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The impact of siege on prevalence of depression and anxiety disorder among universities students in Gaza governorates

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The impact of siege on prevalence of depression and anxiety disorder among universities students in Gaza governorates

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The impact of siege on prevalence of depression and anxiety disorder among universities students in Gaza governorates

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بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

(وَلَنَبْلُوَنَّكُمْ بِشَيْءٍ مِّنَ الْخَوْفِ وَالْجُوعِ وَنَقْصٍ مِّنَ
الْأَمْوَالِ وَالْأَنْفُسِ وَالثَّمَرَاتِ وَبَشِّرِ الصَّابِرِينَ (155)
الَّذِينَ إِذَا أَصَابَتْهُمُ مُصِيبَةٌ قَالُوا إِنَّا لِلَّهِ وَإِنَّا إِلَيْهِ
رَاجِعُونَ (156) أُولَٰئِكَ عَلَيْهِمْ صَلَوَاتٌ مِّن رَّبِّهِمْ
وَرَحْمَةٌ وَأُولَٰئِكَ هُمُ الْمُهْتَدُونَ (157))

سُورَةُ الْبَقَرَةِ

Dedication

I dedicate this thesis to my family father, mother, wife, sons, and my only brother. Without their patience, understanding, support, and most of all, the completion of this work would not have been possible.

Declaration

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

Ismail Lubbad

Signed _____

Date _____

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Thanks to every one who participated in this study and to every one whom not mentioned by the name.

Definitions

Siege

- Siege may be defined as the total blockade for import or export the essential material, equipment, or life saving supplies to the country that besieged under the occupation or any other term of exploitations from the occupying forces.
- Christopher defined the **siege** as "a military blockade of a city or fortress with the intent of conquering by attrition and/or assault. The term derives from *sedere*, Latin for "to sit." (Christopher, 1996).

Anxiety

- A feeling of apprehension, fear, nervousness, or dread accompanied by restlessness or tension.
- Anxiety is an unpleasant emotional state, the sources of which are less readily identified.
- It is characterized most commonly as a diffuse, unpleasant, vague sense of apprehension, often accompanied by autonomic symptoms such as headache, perspiration, palpitations, tightness in the chest, mild stomach discomfort, and restlessness, indicated by an inability to sit or stand still for long (Sadock and Sadock, 2007).
- As a personality trait, anxiety is likely to influence both injury proneness and injury preventiveness (Taylor, 1953). As a trait, anxiety is a relatively stable personality quality that determines one's motivational and emotional responsiveness to real or imagined environmental stressors.

Depression according to Aaron Beck (1972)

- A specific alteration in mood: sadness, loneliness, apathy.
- A negative self-concept associated with self reproaches and self blame.
- Regressive and self –punitive wishes: desires to escape, hide, or die.

Abstract:

The study aimed to examine the impact of the siege on the mental health (anxiety and depression) of universities students in Gaza Strip. The sample consisted of 392 student from the four universities in Gaza strip by representative sample of 183 males and 209 females. The researcher used analytical descriptive design to represent the entire population of the study. The researcher used modified questionnaires and scales to achieve the goal of the study such as socioeconomic questionnaire prepared by the researcher; Siege Checklist by (GCMHP); Taylor Manifestation Anxiety Scale (TMAS); and Beck Depression Inventory (BDI-2).

The results showed that 166 (42.3%) had moderate anxiety, and 62 (15.8%) of had severe anxiety. While 146 (37.2%), had moderate depression, and 12 (3.1%) of them were had sever depression.

The results indicated that there were positive significant correlation between siege, anxiety and depression among the universities students. In addition, found that a significant difference in siege and depression according to sex of the study sample in favor of males. While the result found no significant differences in anxiety according to sex of the study sample.

There were a significant difference in total siege and anxiety according to the type of university of Al Aqsa, Al Quds Open and Al Azhar universities.

اثر الحصار على مدى انتشار الاكتئاب والقلق بين طلبة الجامعات الفلسطينية في قطاع غزة

إعداد: إسماعيل إبراهيم حسين لبد

إشراف: الدكتور/ عبد العزيز موسى ثابت

الملخص:

هدفت الدراسة إلى التعرف على اثر الحصار على الصحة النفسية (القلق والاكتئاب) لدى طلبة الجامعات الفلسطينية في غزة. اشتملت عينة الدراسة على 392 طالب وطالبة من الجامعات الاربع في قطاع غزة بواقع 183 طالب و 209 طالبة. استخدم الباحث المنهج الوصفي التحليلي لعرض البيانات الخاصة بمجتمع الدراسة. كما استخدم الباحث عدة مقاييس معدلة ومتلائمة مع غرض وهدف الدراسة منها: مقياس الحالة الاجتماعية (إعداد الباحث)؛ قائمة الحصار (برنامج غزة للصحة النفسية)؛ مقياس اعرض القلق (تايلور)؛ ومقياس بك للاكتئاب.

اظهرت النتائج ان 156 (39.8%) يعانون من قلق خفيف 166 (42.3%) يعانون من قلق متوسط 62 (15.8%) يعانون من قلق شديد. بينما اظهرت النتائج ان 146 (37.2%) يعانون من اكتئاب متوسط 12 (3.2%) يعانون من اكتئاب شديد.

كما اظهرت النتائج ان هناك علاقة ارتباطيه موجبه بين الحصار القلق والاكتئاب بين طلبة الجامعات الفلسطينية في قطاع غزة. كما افادت النتائج ان هناك علاقة ذات دلالة إ.

من الحصار والاكتئاب تبعا لمتغير الجنس لصالح الذكور من افراد العينة. لا توجد علاقة ذات دلالة إحصائية في القلق تبعا لمتغير الجنس بين افراد العينة.

كما اظهرت النتائج بان هناك علاقة ذات دلالة إحصائية لكل من الحصار والقلق تبعا لمتغير نوع الجامعة لصالح جامعة القدس المفتوحة وجامعة الاقصى وجامعة الازهر.

Table of content

	Content	P. No.
	Declaration	i
	Acknowledgment	ii
	Definitions	iii
	Abstract	iv
	Table of Content	vi
	List of Tables	viii
	List of Figures	x
	List of Annexes	xi
	Chapter One	
	Introduction	
1.1	Introduction	1
1.2	Study justification	3
1.3	Objectives	3
1.4	Research questions	4
1.5	Gaza strip demography	5
1.6	Universities in Palestinian Territories	7
1.6.1	Al Quds Open University	7
1.6.2	Islamic University –Gaza	7
1.6.3	Al Azhar University –Gaza	7
1.6.4	Al Aqsa University	7
	Chapter Two	
	Conceptual frame work and literature review	
2.2	Siege definition	9
2.3	The impacts of the siege on the socioeconomic status	11
2.4	Medical and Health impact	11
2.5	Educational impact	12
2.6	Economy, Power , Fuel and Industrial impacts	12
2.7	The effects of the siege on mental health	13
2.7.1	Anxiety	15
2.7.1.1	Theories of anxiety	16
2.7.1.1.1	Genetic theory	16
2.7.1.1.2	Psychodynamic theory	17
2.7.1.1.3	Learned theory	17
2.7.1.1.4	Biochemical	18
2.7.2	Depression	19
2.7.2.1	Theories of depression	20
2.7.2.1.1	Genetic theory	20
2.7.2.1.2	Biochemical theory	20
2.7.2.1.3	Psychodynamic theory	20
2.7.2.1.4	Behavioral theory ; learned helplessness	21
2.7.2.1.5	Cognitive theory	22
2.7.2.1.6	Life Events and Environmental Theory	22
2.8	Literature review	23

