

SIEGE OF GAZA, QUALITY OF LIFE PALESTINIAN CHILDREN IN THE GAZA STRIP

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Abstract

Aim: The aim of the study was to investigate the effect of siege on Palestinian children and adolescents locus of control and wellbeing.

Method: The sample consisted of 164 Palestinian children and adolescents tested in the Gaza Strip in November and December 2008. The age of children ranged from 8-18 years with mean age 14.69 years.

Instruments: Child and adolescents were interviewed by the following: Sociodemographic scale, Gaza Siege Checklist-children- form, and Kidscreen-52 HRQoL questionnaire.

Results: The results showed that the most common items of siege of Gaza items were: learning problems due to shortage of electricity and teachers unable to come to schools (82.6%), I feel I am in a big prison (79.9%), I quitted purchased daily needs because prices are very high (79.3%), I was not able to go to school due to shortage of fuel and absence of transportation (75%), I cannot find some of the necessary things for study such as books and stationary (68.5%). The children reported from 1-19 siege items with mean =9.07.

The study showed that mean children physical well being was 11.03, psychological well being mean was 13.77, moods and emotions mean was 12.53, self perception mean was 7.28, autonomy mean was 9.56, parent relations and home life 14.75, financial resources mean was 5.45, peers and social support mean was 12.63, school environment mean was 13.79, and social acceptance (Bullying) mean was 2.26.

The results showed that the total siege scores was positively predicted by general mood, self perception and negatively predicted by financial resources.

Conclusion: This study is one of few studies done to evaluate the impact of siege on Palestinian children quality of life. The findings that children depend on parent relations and home life, psychological well being, and school environment to overcome the adversities effect of siege. This highlight the need to involve parents in education programs to increase their awareness of children well-being and psychological needs in time of war and siege.

Also, involving the teachers in well organized courses in the field of child mental health, psychological well-being, coping with stress and siege. Also improving the school environment atmosphere and relationship between students in schools may improve psychological and physical well-being of children.

Key words: Siege, quality of life, children, Gaza Strip

Introduction

Escalation of the crisis in the Gaza Strip was obvious after the capture of an Israeli soldier by Palestinian militant groups in Gaza Strip. As a response to this action, Israeli government started the incursion of the Gaza Strip in a military operation called "Summer Rains campaign" and during this military campaign strict closure by sealing off the entire Gaza Strip was imposed. This included closing the all the crossings for prolonged period of times, and resulted in huge humanitarian suffering for the whole Palestinian population. In this operation, more than 400 people were killed and thousands were injured.

Gaza also suffered from resumption of sonic booms, the shortage of food, fuel and Medical supplies, and the destruction of Electricity Station. Later on, 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 especially children in Gaza Strip have in the last 8 years.

Health-related quality of life in children and adolescents

Quality of Life (QOL) is a complex, abstract, and multidimensional concept which is difficult to define and has relevance to virtually all areas of human function [Evans, 1994]. HRQOL is a main part of QOL and is considered to be an important construct in describing one's overall condition within the health context (von Rden, 2007; Fayes et al, 2000). Generally it is conceptualized as a multidimensional construct built up by several domains (Ravens-Sieberer, 1998; Davis, 2007).

There is some consensus considering physical, emotional and social aspects of health to be core domains of HRQOL (Bisegger et al, 2005; Anderson et al, 1993). Others follow the WHO definition of health as a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity (The Kidscreen group, 2006).

Nevertheless, the overall quantity of domains differs in the literature. For example, "behavioural, cultural, and psychological dimensions" as well as "a global perception

of health and well-being" are regarded as important domains of HRQOL (Solans et al, 2007). Depending on the population under study, HRQOL domains consist of several various specific dimensions or factors (Jenney and Campell, 1997). For example, physical factors might include aspects such as self-care, pain, or mobility, while social factors might include aspects such as friends, work, or family. These differences in quantity of domains and dimensions lead to widely varying definitions of HRQOL. Based on a commonly accepted definition by the WHO Quality of Life group (WHO Quality of Life Group, 1993), the following operational definition as stated by von Rden (2007) is used in this paper defined HRQOL is a multidimensional construct covering physical, emotional, mental, social, and behavioural components of well-being and functioning as subjective perceived by a person depending on the cultural context and value system one is living in.

The aim of the study was to investigate the effect of siege on Palestinian children and adolescents wellbeing.

Method

Participants

The sample consisted of 184 Palestinian children and adolescents tested in the Gaza Strip in November and December 2008. The sample responded to the interview were 164 participants with response rate of 89.1%, 82 of them were males (50%) and 82 were females (50%). The age of children ranged from 8-18 years with mean age 14.69 years (SD = 2.41).

