



How does it feel like being a Palestinian in the occupied Palestinian territory?

A survey on the quality of life of Palestinian people

Introduction

There is no question that *Life Quality* has dramatically deteriorated for Palestinians since September 2000. Yet, adequate tools for the assessment of this deterioration have been lacking. While emphasis has been placed on counting the dead and the injured and on morbidity and access to health and other services problems, no attempt has been made to assess the consequences of intensified conflict, severe closures and siege and spiraling unemployment on life quality, nor to document the views, worries, and needs, that is the sheer suffering, of the bulk of the population that live in the oPt.

This lack prompted the World Health Organization - West Bank and Gaza and the Institute of Community and Public Health (Birzeit University), in cooperation with the Palestinian Central Bureau of Statistics, to complete this pilot Quality of Life (QoL) study in the West Bank and Gaza. Life quality was identified as a construct that can highlight the health outcomes of excessive exposure to violence. This is so as evidence indicates that QoL measures are increasingly being used to assess health outcomes worldwide. In the context of the occupied Palestinian territory (oPt), these measures also offer the opportunity for a deeper understanding of the impact of protracted conflict on population's health, i.e., the social suffering of war.

An empirical pilot investigation was completed on the 25th of December 2005; i.e., one month prior to the exacerbation of conditions in the country following the January 25th 2006 Palestinian Legislative Council Elections. Thus, the empirical pilot forms a baseline that allows us to measure further improvements or deterioration in QoL under the new Palestinian context, and especially given the generally negative Israeli and international response to the elections results with possible humanitarian impact on the Palestinian population.

Findings

A randomly selected and representative sample of 1008 Palestinians revealed that:

- More than 1 in 4 Palestinians (25.6%) feel their life quality is poor or very poor.
- More than 1 in 5 (21.2%) suffer a lot or extremely from **physical/bodily** health problems that negatively influences their ability to function and their life quality.



- About 4 in 10 (38.2%) do not enjoy at all or just a little daily life activities; roughly the same amount feel frustrated (38.3%), anxious (38.2%), fed up with life (37.9%), and, in greater proportion, bored (46.7%). On the whole, about 1 in 4 Palestinians report suffering a lot or extremely from some sort of **psychological** strain. The reasons for this suffering are more than apparent:
 - ✓ More 1 in 4 (28.5%) reported a close relative killed or imprisoned
 - ✓ More than half Palestinians (52.5%) have to cross Israeli army checkpoints to pursue daily life activities, such as getting to work, school, university or services.
 - ✓ More than 1 in 4 Palestinians (26.5%) in the West Bank live close to an Israeli settlement, with 80.8% reporting of being negatively affected.
 - ✓ Almost 1 in 5 (19.8%) live close to the Separation Barrier, with 87.2% feeling negatively affected.
 - ✓ A very high proportion (72.6%) does not have access at all or only a little to leisure activities and 42.8% does not consider their physical environment healthy at all or a little.
- Almost 1 in 2 Palestinians are dissatisfied a lot or extremely with their living **environment**.
- 1 in 3 Palestinians suffer a lot or extremely from **financial** problems. More than 4 out of 10 (42.6%) do not have at all or a little money to meet their individual or family needs; 2 every 10 need to borrow money to make ends meet; the same proportion are in sever debt; 4 in 10 postpone paying bills to manage. Almost 1 in 2 Palestinians (49.7%) is not able to bear sudden medical expenses.
- Nearly half of the respondents seriously **fear**
 - losing their home (45.5%),
 - losing their land (46.1%),
 - to be displaced or uprooted (44.5%).
- About 7 in 10 (68.0%) are very much worried over the future and (70.5%) fear chaos in Palestinian society.
- In addition, almost half (44.8%) are dissatisfied with the political leadership of their community.
- Of the total, a high of 65.8% felt always or very often **angry** over what Israeli military occupation is doing to them.
- 63.4% always or very often experience **humiliation** by Israeli military action.
- Of the total, nearly 8 in 10 (79.8%) are **seriously negatively affected** by the ongoing conflict and Israeli military occupation and (78.5%) by closures and siege; more than 6 out of 10 (62.7%) by the Separation Barrier.



How much is too much?

How does Palestinian QOL compare with other countries in the world?