Chapter Three Methodology

3.1	Study design	33
3.2	Population and sample	33
3.2.1	Study population	33
3.2.2	Study sample	34
3.3	Place of research	34
3.4	Ethical Considerations Related to Participants	35
3.5	Instruments of the study	35
3.5.1	Socioeconomic status questionnaire	35
3.5.2	Siege checklist (CMHP)	35
3.5.3	The Taylor manifestation Anxiety Scale (TMAS)	36
3.5.4	Beck Depression Inventory (BDI-2)	36
3.6	Pilot study	36
3.7	Data collection	38
3.8	Data entry and analysis	38
3.9	Limitation	38

Content Chapter Four Results

4.	Results	39
4.1	Socio-demographic results	39
4.2	Frequency of siege, anxiety and depression	44
4.3	Prevalence of anxiety and depression among the study sample	48
4.4	Siege, anxiety and depression according to socio-demographic variable	50

Chapter Five Discussion and Recommendations

5.1	Main results	65
5.2	Discussion	67
5.3	Conclusion	73
5.4	Recommendations	74
	List of references	75
	List of annexes	81

List of Tables

No.	Table content	Page
1.	Table 1-1: Number of universities students in Gaza strip	7
2.	Table 3-1: Sample distribution according to gender and university.	34
3.	Table 4-1: distribution of the sample according to governorate	40
4.	Table 4-2: distribution of the sample according to sex	40
5.	Table 4-3: distribution of the sample according to type of residence	40
6.	Table 4-4: distribution of the sample according to the university	41
7.	Table 4-5: distribution of the sample according to the size of family	41
8.	Table 4-6: descriptive of the sample according to father education	42
9.	Table 4-7: descriptive of the sample according to mother education	42
10.	Table 4-8: descriptive of the sample according to father work	43
11.	Table 4-9: descriptive of the sample according to mother work	43
12.	Table 4-10: descriptive of the sample according to family income	43
13.		44
	Table 4-11 : Frequency of siege items	
14.		45
	Table 4-12: frequency of anxiety items	
15.	Table 4-13: Frequency of depression item	47
13.	Table 4-14: prevalence of anxiety among the study sample	48
14.	Table 4-15: prevalence of depression among the study sample	49
15.	Table 4-16: correlation between siege, anxiety, and depression	50
16.	Table 4-17: Independent –t-test comparing means of siege, anxiety, and depression according to sex	51
17.	Table 4-18: One-way ANOVA comparing siege, anxiety and depression according to university	52
18.		52
	Table 4-19: Means of siege and anxiety according to university	
19.	Table 4-20 One-way ANOVA comparing siege, anxiety and depression according to type of residence	53
20.		54
	Table 4-21: Means of anxiety and depression according to type of residence	
21.	Table 4-22: One-way ANOVA comparing siege, anxiety and depression according to size of family	55
22.	Table 4-23: One-way ANOVA comparing siege, anxiety and depression according to father educational level	56
23.		57
	Table 4-24: Means of siege and depression according to father educational level	
24.	Table 4-25: One-way ANOVA comparing siege, anxiety and depression according to mother educational level	58
25.		59
	Table 4-26: Means of siege and depression according to mother educational level	

26.	Table 4-27: One-way ANOVA comparing siege, anxiety and depression according to father work	60
27.	Table 4-28: Means of siege and anxiety according to father's work	61
28.	Table 4-29: Independent t-test comparing means of siege and anxiety and depression according to work of mothers	62
29.	Table 4-30: One-way ANOVA comparing siege, anxiety and depression according to family income	63
30.	Table 4-31: Means of siege and anxiety according to family income	64

List of Figures

No.	Figure	Page
1.	Figure 2-1: Conceptual framework demonstrate study variables	8
2.	Figure 3-1: Study sample distribution according to gender and university	34

List of Appendices

Annex	Annexes	Page
1.	Helsinki approval letter	81
2.	Approval letter from Al Aqsa University	82
3.	Approval letter from Al Quds Open University	83
4.	Approval letter from Islamic University	84
5.	Approval letter from Al Azhar University	85
6.	Socioeconomic status questionnaire	86
7.	Siege checklist GCMHP	87
8.	The Taylor manifestation Anxiety Scale (TMAS)	88
9.	Beck Depression Inventory (BDI-2)	90
10.	Illustration map of Gaza Strip	93

Chapter One

Introduction

People are differ in living stander from those are satisfy with little living in a calm happy life with quietness and safety and some of who are not satisfy and running behind world while they have much more than even they make security through power. In our lovely home we have a good promise youth who will carry on themselves to build our civilian nation and future. We have many thousand of university students whom they are our hope for present and future in a situation of secure, monitory, and manner stability.

In this our area-Gaza Strip- siege with most of its types are assignment strongly which affect negatively monitory economically and psychological on our students in universities in Gaza Strip. Siege as language is monopolizing and limiting needs through deconstructed behavior or dealing . Siege as meaning on obstacles punishment in a varieties ways on people, countries, group of people, or communities and companies, done by power countries for their owns and properties mostly injustice. The siege had strong impact on the Palestinian children in Gaza strip that they were complaining of various emotional and behavioral problems that encounter them and their parents (Abu-Hein, 2008).

The Gaza Strip has two main crossings that connect it to the whole world, Rafah in the south (To Egypt)(and Erez in the north (to Israel). There are three other crossings that are used to exchange goods and bring in food to the Gaza Strip; today all are closed partially or completely .

The siege that was imposed on the Gaza Strip has created excessive loss and damage in the different aspects of Palestinian life.

The Gaza Strip has turned into a huge prison with no access to the outside world. Israel has subjected the Gaza Strip to a series of collective punishment measures, the main of which is imposed strict siege on the movement of people and goods.

The suffocating siege imposed on the Gaza Strip leading to disastrous consequences to the physical and mental health of the citizens. The serious consequences of the blockade on the

psychological, social and the Palestinian society, where the lead to increased rates of mental disorders in general terms commonly depression, anxiety and psychological disorders caused by physical psychological reasons, as well as contribute to a satisfactory setbacks widely among psychopaths. Qouta said; the most powerful results of the study were the negative indicators particularly on children, the sick, students and the unemployed, which were reflected on their behavior and the exacerbated tensions and disturbances (Qouta & Kassab, 2008).

These emotional suffering reflect itself in the high level of domestic violence and clan and the community in general. As well as strengthen the sense of anger and resentment at the international community is unable to intervene just to establish a people and their legitimate rights including their right to self-determination and establish a Palestinian stat with sovereignty over its land natural confiscation. Furthermore, the educational system in Gaza has also been affected by the siege. With the start the new school year, there has been a serious lack of books and shortage of the raw materials needed for printing. According to the United Nations Relief and Works Agency (UNRWA), one-third of students started the school year without the needed text books.

The closures also deprived thousands of students from reaching their universities outside the Gaza Strip. Thousands of students are not allowed to join their universities in the West Bank or abroad due to the siege . Palestinians have gone through repeated traumas of death and destruction of home and life over the past few decades.

