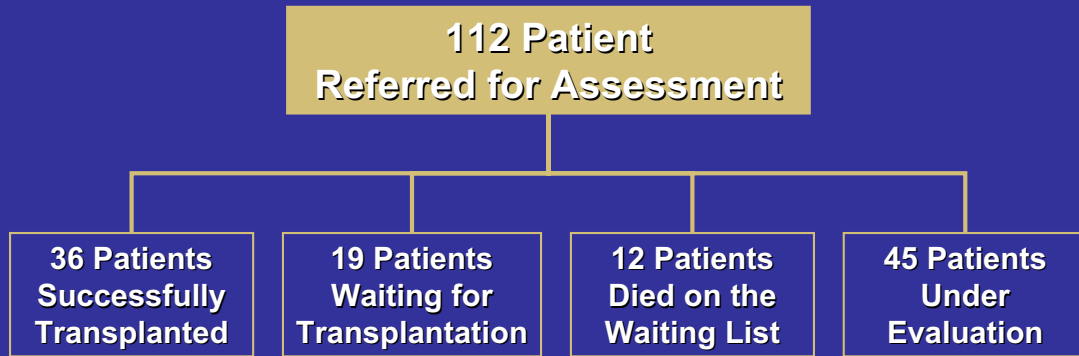
Options

- 1 Full organ transplantation.
- 1 Reduced size organ transplantation.
- 1 Split cadaveric organ transplantation.
- 1 Living-related liver transplantation.

R.K.H. Paediatric LRLT Program

- 1 The preparations for the program began in March 1998.
- 1 The first successful case was performed on 22nd November 1998.
- 1 36 successful paediatric LRLT have been done to date:
 - w 35 paediatric LRLT
 - w 1 adult LRLT

Paediatric Transplantation Program



Indications for orthotopic liver transplantation

- Hepatic Encephalopathy
- Hyperbilirubinemia - Intractable Pruritis
- Portal Hypertension
 - Varices
 - Ascites
 - Hypersplenism
- Synthetic Dysfunction
 - Coagulopathy
 - Hypoalbuminemia
- Failure to Thrive

Common Conditions in Children

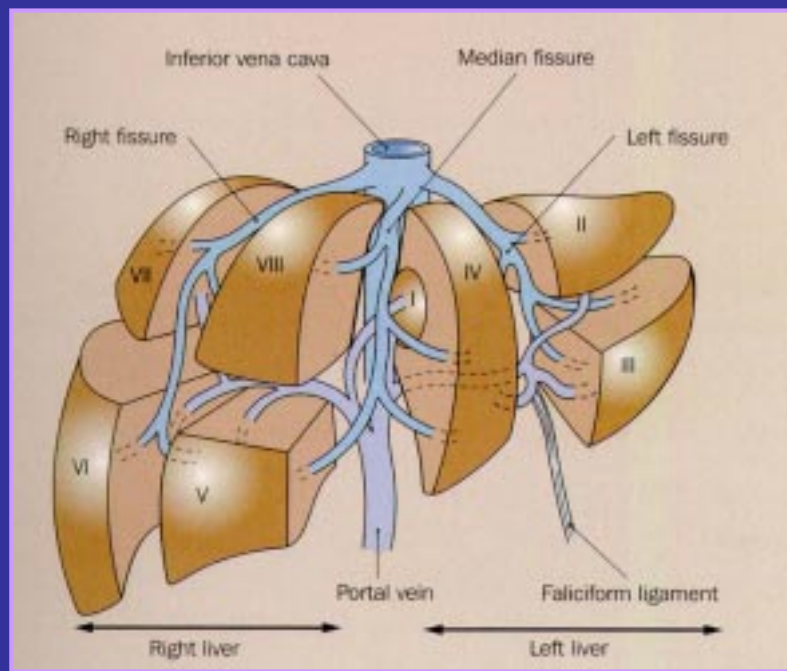
- 1 Biliary Atresia
- 1 PFIC (Bylers Disease)
- 1 Alagille Syndrome
- 1 Caroli Disease
- 1 Wilson's disease
- 1 Crigle Najjar
- 1 GSD Type 1 -1V
- 1 Budd Chiari Syndrome
- 1 Liver Cirrhosis

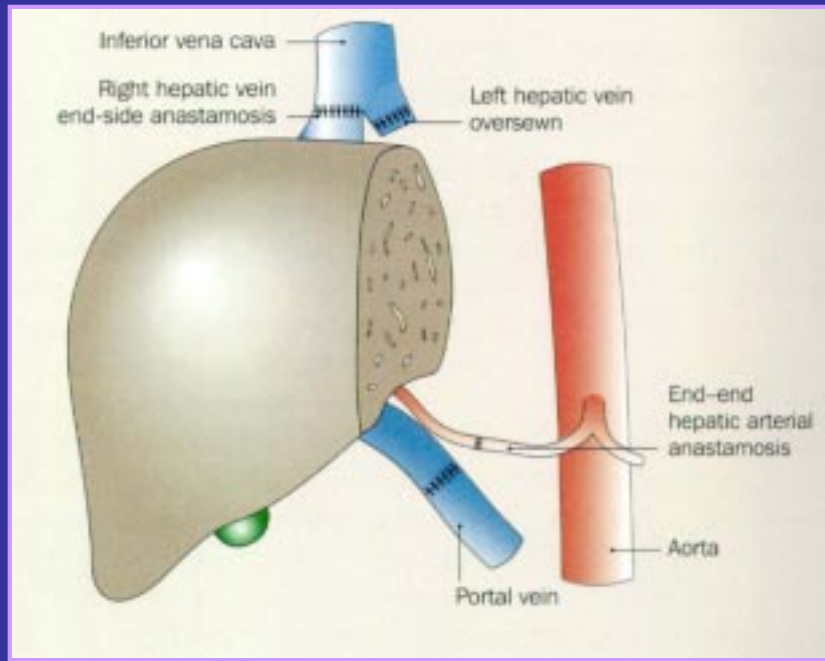
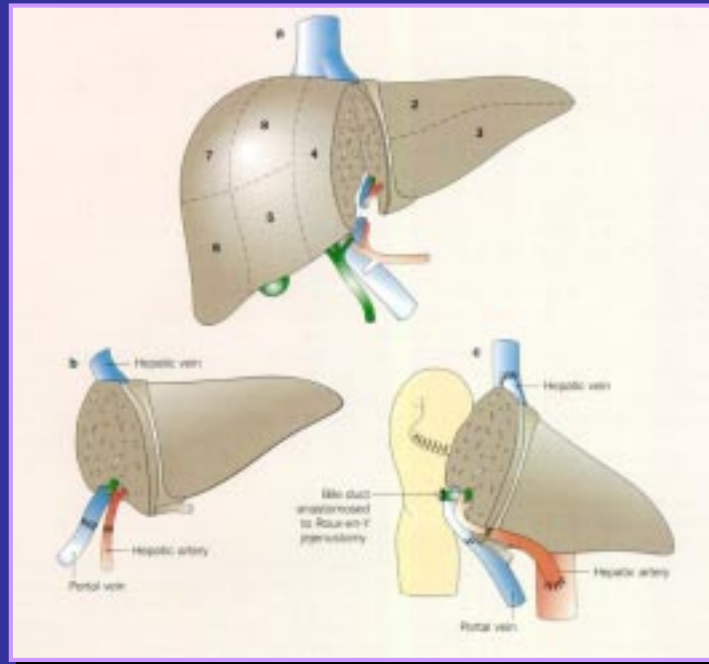
Criteria for Doners acceptance

- 1 Agree for Tx.
- 1 B lood Group.
- 1 BMI (Body Mass Index)
- 1 Age F<40y M <60 y
- 1 Healthy Doner , not on Medications

Specialities Involved in Tx

- Surgeons
- Anesthesia
- Paediatrics
- Psychiatrics
- Social workers





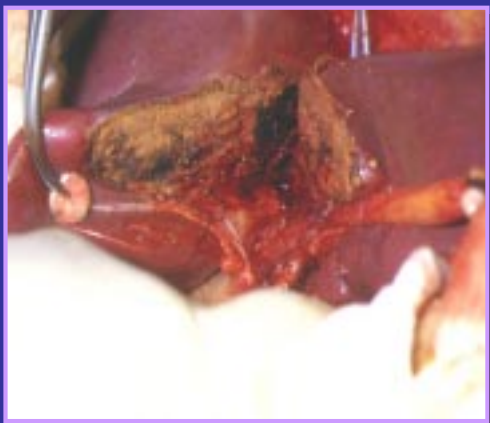
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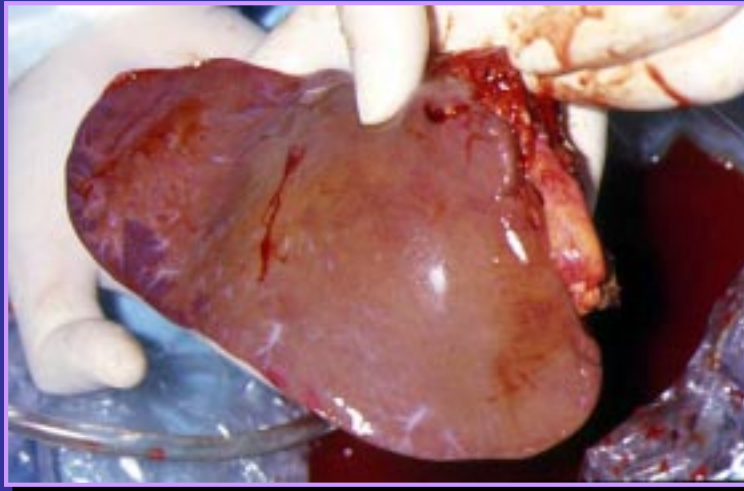
Donor's Operation



