

SIEGE AND QUALITY OF LIFE OF PALESTINIANS IN THE GAZA STRIP

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Abstract

Aim: The aim of the study was to investigate impact of siege on Palestinians live in Gaza Strip and quality of life.

Methods: A random sample of 386 subject were selected from the entire Gaza Strip. The age ranged from 18 to 64 years with mean age was 41.53 years. The subjects were interviewed using self administrated questionnaire which include sociodemographic scale, Impact of Siege on Gaza Checklist, and World Health Organization Quality of Life (WHOQOL-BREF)

Results :The results showed that impact of siege items were: prices are sharply increased (97.67%), I feel I am in a big prison (92.23%), I can not find things I need in the market (91.70%), I quitted some purchased daily needs (88.30%), and social visits are less than before (85.23%). No statistically significant sex differences in mean impact of siege. The results showed that only 11.8% of Palestinians were satisfied with their general health and only 8% said that they enjoy their life. Out of them, 38.9% were satisfied with their personal relationships, 30.91% had negative feelings, such as blue mood, despair, anxiety, depression, 30.5% satisfied with their spirituality, religion and personal beliefs, 29.09% satisfied with their bodily appearance, and 26.5% had pain and discomfort. The results showed that quality of life scores mean was 64.19, psychical domain mean was 18.37, psychological domain mean was 17.67, social domain mean was 8.71, and environmental domain mean was 19.47. Males scored more in social domain. The results showed that there were statistically significant negative correlation between total siege scores and quality of life in which people that scored more in siege items had less total quality of life, physical domain, psychological domain, social domain, and environmental domain. The following items of impact of siege were predicated bad QOL suffering of being not able to receive proper medical care, can not find some of the necessary things for my children (Milk, napkins, etc), feel in a big prison, went to Zakat organizations and other organizations to get the food, and started doing the papers for immigration.

Conclusion: The results of this study that impact of siege is so obvious in Palestinians live in Gaza Strip and bad quality of life is expected if people are not able to receive medical care, can not find necessary things, stocked in Gaza and feel as in prison, being dependent in food from NGOs.

Key word: Siege, quality of life, Gaza Strip

Introduction

With a population of 1,416, 546 million people, Palestinian Central Bureau of Statistics estimations indicate that the population density in the Palestinian Territory was 625 persons/km² in the end of 2007. In the West Bank, the density was 415 persons/km² while in Gaza Strip, the density raised to 3,881 persons/km². In Israel the population density in 2007 was approximately 317 person/km² of Arabs and Jews. (http://www.pcbs.gov.ps/Portals/_pcbs/PressRelease/env_day_e.pdf)

Seventy-eight percent of the population within Gaza are refugees and over half of the one million registered refugees are crammed into eight refugee camps managed by the United Nations Relief and Works Agency (UNRWA, 2006).

Gaza population is considered as young society as almost half the population of the Gaza Strip is under the age of 15 years. This is likely to increase in the near future, because of the annual rate of population growth (6%). Children living in the Gaza Strip have been exposed to and are suffering from a range of trauma and abuse, which out them at high risk factor for the development of mental health problems in young life and their continuation into adulthood and the next generation of parents.

Eighty percent of the population in Gaza falls below the poverty line of US\$2 per day (up from 30 percent in 2000) and the unemployment level stands at approximately 50 percent. In addition, people in Gaza have been subject to military occupation, causing significant psychological trauma, particularly for children (PCBS, 2006).

Since the beginning of 2006 the situation has become more uncertain and only can be viewed with concern by the international organizations working in the West Bank and Gaza Strip. Specifically, this uncertainty is based on the results of the Palestinian Legislative Council elections at the end of January 2006 – in which the Islamic Resistance Movement (Hamas) won 74 of the 132 seats. Following this election, the

international community, through public statements issued by the Quartet for the Gaza Disengagement, the United Nations (UN) and the European Union (EU) have asked the future Hamas-led government to commit to non-violence, to the recognition of Israel and to the acceptance of previous obligations (the Roadmap) in order to allow international donors to continue providing funds to the PA. Israel has announced that it will withhold monthly tax payments to the PA, amounting to between US\$ 50 million and US\$ 65 million per month and constituting about two-thirds of the income derived from Palestinian economic activity (WHO, 2006).