The current siege provokes the previous traumas making people re experience the negative feelings that they have previously encountered and passed through. The effects of the siege and blockade on the Palestinian family have different effects 99% found the prices highly risen compared to previously situations, 87% social relation ceased, where psychologically symptoms that most commonly 23% neurological, 17.2% quickly and harassment by initiation, 14% feeling malaise, and 16.2% transitional feature of anger (Thabet , 2008). The study aimed to assess the effects of the siege on mental health of universities students in Gaza Strip.

1.2 Study justification

The importance of the study emerges from siege unlimited effects that included every field in the Palestinian community. The siege have had devastated effect on psychological, emotional, behavioral aspects but unlimited to these and exceeded to economical aspect that accumulated the problems that come irresolvable and miserable situation of the Gazans.

The indirect effects of the siege on the universities students come from the inability of those students to attend the classes due to stoppage of the transportation related to fuel shortages in Gaza governorates as a result of the siege.

This study tries to put into view the major problems that encounter the universities students that resulted from the siege on both sides psychosocial problem that face the Palestinian people in Gaza Strip.

However, most of studies and researches not completely, giving the purpose as must be, although they have did their best. Our study concentrate on important slides of Palestinian folks those are our students in universities in Gaza governorate.

1.3 Objectives:

General :

To examine the impact of the siege on the mental health of university students in Gaza Strip.

Specific :

1. To examine the impact of the siege.
2. To examine the relationship between siege, socio-demographic variables such as sex, and ageetc.
3. To examine the relationship between siege and depression and anxiety among universities students.
4. To examine the impact of siege on mental health related to gender.
5. To identify the main mental health problem related to siege challenge the universities students.
6. To describe the main association between the siege and mental health in Gaza Strip.

1.4 Research questions:

1. What are the impacts of siege among university students in Gaza Strip?
2. Are there a relationship between the siege and depression?
3. Are there relationship between the siege and anxiety?
4. Are there relationship between the siege and stress?
5. Are there difference between siege and mental health related to gender?
6. What are the main impacts of siege on the mental health of university students in Gaza Strip?
7. Are there difference between siege and depression and anxiety related to socio demographic variable?

1.5 Gaza Strip Demography:

The Gaza Strip is located in the Middle East (at 31°25 N 34°20 E). It has a 51 kilometers (32 mi) border with Israel, and an 11 km border with Egypt, near the city of Rafah. Khan Yunis is located 7 kilometers (4 mi) northeast of Rafah, and several towns around Deir el-Balah are located along the coast between it and Gaza City. Beit Lahia and Beit Hanoun are located to the north and northeast of Gaza City, respectively. The Gush Katif bloc of Israeli localities used to exist on the sand dunes adjacent to Rafah and Khan Yunis, along the southwestern edge of the 40 kilometers (25 mi) Mediterranean coastline.

Gaza strip has a temperate climate, with mild winters, and dry, hot summers subject to drought. The terrain is flat or rolling, with dunes near the coast. The highest point is Abu 'Awdah (Joz Abu 'Auda), at 105 meters (344 ft) above sea level. Natural resources include arable land (about a third of the strip is irrigated), and recently discovered natural gas. Environmental issues include desertification; salination of fresh water; sewage treatment; water-borne disease; soil degradation; and depletion and contamination of underground water resources.

The Strip currently holds the oldest known remains of a man-made bonfire, and some of the world's oldest dated human skeletons. It occupies territory similar to that of ancient Philistia, and is occasionally known by that name (Hanna, 2004).

In 2007 approximately 1.4 million Palestinians live in the Gaza Strip, of whom almost 1.0 million are UN-registered refugees (UNRW, 2008). According to UNRWA reports the majority of the Palestinians are descendants of refugees who were driven from their homes during the 1948 Arab-Israeli War. The Strip's population has continued to increase since that time, one of the main reasons being a total fertility rate of more than 5 children per woman. In a ranking by total fertility rate, this places Gaza 30th of 222 regions.

The vast majority of the population are Sunni Muslims, with an estimated 2,000 to 3,000 Christians (Hanna, 2004). In December 2007, Israel permitted 400 Gaza Christians to travel through Israel to Bethlehem for Christmas. Even though they were restricted by travel permits, many Christian families took the opportunity to settle in the West Bank, despite the illegality.

One of the largest foreign communities in the Gaza Strip was the approximately 500 women from the former Soviet Union. During the Soviet era, the Communist Party subsidized university studies for thousands of students from Yemen, Egypt, Syria and the territories. Some of them got married during their studies and brought their Russian and Ukrainian spouses back home. However, over half of them were able to leave the Strip via the Erez crossing to Amman within days of Hamas's takeover. From there they have flown back to Eastern Europe.

1.6 Universities in Palestinian Territories:

At present there are eleven universities in the Occupied Territories. Some are the result of institutions existing prior to the Israeli occupation and which gradually acquired university status through an extension of their activity to cover local needs, since students did not wish to leave the Occupied Territories in order to study in Jordan as was the custom before 1967 (Medea, 2004).

Prior to the Gulf War, these universities were financed mainly with private capital from the Gulf countries and from Charistian congregations. Following the Oslo Agreements international organization financed the bulk of higher education costs in Palestine. Although created under Israeli occupation, these universities were not created by Israel. Most of them are public. Al-Aqsa and Al-Quds Open University are governmental, and the American University of Jenin is private. The total number of students enrolled in the different Palestinian universities and university colleges at all levels, reaches 83.408, a number constantly evolving. 52.5% of the students are male and 47.5 are female.

All the universities were closed by the occupying administration, together with all schools and educational institutions in the Occupied Territories, from the very beginning of the Intifadah. Under growing international pressure, Israel reopened some in 1990, before closing them all again in December 1990, and finally gradually reopening them during 1991. Since the beginning of the al-Aqsa Intifada, which erupted in September 2000, access to the universities has been made incredibly difficult for Palestinian students due to the sealing of the autonomous zones imposed by Israel as well as the barrages and trenches which its army has dug in the roads which lead to the universities. Palestinian universities have been forced to become more regionalized because of the restrictions of movement inflicted on the Palestinian people. Deterioration of the economic situation has also resulted in the decrease

of the quality of higher education. Political radicalisation is particularly felt in university circles, in which Islamic parties exert a growing influence, especially in the Student Councils.

1.6.1 Al-Quds Open University:

Founded in 1991; University composed of a multitude of campuses; centres scattered throughout the Occupied Territories, Saudi Arabia and the United Arab Emirates.
Number of students: 35.771

Number of students in Gaza Strip: 12714 for 2008/2009.

1.6.2 Islamic University of Gaza:

Founded in 1978.

Number of students: 18840 for 2008/2009

1.6.3 Al-Azhar University of Gaza:

Founded in 1990 as a pro-Palestinian Authority offshoot of the Islamic University.

Number of students (2008-2009): 13094

1.6.4 Al-Aqsa University:

Established in 1991.