Donor's Operation



Donor's Operation



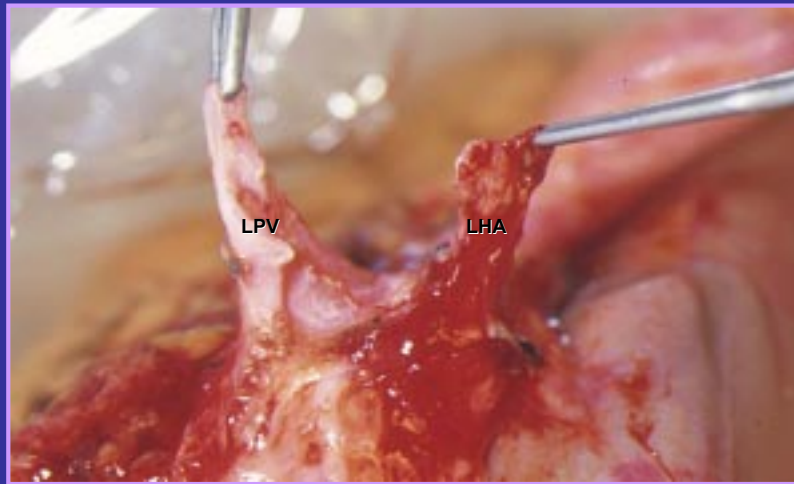
Donor's Operation



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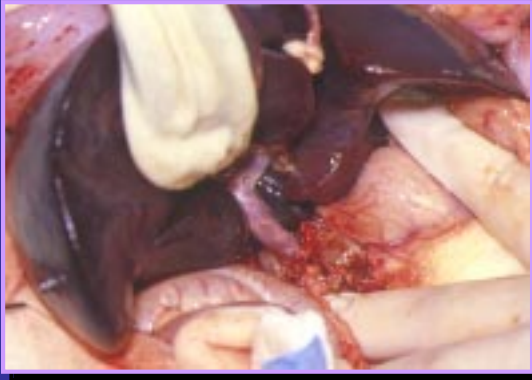
Back-table Bench



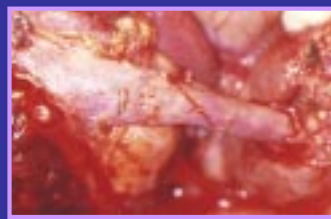
Recipient's Operation



Recipient's Operation



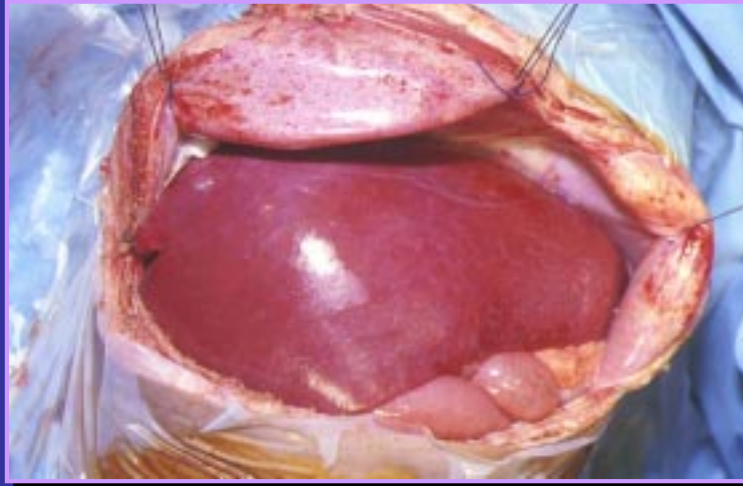
Recipient's Operation



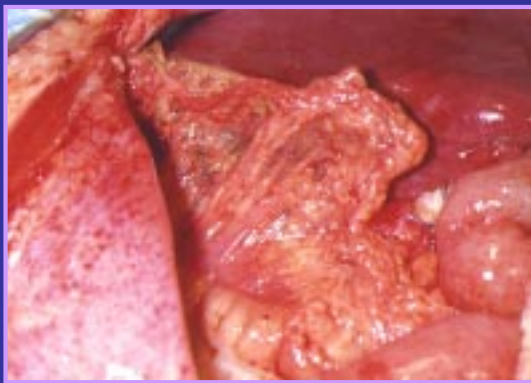
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WORKSHOP V

Recipient's Operation



Recipient's Operation



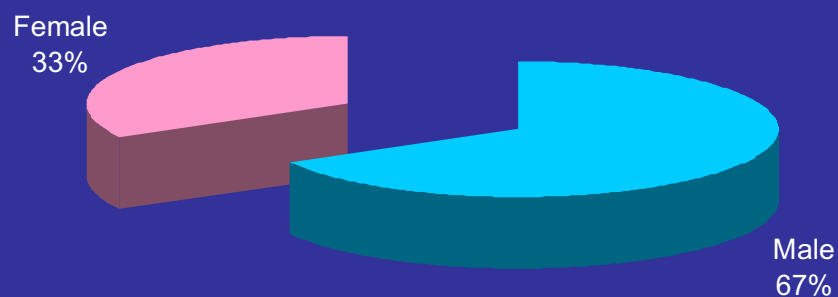
Donor Outcome

1 Donor morbidity:

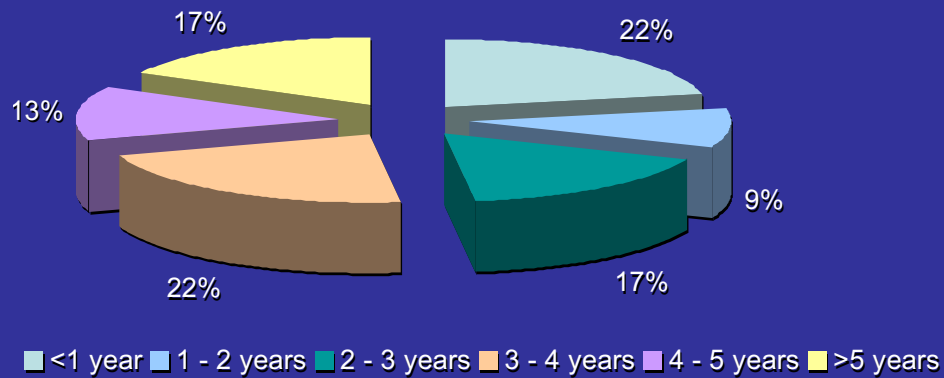
w Incisional hernia	1 patient (2.7%)
w Bile leak	3 patients (8.3%)

1 Donor mortality: (0%)

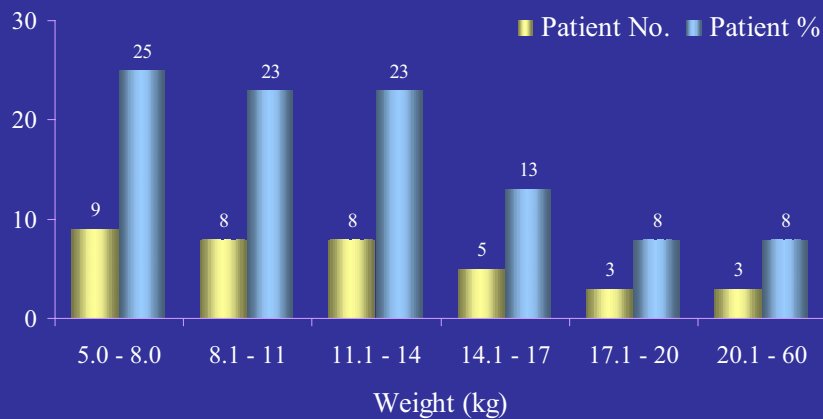
Recipient Sex Distribution



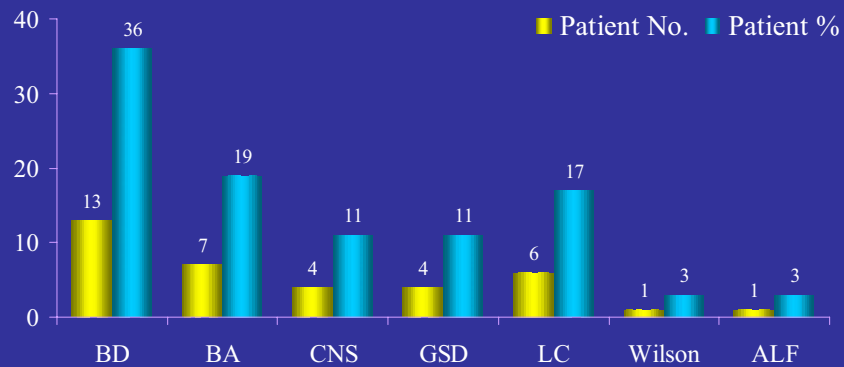
Age Distribution



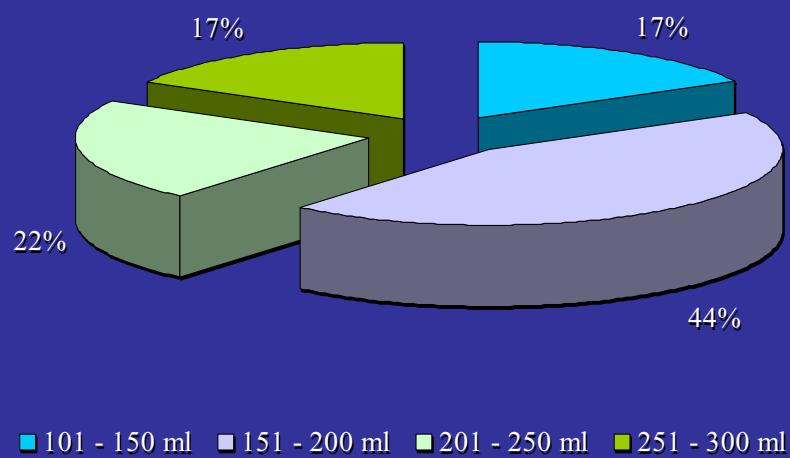
Weight Distribution



Indications for Liver Transplant



Volumetric Graft Size



Complications

1 Mechanical (Surgical)

- v IVC
- v HA
- v MPV
- v Bile ducts

1 Nonmechanical (Medical)

- v Allograft Rejection
- v Viral Infection
- v PTLD (post Transplantation lymphoproliferative Disease)

Surgical Complications

Type	No. of Patients	%
General	3	8
Biliary	5	13
Vascular	7	24

Medical Complications

Type	No. of Episodes	%
Rejection	16	45
CMV	12	33
RSV	1	3
H. Influenza	1	3
Herpetic Stomatitis	3	7.7
P C P	1	3
Fatty liver	1	3

Results

Patient Survival = 97%

Graft = 94%

Current Situation

- 1 It is estimated that 2-3 children per million population, per year, need a liver transplant.
- 1 A higher number of transplant candidates is expected in the Middle East due to the higher rate of 1st degree cousin marriages.
- 1 8 years after starting the adult program, no effective paediatric program was started in the Kingdom.
- 1 In view of the severe organ shortage, a LRLT program was the ideal solution.