The last six months of 2006 were characterized by the escalation of the crisis after the capture of an Israeli soldier by a Palestinian militant group in Gaza. Consequently, Israel started the Summer Rains campaign and imposed strict closure by sealing off the entire Gaza Strip. This included closing the Rafah and Karni crossings for prolonged period of times, and resulted in huge humanitarian suffering for the whole Palestinian population. Israel has also committed major military offences including a massacre in Beit Hanoun village in north of Gaza Strip, with over 20 victims. More than 400 people were killed and thousands were injured. The current crisis can be highlighted by several miseries. Though the impact varied between Gaza and the West Bank, both Gaza and the West Bank suffered from the intensification of Israeli military operations, and the suspension of the transfer of the PNA dues which lead to the suspension of civil servants' salaries. Gaza also suffered from resumption of sonic booms, the shortage of food, fuel and Medical supplies, and the destruction of Electricity Station.

There was also a sharp increase of the state of lawlessness, insecurity and the misuse of weapons which resulted in bloody clashes between Fatah and Hamas, and resulted in the death of more than 200 people. There were also familial clashes and conflicts.

This has led to paralysis in civil and governmental institutions, i.e. government services, judiciary, PLC, schools, etc.

In early June, 2007, gunfire and rocket propelled grenades could be heard from the streets of Gaza City. In half a year, more than 150 Palestinians have been killed in fighting; sparking the fear a civil war could erupt in the Palestinian Authorities, and especially in Gaza. Another round of fighting began on June 10 and ended on June 14, 2007. Throughout the four days of fighting, Hamas had taken control of the Gaza Strip from Beit Hanoun in the north to Rafah in the south. The Israeli government closed all check-points on the borders of Gaza in response to the violence. During the four days of intense fighting at least 116 people were killed. On September 19, 2007 Israel's Security Cabinet voted to declare the militant Hamas-controlled Gaza Strip an "enemy entity" and enacted a number of sanctions. Among the sanctions approved by the Cabinet was reducing the fuel supply to a bare minimum. Only essential food and medical supplies would be permitted to enter the Strip and electricity would also be reduced. From that time till today the siege of Gaza was tightened and this was escalated in the last 2 months in which fuel shortage problem and closure of borders became the main issue of discussion in the Gaza Strip. The above mention issues raised the issue of quality of life people in Gaza Strip have in the last 8 years

Quality of life refers to a subjective evaluation, which is embedded in a cultural, social, and environmental context. The World Health Organization (WHO) has defined quality of life as an individual's perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns (WHO, 1995). Because of its multi-dimensional nature, it cannot be equated simply with the terms 'health status', 'life style', 'life satisfaction', 'mental state' or 'well-being'. There is considerable debate about the definition of quality of life. It is frequently confused with standard of living; square feet of living space in Tokyo and Los Angeles provide a comparative illustration of why such indicators have not succeeded in measuring quality of life cross-culturally. It is the meaning of these resources or conditions that tell us about quality of life and, inevitably, these meanings will be grounded in cultural values. Indeed, many items are claimed to be quality-of-life indicators, although these claims are equivocal. For instance, in a review of recent clinical trials, Hunt (1998) noted that the measurement of quality of life has been variously confused with the incidence of psychiatric morbidity, number and severity of symptoms, cognitive ability, social contact, the ability to work, and physical capacity.

Giacaman et al (2007) conducted focus group discussions with individuals living in the Gaza Strip and Ramallah District of the West Bank using open-ended questions. Participants were then presented with the WHOQOL-BREF questions and requested to assess their relevance and importance in determining their own QOL, a total of 150 men and women of various ages and socioeconomic classes participated in the study. A major finding is the all-encompassing impact of the political context on Palestinians' QOL assessment. The study demonstrates that political freedom, self-determination, participation in democratic processes and feeling involved in political decision-making are considered important contributors to people's QOL.

Bayram et al (2007) in a study too assess quality of life among Turkish immigrants in Sweden by using the WHOQOL-100 scale and to evaluate the domains' contribution to explain the variance in the quality of life of the immigrants found that the quality of life among the sample of Turkish immigrants was found to be moderate, but higher than the sample of the Turkish population. The quality of life of male immigrants was found to be higher than for females. Swedish-born Turks had better quality of life perceptions.