Number of students (2008-2009): 12820

Table 1-1: Number of universities students in Gaza strip

University	Total	Male	Female	Percentage
1. Islamic	18840	7200	11640	32.7 %
2. Al Azhar	13094	7223	5871	22.7 %
3. Al Aqsa	12820	4608	8212	22.3 %
4. Al Quds Open	12714	7452	5256	22.1%
Total	57468	26483	30985	100 %

Chapter Two

Conceptual Framework And Literature Review

In this chapter we will discuss the consequences of the siege on socioeconomic status and mental health problems of the Palestinian people generally and universities students especially. We will talk about various social, economical, educational, and health issues concern that affected by the siege of Israel on the Palestinian lands. Also in this concept we concern the community mental health and other problems that facet the universities students in Gaza strip. However, we will provide some of the literature review that document the Israel violations on the Palestinians territories that recorded according to different institutions and still count the effects of the siege on this localized area.

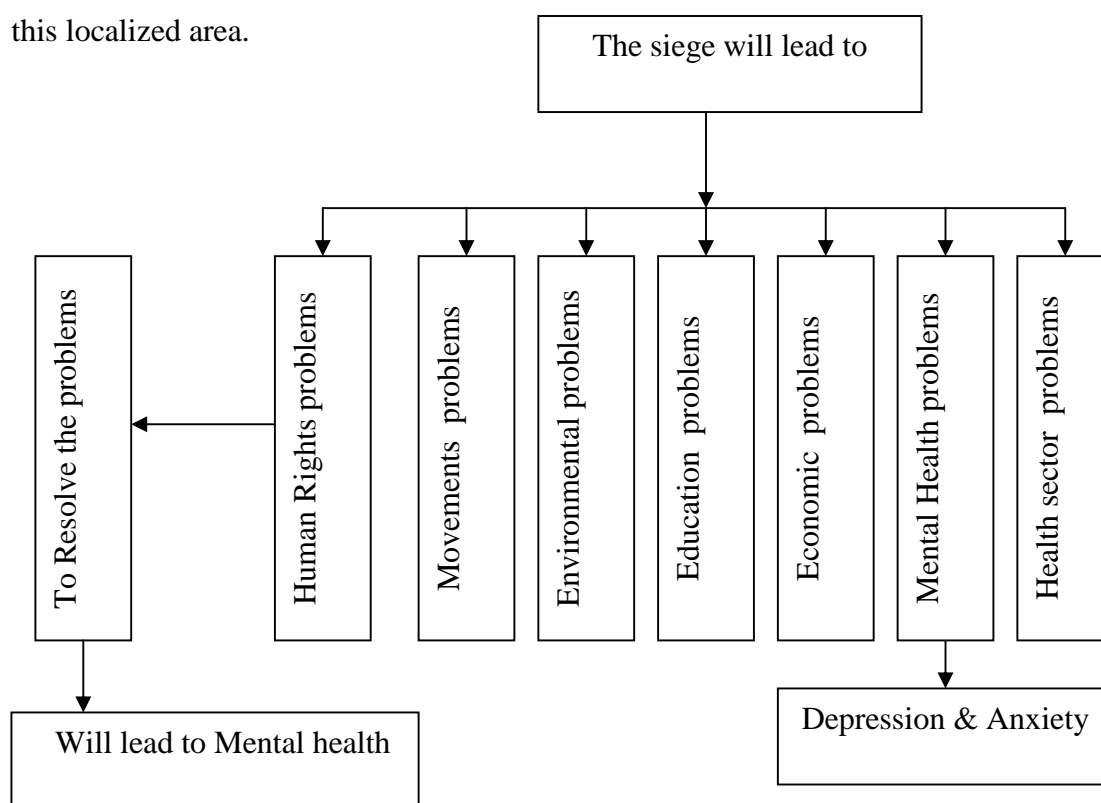


Figure 2-1: Conceptual framework represent the connection between the siege and its impact on mental health

2.2 Siege definition:

Siege may be defined as the total blockade of import or export the essential materials, equipment, or life saving supplies to the country that besieged under the occupation or any other term of exploitations from the occupying forces.

Gaza siege may be defined as complete closure, and blockade for entry or exit in the main ports of Gaza. It includes denying access for passengers, foods, goods, medical or other essential equipment in the situation which applying the siege by Israel forces.

Oxford dictionary defined the siege as "a military operation in which enemy forces surround a town or building, cutting off essential supplies, with the aim of compelling those inside to surrender" (Revised oxford dictionary, 2005).

Christopher defined the **siege** as "a military blockade of a city or fortress with the intent of conquering by attrition and/or assault. The term derives from *sedere*, Latin for "to sit." (Christopher, 1996).

Also Christopher added that the siege occurs when an attacker encounters a city or fortress that cannot be easily taken by a *coup de main* and refuses to surrender. Sieges involve surrounding the target and blocking the reinforcement or escape of troops or provision of supplies (a tactic known as "investment"), typically coupled with attempts to reduce the fortifications by means of siege engines, artillery bombardment, mining (also known as sapping), or the use of deception or treachery to bypass defenses (Christopher, 1996).

While Columbia encyclopedia represent the siege as "assault against a city or fortress with the purpose of capturing it". The history of siege-craft parallels the development of fortification and, later, artillery . And / Or it is the investiture of a town or fortress by hostile troops in order to induce it to surrender either by starvation or by attack at a suitable juncture (Columbia Encyclopedia, 2008).

But the Britannica encyclopedia defined it as "The "sitting down" of an army or military force before a fortified place for the purpose of taking it, either by direct military operations or by starving it into submission (Encyclopedia Britannica, 2009).

But according to *Merriam-Webster Online Dictionary* (2009) that made a clarification for the siege as follow:

Pronunciation of siege (noun) \ s j *also* s zh \

Etymology: Middle English *sege*, from Anglo-French, seat, blockade, from Old French **siegier* to seat, settle, from Vulgar Latin **sedicare*, from Latin *sed re* to sit — more at sit

1. *obsolete*: a seat of distinction: throne

2. a: a military blockade of a city or fortified place to compel it to surrender

b: a persistent or serious attack (as of illness)

— siege *transitive verb*

— lay siege to

1: to besiege militarily

2: to pursue diligently or persistently

The most popular and known definition for siege is that it is a source of denying access or blockade from entry or exit for any thing either human being, supplies or other material or any significant benefit to the people who under-siege.

2.3 The impacts of the siege on the socioeconomic status

All of us know that the Israel siege has had critical and dangerous effects on the Palestinian people and also all of us affected by this Zionist siege. The siege prevent people from travel out for medical treatment; prevent people from travel out for education; prevent goods and foods from coming to Gaza; prevent fund to emerge; and the most worst impact prevent medical equipment and supplies to come to Gaza to save the life of people, women, youth, and children. So, we will talk about the most worst effects of the siege on the Palestinian people.

Israel's siege of Gaza violates a whole range of obligations under both human rights law and humanitarian law. The provisions of the International Covenant on Economic, Social and Cultural Rights that state that everyone has the right to "an adequate standard of living for himself and his family, including adequate food, clothing and housing", freedom from hunger and the right to food (art. 11) and that everyone has the right to health, have been seriously infringed (Dugard, 2008).

The international blockade of Gaza has also led to shortages in many types of foodstuffs, and soaring prices for what is available.

The continuing siege and starvation of many of Gaza's 1.5 million ghettoized inhabitants, who live in conditions of abject misery that make "anti-Israel" "extremism" less than surprising within and beyond the occupied territories of Palestine(Street, 2009).