Future Planning

- 1 Establishment of the Prince Sultan Liver Transplant Unit.
- 1 Collaboration with other transplant centres in the Kingdom.
- 1 Continuing the international collaboration program with established transplant centres.
- 1 Establishing an Adult Living-Related Program in the near future.

Refusal of Donation

- 1 1998 (September - December) only one parent refused the procedure.
- 1 1999 only one case refused donation.
- 1 2000 (January-March) three refusals were faced.
- 1 The acceptance of the procedure is quite encouraging.

Conclusion

- 1 The establishment of a paediatric liver transplant program in Saudi Arabia was a very successful experience.
- 1 An estimated 25 - 30 transplants per year are expected to be performed in the near future.
- 1 Increasing the acceptance of non-Saudis in the program.

Marine environmental education. A drawing test of a field experience.

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Foreword

Laura Conti wrote in her book "Che cosa è l'ecologia": The environmental problem cannot be considered without man and his culture, as fundamental elements. The idea to develop a marine environmental education starts from the needs to revalue the identity of our territory, traditions and culture as the basis to train young people to a multiethnic no country world

Target

Environmental education

To understand that the sea is a common inheritance other than a resource

To stimulate the ability to observe and to interpretate natural events

To recognize the marine life and habitat complexity

To train the young people working together

To use playing as knowledge instrument

To develop familiarity with the marine life thought the sense of touch

Method

Environmental education

Constructivism seems to fit better our target because it allows the role exchange between the actors of the educational process. Leaving cognitivism we obtain a more effective understanding about the dynamics and interactions among environment, traditions, culture and economical development.



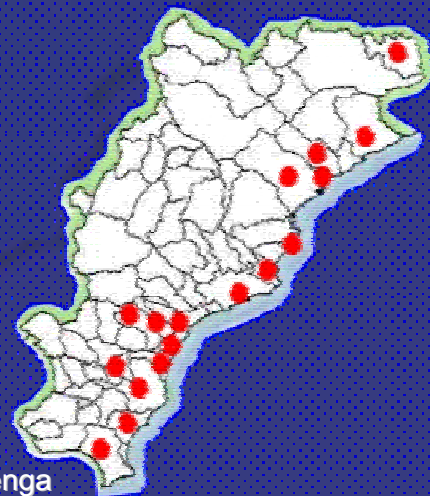
Project

Environmental education

A total of 2012 young (6-10 years old) from 17 municipality were involved into the project

À Alassio
 À Albenga
 À Albisola Marina
 À Albisola Superiore
 À Andora
 À Boissano
 À Borghetto
 À Cisano sul Neva
 À Cerialle

À Finale Ligure
 À Loano
 À Noli
 À Savona
 À Toirano
 À Urbe
 À Varazze
 À Villanova d'Albenga



____*Project*_____*Environmental education*_____

Knowledge starts from a problem.

Hypothesis formulation is the second step

Observation and hypothesis testing follow through the experimental approach

Discussion and to share results represents the elements which can be used in the formal education at school.



____*Project*_____*Environmental education*_____

59 meetings have been carried out with fishermen

45 field activity on the beach



____Project____Environmental education____

"Meetings with fishermen"

Wet net smell is stink!

What's disgusting to touch a fish
or an octopus!

For deep-frozen pre-cooked
marine food eaters!

Fishery world is unusual for the
young people as well as the marine
life.



____Project____Environmental education____



____Project____Environmental education____

"Activity on the beach"

Winter season, the beach is finally accessible. Without barriers it's possible to discover an incredible variety of marine organism, both alive and stranded. Emotion make firm this new experience.



____Project____Environmental education____



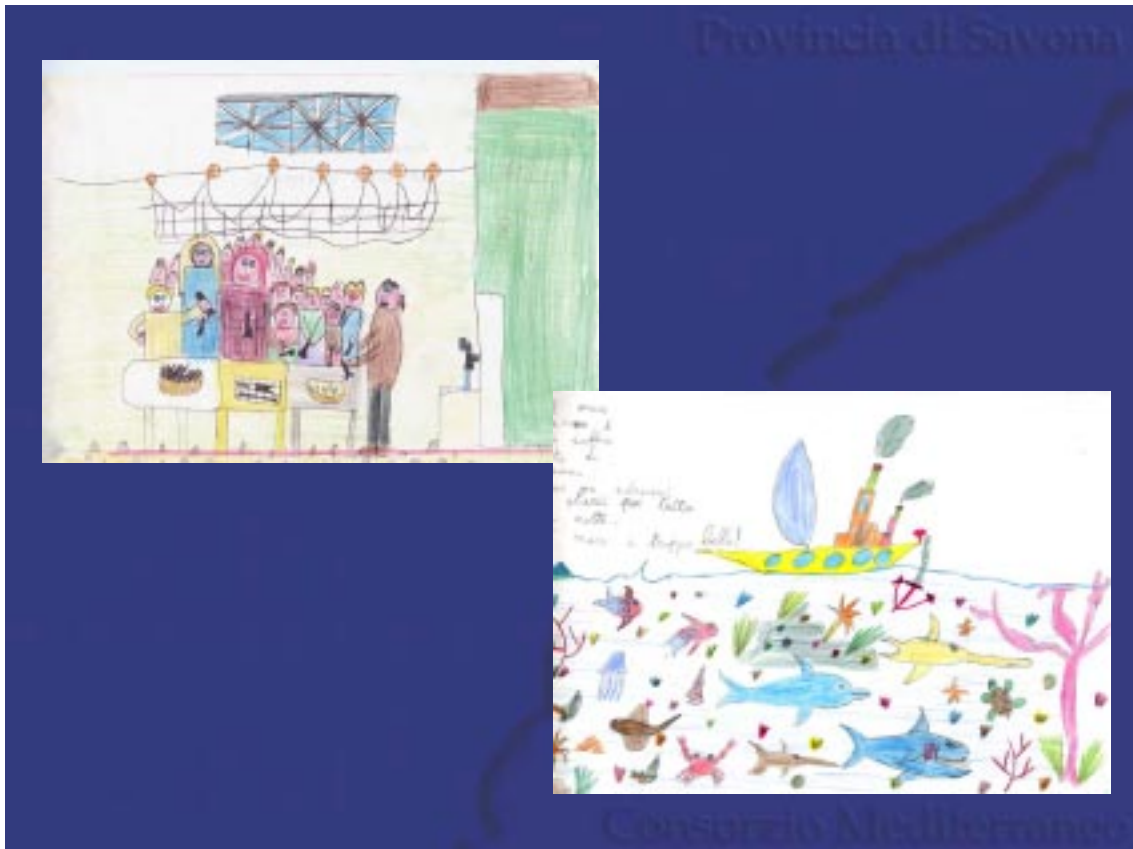
Results

Environmental education

Diary 2003/4

At school pupils and teachers continued the work expressing their concept by drawings. Drawings have been collected in a school diary.





E5

WORKSHOP V





___THE FUTURE___ *Didattica ed Educazione Ambientale*___

**The results encourage to
developing to the educational
project by new actions
improving field practical
experience.**



Implements

Il Grillo

The Provincia di Savona and Mare Forza Dieci Society now dispose of an traditional harbour boat trasformed in floating school room.



Implements

Il Grillo

Il "Grillo" born in 1966, used for sailors man trasport.



Implements Il Grillo

Il Grillo



To day trasformed in the floating schoolroom for adult, young and disable.



Thanks a lot





Cyprus
Egypt
Greece
Iran
Israel
Italy
Jordan
Portugal
Qatar
South Arabia
Spain
Switzerland
Turkey
U.S.A.

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Mediterranean Action Group on Adolescent Medicine (M.A.G.A.M.)

On the 7th and 8th of September, 2001, the Pediatric and Adolescent Unit of Arcispedale S. Anna of Ferrara (Italy) and the Italian Society for Adolescent Medicine (S.I.M.A.) organized a workshop with selected delegates from 9 Mediterranean countries (Cyprus, Egypt, France, Greece, Israel, Iran, Italy, Jordan and Spain) in order to promote the theory and practice of adolescent medicine in this region.

The decision to set up an action group (Mediterranean Action Group on Adolescent Medicine - M.A.G.A.M.) to continue the momentum that originated in Ferrara was discussed further and developed during the two following annual meetings of S.I.M.A. that took place in Catanzaro October 26th, 2002 and Castiadas – Cagliari October 25th, 2003.

Despite the variability in health services among the different nations, common concerns have been identified. These include the promulgation of adolescent medicine as a distinct field, the organization of health services specifically for adolescents, and the education of personnel in the care of teens.

Since the first workshop, membership in M.A.G.A.M. has increased. At present, the organization also has delegates from Turkey, Portugal, Oman, South Arabia, and Switzerland. To create a bridge across the Atlantic, a delegate from the USA participated in the last two workshops; her paper on adolescent health in the United States is in press in the Italian Journal of Pediatrics.

A brief description of adolescent health care in countries participating in the Ferrara M.A.G.A.M. workshop has been published recently, and a paper on obesity in adolescents living in Mediterranean countries has been submitted for publication to *Pediatric Endocrinology in Review*.

Further activities of M.A.G.A.M. include its constitution and regulation as a scientific society, contact with international and national organizations involved in adolescent medicine, preparation of an internet web site, and the development of studies, diffused via the annual workshop and international medical journals.

The next M.A.G.A.M. meetings will be held in Istanbul in 2004 (President: O. Ercan) and Lisbon in May 2005 (President: H. Fonseca).

We hope that all the objectives of M.A.G.A.M. will be reached in the coming years and we are prepared to offer the results of our work to promote adolescent health in developing countries.