Procedure

We selected the sample of the children and adolescents according to the second stage of cohort study list of names of the families. We held a meeting and conducted training for 4 hours to 8 professionals working in the children mental health and had previous experience in data collection (4 social workers, 4 psychologists). We explained to them the aim of the study and give them prepared list of number of children to be interviewed. A cover letter was given to each parent to obtain written permission from them to interview their children in the study.

Sociodemographic information for the study population was collected from parents. Each interview took 45 minutes to be completed. Children were informed by data collectors that there was no right or wrong answers and that they were free to withdraw from the study at any time. Children were also informed that if they had questions when completing the scales.

Instruments

The data was collected from children by using the following questionnaires:

Demographic questionnaire

Demographic information about the participants was obtained using a survey developed by the authors. This questionnaire includes sex, age, and citizenship

Gaza Siege Checklist-children form (Thabet, 2008)

This checklist consisted of 20 items covering a wide range of daily life situation affected by Gaza Siege including the family, education, social life, and economic issues. In this study, the split half reliability of the scale was high ($r = .58$). The internal consistency of the scale was calculated using Chronbach's alpha, and was also high ($\alpha = .54$). Some items were changed to fulfill the needs of new changes in siege of Gaza Strip.

Kidscreen-52 HRQoL questionnaire

It is the first instrument for children and adolescents that was developed simultaneously in several different countries and tested in a large representative sample of children and adolescents (Ravens-Sieberer et al, 2003), thereby helping to provide a broad perspective on the understanding and interpretation of HRQoL across different countries. The KIDSCREEN-52 contains 52 items covering 10 HRQoL dimensions, and has demonstrated its reliability and validity based on classical test theory as well as modern item response theory (Ravens-Sieberer et al, 2005). Although the KIDSCREEN-52 achieved most of the attributes proposed by the Scientific Advisory Committee of the Medical Outcome Trust (Ravens-Sieberer et al, 2003), a shorter HRQoL questionnaire for use in epidemiological and clinical studies was warranted to reduce response burden and to save administration costs. It should enable a wider range of application of a cross-cultural comparable assessment of children and adolescents HRQoL but still permit measurement of the most important components of HRQoL covered by the measurement model of the original KIDSCREEN-52 (Ravens-Sieberer et al, 2003). The questionnaire includes the following dimensions (and number of items): Physical well being (5), Psychological well being (6), Moods and emotions (7), Self perception (5), Autonomy (5), Parent relations and home life (6), Peers and social support (6), School environment (6), Social acceptance (Bullying) (3), and Financial resources (3). All items are answered on a Likert-type

scale with five ordered response categories, from “never” to “always” on all frequency answer scales and from “not at all to “extremely” on intensity answer scales. The recall period for most items is one week. The dimension scores are sum-scores of each item, further transformed into values between 0 and 100, where higher values indicate better HRQL. Dimension scores are calculated when no more than one item is missing. The instrument has shown acceptable reliability and validity coefficients (Ravens-Sieberer et al, 2005). In this study the questionnaire was translated to Arabic by the first author and third author separately and Back Translation was done by the English bilingual translator with BA in English language and words in both languages were compared and showed no major differences between the two. The internal consistency of the subscales was calculated using Chronbach's alpha, the results showed for each subscales as in Table 1.

Table 1: Reliability of the KIDSCREEN-52 (HRQoL) questionnaire

	Alpha	No.of
1. Physical well being	0.84	5
2. Psychological well being	0.81	6
3. Moods and emotions	0.80	7
4. Self perception	0.77	5
5. Autonomy	0.86	5
6. Parent relations and home life	0.86	6
7. Financial resources	0.82	3
8. Peers and social support	0.89	6
9. School environment	0.87	6
10. Social acceptance (Bullying)	0.84	3

Results

Sociodemographic characteristic of the study

The sample responded to the interview were 184 participants with response rate of 99%, it consisted of 92 males (50%) and 92 girls (50%). The age ranged from 6-18 years with mean age was 12.4 years (SD =7.84). According to place of residence 26.1% of children were from North Gaza, 37.5% were from Gaza, 14.7% were from Middle area, 3.8% were from Khan Younis , and 17.9% were from Rafah (south of Gaza). According to type of residence, 43.5% of children live in cities, 12.5% live in villages, and 44% live in camps. According to number of siblings, 13.6% of families had less than 4 children, 61.4% had 5-7 children, and 25% had 8 and more siblings. In looking for the family monthly income, 60.9% of the families monthly income was less than 350 US \$ per month, 30.4% earned 351-700 US \$, and only 8.7% earned more than 701 US \$.