An almost total siege was imposed on the Strip, meaning no one could enter or exit the territory. In addition to the devastating effects on Gazans, who were prevented from traveling abroad to receive medical attention or education, the crossing's closure prevented many residents from returning to their homes from abroad.

The closure of Gaza is neither a siege, nor a blockade, nor an economic sanction – it is an illegal act of collective punishment and stands in violation of both international and Israeli law (Gisha, 2008).

2.4 Medical and Health impact

Medical health services have been affected directly by the Israel siege on Gaza by reducing the quantities of medical supplies and medication that entered Gaza. Most of the hospital and clinics were empty of essential life saving medical equipment and supplies. The hospitals no longer have vital medicines, food and essentials are in short supply and over 80% of the population are reliant on food hand outs (Aqsa News,

2008). Also, Those suffering the greatest are medical patients who are in desperate need of treatment which is only available in neighbouring countries.

Furthermore, the most catastrophic situations most of the curable cases from children were faced the real death. Most of the affected cases curable and can avoid the death.

Israel has refused to allow many patients to pass the borders, denying them the right to health and as a result between June and the end of November, 44 patients had died (Aqsa News, 2008). Furthermore, hospitals are reporting zero stock availability of paediatric drugs and antibiotics, as well as a shortage in chronic disease drugs, cancer treatment drugs, a range of kidney dialysis drugs and IV glucose solution. In addition, there are also shortages of kidney dialysis machine equipment.

2.5 Educational impact

The educational process in the Palestinian territories was severely affected by Israel siege that hold on Gaza strip. Most of the students who registered in neighboring countries were unrolled in their universities and prevented to travel out to conduct their study.

Following the complete closure of the Gaza Strip on 10th June 2007, approximately 2,700 students have been denied the right to travel abroad to their universities and colleges and continue their studies (Aqsa News, 2008). In addition to, Over 7,500 Gazans are waiting to leave the Gaza Strip to return to work, studies or other commitments internationally. Israel is denying them all the freedom of movement to do this, and is effectively holding them prisoners with the rest of the residents of Gaza.

2.6 Economy, Power , Fuel and Industrial impacts:

The Palestinian economy faced devastating consequences since the beginning of the siege. It was totally damaged and destructed that affected all people in Gaza Strip. It was seen in all fields of the life and it appeared on the behavior of the Palestinian people during daily living situations.

The siege of Gaza is total, not partial, apart from occasional willingness of the occupiers to relax it slightly(Chomsky, 2008).

The impact of economy was prevalent and sensitive to all Gaza population since it was clear and all of us affected directly by this siege.

Gaza's economy has collapsed following the mass closure of industries including factories in the wood, clothing, food, construction and agricultural sectors. More than

800,000 Gazan's, more than half the population, have lost their jobs and their abilities to provide for their families. This was the direct result of border closures which have prevented raw materials passing through (Aqsa News, 2008).

Furthermore, most suffering and complaining of Palestinian people was the reduction of the fuel in Gaza that create the major problem to the Palestinian in general. In this concept the suffering of fuel reduction was in every home, and house among Gazas' populations during the Zionist siege.

The impact of fuel shortages affect every aspect of life, from basic cooking; running of hospitals and schools; purifying, sterilising and pumping water; running garbage collection trucks and ambulances, and much more. As fuel becomes increasingly scarce, the price of fuel is shooting up (Aqsa News, 2008).

The indiscriminate and excessive use of force against civilians and civilian objects, the destruction of electricity and water supplies, the bombardment of public buildings, the restrictions on freedom of movement, the closure of crossings and the consequences that these actions have upon public health, food, family life and the psychological well-being of the Palestinian people constitute a gross form of collective punishment (Dugard, 2008).

The punishment of Palestinians for the crime of voting the wrong way was severe. With US backing, Israel stepped up its violence in Gaza, withheld funds it was legally obligated to transmit to the Palestinian Authority, tightened its siege and even cut off the flow of water to the arid Gaza Strip (Chomsky, 2009).

2.7 The effects of the siege on mental health

Children and adolescents with good mental health are able to achieve and maintain optimal psychological and social functioning and well-being. They have a sense of identity and self-worth, sound family and peer relationships, an ability to be productive and to learn, and a capacity to tackle developmental challenges and use cultural resources to maximize growth.

Moreover, the good mental health of children and adolescents is crucial for their active social and economic participation (WHO, 2005).

Children and adolescents are thinking and feeling beings with a degree of mental complexity that is only now being recognized. While it has long been accepted that physical health can be affected by traumas, genetic disturbances, toxins and illness, it

has only recently been understood that these same stressors can affect mental health, and have long-lasting repercussions.

When risk factors and vulnerabilities outweigh or overcome factors that are protective or that increase resilience, mental disorder can result. Child and adolescent mental disorders manifest themselves in many domains and in different ways. It is now understood that mental disturbances at a young age can lead to continuing impairment in adult life.

But Thabet said that mental health problem can become more worse and changed to either somatic problems or a prevalent mental health problems such as anxiety, depression, and fears among the Palestinian children. The results of his study indicated that the mean mental health symptoms mean was 9.05, somatic pains mean was 1.31, depression symptoms mean was 4.36, anxiety mean was 2.21, and fears mean was 1.14(Thabet, 2008).

However, First who studied the effects of siege on children mental health said that listening to children is difficult for parents under siege because of parental shame at not being able to provide and protect, and confusion over what can be said. Parental anxiety, grief, helplessness, depression or despair may enter in (First, 2008).

Some children and adolescents are in difficult circumstances; for example, they might experience physical, emotional and/or sexual abuse, experience or witness violence or warfare, suffer from intellectual disability, slavery or homelessness, migrate from rural to urban areas, live in poverty, engage in sex work, be addicted to substances such as alcohol and cannabis (WHO, 2005).

Difficult circumstances and mental health problems can be interrelated in a number of ways. They could, for example, serve as risk factors for mental health problems, such as post-traumatic stress disorder in a child who has been sexually abused. Alternatively, mental health problems could serve as risk factors in difficult circumstances; for example, when an adolescent uses alcohol or drugs to deal with depressive feelings. Whatever the nature of the relationship between mental health problems and difficult circumstances, specific intervention strategies are necessary to address children's and adolescents' needs.

While, Nilsson said that the lack of protection for children indicates that there is an acceptance of the violence which also creates confusion. It has been shown that children growing up with so much uncertainty as in Gaza become aggressive, extremely disobedient or compliant (Nylson, 2008).

2.7.1 Anxiety

Anxiety is an unpleasant emotional state, the sources of which are less readily identified. It is frequently accompanied by physiological symptoms that may lead to fatigue or even exhaustion. Because fear of recognized threats causes similar unpleasant mental and physical changes, patients use the terms fear and anxiety interchangeably (Greist and Jefferson, 2000).

The intensity of anxiety has many gradations ranging from minor qualms to noticeable trembling and even complete panic, the most extreme form of anxiety.

The course of anxiety also varies, with peak severity being reached within a few seconds or more gradually over minutes, hours, or days. Duration also varies from a few seconds to hours or even days or months, although episodes of panic usually abate within 10 minutes and seldom last more than 30 minutes (Marks, 1987).