Vincenzo De Sanctis

on behalf of MAGAM

President of the Italian Society for Adolescent Medicine (SIMA)
and co-ordinator of Mediterranean Action Group for Adolescent Medicine
(MAGAM)

Partner-Defined Quality

Implementation in the Palestinian
primary healthcare

Relevance to Palestine

- Healthcare in Palestine (quality of care)
 - High expenditure on health (240.000.000 – 3m people)
 - Duplication of policies and practices(MOH, NGO, Private, Charitable, UNRWA)
 - Waste of resources (antibiotics, antiinflammatory, antidiabetics, laboratory, XR)
 - Overuse of services (60% of secondary care users are of primary care conditions, complications)
 - Complexity of the system (health insurance, refferals, speciality care, long waiting periods)
 - Low level of outcomes (complications)
 - Dissatisfaction with provided services (trust, satisfaction with outcomes and procedures, choices)

Quality improvement efforts

- Focused on the system
- Owned and practiced by the workers within the system
- Use of community role for addressing the quality issues from the perspective of the community

PDQ

- In line with the above:
 - Community empowerment strategies focus on shifting the healthcare towards self-management
 - Responsibility for quality should be shared both by the providers and the users of services (stop the mutual blaming)
 - Community resources should help in maintaining the quality services
 - Quality of care does not only reflect a supply or utilization error. Interaction between the provider and the users was found to be an important quality issue
 - Facilitation and community mobilization methods of SCF would help in initiating the dialogue for quality improvement

Experience in Palestine

- Was based on current experience in the field of quality improvement (workers of the health facilities were to certain degree exposed already to the issue of quality improvement)
- Built on the PDQ manual with adaptation to the local context

Arena

- Five healthcare facilities were selected for the quality improvement program
- Tamoun
- Aqqaba
- Daherya
- Ein Beida
- Bardala

Tamoun

Process:

Overuse of drugs (antibiotics)

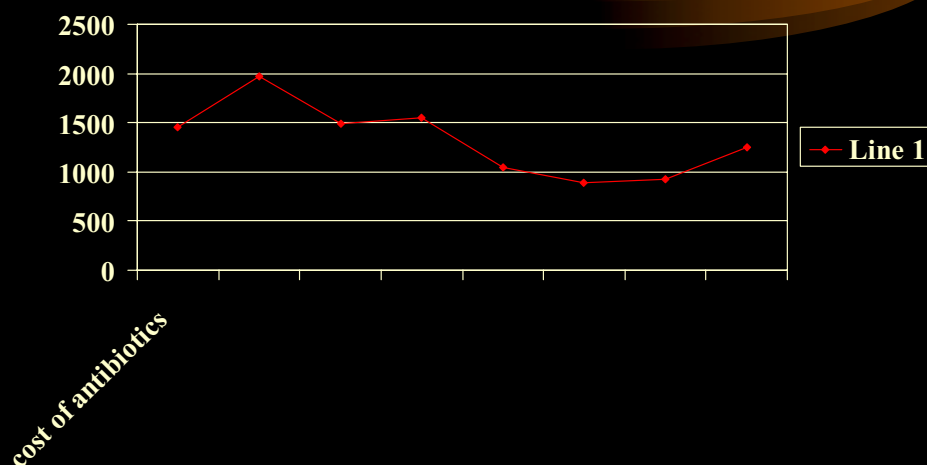
Problem statement: Use of antibiotics for children is very high.

Community members (mothers) insist on getting their children the antibiotics, both as it is needed and also as they are entitled to receive drugs according to the health insurance policy. Health workers write antibiotics frequently because they tolerate the community pressure, and they do not provide thorough examination to the child because of big number of visitors to the clinic.

Indicators:

- amount of dispensed antibiotics for children (No. of pieces, cost)
- % of children with diagnosis of Acute respiratory infection that receive antibiotics
- **Measurement tool/s:**
- Clinical records

Cost of antibiotics dispensed in Tammoun clinic



Lessons learned

- PDQ is a good tool for both mobilizing communities for health and for improving the performance of the system
- In areas where resources are deficit, it importance increases
- Implementation of the PDQ should build on existing community and providers experience
- Each setting will have its own specifications, general PDQ ideas and methods remain the same.
- Careful identification of indicators help in better documentation and easy exploration of improvements

PROFILE OF CHILD DEVELOPMENT IN ECO-CULTURAL CONTEXT (DEC)

BY: FATENAH AMAWI
COUNTRY: JORDAN
LOCATION: AL-SUKHNA

I. Introduction

Undoubtedly the twentieth century has witnessed a great leap forward in understanding children's development all over the world, in particular human interaction with psycho-biological systems and eco-cultural inputs. This profile of child growth and development in Al-Sukhna town in Jordan, attempts to shed light on the eco-cultural context that have an effect on the wellbeing of children's developments from birth to six years old. The main focus of the paper is to investigate the impact of the construction of national identity and the manipulation of the past on children's development within Al-Sukhna's community. It will examine the role played by spatial references in sustaining group identity and its influence on the social and cultural development of children within the community. In addition, it will analyze cultural differences in child rearing practices that emanate from the physical and social settings within Al-Sukhna's community.

II. Rational for selecting the Study area

Al-Sukhna represents a very interesting case study motivated by two factors. First it represents a mixture of ethnic and cultural diversity: Bedouins, Chechens and Palestinian refugees all live together in one locality. Secondly, the community has undergone rapid ecological changes over the years. In addition to the rapid socioeconomic transformations that affected Jordan as a whole, Al-Sukhna, witnessed its own transformation from an agricultural community to one dependent on public sector employment and intermittent employment opportunities.

These two factors inspire many questions including whether there were distinctive patterns of child rearing practices coexisting together within this cultural diversity? What mechanisms did the community adopt to face the rapid transformation within their environment? What is the impact of the coexistence of diverse cultural communities having on children's development? What kinds of socioeconomic relationships exist in the community? Are there signs of integration or molding of a homogenous culture and identity? What value systems and beliefs are being transmitted within the community and its sub-groups?

III. Research Methodology

Due to the community's demographic composition, the study made extensive utilization of focus group discussions with community members, especially women. It also relied heavily on semi-structured interviews and meetings with local government officials and leaders of each community as well as the elderly who provided background information on the various ethnic communities' interaction

as well as historical developments. In addition, the study was based on direct field observation and literature review.

IV. Description of the Context: Al-Sukhna Town

Al-Sukhna Town is part of Al-Zarqa Governorate. It is a small locality occupying an area of only nine square kilometers. Of a total population of 643,323 for the total governorate, Al-Sukhna inhabitants in 2002 constituted 20,547, an increase from 17,409 in 1990 which is not great due to rural urban migration in search of better employment opportunities and access to education in bigger towns. The town is situated about 29 km. from the capital Amman and shares common boundaries with al-Zarqa city (about 8 kilometers to the north of al-Zarqa) and al-Hashimyia (4 kilometers to the west of al-Hashemyia town).

Al-Sukhna used to be an agricultural area through which al-Zarqa river passed. It had a hot water spring as well which gave it the name Al-Sukhna meaning, “hot” in 1921. Due to the drilling of wells, excessive use and increased dezertification, the spring as well as the river dried up and what is left of it is only a small tributary polluted by industrial dumping from neighboring areas. The weather in Al-Sukhna is similar to other areas in Jordan with four major seasons in the year.

Al-Sukhna is an arid area much like the rest of Jordan which receives an annual rainfall of less than 200 mm over 90% of the land. The rain-fed agriculture (about 1844 donum and 5000 donum is non-rain fed),¹ is limited by scarce and irregular rainfall.² Availability of water per capita continues to decline due to population growth and over-pumping of groundwater reserves leading to its depletion and deterioration of quality.

V. Al-Sukhna's Demographic Composition

Unlike other towns in Jordan that enjoy a mixture of Muslim and Christian communities, Al-Sukhna's population is 100% Muslim. Yet, similar to other towns in Jordan, it has a small minority of ethnic groups in this case Chechens constituting about 5,000 of its inhabitants.³ Al-Sukhna community is comprised of three population segments: the Chechens, the Bani Hasan Bedouin tribe, and the Palestinian Refugees. Each of these sub-groups has its distinct history and lineage structure.

1. The Chechens

The Chechens are an ethnic group who came from the North Caucasus region. They were converted to Islam during the Arab invasions of the seventh century. As the Russian Empire began expanding into the Caucasus in the early eighteen century, fighting broke out between the Chechens and the Russians. As a result, about 50,000 Chechens and 500,000 Circassians fled to the Fertile Crescent (mostly Jordan, Syria, Iraq, and Turkey). They came to Jordan in three waves (1911, 1877, and 1859) following the fighting

The Chechens speak their own language – Chechen - that is distinct from Arabic. The language belongs to the Nakh subfamily of the North Caucasian language group. Chechen, like the other Caucasian languages (e.g., Abkhaz and Georgian), belong to no other language family and is linguistically separate from the Turkic and Indo-European languages spoken by other neighboring ethnic groups.⁴

The Chechens settled in al-Sukhna area in 1904 as refugees from the Russian wars.⁵ The Ottoman Empire settled them there as well as in other areas of Transjordan in its attempt to establish permanent administrative and military presence. In al-Sukhna, the Chechen community built a fortified vil-

lage and lived on agriculture. They built dams on the canals over the river and started harvesting wheat, barely, corn, vegetables and fruits and engaged in simple professions such as welding and carpentering. They also drafted a document to organize their lives in terms of marriage, farming and herding of sheep and cows.

The only other group within the community was the Bani Hasan Bedouin tribe yet each group lived distinct from the other. On the one hand, the Bani Hasan resented the fact that the Chechens were settled on what they perceived as their “tribal land”, while on the other hand, the Chechens “resisted Bedouin claims to a share of their harvests and fought back when attacked.”⁶

2. The Bani Hasan

The Bani Hasan Bedouin tribe was attracted to the area for its water resources. The Bani Hasan is a confederation of sub-tribes of over 15,000 who lived in 27 villages stretching over 600 sq. miles. The Bani Hasan tribe is also a refugee group who settled in Al-Sukhna. However, their refugee status is different than the Chechens since it was motivated by the need to settle in fear of the Ottoman government appropriating their tribal land (*dirta*) which they held by customary rights. The Ottomans wanted the land in order to provide land for the Circassian/Chechen communities that the Ottoman Empire has an interest in settling in Transjordan.