Table 2: Sociodemographic characteristic of the study sample

	N	%
Sex		
Boys	92	50
Girls	92	50
Address		
North Gaza	48	26.1
Gaza	69	37.5
Middle area	27	14.7
Khan Younis	7	3.8
Rafah area	33	17.9

Place of residence		
City	80	43.5
Village	23	12.5
Camp	81	44.0
Number of siblings		
Less than 4	25	13.6
5-7 children	113	61.4
8 and above	46	25.0
Monthly family income		
Less than 350 US \$	112	60.9
351-700 US \$	56	30.4
More than 701 US \$	16	8.7
Paternal education		
Uneducated	11	6.0
Preparatory	25	13.6
Primary	40	21.7
Secondary	53	28.8
University	20	10.9
Master degree	27	14.7
PhD	8	4.3
Father work		
Unemployed	90	48.9
Skilled worker	18	9.8
Employee	59	32.1
Others	17	9.2
Maternal education		
Uneducated	9	4.9
Preparatory	19	10.3
Primary	63	34.2
Secondary	74	40.2
Diploma	13	7.1
University	6	3.3
Mother work		
Housewives	177	96.2
Employee	7	3.8

Frequency of impact of siege of Gaza items

The results showed that the most common items of siege of Gaza items were: learning problems due to shortage of electricity and teachers unable to come to schools (82.6%), I feel I am in a big prison (79.9%), I quitted purchased daily needs because prices are very high (79.3%), I was not able to go to school due to shortage of fuel and absence of transportation (75%), can not find some of the necessary things for study such as books and stationary (68.5%). While the least common siege items reported by children were: I started doing the papers for immigration (18.5%), begging in streets and go to organizations for help (17.9%), stealing from neighbors and shops (10.3%).

The children reported from 1-19 siege items with mean =9.07 (SD =2.8).

Table 3: Frequency of items of siege of Gaza (N = 184)

No.	Items	No.	%
1	Learning problems due to shortage of electricity and teachers unable to come to schools	152	82.6
2	I feel I am in a big prison	147	79.9
3	I quitted purchased daily needs because prices are very high	146	79.3

4	I was not able to go to school due to shortage of fuel and absence of transportation	138	75
5	I can not find some of the necessary things for study such as books and stationary	126	68.5
6	Social visits are less than before	118	64.1
7	I was not able to get my need due to stopped of working of my parents due to siege	107	58.2
8	I can not live in my house due to shortage of cement and building materials and non finishing of our home	106	57.6
9	I was not able to get specific medicine for me or for one of the family member due to shortage of medicine and equipment transportation	104	56.5
10	Able to get toys and necessary things	84	45.7
11	I thought of immigration	73	39.7
12	Thinking of leaving the school and got to work in streets to help the family	57	31
13	Going to street to sell biscuits, gums, and other things to help family	54	29.3
14	I need to travel outside the Gaza Strip for treatment and other things and can not	48	26.1
15	Using non prescribed medicine to overcome the problems	46	25
16	One of my family members need to travel outside the Gaza Strip for treatment and other things and can not	45	24.5
17	Escape from school and go to work in garages and workshops	40	21.7
18	My parents started doing the papers for immigration for me	34	18.5
19	Begging in streets and go to organizations for help	33	17.9
20	Stealing from neighbors and shops	19	10.3

Means and Standard deviations of Kidscreen

From total number of 184 children only 160 children returned the Kidscreen questionnaire. The study showed that mean children physical well being was 11.03 (SD = 3.38), psychological well being mean was 13.77 (SD = 5.08), moods and emotions mean was 12.53 (SD = 6.32), self perception mean was 7.28 (SD = 3.83), autonomy mean was 9.56 (SD = 4.46), parent relations and home life 14.75 (SD = 5.42), financial resources mean was 5.45 (SD = 3.24), peers and social support mean was 12.63 (SD = 6.23), school environment mean was 13.79 (SD = 5.30), and social acceptance (Bullying) mean was 2.26 (SD = 2.81).

Table 4: Means and Standard Deviations of Kidscreen (N= 160)

Subscales of Kidscreen	Mean	SD
1. Physical well being	11.03	3.38
2. Psychological well being	13.77	5.08
3. Moods and emotions	12.53	6.32
4. Self perception	7.28	3.83
5. Autonomy	9.56	4.46
6. Parent relations and home life	14.75	5.42
7. Financial resources	5.45	3.24
8. Peers and social support	12.63	6.23
9. School environment	13.79	5.30
10 Social acceptance (Bullying)	2.26	2.81

Differences in quality of life and socioeconomic variables

In order to find the differences in quality of life subscales and other socioeconomic characteristics one Way ANOVA was performed in which number of siblings, monthly income, and place of residence as dependent variable and quality of life subscales as independent variables.