If anxiety arises unexpectedly (“out of the blue”), it is called uncued or spontaneous anxiety (or if very intense, spontaneous panic). When anxiety occurs predictably in response to specific situations, it is called cued, phobic, or situational anxiety (or when extreme, phobic or situational panic). Anticipatory anxiety (or anticipatory panic) is the term used to describe anxiety triggered by the mere thought of particular situations (Greist and Jefferson, 2000).

Because anxiety disorders are chronic in nature, typically displaying patterns of exacerbation and remission often associated with life stress, these patients form a substantial core of the practices of primary care physicians (PCPs) (Barlow, 2001; Brown & Barlow, 1995).

The boundary between normal and pathological anxiety cannot be drawn with great precision or confidence. People sometimes seek treatment for anxiety only to find that the anxiety has disappeared before treatment begins. Physicians sometimes delay treatment until disruption of functioning is obvious or suffering is severe (Paul et al, 1980).

These differences are understandable in the context of present knowledge regarding anxiety, attitudinal differences of both patients and doctors about seeking and giving help, and the effectiveness of various treatments. When anxiety substantially impairs work or social adjustment, most authorities agree that careful assessment is indicated and that treatment is likely to be worthwhile. Suffering itself is often justification for

treatment, even if the person with anxiety can continue to function (Greist and Jefferson, 2000).

Anxiety commonly occurs as a manifestation of appropriate concern about medical and psychiatric disorders. Medical problems involving any body system can produce anxiety as a symptom. Drugs and dietary factors—particularly caffeine and alcohol—may also provoke anxiety.

The majority of patients suffering from anxiety and other psychological disorders in primary care settings are not recognized, and even fewer are treated effectively. There are significant numbers of such patients, and their anxiety disorders often have a chronic and persistent course, especially panic disorder with agoraphobia, posttraumatic stress disorder (PTSD), and social anxiety disorder (Weisberg, Culpepper, & Keller, 2002).

2.7.1.1 Theories Of Anxiety

In this section we will present some of the theories that explained anxiety state and its scientific approaches and how people affected by this disorder. The researcher will talk about four core theories of anxiety from which genetic, psychodynamic, learned and biochemical theories.

2.7.1.1.1 Genetic theory

Isaac Marks (1986) has provided an elegant summary of the genetics of fear and anxiety disorders (Marks, 1986):

From protozoa to mammals, organisms have been selectively bred for genetic differences in defensive behaviour which are accompanied by differences in brain and other biological functions. Studies of twins indicate some genetic control of normal human fear from infancy onwards, of anxiety as a symptom and as a syndrome, and of phobic and obsessive-compulsive phenomena. Anxiety disorders are more common among the relatives of affected probands than of controls, especially among female and first-degree relatives; alcoholism and secondary depression may also be overrepresented. Familial influences have been found for panic disorder, agoraphobia, and obsessive-compulsive problems. Panic disorder in depressed probands increases the risk to their relatives of phobia as well as of panic disorder, major depression, and alcoholism. The strongest family history of all anxiety disorders is seen in blood-

injury phobia; even though it can be successfully treated by exposure, its roots may lie in a genetically determined specific autonomic susceptibility. Some genetic effects can be modified by environmental means.

2.7.1.1.2 Psychodynamic theory

Although Freud at first proposed a physiological basis for anxiety, he later concluded that anxiety serves as a signal to the ego of the emergence of an unconscious conflict or impulse. His theory led to the development of psychoanalysis, used to study and treat emotional disorders. According to psychoanalytic theory, anxiety is seen as an emotion of the ego (the part of our mental apparatus that balances the impulses and demands of our childlike id, the stern and punitive controls of our parentlike superego, and external reality). Anxiety is also seen as the key indication of hidden psychological conflict.

2.7.1.1.3 Learned behavioral theory

Behavioral therapists hold that anxiety is a learned response to some noxious situation or stimulus. When a situation or stimulus provokes anxiety in a person, the person learns to reduce the anxiety by avoiding the situations that provoke it. Generalized anxiety disorder may result from the unpredictability of positive and negative reinforcement—the person is uncertain when and if avoidance behaviors will be effective in reducing anxiety.

It is also possible to develop anxiety in response to generally positive or neutral stimuli if these are associated with a noxious or aversive stimulus. This conditioning process is held to be responsible for the avoidance of neutral or benign situations in which distressing anxiety (such as panic) has occurred. Pairing of a recurrent anxiety-inducing thought (such as “contamination”) with a compulsive behavior (such as hand washing) that reduces anxiety is thought to explain the development of obsessive-compulsive disorder.

2.7.1.1.4 Biochemical theory

When compared with normal controls, patients with anxiety disorders have significantly different physiological functioning (eg, higher heart rate, higher blood lactate levels, and greater oxygen debt during moderate exercise). Patients with panic

disorders are more sensitive to a number of substances (eg, caffeine, lactate, isoproterenol, epinephrine, yohimbine, and piperoxan). Many of these substances increase activity of the locus ceruleus, the midbrain nucleus that supplies about 70% of the norepinephrine-releasing neurons in the central nervous system. Given these substances human subjects report increased anxiety and monkeys demonstrate fear behaviors similar to those they show when placed in a confrontational setting. Electrical stimulation of the locus ceruleus in monkeys produces a similar fear response, whereas its ablation reduces fear behaviors. Medications that inhibit functioning of the locus ceruleus also reduce fear responses in monkeys and anxiety in humans with anxiety disorders as well as in controls. Although α_2 -agonists and α -adrenergic receptor blockers have been shown to have some antianxiety properties, the selective serotonin reuptake inhibitors, monoamine oxidase inhibitor antidepressants, and benzodiazepine drugs, which down-regulate function of the locus ceruleus (norepinephrine), are the most useful clinically.

The benzodiazepines have a second putative mode of action in that they potentiate γ -aminobutyric acid (GABA), a widely distributed inhibitory neurotransmitter. Discovery of benzodiazepine receptors in the central nervous system led to a search for endogenous benzodiazepines, and these have now been found.

Abnormal neurotransmission of serotonin is thought to explain part of the pathophysiology of obsessive-compulsive disorder, and potent serotonin uptake inhibitors are the most predictably effective medications for this disorder.

The apparent biochemical basis of every behavior, thought, and feeling does not dictate that biochemical abnormalities must be treated with chemicals—brain chemistry can also be changed by behavioral, psychological, and surgical interventions.

2.7.2 Depression

The innocuous –sounding word "depression" refer to a potentially disabling illness that affects many but is understood by few (Ainsworth, 2000). Sufferers often don't realize the nature of their terrible malaise until they are so devastated that they can no longer help themselves, or they may recognize that they have been through only after they are on their way out of the shadows. The reason s simple, depression is a sneak thief, slipping into a life gradually and robbing it of meaning , one loss at a time.

The losses are imperceptible at first, but eventually weigh so heavily that the person's life becomes empty. Once begun, the course of depression varies with the individual and with the form of the illness. Untreated, it can last weeks, moths, or even years (Ainsworth, 2000).

In the general population, as many as one in five individuals may eventually suffer a significant depressive illness, although most will not seek treatment. During any year, one in ten people experience the sluggishness of mind, body, and spirit we know as depression. The risk is about the same in prepubertal boys and girls, but the ratio alters in adulthood, with females twice as likely as males to become depressed.

This two-to- one ratio exists regardless of racial, ethnic, or economic background and has been reported in several countries.