The Bani Hasan were Bedouins. His way of life - nomads, his habitat, the tent, and his mode of production define a Bedouin, stock breeding.⁷ They had a lifestyle of roaming in search of food and water for their herds and thus did not have settled life patterns. The Ottoman administration was interested in cultivating the land and registering it to expropriate taxes. In addition, it wanted to ensure the stability of the region from the roaming armed nomads. The tribe began giving up their nomadic lifestyle and settling in the villages, adopting agriculture to complement their traditional pastoral livelihood and animal husbandry.⁸ Their settlement was hastened by objective economic factors including the inability to produce a surplus due to draught, state policies of settlement and the intensified struggle over water and land.⁹ As the Ottoman Sultan remarked to one of the Bedouin *Shaykhs* on the tribal land: “if they had gone uncultivated and uninhabited for long, his rights could not be enforced even if he were found with tapu deeds in hand ... In our opinion, it is regrettable that cultivators do not remain [on the land].”¹⁰ Thus, the Bani Hasan had to settle as sharecroppers cultivating their plantations and paying taxes to the Ottoman State.¹¹

From that time, the Bani Hasan lived a mixed agricultural-pastoral existence with land registered under the unit of the tribe (*ashira*) or group (*jama'a*). Their land was not registered in the names of the major *Shaykhs* but in the name of a number of holders in each group. Each holding consisted of a share in several areas, in the case of one group in 13 different areas.¹² In 1945 and under the British mandate, land settlement issues were resolved for the Bani Hassan Bedouin areas.¹³

3. The Palestinian Refugees

A third refugee community that inhabits Al-Sukhna is the Palestinian refugees. The Palestinians were forced to leave their homeland in 1948 as a result of the foundation of the state of Israel and the first Arab-Israeli war. Their numbers were estimated at 740,000.¹⁴ They found shelter in refugee camps characterized by poor living conditions.¹⁵ After the foundation of the United Nations Relief and Works Agency for Palestinian Refugees in the Near East (UNRWA) in 1949, camps were organized with international help to accommodate the refugees and to carry out direct relief and works programs for them. The camps were planned as temporary and emergency solution to the

refugee problem. A second wave of refugees came in 1967 after the Israeli occupation of East Jerusalem, the West Bank and the Gaza Strip. The majority of this group received Jordanian nationality and was classified as displaced persons. The Palestinian refugees in Al-Sukhna originate from various villages in Palestine numbering 465,715 in the Zarqa area (8,141 are children and 84,364 adults).¹⁶

These three communities co-exist in al-Sukhna. Yet, they are not existing in a vacuum but within a national structure of Jordan and subsumed under Jordanian nationality and identity. The brief description above of the varied sub-groups within al-Sukhna begs the question of how this multitude of relationships at the local and national levels are played out in the daily lives of al-Sukhna's children and how children act upon these relationships and structures? Before examining this complex issue, it is important to understand the development conditions within al-Sukhna.

VI. Analysis of Multiple Determinants: Development Conditions Of Children in Al-Sukhna's

1. Changing Life Patterns: Poverty

Jordan is a middle-income country with a 1999 per capita GDP of \$1,524. Depending upon the poverty line used, anywhere from 15 to more than 30 percent of the population falls below that line. Jordan's unemployment rate, which is estimated at 13.7 percent, may be closer to 25% if unemployment is taken into account.¹⁷ Similar to other communities in Jordan, the eco-cultural setting of Al-Sukhna has been affected by the rapid increase in the incidence and depth of poverty. In the Zarqa Governorate as a whole, more than 25% of the employees receive monthly earnings of less than \$130 and it has the highest absolute poverty amounting to 24% in 1997.¹⁸

Poverty level of Al-Sukhna has been negatively affected by its changing economic life from an agricultural community to dependence on public and informal sector employment. In Jordan, unlike elsewhere, poverty is highest among those who are employed in the public sector; thus it is a factor of low wages rather than unemployment.¹⁹ Poverty here correlates with other variables such as the number of children within a household with the percentage of poor is 4% within households of one to two children, 15% within households of five children and 46% within households of eight or more children.²⁰ In addition, poverty correlates with the educational level of heads of household. 50% of the poor in Jordan belong to households headed by a person with no educational degree, 40% belong to households headed by a person with primary or basic education, and only 10% belong to households headed by a person with a secondary or higher educational degree.²¹ The average family size in al-Sukhna is about seven to ten children and the available schools provide only secondary education.

In short, Al-Sukhna's residents are caught in poverty vicious circles. Poor families have less to spend on food, health care, home improvements, clothing, schooling and children's appropriate stimulating equipment's, therefore affecting children's development, especially physical and mental health as well as schooling affordability.²²

2. Health Conditions

Al-Sukhna enjoys good basic social services with main roads leading to it and connectivity to the rest of Jordan. Electricity covers 90% of the town and water accessibility is 97%. Health services are available provided by a governmental maternal and child health center and an UNRWA health center with three doctors operating in the town. The government has worked to improve access to and knowledge of health services. The infrastructure for health services has been upgraded, and there are

two centers offering primary health care, which are free of charge, one is government run while the other is run by UNRWA and caters to the refugees.

However the quality of services is questionable. The centers cater for mothers and children. Two general doctors, a dentist and a nurse offer care for pregnant mothers providing them with vitamins, care and birth control pills. It also caters to the children in terms of immunization and medical check-ups. All children receive immunization at the center free of charge as mandated by the Ministry of Health. Tuberculosis vaccine is given only to the newborn babies. Since the center lacks a gynecologist or pediatrician most births take place at the governmental or private hospitals in Zarqa. Schools, mosques (six), a post office, police station and groceries are also available. However, the town lacks a public sewage system and depends on seepage pits for domestic waste disposal.

Al-Sukhna, much like the rest of the national average for Jordan, scores high in terms of life expectancy (0.76), low infant mortality (30 per 1000 live births) and under-five mortality (36 per 1000 live births).²³ These impressive rates result from vaccination coverage and utilization of oral rehydration therapy. The maternal and child health center at Al Sukhnah provides free immunization coverage for infants (DPT, measles, polio3, OPV, BCG, MMR and HepB3) and Tetanus immunization is provided for women at childbirth age (15-45) years old. However, serious problems affect the health of children such as Acute Respiratory Infections that remain the leading cause of death among infants and the second leading cause of death among children aged one to five. It is important to note that polluting industries, which produce dust, and exhaust fumes (CO₂ and SO₂), surrounds Al Sukhnah due to the presence of the Treatment Plants, the Refinery Company, Al-Hussain Power Station for Electricity Generation and others without any pollution control measures. In addition, population density, inadequate health awareness, high poverty rates, and the bad sanitation conditions, all contribute to polluting the area and affecting children's health status.

Al-Sukhna's health centers' records lack data on weight-height-age or presence of chronic diseases, but they indicate that in the period June-December 2002 there were 26 pregnant women; 6 children aged 0-1; and 10 children under five suffering from Anemia. This maternal Iron deficiency is related to low birth weight and pre-term delivery whereas in children it is associated with mild growth retardation and immunity deficiency.²⁴ However, since most births take place in Al-Zarqa governmental hospital, there are no records in the health center referring to low birth weight among children. Consequently governmental policies for flour fortification as prevention and correction intervention may have a positive effect in a town that depends on bread as a main source of diet.

Al-Sukhna's inhabitants usually do not resort to doctors but to traditional methods.²⁵ Although accessibility to the health center is not a problem but there is a need for better-qualified skilled staff and availability in terms of convenient working hours since the center closes at two o'clock in the afternoon and the UNRWA center operates only three days per week. Such organizational factors discourage patients from seeking services at the centers and may divert them to public hospitals or even pharmacies to seek care. Complicating this matter is the inaccessibility of public transportation to the major towns beyond eight o'clock in the evening with the only way to reach the hospital is the utilization of personal cars (which is limited) or the single taxi service available in the town.

In addition, mothers confirmed that preschool children accidents are an important cause of injuries. Infants are more likely to sustain injuries inside than outside their homes such as falls, and bumping into solid objects. For children aged 1-4 years the most common type of accidents is cuts, burns and falls. Lacerations, fractures, and sprains are relatively common in this age group. Injured children are managed at home and are less likely to be admitted to the health center despite the fact that family members lack knowledge of first aid procedures.

It is important to mention that there are no diagnostic procedures to detect children's disabilities, and

families have been loath to admit that they have a disabled child. Although the nurse at the health center mentions that there are a number of children with physical disabilities and mental retardation. A positive point however, is that Al-Sukhna's women emphasize the need for corrective measures to tackle environmental pollution, crowding, poverty and sanitation.

3. Nutrition

Maternal nutrition in Al-Sukhna is poor. Children's nutritional status depends mainly on the household economic situation; the highest is \$375 monthly in the community. Moreover, examining the child microsystem, it is obvious that many households are constrained economically and with the increase in food prices, many families' expenditures are allocated to calorie-poor food sources such as cereals, vegetables and sugar. The average national calorie intake is 2855 per person, per day, yet in low-income groups it is only 1344-1286.²⁶ Besides lacking knowledge on the need for adequate and balanced diet to pregnant women and children, the town's inhabitant lacks awareness prevention measures and when to seek health care.

Pregnant and lactating women cannot afford buying necessary vitamins and there is a lack of awareness about dental care and hygiene habits. Food consumed remains carbohydrates with low level protein consumption due to income poverty. Children suffer from Vitamin A deficiency that may lead to stunting. There is also lack of iron, which affects the nurturing of young school children.²⁷

In Al-Sukhna all mothers breast-feed their babies completely up to 4 months, after that they supplement breast-feeding with complementary food such as: potato and rice cooked with milk. It is culturally widespread that mothers' milk is most valued and nutritious in the first 3 days. Yet, even if the mothers' breast-feed they gave infants water with sugar in order to have a good sleep. Breast-feeding is very crucial for infants' protection against diseases, and the act itself increases the quality of the mother-child attachments that in turn have a positive impact on child's social development.²⁸ It is interesting to note that breast-feeding practices are acceptable at social gatherings among Palestinians and Bani Hasan, whereas the Chechens women are restricted to only private space for breast-feeding purposes.

4. Housing conditions

There is a variation in the size and quality of housing at Al-Sukhna. Dar (the traditional house) dominates most areas, with living quarters constituting between 2-5 rooms. Homes are made from cement and suffer from humidity, poor ventilation, and hot temperatures during the summer. Bottled propane gas and kerosene are the energy source for cooking, room and water heating. Due to the lack of sewage networks, seepage pits have to be cleaned periodically, a costly process (approximately \$50/per six months), thus families resort to dumping used water in the street which mixes with solid wastes that are disposed in public containers, consequently raising the pollution to dangerous levels.

Refugee camps have all the above characteristics in addition to having asbestos board as roofing and high-density habitation. UNRWA allocates each registered refugee family approximately 100 square meters for housing purposes which means that they do not enjoy ownership of the land but the house.²⁹ Most homes consist of two rooms, a small yard and an external bathroom. Children sleep all in one room and as adults the males occupy one room while the females sleep with the parents which leads us to question the impact of these practices especially in a community where sexual education is absent.

5. Education

Basic education in Al-Sukhna is free and compulsory from grades one to ten. Unacceptable pro-

portions of children who enter school leave without acquiring sustainable literacy. There are no documented estimates of dropout and repetition rates, but dropouts are mainly attributed to the need to work or help at home, repetitive child failure, lack of transportation, early marriages as well as the bad classrooms' conditions of overcrowding, and poor equipment.