Family monthly income and quality of life

Post hoc test showed that there were statistically significant differences in about self toward children from high income (701 US \$ and above) ($F=2.995$, $p=0.05$), family and home life toward children coming from families with 351-700 US \$ ($F=4.3$, $p=0.01$), and money matters toward children coming from families with more than 701 US \$ monthly income ($F=5.28$, $p=0.006$).

Table 5: One way ANOVA of family monthly income and quality of life

		Sum of Squares	Df	Mean Square	F	Sig.
1. Physical Activities and Health	Between Groups	18.423	2	9.212	.804	.449
	Within Groups	1798.420	157	11.455		
	Total	1816.844	159			
2. Feelings	Between Groups	55.774	2	27.887	1.084	.341
	Within Groups	4040.670	157	25.737		
	Total	4096.444	159			
3. General Mood	Between Groups	69.336	2	34.668	.866	.422
	Within Groups	6282.508	157	40.016		
	Total	6351.844	159			
4. About Yourself	Between Groups	85.632	2	42.816	2.995	.053
	Within Groups	2244.712	157	14.298		
	Total	2330.344	159			
5. Free Time	Between Groups	103.936	2	51.968	2.665	.073
	Within Groups					
	Total					

	Within Groups	3061.558	157	19.500		
	Total	3165.494	159			
6. Family and Home Life	Between Groups	246.855	2	123.428	4.379	.014
	Within Groups	4425.145	157	28.186		
	Total	4672.000	159			
7. Money Matters	Between Groups	105.357	2	52.679	5.280	.006
	Within Groups	1566.243	157	9.976		
	Total	1671.600	159			
8. Friends	Between Groups	194.256	2	97.128	2.555	.081
	Within Groups	5969.244	157	38.021		
	Total	6163.500	159			
9. School and Learning	Between Groups	17.346	2	8.673	.306	.737
	Within Groups	4449.429	157	28.340		
	Total	4466.775	159			
10. Bullying	Between Groups	15.804	2	7.902	1.003	.369
	Within Groups	1236.690	157	7.877		
	Total	1252.494	159			

Place of residence and quality of life

Also, there were statistically significant differences in physical activities and health of children from cities ($F=11.37$, $p = 0.0001$), feelings toward children coming from cities ($F = 5.68$, $p = 0.04$), free time toward children from cities ($F = 8.72$, $p = 0.001$), family and home life toward children from cities ($F = 12.11$, $p = 0.001$), money matters toward children from cities ($F = 4.04$, $p = 0.01$), friends toward children from cities ($F = 3.75$, $p = 0.03$), and school and learning from children from cities ($F = 3.57$, $p = 0.03$).

Table 7: One way ANOVA of place of residence and quality of life

		Sum of Squares	df	Mean Square	F	Sig.
1. Physical Activities and Health	Between Groups	229.978	2	114.989	11.377	.000
	Within Groups	1586.866	157	10.107		
	Total	1816.84	159			
2. Feelings	Between Groups	276.814	2	138.407	5.689	.004
	Within Groups	3819.630	157	24.329		
	Total	4096.44	159			
3. General Mood	Between Groups	98.691	2	49.345	1.239	.293
	Within Groups	6253.153	157	39.829		
	Total	6351.84	159			

4. About Yourself	Between Groups	59.812	2	29.906	2.068	.130
	Within Groups	2270.532	157	14.462		
	Total	2330.344	159			
5. Free Time	Between Groups	316.560	2	158.280	8.723	.000
	Within Groups	2848.934	157	18.146		
	Total	3165.494	159			
6. Family and Home Life	Between Groups	624.622	2	312.311	12.115	.000
	Within Groups	4047.378	157	25.779		
	Total	4672.000	159			
7. Money Matters	Between Groups	81.935	2	40.968	4.046	.019
	Within Groups	1589.665	157	10.125		
	Total	1671.600	159			
8. Friends	Between Groups	782.443	2	391.222	11.414	.000
	Within Groups	5381.057	157	34.274		
	Total	6163.500	159			
9. School and Learning	Between Groups	194.525	2	97.262	3.574	.030
	Within Groups	4272.250	157	27.212		
	Total	4466.775	159			
10. Bullying	Between Groups	1.449	2	.724	.091	.913
	Within Groups	1251.045	157	7.968		
	Total	1252.494	159			

Correlation between siege and quality of life (Kidscreen)

In order to find the association between the total siege items and children wellbeing total screen and subscales. There was positive correlation between total siege and general mood ($r = 0.39$, $p < 0.001$), about self ($r = 0.33$, $p < 0.001$), and bullying ($r = 0.21$, $p < 0.001$).