Lilecia et al (2008) in a study aimed to investigate the relationship between socio-demographic factors, health-related behaviors, residents' satisfaction, and functional disability levels among 107 elderly people living in nursing homes in Turkey using the World Health Organization's Quality of Life-BREF (WHOQOL-BREF).

The mean WHOQOL-BREF scores were significantly higher in participants who had independence in performing (bathing, dressing, toileting, transfer, continence, feeding) It was found that WHOQOL-BREF scores were positively associated with having physical exercise habits and residents' satisfaction with nursing homes; being dependent in dressing were significant predictors of in the study. Residents' satisfaction from living nursing homes and participation in physical exercise were significant predictors of WHOQOL-BREF scores for those that participated in this study.

The aim of the study was to investigate types and severity of siege on Palestinians live in Gaza Strip and quality of life.

Methods

Subjects

The study sample consisted of 400 adults' age range (18-64 years) who were selected randomly from a community base sample process representing the five geographical area of the Gaza Strip with similar socioeconomic and cultural characteristics.

Procedure

We selected the study sample randomly according to the population census in The Gaza Strip. Before we started the data collection, we conducted training for 4 hours for 15 mental health professionals working in the area had previous experience in data collection (5 social workers, 4 psychologist, 2 nurses, and 3 physicians). We explained to them the aim of the study and give them prepared list of number of adults (males and females) included in the study to be interviewed. In selecting the sample the area was divided each geographical area into blocks and from each block, one street was chosen, from each street, every other 15 house was approached for the data collection. The data collectors interviewed the subjects in individual base setting inside their homes. A cover letter was given to each subject explaining the aim of the study and a written permission from them to participate in the study was issued. The data collection was carried out from March 2008 to April 2008. Each interview took 2 hours.

Instruments

Sociodemographic variables:

The sociodemographic variables were collected using scale include age, sex, marital status, education, and occupation.

Gaza Siege Checklist (GCMHP, 2008)

This checklist consisted of 21 items covering a wide range of daily life situation affected by Gaza Siege including the family, health, education, social life, and economic issues. This scale was developed after conducting a focus group for 20 professionals working in different sectors of health, education, social services, and economic sectors. In this study, the split half reliability of the scale was high ($r = .75$). The internal consistency of the scale was calculated using Chronbach's alpha, and was also high ($\alpha = .69$).

World Health Organization Quality of Life (WHOQOL-BREF)

The WHOQOL-BREF was developed from the WHOQOL-100, a cross-cultural QOL

Instrument developed by the World Health Organization (WHO) for assessing individuals' subjective perception and feelings of life. The WHOQOL-100 contains 100 items for 25 facets (24 domain-specific facets and one general facet) covering six domains, including physical health, psychological state, level of independence, social relations, personal beliefs, and environment (The WHOQOL Group 1994). However, the WHOQOL-100 is too lengthy for some uses, for example, in large epidemiological studies where QOL is only one variable of interest or in clinical evaluations where patients did not have enough time or ability to complete all items. Thus, the WHOQOL-100 was simplified into a brief version, called the WHOQOL-BREF, by selecting 24 items from 24 facets (one item per facet) and two items from the general facet (Skevington et al, 2003). These 24 items covers four domains, including physical health, psychological state, social relations, and environment. These four domain scores were used to indicate an individual's QOL (Skevington et al, 2003). Since then, the

WHOQOL- BREF was commonly applied to academic research, clinical evaluation, cross culture comparison, and so on. The participants rated each item on a 5-point scale ranging from (1) not at all satisfied to (5) very satisfied. The WHOQOL has been found to be valid (discrimination validity) and reliable in a Palestinian epidemiological study (Quota & El-Masri, 1999). In this study, the split half reliability of the scale was high ($r = .74$). The internal consistency of the scale was calculated using Chronbach's alpha, and was also high ($\alpha = .82$).

Statistical analysis

In this study we used SPSS ver. 14 for data entry and analysis. The chi-squared likelihood ratio was calculated for comparison of categorical variables, and the T- independent test, ANOVA tests for between-group comparison of continuous variables. Kruskal-Wallis non-parametric tests were conduct to test comparison between-group comparison of non-continuous variables. Spearman's correlation coefficient tested the association between numbers of siege scores, WHOQOL scores, as these were not normally distributed. Linear regression investigated the association between independent (siege items and sociodemographic variables) and dependent variables (WHOQOL).