Similarly, there is no precise estimates of those who finish university education but the trend is for males since there is still a preference for investing in a males' education as a future breadwinner. In addition, meager resources and the presence of universities in distant urban towns, prohibit families from sending their daughters due to traditional values that circumscribe not only their future employment opportunities but also their capacity as mothers. What complicates matters is that schools in Al-Sukhna do not offer vocational secondary education that is only offered in larger towns (nine kilometers).

There is also an insufficient non-formal education programs, which could contribute to empowering the women with skills needed for income generation. The various NGOs present function as adult education centers focusing on outreach, illiteracy programs, and training on skills such as sewing, computer, and English language enhancement.

In Al-Sukhna, children from birth to 3 years are excluded from the educational formal system, although it is a very important age for their growth and mental development. Educating young children from birth to six years old occur in the cultural context in innate approach, where children acquire knowledge, skills, norms, value, customs, religion and gender from the elderly, siblings and peers through observation and modeling. Each of the three communities instills in its children its distinct habits and norms. The unifying factor is the education on a small scale for children (4-6 years) old offered by the private sector and women's organization, although the type of education provided is not developmentally or culturally appropriate. The average fees in these KGs are \$10 per month that prohibits those with limited income and is also a consequence of their unawareness of the importance of ECD.

The need to eliminate gender disparities in education access and opportunities is crucial. This investment in the education of girls produces a high return on investment; higher rates of female participation in the labor market, and it directly supports improved family welfare, which reduces some of the most harmful effects of poverty on children. Even with a few years of formal education, women are more likely to plan their families and have fewer children; seek pre and postnatal care, which lowers maternal and infant mortality, and provide children with better nutrition, ensure they are immunized, and procure appropriate medical care, thereby reducing child mortality. Educated girls and women are more likely to send their children to school and keep them there longer. Perhaps the situation in Al-Sukhna may change as Jordan advances on adapting technology as the government is intent on spreading IT centers and IT education at all educational levels and in all remote areas. This will open many gates to the girl child as well as boys in the town.

VII. Application of Theory

Having examined both the demographic compositions in al-Sukhnah as well as its socioeconomic conditions, it is important to examine how its developmental context and the varied cultural norms interact and most importantly, their impact on children's socialization patterns and behavior. What this study attempts to examine is the role that culture plays in shaping the beliefs and the behavior of parents and children. Simultaneously, it is also important to consider the role of culture in a socio-cultural context.

Several theoretical frameworks help us analyze the inter-linkages between culture and development.

Of the multitude, few are relevant in our context. For example, Robert LeVine focused on families' objectives to secure the basic needs for their children, mainly survival through physical wellbeing, sustenance through self-maintenance and self-actualizing through instilling cultural values. Within this framework of basic needs, culture acts as the independent factor producing differences and variation in the behavior and beliefs of parents.³⁰ In this regard, LeVine notes that differences in parenting patterns evolve in response to environmental risks that may pose a threat to the child's survival and self-maintenance.

Kohn on the other hand attributes parenting styles to modes of occupation of the father. He notes that based on the profession and managerial occupations of parents, they adopt certain child-rearing styles. For example, where a father has a blue-collar occupation, the parents focus on conformity to rules whereas white-collar professionals may encourage independence and initiative in their children.³¹

Perhaps, Lev Vygotsky's work is most helpful in analyzing al-Sukhna.³² In his socio-cultural theory, Vygotsky focused on the transmission of cultural norms across generations. As they are transferred to children, these norms help them acquire their cognitive skills and culturally meaningful activities, such as values, beliefs, customs, etc. Thus, the role of parents is very critical in this socially mediated process.

What these theories help us focus on is the correlation between a socioeconomic context and a specific culture. Yet, in the case of al-Sukhna one cannot focus only on the micro-level since processes that take place at the macro-level within the Jordanian State and nation at large also influence al-Sukhna's inhabitants. Indeed, as Bronfenbrenner remarks one needs to divide the child's environment into a variety of contexts or systems. The macro-system (culture) which is the framework of beliefs that effects the development of the individual.³³ The community is an integral part of that nation. Its identities are juxtaposed to the national identity that the State tries to nurture.

Qualitative data analyzing the linkages between culture difference and children development is absent in Jordan. Thus, it is difficult to examine whether the culture of one sub-group in al-Sukhna either enhances child development (i.e. motor or intellectual skills) or is deficient to actualize that. The research here is a preliminary attempt to examine the relationship of culturally specific practices to child development within a larger national entity. First the study examines the cultural setting within each of the distinct population segments of al-Sukhna and the unifying and diverging factors impacting on child rearing practices within the community.

VIII. Theoretical Hypothesis: Homogeneity versus Diversity

There are several variables that characterize the three sub-groups within al-Sukhna. Islam and Arab culture influence the community. It is in general conservative and religious. Patriarchal and hierarchical relations predominate within the community as a whole. Women do not have equal status with men, who serve as political leaders, dominate the family unit, and hold most of the important economic positions in society. The older members of a family feel responsible for the well being of the younger generation as well as for the consolidation of family relations; settling conflicts and quarrels between their children or womenfolk.

Child rearing practices are passed on for decades from mothers to daughters. Traditions are applied regardless of class or ethnicity. These traditions linked to a particular belief geared toward the best interest of child and mother. Younger mothers depend on various sources for child-care responsibilities, such as their mothers, sisters and neighbors, not only for childcare but also for all the household matters, attending to visitors, and taking care of the rest of the family.

The prevalent social structure is patriarchal and the family remains a primary optimal care provider for children especially the mother. Families depend on extended family support for child caring. The Chechens as well as the Bani Hasan are organized in extended families, making the primary social unit the clan. Within the refugee camps, extended as well as nuclear families exist, yet many are cut off from their extended families living in Occupied Palestine thus they must depend for childcare on the support of their neighbors and friends from the same community. Accordingly there is a higher dependence on older girls and siblings in the family for childcare.

After birth, both mother and infant are confined for 2-3 weeks. This rest period provide the mother with time to recuperate from the ordeal of birth (the resting usually last for 40 days and is called *Nafaas*), and it is an opportunity to learn how to breast feed and to establish a strong bond with her child. In the evening and after a bath, the infant is massaged with olive oil and salty water, his/her hips and shoulders stretched and manipulated and then wrapped in the (*kofaleah*). This routine is supposed to strengthen baby's muscles and heal his/her wounds when injured. Mother-infant co-sleeping is the norm until the child is one year old then the child is moved to a mattress nearby. In addition, it is not advisable for the mother to take a bath during this period especially the first few days as protection procedure against cold and muscle ache. A strong assist for children's social development is their ability to manage various functions related to social responsibility at young age taking care of younger siblings, buying household items from nearby shops, know the proper way of welcoming guests.

What is interesting about the three communities coexisting in Al-Sukhna is that juxtaposed to their spatial proximity; there is in effect a lack of assimilation among them. What are the factors that operate as discouraging mechanisms for assimilation and integration? Why the State did not succeed in creating homogeneity within the community?

IX. Biological protective factors

Based on the above, the question that begs itself is whether one can find commonalities that impact on children's development within the diversities other than the broader notions of patriarchy, gender-based discrimination, and conservative traditional outlook. There are many biological protective factors in Al-Sukhna. Women in the area reject the idea of the use of drugs and alcohol due to socio-cultural and religious beliefs. In addition, the presence of strong family and community financial and social support to pregnant women especially young ones helps them to take care of their new responsibilities. This is despite the fact that nuclear families are currently the norm yet families do not send their children to day cares but to their families in the neighborhood. This is primarily motivated by either financial reasons due to the inability to afford the costs involved or to cultural reasons stemming from a belief that families are better caregivers than total strangers. These arrangements help in establishing positive and continuous attachments between infants and kin family members.

Other factors that improves the children's living conditions is the presence of the maternal and child health centers that provide maternal health care, including monthly checkups for pregnant women in addition to the provision of Tetanus vaccines and vaccinations to children from birth to 18 months (vaccination for older children is administered by the elementary school system).

Children in the area are protected from PCB (polychlorinated Biphenyls) since it is forbidden in Jordan and the provision of public support services that have a positive impact on children's development, such as bread fortification, vitamin A supply to school children. Moreover, several NGOs provide awareness and services to improve the quality of life in the area. In addition, religious organizations' that sponsor activities (6 mosques) and have a positive impact on children's' development

especially socialization and moral attitudes since they encourage community involvement and pro-social activities.

1. Biological risk factors

Juxtaposed with these positive biological protective factors, the community is not without its shortcomings. The absence of scientific, qualitative research on the various issues that is related to children's well being in the area (the extent of environmental pollution, quality of daily care, causes of children's death, effect of poverty and marital conflict on children's development, etc.) makes it difficult to get a clear picture.

Several biological risk factors characterize the community's inhabitants and have a heavy impact on children's wellbeing and development. Appropriate children's emotional and social development is strongly effected by families' emotional stress resulting from poverty, job insecurity, unemployment, low or declining wages, marital conflicts, submission to kin family interference, and living in highly dense populated areas. Children face a greater risk of impaired brain development due to their exposure to a number of risk factors associated with poverty (inadequate nutrition, maternal depression, child abuse and bad quality of daily care). For instance, due to poverty and inadequate nutritional intakes, the general health of mothers whether pregnant or lactating is weak and their immunity to diseases is thus affected. This is compounded by the lack of awareness of appropriate nutrition and un-spaced pregnancies. There is also a lack of awareness on the negative impact of excessive intakes of caffeinated drinks, that have damaging effects on the fetus (tea drinking is an integral part of Jordanian cultural habits).

There is also the absence of monitoring and reporting mechanisms for maternal and children health status, immunization and detection systems for infectious diseases in the area, combined with the lack of awareness among potential mothers on the necessity of having prenatal diagnosis such as RH factor.

Most importantly, there is inadequate levels of maternal education that is associated with social norms and habits, such as the existence of positive role models, teaching appropriate values and following positively discipline procedures that have direct and indirect negative long-term effects on young children. This is evident in the inappropriate child rearing practices that particularly affects the development of infants (0-6 months), such as confining the child in constrained rapping, inhibiting the child from crawling in fear of danger and clothes' soiling, etc. There is continuous complaint among mothers that their children have learning and behavioral problems that they do not possess the required knowledge to tackle them or the information of where to resort to for help and guidance. What complicates matters is those mothers' attention and proper care is minimized due to the high number of children within the family.

