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Dedications

To:

My great, amazing, parents (Khamis and Layali) who were my strength, gave me faith, believed in me, support me always. You are my everything.

My greatest sister (Salam) and coolest brother (Mohammed),

To my lovely (Nai) and (Lour).

My beloved husband (Majdi),

My family and friends,

My country, Palestine,

To all refugees in this world and I am one of them,

To all minorities who deserve a good life and love,

To all of them, I dedicate this work with love.

Weam K J Alqaderi
Declaration:
I certify that this thesis submitted for the degree of Master, is the result of my research, except where otherwise acknowledged, and that this study (or any part of the same) has not been submitted for a higher degree to any other university or institution.

Signed: [Signature]

Weam K J Alqaderi

Date: 20\01\2020
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As a start, I would like to thank God who gave me strength, patience, motivation to complete this work.

To all, my supervisor, Dr. Nuha ElSharif, who was always there, available whenever I needed her, and put me in the right direction; my family; my friends, for their continuous support and endless encouragement. They were always there to help as needed through all my study years.

Special thanks to the experts who were involved in the validation of the questionnaire content: Mr. Bayhas Maharmeh and Dr. Amira Amro. To the governorate of Jericho for their help and support, especially Mr. Khamis AlQaderi who gave me all the information that I needed in my study. To all Mukhtars for their help and priceless assistance in the field.

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To all, thank you from the bottom of my heart

Weam K J Alqaderi
Abstract

Background: Adaption of Bedouins to an urbanized lifestyle entailed changes in both diet and levels of physical activity, Bedouins who reside in towns are eating a diet that is higher in calories and fats than their traditional diet, and they have greatly reduced levels of physical activity.

Study problem: There is no published health assessment of Bedouin women’s health in Palestine. No study has investigated the effect of urbanization on Bedouin women’s health, in particular, the lifestyle and environmental determinants.

Aim: To determine the health effect of adapting an urbanized lifestyle on health among Bedouin women living in Jericho governorate.

Study conceptual framework: We developed a study conceptual framework to answer the study objectives. The model consists of lifestyle factors, socioeconomic factors, environmental and occupational factors and how these factors affect health outcomes of Bedouin women.

Study methodology: A cross-sectional comparative study household survey was done. 160 women living in tents “traditional women” and 160 women living in urbanized areas (houses) “urbanized women” were interviewed. The study was conducted at the Jericho governorate in the West Bank. The data was collected using an interview questionnaire that contains questions related to each studied objective; i.e. socioeconomic characteristics, living environment, lifestyle factors (diet, physical activity, and smoking habits), in addition to health assessments questionnaire.

Ethical Considerations: The project was ethically approved by the institutional review board, the Al Quds University Research Ethical Approval committee (REC). Also, the governorate of Jericho approved the study to be conducted and asked the Mukhtar of the Bedouins to help us conduct the study. Furthermore, participants signed a consent form that confirmed their willingness to be included, after they were informed about the study objectives.

Statistical and data analysis: Data was coded, then entered and analyzed using the statistical package for the social sciences version 23 (SPSS). Descriptive statistics were represented to show frequencies, percentages for categorical variables, and means and standard deviation for continuous variables. Chi-square test and T-test were used as needed to calculate the differences between urbanized and traditional Bedouins regarding all variables in the study. A P-value <0.05 was considered statistically significant.

Results: The total study diagnosed that asthma prevalence was (8.8%), with significantly higher rates in urbanized women (13.1%) compared to (4.4%) in traditional women (p<0.05). In total, Bedouin women reported relatively high prevalence rates of allergies in general, allergic skin diseases were 3.4% in total with significantly higher rates in urbanized women.
(6.3%) compared to (0.6%) in traditional women. Flu symptoms such as runny nose showed a significant difference between urbanized women (47.5%) and traditional women (31.3%), with (39.4%) in total (p<0.05). Moreover, eye allergy or eye itchiness was (9.1%) in total with higher rates in urbanized women. (13%) women reported having hypertension, which was significantly higher in urbanized women (21.3%) compared to traditional women (5%) (p<0.05). Women reported lower rates of diabetes (8.8%) at a very low rate in traditional women. However, women reported a very low rate of heart diseases and only six urbanized women reported having breast cancer (3.8%). Factors that determine health diseases were reported to be different in the two study groups and also varied in the various diseases. In general, Bedouin women who did not have an animal to care for, nor a job; exposure to smoke; high sweet consumption; and had low levels of physical activity reported to have more asthma diagnosed, eczema and eczemas like symptoms, diabetes, and hypertension.