Results

Sociodemographic characteristic of the study

The sample responded to the interview were 386 subject with response rate of 95.4%, it consisted of 201 male (52.07%) and 185 females (47.93%). The age ranged from 18 to 64 years with mean age was 41.53 years (SD =7.84). According to place of residence 16.58% were from North Gaza, 36.79% were from Gaza area, 13.99% from Middle area, 20.73% from Khan Younis area, and 11.92% were from Rafah area (south of Gaza). According to type of residence, 57.25% live in cities, 10.10% live in villages, and 32.64% live in camps. According to citizenship 73.58% were refugee and 26.42% were citizens. According to marital status, 94.30% were married, 3.89% were widowed, and 1.81% of them were divorced. According to level of education 1.30% were not educated, 8.81% finished preparatory school, 19.69% finished primary school, 34.46% finished secondary school, 31.61% had university degree, 3.63% had Master degree, and 0.52% had PhD degree. In regard to the job, 38.7% were housewives, 18.4% were unemployed, and 32.1% were civil employee, while farmers, skilled workers, simple worker each were 2.1%.

Table 1
Sociodemographic Characteristics of study population (N = 386)

	No	%
1. Sex		
Male	201	52.07
Female	185	47.93
2. Age		
Mean = 41.53 (SD = 7.48)		
3. Place of residence		
North Gaza	64	16.58
Gaza	142	36.79
Middle area	54	13.99
Khan Younis	80	20.73
Rafah area	46	11.92

4. Type of residence		
City	221	57.25
Village	39	10.10
Camp	126	32.64
5. Citizenship		
Refugee	284	73.58
Citizen	102	26.42
6. Marital status		
Married	364	94.30
Widowed	15	3.89
Divorced	7	1.81
7. Education of the household		
Uneducated	5	1.30
Preparatory	34	8.81
Primary	76	19.69
Secondary	133	34.46
University	122	31.61
Master degree	14	3.63
PhD	2	0.52
8. Job		
Housewives	147	38.7
Employee	122	32.1
Unemployed	70	18.4
Farmer	8	2.1
Skilled worker	8	2.1
Simple worker	8	2.1
Merchant	5	1.3
Others	12	3.2

Economic and health status due to siege

Our results showed that 72 of the sample were unemployed due to siege (18.8%), 164 were unemployed before the siege (42.7%), 83 had chronic illness and can not treated (21.5%), and 97 one of the family members had chronic illness and can not treated (25.1%).

Table 2: Economic and health variables

	Yes		No	
	No	%	No	%
Unemployed due to siege	72	18.8	148	38.5
Unemployed before	164	42.7	0	0
Had chronic illness and can not treated	83	21.5	303	78.5
Family member had chronic illness and can not treated	97	25.1	289	74.9

Frequency of impact of siege of Gaza

The results showed that the most common impact of siege of Gaza items were: prices are sharply increased (97.67%), I feel I am in a big prison (92.23%), I can not find things I need in the market (91.70%), I quitted some purchased daily needs (88.30%), and social visits are less than before (85.23%). While least common reported items were: I started doing the papers for immigration (16.10%) and one of the family member died due to prevention of traveling for treatment (13.80%). The siege items ranged from 0- 21 with mean siege was 12.