The symptoms of depression fall into four categories: mood, cognitive, behavioral, and physical. In other words, depression affects how individuals feel, think, and behave as well as how their bodies work (Ainsworth, 2000). People with depression may experience symptoms in any or all of the categories, depending on personal characteristics and the severity and type of depression.

Depressed people generally describe their mood as sad, depressed, anxious, or flat. Victims of depression often report additional feelings of emptiness, hopelessness, pessimism, uselessness, worthlessness, helplessness, unreasonable guilt, and profound apathy (Ainsworth, 2000). The foregoing considerations suggest that the vicissitudes of self-esteem deemed central to the model of depression as loss of self-esteem are manifestations of a more fundamental mood dysregulation (Nestler et al, 2002).

Their self –esteem is usually low, and they may feel overwhelmed, restless, or irritable. Loss of interest in activities previously enjoyed is common and is usually accompanied by a diminished ability to feel pleasure, even in sexual activities.

2.7.2.1 Theories of Depression

The researcher will discuss some of depression theories that explain the causes of depression. Depression theories that discussed include genetic theory, biochemical theory, psychodynamic theory, behavioral theory, cognitive theory and life events and environmental theory.

2.7.2.1.1 Genetic Theory

According to statistics from the National Institute of Mental Health (2001), studies involving adoptees revealed higher correlations of mood disorders between depressed adoptees and biologic parents than adoptive parents. Studies of twins have shown that if an identical twin develops a mood disorder, the other twin has a 70% chance of developing the disorder, too. The risk decreases to about 15% with siblings, parents, or children of the person with the mood disorder. Grandparents, aunts, or uncles have about a 7% chance of developing a mood disorder.

Theorists believe that a dominant gene may influence or predispose a person to react more readily to experiences of loss or grief, thus manifesting symptoms of a mood disorder. For example, Medina (1995) discusses the history of bipolar disorder (previously referred to as manic-depressive disorder) research since 1987. He cites the various pseudogenetic studies dealing with the linkage between human genes and human behaviors. "No gene for bipolar disorder has been isolated". There is strong disagreement as to the number of genes actually involved in the disease. The ups and downs of the published literature illustrate the enormous problems researchers encounter attempting to describe human behavior in terms of genetic sequence.

2.7.2.1.2 Biochemical Theory

Biogenic amines, or chemical compounds known as norepinephrine and serotonin, have been shown to regulate mood and to control drives such as hunger, sex, and thirst. Increased amounts of these neurotransmitters at receptor sites in the brain cause an elevation in mood whereas decreased amounts can lead to depression. Although norepinephrine and serotonin are the biogenic amines most often associated with the development of a mood disorder, dopamine has also been theorized to play a role. As with norepinephrine and serotonin, dopamine activity may be reduced in depressed mood and increased in mania, the two phases of bipolar disorder. These explanations are termed the biogenic amine hypothesis (Sadock & Sadock, 2003).

2.7.2.1.3 Psychodynamic Theory

The psychodynamic theory of depression, based on the work of Sigmund Freud, Karl Abraham, Melanie Klein, and others, begins with the observation that bereavement normally produces symptoms resembling a mood disorder. That is, people with a depressed mood are like mourners who do not make a realistic adjustment to living without the loved person. In childhood, they are bereft of a parent or other loved person, usually the result of the absence or withdrawal of affection. Any loss or disappointment later in life reactivates a delayed grief reaction that is accompanied by self-criticism, guilt, and anger turned inward. Because the source and object of the grief are unconscious (from childhood), symptoms are not resolved, but rather persist and return later in life (Mood Disorders, 1998; Sadock & Sadock, 2003).

Additionally, several theorists, such as Karl Abraham, Bertram Lewin, and Melanie Klein, have attempted to explain the psychodynamic factors of mania. Manic episodes are viewed as a defense reaction against underlying depression due to the client's inability to tolerate a developmental tragedy, such as the loss of a parent. These episodes also may be the result of a tyrannical superego, producing intolerable self-criticism that is replaced by euphoric self-satisfaction, or an ego overwhelmed by pleasurable impulses such as sex or by feared impulses such as aggression (Sadock & Sadock, 2003).

2.7.2.1.4 Behavioral Theory: Learned Helplessness

Behavioral theorists regard mood disorders as a form of acquired or learned behavior. For one reason or another, people who receive little positive reinforcement for their activity become withdrawn, overwhelmed, and passive, giving up hope and shunning responsibility. This, in turn, leads to a perception that things are beyond their control. This perception promotes feelings of helplessness and hopelessness, both hallmarks of depressed states. Behaviorists who subscribe to this theory believe that a client's depressed mood could improve if the client develops a sense of control and mastery of the environment (Sadock & Sadock, 2003).

2.7.2.1.5 Cognitive Theory

Cognitive or cognitive behavioral theorists believe that thoughts are maintained by reinforcement, thus contributing to a mood disorder. People with a depressed mood are convinced that they are worthless, that the world is hostile, that the future offers no hope, and that every accidental misfortune is a judgment of them. Such reactions are the result of assumptions learned early in life and brought into play by disappointment, loss, or rejection. For example, a young child may be told by one parent that the child is not athletic enough to play basketball in grade school. As the child approaches high school, he may assume that he lacks talent, and although he would like to play basketball he does not try out for the team. Cognitive distortions or self-defeating thoughts become part of a destructive cycle in which the individual exhibits apathy, sadness, and social withdrawal (Mood Disorders, 1998; Sadock & Sadock, 2003).

2.7.2.1.6 Life Events and Environmental Theory

Stressful life events such as the loss of a parent or spouse, financial hardship, illness, perceived or real failure, and midlife crises are all examples of environmental factors contributing to the development of a mood disorder. Certain populations of people including the poor, single persons, or working mothers with young children seem to be more susceptible than others to mood disorders. The life event most often associated with the development of a mood disorder is the loss of a parent before the age of 11 years. The environmental stressor most often associated with an episode of depressed mood is loss of a spouse. Additionally, dramatic changes in one's life can trigger depressive episodes. For instance, relocation, loss or change of employment, and retirement can all produce symptoms that may or may not be temporary. Some theorists believe that the stress experienced by a client results in a long-lasting change in the brain's biology affecting the functional states of neurotransmitters and intra-neuronal signaling systems (Sadock & Sadock, 2003).

2.8 Literature review

The previous studies concerning the effects of siege on mental health among Palestinian

Thabet et al (2009) aimed to study the ways of coping in Palestinian families exposed to siege and stress and mediating effect of coping on mental health problems. They found that the most common impact of siege of Gaza items were: prices are sharply increased (90.8%), I feel I am in a big prison (88.5%), I can not find things I need in the market (91.70%), I was not able to get specific medicine for me or for one of the family member due to shortage of fuel and absence of transportation (73.4%), and I was not able to get specific medicine for me or for one of the family member due to shortage of physicians and nurses (62.58). Each participants reported from 2-20 items of siege with mean siege scores of 10.83 (SD = 4.07). The results showed that people with monthly income less than 350 US \$ were more affected by siege that the other groups.

The most common psychological problems were: Crying easily (21.7%), difficulty falling asleep (16.8%), worrying too much (16.3%), headaches (15.2%), and feeling tense (15.2%). The results showed than mean HSCL was 53.82, mean anxiety subscale scores was 21.70, and mean depression subscale scores was 32.11 (SD = 8.59), 139 of participants (75.5%) rated as psychiatric cases and 45 were not cases (24.5%).