2. Environmental risk factors

The community suffers from a general lack of awareness on major issues related to child development and the factors that impact on children's well being. The insufficient governmental attention to these issues complicates matters. The majority of the houses in the area lack adequate ventilation, proper heating facilities, space area for children's playing or a private space. The later item is not even acknowledged among families as a necessity. In addition, the existing kindergarten in the area suffer from the same negative characteristics of all pre-school education and care in Jordan, mainly the focus on rote-memorization, formal educational techniques, inadequacy of physical space, etc.

The community lacks awareness regarding risk factors that are related to interfamily marriages leading to heredity disorders coupled with weak awareness of prenatal health risk factors, and lack of prenatal diagnosis procedures. Un-spaced pregnancy resulting in an increase number of children within the family thus depriving children of tentative cares.

In addition, children's development is effected by the weak parental knowledge of child-rearing practices, effective parenting and appropriate discipline procedure. Marriage conflict and the possibility of polygamy, also affects children's emotional and social development compounded by the weak enforcement of child support payments especially to mother headed family and of legislation falling short of providing total protection for children as mandated by the Convention on the Child.

3. Environmental protective factors

Several environmental protective factors exist within al-Sukhna's community. These include that the family remains the most valuable core unit in the society. It is linked to a web of extended families and kin groups provide who support in child-rearing practices, economic and emotional support. Family relations are fostered through several mechanisms. These ties are exhibited through Mosque attendance, frequents contact with friends and relatives and the existence of informal social activities. Indeed, these inter-linkages strengthen the religious obligation to help the poor (semi-governmental zakat fund and non-governmental organizations) which provide families with financial aid, emergency aid for covering medical cost, loans for income-generating activates and money for schooling.

In addition to inner-community efforts, other agencies also provide support to the community. Governmental initiatives and policies enhances the developmental conditions for children within the community, such as the ECD Strategy, provision of low-cost housing, increases welfare benefits, and the issuing of law number 12 in 1993 concerning handicaps care. Finally, the government provides immunization coverage to infants and mothers and has ratified all international treaties on child labor, but there are no sufficient monitoring systems to ensure that the laws are enforced. Finally, children without caregivers are looked after by governmental, private or NGO institutions (595 boys and 651 girls where living in institutions where some of the basic needs are met like shelter, food and clothing).

X. Application of Research: Inhibiting Factors Hypothesis

The examination of al-Sukhna's diverse community leads us to conclude that due to the presence of similar socioeconomic and ecological conditions that affect the community as a whole, and despite the attempts of the State to nurture a national identity, yet the fact remains that it has failed to create an assimilation culture in al-Sukhna. The main factor that this research attributes this to is the continuation of the transitional status in the psyche of each of the sub-communities which acts as an inhibiting factor to homogeneity and the emergence of national identity superseding local identities.

Indeed, each of the three sub-groupings examined is community in "transition." This is evident by their historical "refugee" status: as Chechens seeking refugee for survival and protection; as Bedouins seeking to preserve their livelihood and land, thus seeking the protections of right to land titles; and finally as Palestinian refugees seeking the safety and shelter. Despite the passage of time, none of these communities have managed to transcend this "transition" phase, as will be evident below.

The main factors that we can attribute this to are:

a) *Spatial Setting*: The governmental setup, which not only installed each community in a distinct spatial location but also, failed to alter these spatial settings. Thus, the Palestinian refugees remain in their clearly defined camp, in the camp, the Chechen community in one section of the town, and the Bani Hasan community on its own historical tribal lands. In 1966, the first Chechen village council was formed in Al-Sukhna to provide general services to the inhabitants. In 1967, a new wave of

Palestinian refugees came to the area but was not served by a separate administrative structure until 1988 when the first administrative council was established. The refugees however, continue to be cared for by UNRWA that provides them with schooling, health care, and food rations as well income-generating projects.

The groups are also distinct by their varied socioeconomic conditions. The refugees are the worst off living in miserable conditions with no sewerage infrastructure, poor transport connections, bad building standards and unemployment. The unplanned structuring of camp territory is an important and basic factor of their urban integration. In the spatial arrangements of the camp it is easy to mark out different functional zones, the business area, the housing area, slum areas, the administrative center and the school. There is also the predominant low-income housing. Compared to other camps in Jordan, the camp is not developed. Yet, to the inhabitants the camp has preserved its territorial unity and the "Palestinian homogeneity"

Popular memory is important for the Palestinian society. Prior to and after settling in the camp, refugees prompted by socioeconomic and sometimes political imperatives had moved several times. This movement destroyed old networks and created new ones, not only among the Palestinians but also with people in the new host society.

b) *Institutional Setting*: Setting up institutions that further enhanced the separateness of the various communities. The state failed to cultivate a sufficient constituency and the local society was left to accommodate the changes that Jordan was witnessing politically and economically. The Chechen community had its distinct informal teaching Chechen language only to its children under the age of six that creates a language as well as a cultural barrier with the other children. The Palestinian refugees attended only UNRWA schools that catered for this group and the Bani Hasan community attended governmental public school. The Chechen charitable society targets the Chechen community while the UNRWA center targets the Palestinian community.

c) *Cultural Diversity*: The distinct cultures of each population segments was maintained and national integration efforts did not succeed in assimilating this diversity. What helps us understand this perhaps is the metaphor of the mosaic: the national identity is the history of a mosaic of people of various origins.

Cultural differences in child-rearing practices are evident within the community. This is a result of the spatial isolation of each sub-group. Each group keeps to itself and rarely interacts with the other communities except in funerals and sometimes weddings. Indeed, those of the Bani-Hasan Bedouin tribe do not mingle with the Palestinians in the refugee camps. Each community instills its own cultural norms in its children. For example, it is considered as bad manners in the Chechen community to pay attention to children's quarrels, grudges and tears. In addition, it is absolutely unacceptable to disobey or show unrespectable attitude to any representative of the older generation, such as remaining seated when an elder walks in or raising her/his voice in the presence of an elder. In addition, there is a great emphasis towards personal hygiene habits, and gentleness. Children are customarily pampered within rules yet emotional attachments to children, especially by the fathers are rarely shown in public and not common in private either.

Yet, perhaps one of the strongest determining factors of cultural identity formation is the predominance of the "transition" feelings within the cultural settings of each of the communities. It is perhaps most strongly felt among the Palestinian refugees. The Palestinians continue to harbor the feelings of living in the Diaspora and to have ambitions of a dreamland. The notion of the need to survive despite the odds is the strongest that they transcend to their children. In addition, as a result of their sociopolitical historical interactions, they have learned not to trust outsiders and also pass these perceptions on to their children. As a result, they seem to be always cautious, as if on the look out, intermingling yet separate.

Within the context of the refugee camp, it is important to examine people's daily economic activities and social relations. Who works for whom, who visits whom, what are the myriad relationships and activities cannot be viewed as merely an internal dynamic but points to the interfacing of the other local dynamics.

The camp here is a bounded social and economic unit with an external society that is separate from the camp, the refugees as a homogeneous group economically and socially with its own specificity. How do they and their children narrate and interpret their own history and their future aspirations? The "dream of return" nurtured and not abandoned. Most Palestinian's still believe in the "return" as decreed in UN Resolution 194 (III) "right of return" and that it will happen some day and that the liberation of Palestine will occur. But they are unsure as to how or when this will occur but they nevertheless continue to dwell on causes of defeat.

They have developed a 'camp belonging' whereby the camp has become a substitute for a particular Palestinian identity that differentiates them not only from other Jordanians but also from Palestinians living outside the camp. A class and residence consciousness accompanies the narratives of refugees where they feel discriminated against on the basis of residence in the camp that is associated with poverty.

The camp belonging is also expressed as a sense of Palestinian identity. These realities have created new networks but not with other communities but of Palestinians from various villages where inter-marriages take place within the camp's residents and not with other communities in al-Sukhna.

The Chechen community is also as influenced by its historical legacy. They are a well-grounded minority, loyal to the government that safeguards them. They attempt to intermingle and be part of the community. Yet at the same time due to their historical background of being more modern than the rest of the community and their distinct cultural traits, there is a sense of superiority that they harbor. They in turn pass these notions along to their offspring.

The legal, historical and moral aspects of the Palestinian issue in general and of the refugee problem in particular has dominated the socioeconomic and political aspects of the integration of Palestinian refugees into Jordanian society. Within the Palestinian community, there is a constant reconstruction of the past, of "Palestine" passed on to successive generations. The major question here is how has the politics and economics of refugee-ness influenced constructions of identities? Does living in the camp engender a "camp belonging"? These are some of the questions posed by this field inquiry.

The general strategy of Jordan has always sought to integrate the Palestinian refugees in the socio-political structure of the country and to integrate the Palestinian refugee camps into municipal planning and construction. However, the community remains involved yet at the same time excluded from societal participation. Their feelings of exclusion are nurtured by the notion of their "right to return" to their homeland, the right to a Palestinian identity which has become a barrier to their integration. The building of a new national identity is an essential basis for a nation state. However, this venture is constantly obstructed by the sense of separate identity that has been deeply rooted in the community.

Similarly, within the Bani Hasan tribe there is a sense of cohesion that could be seen as imaginary with a sense of solidarity hardly extending beyond the lineage the family. Yet, the awareness of the role of the tribe both in daily life as well as in the political context is present. The Bani Hasan tribal member is first and foremost a tribal member and it is as such that he/she is defined by his own as well as by the outside world. He/she expects aid and services from every member of the tribe. The obligation within tribal solidarity is very defined: every child must appropriate tribal values and to locate himself within the tradition of the tribe. What unifies these notions that the tribe is linked to a tribal past and shares a collective memory. The image of the tribe dominated by collective solidarity and a consensus that the tribe is a homogenous body. This plays out in the notion of the "other" espe-

cially vis-a-vis the Palestinian community which intensified as a result of the Jordanian Palestinian tensions within Jordanian society.

What these distinct identities manage to create is an “ideal types that emerge from these accounts which have the primary function of being models, idealized mirrors of a past in contrast with the development of contemporary society.”³⁴

XI. Core Issue for Further Investigation

Identity building process within a national construct did not succeed in al-Sukhna. The State has failed to fails to prove the hypothesis that the functioning of the allegiance system within a reduced geographic boundary can be nurtured. The core issue that emerges from the discussion above is the question of how can the State foster assimilation within this diversity? How can it nurture integration? What mechanisms should be adopted?