Table 3 : Frequency of Impact of siege of Gaza items

	Yes		No	
	N	%	N	%
1. Prices are sharply increased	377	97.67	9	2.33
2. I feel I am in a big prison	356	92.23	28	7.29
3. I can not find things I need in the market	353	91.70	32	8.29
4. I quitted some purchased daily needs	339	88.30	45	11.66
5. Social visits are less than before	329	85.23	57	14.77
6. I can not find some of the necessary things for my children (Milk, baby napkins, etc.)	308	80.20	76	19.80
7. I can not finish some construction and repair work in my house due to shortage of cement and building materials	298	77.60	86	22.40
8. My work affected so much due to cut-off of electricity	294	76.36	90	23.38
9. My monthly income decreased	276	72.50	105	27.20
10. My work affected so much due to shortage of fuel, papers, medicine, row materials	262	67.88	124	32.12
11. I was not able to reach a place I planned to go to	230	59.90	154	40.10
12. I sold some of my furniture and wife gold.	211	54.66	175	45.34
13. I thought of immigration	174	45.31	210	54.69
14. I was not able to get specific medicine for me or for one of the family member	169	43.78	217	56.22
15. I need to travel outside the Gaza Strip and can not	166	43.01	220	56.99
16. I stopped completely working	158	41.60	222	58.60
17. I had suffering of not able to receive proper medical care	158	41.00	227	58.96
18. I was prevented from visiting one of the family members in Israelis jails	131	34.03	254	65.97
19. I went to Zaka organizations and other organizations to get the food	125	32.47	260	67.53
20. I started doing the papers for immigration	62	16.10	323	83.90
21. One of the family member died due to prevention of traveling for treatment	53	13.80	331	86.20

Siege and sociodemographic variables

In order to find the differences in siege as dependent variable and other sociodemographic variables such as sex, place of residence, citizenship, and marital status, Independent Samples Test for sex differences in total siege and ANOVA were conducted:

Sex and siege

T independent test was conducted in which total siege was the dependent variable and sex as independent variable. The results showed no statistically significant sex differences in mean siege (Male vs. Female) (12.87 vs. 12.17) ($t=1.85$, $p=0.06$).

Table 4: T independent test of sex and total siege (N= 386)

	N	Mean	SD	T	P
1. Sex					
Male	188	12.87	4.029	1.857	0.06
Female	198	12.17	3.366		
2. Citizenship					
Refugee	284	12.41	3.62	-.828	0.40
Citizen	102	12.77	3.97		

Place of residence and Siege

In order to find the place of residence of the study subjects (city, village, and camp) and siege items, ANOVA was conducted in which siege total scores were the dependent variables and place of residence as the independent variables.

Post hoc test showed no statistically significant differences in siege scores in relation to place of residence (City, camp. and village) ($F=0.86$, $p=0.42$).

Table 5: ANOVA for Siege total and place of residence

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	23.97	2	11.98	.86	.42
Within Groups	5292.45	383	13.81		
Total	5316.42	385			

Marital status and siege

Another ANOVA test was done. Post hoc results showed no differences in total siege according to marital status (single, married, divorced, widowed) ($F=0.86$, $p=0.42$).

Table 6: ANOVA of marital status and total siege

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	7.11	2	3.55	.25	.77
Within Groups	5309.31	383	13.86		
Total	5316.43	385			

World Health Organization Quality of Life results- 24 items

The results showed that only 11.8% of Palestinians were satisfied with their general health and only 8% said that they enjoy their life.

In this study the highest percentage of quality of life items were measure by summing 4+5 (good QOL): 38.9% were satisfied with their personal relationships, 30.91% had negative feelings, such as blue mood, despair, anxiety, depression, 30.5% satisfied with their spirituality, religion and personal

beliefs, 29.09% satisfied with their bodily appearance, and 26.5% had pain and discomfort. While the least frequent items of quality of life were: 3.38% have the opportunity for leisure activities, 5.76% were satisfied with the conditions of living place, 8.83% have access to health and social care, 8.83% have enough money to meet their needs, 9.09% were satisfied with transport.

Table 8 : Frequency responses (%) for items of the WHOQOL (N = 386)