**Conclusion:** Urbanization is an issue increasing concern worldwide that affects all aspects of life and health. The transition of Bedouin women from traditional and semi-traditional to urbanized lifestyles; has a profound effect on socially, economically, environmentally, in addition to their level of physical activity and diet, which can lead to an increased rate of diseases especially chronic diseases. In general, Bedouin women who did not have an animal to care for, having a job, exposed to smoking, consuming more sweets, and had low levels of physical activity level reported to have asthma diagnosed, eczema and eczemas like symptoms, diabetes, and hypertension. Further studies needed to investigate Bedouin women’s health. Also, health efforts need to be invested in the Bedouin health and general welfare of this community.
المتى: أثر التحضير على صحة المرأة البدوية في محافظة أريحا: دراسة مقارنة

اعداد: ونام خميس جبريل القادر

الشريف: الدكتورته نهى الشريف

ملخص

خلفية البحث: استنبع تكيف البدو مع نمط الحياة المتحضر تغيرات في كل من النظام الغذائي ومستويات النشاط البدني، البدو في المدن يتناولون نظاما غذائيا أعلى في السعرات الحرارية والدهون من النظام الغذائي التقليدي، وقد قلوا إلى حد كبير مستويات النشاط البدني.

المشكلة البحثية: لا يوجد تقييم صحي منشور لصحة المرأة البدوية في فلسطين. لم تبحث أي دراسة درجة تأثير التحضير على صحة المرأة البدوية، ولا سيما نمط الحياة والمحادات البيئية.

هدف الدراسة: تحديد الأثر الصحي للتكيف على نمط الحياة الحضرية للنساء البدويات اللائي يعيشن في محافظة أريحا.

دراسة الإطار المفاهيمي: قمنا بتطوير إطار الدراسة المفاهيمي للاجابة على أهداف الدراسة. يتكون النموذج من عوامل نمط الحياة والعوامل الاجتماعية والاقتصادية والعوامل البيئية المهنية وكيف تؤثر هذه العوامل على النتائج الصحية للنساء البدويات.

منهجية الدراسة: تم إجراء دراسة استقصائية مقارنة للأسر المعيشية. تم تقديم 160 امرأة تعيش في خيام "نساء تقليديات" و160 امرأة تعيش في مناطق حضرية (منزلي) "نساء متحضرات". أجريت الدراسة في محافظة أريحا بالضفة الغربية. تم جمع البيانات باستخدام استبيان مقابلة يحتوي على أسئلة تتعلق بكل أهداف الدراسة: الخصائص الاجتماعية والاقتصادية وبيئة المعيشة وعوامل نمط الحياة (النظام الغذائي والنشاط البدني وعادات التدخين)، بالإضافة إلى استبان التقييمات الصحية.

الاعتبارات الأخلاقية: تم تقديم مقترح الدراسة إلى لجنة أبحاث جامعة البلد للعلوم الاجتماعية، تمت الموافقة على المشروع أخلاقيا من قبل مجلس المراجعة، لجنة الموافقة الأخلاقية البدوية لجامعة البلد بالإضافة إلى ذلك، وافقت محافظة أريحا على إجراء الدراسة وطلبت من مختبر البدو مساعدتنا في إجراء الدراسة. علاوة على ذلك، وقع المشاركون على استمارة موافقة تؤكد استعدادهم للتضمن، بعد إبلاغهم بأهداف الدراسة.

التحليل الإحصائي: تم إدخال البيانات باستخدام برنامج (الحزم الإحصائية للعلوم الاجتماعية) استخدم التحليل احادي المتغير وكانت النتائج ذو ندرة إحصائية عند درجة ندرة 0.05.
النتائج: النساء البدويات اللواتي يعيشن حالة متحضرة يعانون من الأمراض بنسبة أكبر من اللواتي يعيشن في الخيم، بشكل عام نسبة الإصابة بالربو بين النساء البدويات كانت 8.8% و للبدويات المتحضرين كانت 13.1%. و للبدويات اللواتي يعيشن في الخيم كانت 4.4%. أيضاً، فإن نسبة البدويات اللواتي يعانون من الحساسيات والأمراض الجلدية كانت 3.4% وكانت بين نساء البدو بشكل عام بينما كانت عند نساء البدو المتحضرن 6.1% وكانت 6% عند نساء البدو في الخيم. ارتفاع ضغط الدم كانت نسبته 13% عند نساء البدو في المجمل بنسبة 21% عند نساء البدو المتحضرن و5% عند نساء البدو في الخيم. كانت نسبة مرض السكري قليلة عند نساء البدو 8.8% وكانت نسبته قليلة جدا عند نساء البدو في الخيم. بشكل عام نسبة نساء البدو التي يعانون من أمراض قلب وسرطانات كانت قليلة جدا.

الخلاصة: التمدن والتحضر قضية عالمية احتلت جميع دول العالم، البدو اليوم يعيشون تطورات أدت الي تغيير حياتهم من حياة خيم وحياة بسيطة تعتمد في الغالب على حياة زراعية وتربية حيوانات إلى حياة متمدنة أدت إلى تغيير بطيئة قضاياهم الاجتماعية والبيئية والصحية هذا بعد ذاته كان له أثر كبير على زيادة العوامل المؤثرة للإصابة بالأمراض عند البدو بشكل عام والنساء البدويات بشكل خاص وحافطة الامراض المزمن
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