The issue of national identity can it reshape the varied national population groups. There needs to be a nurturing of a collective and territorial Jordanian identity formed. The process of identity building must be examined in-depth within this community. What emerges from examining this case study is the need to investigate the construction of the national identity and the manipulation of the past. How can local histories and identities to be articulated within a perspective of a comprehensive national identity? What elements exist to support national cohesion? Yet, one has to find mechanisms to overcome or find inter-linkages inherent in the powerful relationship between identity and memory of community and space. In this regard, an analysis of the role-played by spatial references in sustaining group identity, of space and its influence on the social and cultural organization of the community is paramount. The relationship between space occupied by a specific group and its identity whether it is a shared history or a sense of cultural continuity must be employed to help in strengthening a sense of national unity.

However, the issue is much more complex. Perhaps this process of forging a national identity is not what is sought or is not even plausible as Benedict Anderson's definition of a nation clearly highlights about any nation “it is an imagined political community - and imagined as both inherently limited and sovereign ... It is *imagined* because the members of even the smallest nation will never know most of their fellow-members, meet them, or even hear of them, yet in the minds of each lives the image of their communion ... In fact, all communities larger than primordial villages of face-to-face contact (and perhaps even these) are imagined.”³⁵

Notes:

- 1 Interview with Taha Sultan Murad, former Mayor, Al-Sukhna Municipality, January 31, 2003.
- 2 The Government of Jordan and the United Nations System, *Common Country Assessment for Jordan*, Amman, Jordan 2002.
- 3 Interview with Taha Sultan Murad, former Mayor, Al-Sukhna Municipality, January 31, 2003.
- 4 *Encyclopedia of the World's Minorities*, Sample Entry: Chechens, Encyclopedia of the World's Minorities-Sample GROUP essay.
- 5 Eugene Rogan, “Bringing hte State Back: The Limits of Ottoman Rule in Transjordan, 1840-1910” in Eugene L. Rogan and Tariq Tell, *Village, Steppe and State. The Social Origins of Modern Jordan*, London. New York: British Academic Press, 1994., p. 46.
- 6 Eugene , p. 46.
- 7 L. Layne, *Home and Homeland: The Dialogics of Tribal and National Identities in Jordan*, Princeton: Princeton University Press, 1994.”

- 8 Michael Fischbach, *State, Society, and Land in Ajlun*, Ph.D. dissertation, Georgetown University, Washington, D.C., 1992.
- 9 Abla Amawi, *State and Class in Transjordan: A Study of State Autonomy*, Ph.D. dissertation, Georgetown University, Washington, D.C., 1993.
- 10 Eugene, p. 47.
- 11 Eugene, p. 46.
- 12 Eugene, 66n.
- 13 Michael Fischbach, "British Land Policy in Transjordan," in Eugene, p. 98.
- 14 Michael Humphrey, *Migrants, workers and refugees The political economy of population movements in the Middle East. Middle East Report*, vol. 23, No. 181, March-April, 1993, pp. 2-9.
- 15 Abla Amawi, "Releasing the Development Potential of Return Migration. The case of Jordan," paper presented at the Technical Symposium on International Migration and Development, the Hague, Netherlands (29 July –3 July 1998), Paper No. VIII/1. Working Group on International Migration.
- 16 UNRWA Publications/Statistics, *Total Registered Refugees Per Country and Area*, <http://www.un.org/unrwa/pr/statis-01.html>.
- 17 Ministry of Social Development, *Poverty Alleviation for a Stronger Jordan. Comprehensive National Strategy*, Amman, Jordan, 2002, p. 6.
- 18 Ministry of Social Development, *Poverty Alleviation for a Stronger Jordan. Comprehensive National Strategy*, Amman, Jordan, 2002, p. 6.
- 19 Ministry of Social Development, Department of Statistics, DFID and UNDP. *Measurement and Analysis of Poverty in Jordan. Poverty Indicators for Jordan 1997*. Amman, 1999.
- 20 Ministry of Social Development, *Poverty Measurement in Jordan*, Amman, Jordan, 2002.
- 21 Ministry of Social Development, *Poverty Measurement in Jordan*, Amman, Jordan, 2002.
- 22 Mcleod & Shanahan, 1996; Ziegler & Hall, 2000.
- 23 The Government of Jordan and the United Nations System, *Common Country Assessment for Jordan*, Amman, Jordan 2002.
- 24 Scholl et al., 1992.
- 25 The report indicates that about 55% revert to traditional methods Jon Hanssen-Bauer, Jon Pedersen, and Age A. Tiltne, ed., *Jordanian Society: Living Conditions in the Hashemite Kingdom of Jordan* (Oslo: Fafo Institute for Applied Social Science, 1998).
- 26 The Government of Jordan and the United Nations System, *Common Country Assessment for Jordan*, Amman, Jordan 2002.
- 27 Stunting is an indication of chronic malnutrition, where a child's height is less than that expected for his/her age.
- 28 Bowlby, 1969.
- 29 Abla Amawi, "Releasing the Development Potential of Return Migration. The case of Jordan," paper presented at the Technical Symposium on International Migration and Development, the Hague, Netherlands (29 July –3 July 1998), Paper No. VIII/1. Working Group on International Migration.
- 30 Robert LeVine 1974.
- 31 Kohn 1969
- 32 Vygotsky
- 33 Bronfenbrenner 1979
- 34 Christine Jungen, "Tribalism in Kerak," in George Joffe, editor, *Jordan in Transition 1990-2000*. London: Hurst & Company, 2002. p. 202
- 35 Benedict Anderson, *Imagined Communities. Reflections on the Origin and Spread of Nationalism*, London and New York Verso, 1992, p. 5.

FONDAZIONE NAZIONALE IME **Istituto Mediterraneo di Ematologia**

SOCI FONDATORI:
Ministero della Salute
Ministero degli Affari Esteri
Ministero dell'Economia e delle Finanze
Regione Lazio

1

SCOPO

(art. 2 dello Statuto)

La Fondazione IME deve realizzare entro tre anni:

- un centro di eccellenza e di alta specializzazione, con sede in Roma per la cura e la ricerca sulle malattie ematiche e per il trattamento e lo studio della talassemia e delle emoglobinopatie
- un progetto "a rete", in un contesto di cooperazione e interscambio che promuova le relazioni e l'integrazione di strutture italiane ed estere, in particolare del bacino del Mediterraneo, specializzate nella ricerca, trattamento e formazione in campo sanitario con particolare riferimento alla ematologia, inclusa la talassemia (**ovvero il Progetto Internazionale Talassemia**)
- le condizioni strutturali, infrastrutturali, organizzative, gestionali e di performance clinica propria, per richiedere il riconoscimento del centro di eccellenza, di cui al primo punto, quale Istituto di Ricovero e Cura a Carattere Scientifico

MANDATO primi 3 anni PIANO STRATEGICO

- Allestire a Roma un Centro Internazionale per la ricerca, la cura e la formazione nel campo delle malattie ematologiche e sull'utilizzo clinico delle cellule staminali
- Progettare ed attivare un sistema a rete nazionale ed internazionale – definire strutture, infrastrutture e know-how organizzativo – definire un piano industriale di sviluppo
- Sperimentare attraverso il “progetto pilota” di una Fondazione che diventa IRCCS gli aspetti normativi gestionali, organizzativi ed economici di un IRCCS-Fondazione a regime

PROGETTO INTERNAZIONALE TALASSEMIA

- Iniziativa del Governo Italiano di cooperazione allo sviluppo proposta al G8
- Processo organizzato e contestuale di cura, formazione e ricerca
- Trasferimento di know-how clinico-scientifico, tecnologico ed organizzativo
- Realizzazione di centri di cura nei paesi partner

RETE NAZIONALE E INTERNAZIONALE DELLE EMATOLOGIE

- Rete nazionale delle eccellenze ematologiche per la cura delle emopatie
- Rete GIMEMA
- Integrazione dei percorsi di diagnosi, cura e ricerca
- Infrastruttura informativa di supporto dati, protocolli, metodiche, valutazione dei risultati e progetti di ricerca

5

PROGETTO INTERNAZIONALE TALASSEMIA

TRAPIANTI DI MIDOLLO OSSEO IN PAZIENTI STRANIERI
EFFETTUATI DAL CENTRO DI PESARO

STATO	STATO	STATO
ALBANIA	BULGARIA	GRECIA
ARGENTINA	CAMERUN	INDIA
ARMENIA	CANADA	INGHILTERRA
AZERBAIJAN	CIPRO	IRAN
BAHRAIN	EGITTO	ITALIA
BELGIO	FILIPPINE	KENIA
BIELORUSSIA	FRANCIA	KUWAIT
BOSNIA	GERMANIA	LIBANO
BRASILE	GIORDANIA	LIBIA

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PROGETTO INTERNAZIONALE TALASSEMIA

TRAPIANTI DI MIDOLLO OSSEO IN PAZIENTI STRANIERI EFFETTUATI DAL CENTRO DI PESARO

STATO	STATO	STATO
MACEDONIA	SPAGNA	VENEZUELA
OMAN	SUD AFRICA	YEMEN
PAKISTAN	SVIZZERA	ZAIRE
PALESTINA	TAILANDIA	NEPAL
ROMANIA	TOBAGO-TRINIDAD	ANGOLA
RUANDA	TUNISIA	IRAQ
RUSSIA	TURCHIA	UCRAINA
SAUDI ARABIA	U.S.A.	SIRIA

7

PROGETTO INTERNAZIONALE TALASSEMIA

PERCHÈ FARE

- **Evidenza Epidemiologica**
(Egitto: 1.000 nuovi talassemici su 1,5 milioni di popolazione generale)
- **Evidenza Scientifica**
(BMT è l'unica cura radicale della malattia)
- **Evidenza Istituzionale**
(l'Italia ha la Best Practice nel mondo della cura radicale della malattia)

8

PROGETTO INTERNAZIONALE TALASSEMIA BEST PRACTICE

Responsabilità Scientifica e Responsabilità Etica

- **80/90% dei pazienti che hanno accesso al Trapianto di Midollo Osseo sono curati e ritornano a una vita normale**

9

PROGETTO INTERNAZIONALE TALASSEMIA EVIDENZA ECONOMICA

Responsabilità Etica e Responsabilità Politica

- **Trattamento convenzionale 25,000 USD anno per 15 anni di vita media: 375,000 USD**
- **Per un trapianto di midollo osseo 75,000 USD**
- **Dopo il trapianto nei primi anni di età il costo del trattamento per la malattia è CESSANTE**

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