Scale points/domains and facets	1 Poor QOL	2	3	4	5 Good QOL
A. Evaluation of life	10.2	17.8	60.2	7.9	3.9
B. Enjoy life	17.4	35.8	38.7	6.2	1.8
1. Physical health activities of daily living					
Pain and discomfort	11.17	38.18	24.16	21.82	4.68
Dependence on medicinal substances and medical aids	19.63	40.58	26.96	9.69	3.14
3. Energy and fatigue	2.33	43.78	38.34	12.95	2.59
Mobility	7.55	44.79	37.5	7.29	2.86
5. Sleep and rest	6.49	44.68	38.18	8.05	2.6
6. Activities of daily living	4.68	37.4	42.34	12.99	2.6
7. Working capacity	9.11	26.04	42.97	17.97	3.91
2. Psychological bodily image and appearance					
8. Positive feelings	8.03	34.46	33.94	18.13	5.44
9. Thinking, learning, memory and concentration	2.86	30.73	50.26	12.5	3.65
10. Body image	5.19	14.81	50.91	19.22	9.87
11. Self-esteem	7.31	24.54	39.43	22.72	1.82
12. Negative feelings	8.83	32.99	27.27	23.9	7.01
13. Spirituality, religion and personal beliefs	4.4	22.54	42.49	19.95	10.62
3. Social relationships personal relationships					
14. Sexual activity	9.19	22.05	45.67	15.75	7.35
15. Personal relationships	4.96	16.19	39.95	31.33	7.57
16. Social support	11.66	33.94	38.34	11.92	4.15
4. Environment financial resources					
17. Financial resources	11.95	48.31	30.91	7.01	1.82
18. Opportunities for acquiring new information and skills	5.19	35.06	48.57	9.35	1.82
19. Recreation and leisure	24.94	51.17	20.52	2.6	0.78
20. Physical environment (pollution / noise / traffic / climate)	21.5	28.5	32.64	13.21	4.15
21. Health and social care: accessibility and quality	8.31	40	42.86	6.49	2.34
22. Transport	11.17	45.19	34.55	7.01	2.08
23. Home environment	11.52	40.05	42.67	4.19	1.57
24. Freedom, physical safety and security	15.28	38.34	32.9	9.59	3.89

Means and Standard deviations of the WHOQOL and subscales

The results showed that the subjects of the sample quality of life scores ranged from 31 to 100 (mean = 64.19, SD = 9.67), physical domain ranged from 7-28 (mean = 18.37, SD = 2.95), psychological domain ranged from 7-27 (mean = 17.67, SD = 3.01), social domain ranged from 3-15 (mean = 8.71, SD = 2.26), and environmental domain ranged from 9-34 (mean = 19.47, SD = 4.28).

Table 9: Means and Standard deviations of QOL and subscales

	N	Minimum	Maximum	Mean	SD
Quality of life-Total	359	31.00	100.00	64.19	9.67
Physical domain	375	7.00	28.00	18.37	2.95
Psychological domain	379	7.00	27.00	17.67	3.01
Social domain	378	3.00	15.00	8.71	2.26
Environmental domain	379	9.00	34.00	19.47	4.28

Sex differences in Quality of Life

In order to find differences in gender and quality of life, T independent test was conducted in which total quality of life (24 items) and 4 domains were entered separately as the dependent variable and sex as independent variable. The results showed no statistically significant sex differences in mean quality of life (Male vs. Female) (64.20 vs. 64.19) ($t = 0.01$, $p = 0.99$), physical, psychological, and environmental domain. However, there was statistically significantly difference toward males in social domain ($t = 2.16$, $p = 0.03$)

Table 10: T independent test of differences between sex and quality of life

	Sex	N	Mean	SD	t	p
Total WHOQOL	Male	178	64.20	10.12	.01	.99
	Female	181	64.19	9.23		
Physical Domain	Male	184	18.18	3.02	-1.16	.25
	Female	191	18.54	2.88		
Psychological domain	Male	184	17.64	2.88	-.18	.86
	Female	195	17.70	3.14		
Social domain	Male	186	8.96	2.31	2.16	.03
	Female	192	8.46	2.18		
Environment domain	Male	187	19.30	4.36	-.73	.47
	Female	192	19.63	4.19		

Differences in quality of life and citizenship (refugee and citizen)

In order to find differences in citizenship (refugee and citizen) and quality of life, T independent test was conducted in which total quality of life (24 items) and 4 domains were entered separately as the dependent variable and citizenship (refugee and citizen) as

independent variable. The results showed no statistically significant between refugee and citizens in mean quality of life (refugee vs. citizen) (63.41 vs. 63.82) ($t = -0.34$, $p = 0.73$), physical, psychological, social domain, and environmental domain.