Table 8: Correlation matrix between siege items and quality of life

	Siege of
1. Physical well being	0.09
2. Psychological well being	0.02
3. Moods and emotions	0.39**
4. Self perception	0.33**
5. Autonomy	0.11
6. Parent relations and home	-0.14
7. Financial resources	-0.17
8. Peers and social support	-0.08
9. School environment	-0.08
10. Social acceptance (Bullying)	0.21**

$p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Determinants of total siege and children well-being

In order to find out the predictive effect of siege on children well-being, total siege was entered as dependent variable in a multiple regression model, with means of KidScreen scores as the independent variables. The results showed that the total siege scores was predicted by general mood ($B = .30, p < 0.001$), self perception ($B = .24, p < 0.01$), and negatively predicted by financial resources ($B = -.28, p < 0.03$). This means that siege lead to increase in mood and emotional problems and self esteem while financial resourced decreased.

Table 9: Linear Regression analysis of siege scores and Kidscreen

	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	5.583	1.061		5.264	.000
1. Physical well-being	.091	.076	.107	1.207	.229
2. Psychological well-being	-.027	.058	-.047	-.459	.647
3. Moods and emotions	.137	.041	.303	3.363	.001
4. Self perception	.182	.070	.242	2.604	.010
5. Autonomy	.114	.065	.177	1.747	.083
6. Parent relations and home life	-.002	.057	-.005	-.043	.965
7. Financial resources	-.179	.084	-.202	-2.132	.035
8. Peers and social support	-.036	.046	-.078	-.780	.437
9. School environment	.013	.053	.025	.254	.800
10 Social acceptance (Bullying)	-.001	.090	-.001	-.015	.988

$F = 5.36, p < 0.05, R^2 = 0.26$

Discussion

This is the first study to evaluate the effect of siege on Palestinian children and adolescents quality of life in the Gaza Strip as part of third cohort study done in the Gaza Strip in which families were studied as a part of forming data base of the changes in the Palestinian families across the time (Thabet et al, 2009a, 2009b). In the last 6 decades, Palestinian children are victims of continuous trauma and war. Such experiences may lead to increase of mental health problems and deteriorate the children and adolescents physical and mental wellbeing. Previous studies in the area showed that the adults are suffering of psychological problems due to siege which continued for the last three years (Thabet et al, 2008a, 2008b). In this study similar to adult Palestinians in the Gaza Strip, children reported having learning problems due to shortage of electricity and teachers were unable to come to schools due to shortage of fuel, they felt as if they were in a big prison (79.9%), children quitted purchasing daily needs because prices are very high (79.3%), they were not able to go to school due to shortage of fuel and transportation (75%), and they cannot find some of the

necessary things for continuing study such as books and stationary (68.5%). Such shortages due to siege have adverse impact on the entire life of Palestinian families and increase risk factors for children and adolescents that lead to physical and mental health problems. Such problems may increase state of anger and frustration and may increase violence tendency in children and adolescents. Studies of similar situation are very few and the recent history showed no similar type of collective punishment of one and half million persons in very tiny area.

Our study showed that the highest quality of life subscales reported by Palestinian children living in area of war and conflict and under siege for the last three years were parent relations and home life, psychological well being, and school environment. This was consistent with other studies which found that the most important objective indicators of quality of life in the education domain are access to educational services (Clifton et al., 1996; Beukes & van der Colff, 1997). Mathiti et al (2006) in a study of the quality of life of 'street children' accommodated at three shelters in Pretoria found that two-thirds (68.8%) of the respondents had access to educational services. Lack of access to educational facilities or, where access had been gained, poor and substandard tuition, and lack of access to medical facilities and services were some of the factors that undermined the quality of life of street children. Amine et al (2009) in study of children and adolescents with juvenile idiopathic arthritis showed that in general, children and adolescents with juvenile idiopathic arthritis had a poorer health related quality of life. The most affected health concepts were psychosocial and motor function.

Conclusion

This study is one of few studies done to evaluate the impact of siege on Palestinian children quality of life. The findings that children depend on parent relations and home life, psychological well being, and school environment to overcome the adversities effect of siege. This highlight the need to involve parents in education programs to increase their awareness of children well-being and psychological needs in time of war and siege.

Also, involving the teachers in well organized courses in the field of child mental health, psychological well-being, coping with stress and siege. Also improving the school environment atmosphere and relationship between students in schools may improve psychological and physical well-being of children.

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