The findings of Field Trials of the World Health Organization's WHO-QOL-Bref in 23 countries¹ involving a sample from the general population made of sick and well respondents as well as from hospitals and primary care centres, thereafter called "the Pilot", were compared with those in the oPt whose sample was drawn from the general population, by using a oPt-adapted WHO-QOL-Bref. The adaptation process led to the addition of a set of context-relevant items to the international instrument, without affecting its consistency and face validity.

oPt population reported significantly worse QoL than the Pilot population, with 2.3% of the Pilot having very poor QoL compared to 6.9% for the oPt, 9.1% poor for the Pilot compared to 18.7% for the oPt ($p < 0.01$).

In the **physical domain**, despite the fact that the oPt sample did not specifically target sick persons and was randomly drawn from the population at large, the oPt respondents reported significantly more

- pain and discomfort (at 21.2% poor or very poor compared to 3.6% very poor and 12.9% poor for Pilot);
- energy and fatigue problems (at 23% poor or very poor compared to 16.5% for Pilot);
- sleep problems (31.7% for the oPt compared to 21.4% for Pilot);
- activities of daily living problems (18.7% for oPt compared to 16.2% for Pilot), and
- reduced working capacity (66% for oPt compared to 20.3% for Pilot).

In the **psychological domain**, oPt respondents reporting significantly less positive feelings, more negative feelings, less self esteem, less ability to think and concentrate, and less satisfaction with oneself compared to Pilot. (For the scale points see table 2 in the main report).

In the **social domain**, oPt respondents reported significantly better satisfaction with personal relationships compared to the Pilot. Furthermore, this was the only domain where oPt respondents reported better QoL compared to the Pilot. These results are not surprising as Palestinian culture is collectively based, and social support and social cohesion are strong, and the political and economic history and realities that people endured and continue to endure require high levels of community cohesion for communal survival.

¹ The WHO-QOL Bref is a list of indicators tested in the following countries: Argentina, Australia, Brazil, Bulgaria, China, Croatia, Germany, Greece, Hungary, Israel, Italy, India: Madras and New Delhi, Japan, Malaysia, Netherlands, Nigeria, Norway, Romania, Russia, Spain, Turkey, United Kingdom, United States.



In the **environmental domain**,

- 42.1% of oPt respondents reported poorly for satisfaction with financial resources compared to 27.2% for the Pilot;
- a very high proportion - 75.8% - does not have access at all or only a little to recreation and leisure for the oPt compared to 28.5% for the Pilot;
- 45.4% for poor satisfaction with physical safety and security for the oPt compared to 13.7% for the pilot, and
- 42.8% for poor satisfaction with the physical environment for the oPt compared to 13.5% for the Pilot.

Comparing general means between the Pilot and the oPt, the oPt scored significantly lower (at the 5% significance level) than all of the countries with the exception of Argentina for the physical, psychological and environmental domains, and better for the social domain. Even with the physical domain, where the Pilot included sick persons and the oPt sampled persons from the general population, oPt responses were significantly worse than the Pilot responses for all countries of both the developed and developing world, with the exception of Argentina.

Conclusions

- The findings of this study point to the political context in which people live and its consequences as important determinants of life quality in the oPt, and that those cannot be omitted from any life quality assessment. These findings corroborate the view that conventional measures (such as fatality and morbidity rates) and explanations for poor health need to be surpassed, to include vital aspects, such as the way society is organized and managed, as a causal framework. In the case of the oPt, political, economic and social exclusion, with all the consequences that those entail, are part of our conception of a causal framework for poor life quality and health.
- The significance of this research is perhaps less in terms of what it shows of Palestinians life quality (undoubtedly not good, as it may be expected) than in the new perspectives it offers on how to comprehensively assess the human costs of conflicts. What the QoL aimed to measure is not simply the individual quality of life but the social quality, or more appropriately, the “social suffering” as a dynamic concept expressing the outcome of the integration of the multiple determinants (economic, social, political, cultural) of health and well being of a society.
- These findings also constitute good food for thought for the international community in order to conform their response to the ultimate needs of Palestinian people, up to the most distal health determinants i.e. basic human rights. In this regard, the study may be seen as an example of how treating a conflict as a broad public health problem may lead to a change in the conceptualization of the



outcomes to be explained (i.e. from body count and medical indicators to social suffering due to violation of basic rights) as well as the international response to be undertaken (not only or mainly humanitarian/ medical aid but also mid-long terms commitments towards the rights to health). Attempts to measure the social suffering of populations stricken by complex political emergencies are therefore part of an overall approach that places the demand for rights and justice at the center of their health. This in turn should call for a wider and global policy-oriented response, rather than to a simplistic medical-humanitarian help.