Table 10: T independent test of differences between citizenship state and quality of life

	Citizenship	N	Mean	SD	t	P
Total WHOQOL	Refugee	266	64.22	9.81	.08	.92
	Citizen	93	64.12	9.32		
Physical	Refugee	277	18.41	3.03	.46	.64
	Citizen	98	18.24	2.73		
Psychological	Refugee	278	17.64	2.98	-.32	.74
	Citizen	101	17.75	3.11		
Social	Refugee	278	8.70	2.17	-.16	.87
	Citizen	100	8.74	2.51		
Environment	Refugee	279	19.35	4.36	-.88	.37
	Citizen	100	19.79	4.02		

Marital status and quality of life

In order to find the marital status of the study subjects (married, widowed, and divorced) and quality of life, ANOVA was conducted in which quality of life and domains were the dependent variables and marital status as the independent variables.

Post hoc test showed no statistically significant differences in quality of life in relation to marital status.

Table 11: ANOVA of WHOQOL and marital status

Total WHOQOL	Between Groups	477.26	2	238.63	2.57	0.08
	Within Groups	33013.09	356	92.73		
	Total	33490.35	358			
Physical Domain	Between Groups	2.47	2	1.23	0.14	0.87
	Within Groups	3258.48	372	8.76		
	Total	3260.95	374			
Psychological domain	Between Groups	20.61	2	10.31	1.14	0.32
	Within Groups	3407.16	376	9.06		
	Total	3427.77	378			
Social domain	Between Groups	8.88	2	4.44	0.87	0.42
	Within Groups	1913.11	375	5.10		
	Total	1921.99	377			
Environment domain	Between Groups	62.96	2	31.48	1.73	0.18
	Within Groups	6845.38	376	18.21		
	Total	6908.34	378			

Place of residence and quality of life

In order to find the place of residence of the study subjects and quality of life, ANOVA was conducted in which quality of life and domains were the dependent variables and place of residence as the independent variables. Post hoc test showed no statistically significant differences in quality of life in relation to place of residence.

Table 12: ANOVA WHOQOL and place of residence

		Sum of Squares	df	Mean Square	F	Sig.
Total WHOQOL	Between Groups	237.13	2	118.56	1.27	0.28
	Within Groups	33253.22	356	93.41		
	Total	33490.35	358			
Physical Domain	Between Groups	2.75	2	1.38	0.16	0.85
	Within Groups	3258.19	372	8.76		
	Total	3260.95	374			
Psychological domain	Between Groups	6.36	2	3.18	0.35	0.71
	Within Groups	3421.42	376	9.10		
	Total	3427.77	378			
Social domain	Between Groups	18.93	2	9.46	1.86	0.16
	Within Groups	1903.06	375	5.07		
	Total	1921.99	377			
Environment domain	Between Groups	94.37	2	47.19	2.60	0.08
	Within Groups	6813.96	376	18.12		
	Total	6908.34	378			

Relationship between siege scores and quality of life of the study sample

In order to investigate the relationship between the siege total scores and quality of life, and domains, Pearson coefficient correlation test was done. The results showed that there were statistically significant negative correlation between total siege scores and quality of life in which people who scored more in siege items had less total quality of life ($r = -0.32$, $p < 0.001$), physical domain ($r = -0.21$, $p < 0.001$), psychological domain ($r = -0.21$, $p < 0.001$), social domain ($r = -0.20$, $p < 0.001$), and environmental domain ($r = -0.34$, $p < 0.001$).

Table 13: Pearson correlations coefficient test between siege and WHOQOL

	1	2	3	4	5
1. Siege total	-				
2. Total WHOQOL	-.32 **	-			
3. Physical Domain	-.21 **	.79 **	-		
4. Psychological domain	-.19 **	.77 **	.55 **	-	
5. Social domain	-.20 **	.71 **	.44 **	.49 **	-
6. Environment domain	-.34 **	.84 **	.52 **	.48 **	.47 **

Association between siege scores and quality of life

When each siege items was entered as independent variables in a multiple regression model, with total WHOQOL as the dependent variable. The results showed that the total QOL scores were negatively associated with I had suffering of being not able to receive proper medical care : $B = -.12$, 95% CI = -4.57- -.39, $p = 0.02$, I can not find some of the necessary things for my children (Milk, napkin, and other things for my children): $B = -.14$, 95% CI = -5.86- -.81, $p = 0.01$, I feel I am in a big prison : $B = -.13$, 95% CI = -8.70- -1.26, $p = 0.009$, I went to Zakat organizations and other organizations to get the food : $B = -.11$, 95% CI = -4.55- -0.24, $p = 0.03$, I started doing the papers for immigration $B = -.10$, 95% CI = -5.40 - -0.14, $p = 0.03$.

Table 14: Linear Regression analysis of WHOQOL total and siege items

Items of Siege	Unstandardized Coefficients		Standardized Coefficients	t	p	95% Confidence Interval for B	
	B	SD				Lower Bound	Upper Bound
I had suffering of being not able to receive proper medical care	-2.482	1.063	-.126	-2.335	.02	-4.57	-.39
I can not find some of the necessary things for my children (Milk, napkin, etc)	-3.339	1.283	-.140	-2.603	.01	-5.86	-.81
I feel I am in a big prison	-4.985	1.891	-.136	-2.637	.009	-8.70	-1.26
I went to Zakat organizations and other organizations to get the food	-2.399	1.097	-.116	-2.186	.03	-4.55	-.24
I started doing the papers for immigration	-2.774	1.337	-.108	-2.076	.03	-5.40	-.14

Discussion

Our results showed that 60% of the sample was unemployed before and due to siege.

This increasing percentage of the unemployment is one of the highest rate of unemployment as a result of the closure of the Gaza Strip since 2006 after election of the Palestinian Legislative Council and winning of Hamas faction the majority of Council seats and starting of implication of siege procedures on Gaza Strip including stopping allowing entry to Gaza raw materials, fuel derivatives, and construction materials. This results consisted with previous reports which reported that eighty percent of the population in Gaza falls below the poverty line of US\$2 per day (up from 30 percent in 2000) and the unemployment level stands at approximately 50 percent (PCBS, 2006).

The results showed that the most common types of siege items were: prices are sharply increased, feeling being in a big prison, they can not find things they need in the market, quitted purchased some daily needs, and social visits are less than before. These results showed that the siege made people unable to run their normal life as usual and all society being exposed to collective punishment which increase the risk of being under severe stress which may lead to psychological and physical reactions. This study we found that 45 % of the

Palestinians started thinking of leaving the Gaza Strip and this is another risky. While the least common reported items were: I started doing the papers for immigration (16.1%) and one of the family member died due to prevention of traveling for treatment (13.8%). The mean siege scores were 12.

The results showed no statistically significant sex, citizenship, place of residence, and marital status differences in mean siege. This could be to the fact that all Palestinians are affected by siege and the siege is one of worst collective punishment applied to a nation suffered a long term of oppression, aggression, and trauma.

Satisfaction with life

The results showed that only 11.8% of Palestinians were satisfied with their general health and only 8% said that they enjoy their life. This low level of satisfaction is the result of continue siege and trauma inflicted on Palestinians in the Gaza Strip.

In this study the highest percentage of quality of life items were 38.9% were satisfied with their personal relationships, 30.91% had negative feelings, such as blue mood, despair, anxiety, depression, 30.5% satisfied with their spirituality, religion and personal beliefs. This reflects the Islamic culture influence on people ability to cope with life adversities and trauma and showed the influence of relationships with others in the society. This was consistent with study of Giacaman et al (2007) which demonstrated that political freedom, self-determination, participation in democratic processes and feeling involved in political decision-making are considered important contributors to people's QOL. Our study showed no significant differences in QOL, physical, psychological, environmental and sex. However, there was statistically significantly difference toward males in social domain. This is inconsistent with Study of Bayram et al (2007) of quality of life among Turkish immigrants in Sweden by using the WHOQOL-100, the quality of life of male immigrants was found to be higher than for females.

The results showed that there were statistically significant negative correlation between total siege scores and quality of life in which people that scored more in siege items had less total quality of life, physical domain, psychological domain, social domain, and environmental domain. This results is very logical in which people in Gaza Strip are living under siege for the last 2 years and due to shortage of materials and goods in the markets and closure of border and limitation of movements outside Gaza increase the suffering of the people in Gaza Strip and resulted in very bad quality of life in all aspects. In industrialized countries, people with higher socioeconomic status generally report better health than do those with lower socioeconomic status. Many studies have shown that socioeconomic status indicators, such as income, occupation, and education, are correlated with morbidity and mortality (Lynch et al., 2000; Mustard et al., 1997). Similarly, there is evidence of relationships between SES, functional health, and subjective well-being (Kennedy et al., 1998; Sanmartin et al., 2006).

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