People live in cities reported mental health problems less than those live in villages and camps. Also, the results showed that people with monthly income less than 350 US \$ showed more mental health problems than the other two groups were more affected by siege that the other groups.

Thabet et al (2008) in a study aimed to investigate the impact of the siege of Gaza strip on the Palestinian feelings of anger and anger state in relation to psychological symptoms. They found that the most common impact of the siege of Gaza items were: prices were sharply increased (97.67%); I feel I 'm in a big prison (92.23%); and I cannot find things I need in the market (91.70%).

The results showed that female reported more somatization , obsessive compulsive disorder, and phobic anxiety. Also, Palestinian who live in camps reported more psychological problems , depression symptoms, anxiety, and hostility. However, psychosis symptoms were more common in people who live in villages than in camps or cities. People with who reported high siege scores were correlated positively with high psychopathology including anxiety and depression.

Thabet (2008) who studied trauma, PTSD, mental health, and resilience among Palestinian children. The results of his study showed that Palestinian children exposed to mean of 10.18 events due to Israeli aggression and 7.42 events due to factional fighting. No gender differences in reported traumatic events. Posttraumatic stress symptoms mean was 25.94, re-experiencing symptoms mean was 7.50, avoidance symptoms mean was 8.21, and arousal symptoms mean was 7.65. Forty eight 48 children reported probable PTSD(12.4%), 103 children were reported one Criteria (re-experiencing, or avoidance, or hyper-arousal) (26.7%), 86 of children reported two criteria-Partial PTSD (22.3%), and 149 children had no PTSD symptoms (38.4%). No gender differences in PTSD. Younger age children was significantly reported total posttraumatic stress symptoms than older age children. The results showed that total scores of PTSD were correlated with traumatic events due to Israelis aggression PTSD, re-experiences, hyper-arousal, and avoidance. No significant correlation between trauma due to factional factions and posttraumatic stress symptoms. Mean mental health symptoms mean was 9.05, somatic pains mean was 1.31, depression symptoms mean was 4.36, anxiety mean was 2.21, and fears mean was 1.14. There were no significant differences between boys and girls in total general mental health, somatic pains, anxiety, depression, and fears. Fears were more in younger age children. Children reported mean resilience scores were 58.52, commitment subscale mean was 23.78, control subscale mean was 17.58, and challenging subscale mean was 17.60. There were no significant differences between boys and girls and age of children in total resilience, commitment, control, and challenging.

The results showed that total scores of resilience were correlated negatively with total PTSD, arousal, and avoidance. Commitment was correlated negatively with arousal, children with better resilience had less PTSD, avoidance, and arousal symptoms and children with commitment had less arousal symptoms. Total scores of resilience were correlated negatively with total mental health, somatic pains, anxiety and fears. Commitment was correlated negatively with anxiety, control was negatively correlated with fears, and challenge was negatively correlated with fears.

Nasrallah (2008) who studied "the impact of the Israeli siege on the cultural situation in Gaza provinces" . the results of the study showed that the siege had a negative effects. where the acquisition of books had stopped for most of public libraries and

the loan services and many others. Also the theatre work reduced from the number of plays and presented shows. and the artists production had been effected from their production and participation in exhibitions and workshops for Foreign Affairs.

Nilsson (2008) Who aimed to highlight the constant human rights violations the Palestinian children are subjected to under the siege because the violence and destruction create deep seated psychological consequences that deeply affect the behaviour of the children in fundamental ways. The researcher concluded that to live with constant violence leads to much confusion for children since they live with a confusion they might not understand. The lack of protection for children indicates that there is an acceptance of the violence which also creates confusion. It has been shown that children growing up with so much uncertainty as in Gaza become aggressive, extremely disobedient or compliant.

First (2008) who aimed to examine the effects of siege on children's mental development from the overarching perspective of the undermining of ordinary life, with a focus on the role of parent/child communication as a protective factor. The researcher concluded that listening to children in a way that delights in particulars, and acknowledges and contains distress, facilitates transforming chaotic and destabilizing experiences into coherent narrative and mutuality, which is the stuff of ordinary family life. Listening to children is difficult for parents under siege because of parental shame at not being able to provide and protect, and confusion over what can be said. Parental anxiety, grief, helplessness, depression or despair may enter in.

Taatgen & Kapka (2008) who studied the siege and the obstruction right for education and provided a rationale for the creation of a lobby group of educators for international education in Gaza. The authors postulate that every child has a right to an education, and every open society has the duty to provide its children with access to international education. In spite of the obstacles, we left Gaza more convinced than ever that international education should be part and parcel of Gaza's creation and development as an independent state .The siege must surely rank as the largest obstacle to achieving this goal. A country that is occupied cannot properly educate its children.

Fox (2008) who studied "Palestinians Under Siege: A Critical Psychology Perspective on Mental Health and Justice". The author discussed the drastic mental health consequences of living under siege are well-known. Although specific outcomes vary according to local conditions, besieged communities around the globe experience lethal combinations of restricted movement, physical violence , hunger and disease , and disruptions to schools, hospitals, welfare support systems, and other public and community institutions. In whatever combination these and other factors arise, the common result is widespread mental distress.

In a report by Dalloul (2008) he found that "psychologists are reporting that the continuous stress has resulted in a number of psychological conditions and has led some members of the community to suffer an unstable state of mind, making them easy targets for depression and frustration," warned Dr. Sameer Zaqout, a psychiatrist and current manager of the Gaza Community Health Program. "If the Gaza siege continues, further unexpected psychological disorders will appear which will be difficult to treat."

GCMHP report February, 13 (2008) said that the Israeli Occupation Forces impose tightened siege on the Gaza Strip, particularly after and in response to Palestinian military operations. From a human rights perspective, this is a consistent and systematic policy of collective punishment against Palestinian civilians in contradiction with the international conventions. The continuations of the closures and restrictions have had catastrophic effects on the living conditions of civilians resulting in exacerbation of the existing problems of poverty and unemployment.

It is important to mention that these restrictions leave negative psychological consequences reflected on massive levels of the population, particularly on women and children.

At the psychological and emotional levels, the closure results in psychological pressure and frustrations. Individuals interact with these frustrations and pressures differently according to their bio-psychosocial factors.

There are primary reactions such as changes in habits and behaviors and daily routine of the individual including; excessive smoking and alcohol consumption, and excessive eating or lack of it, and excessive or lack of sexual activities.

The reactions for frustrations and pressure contribute to low self esteem, feeling of worthlessness, powerlessness, loneliness, despair, loss of hope, anxiety and feelings of anger and alienation, panic, fear, nervousness, depressed mood, and feeling overwhelmed, feelings of laziness and apathy, helplessness, and inability to practice the daily routine in an appropriate manner as well as an increased demands and pressures and inability to fulfill such demands in an adaptive manner.

Other psychological responses including lack of attention, poor concentration, and memory problems, all of which result in lack of decision making and being easily-provoked.

In the case of prolonged psychological pressure and frustrations, and inability to cope with them, the symptoms may develop into more serious psychological disorders such as depressions, anxiety, or somatoform disorders (conversion disorders and hypochondriasis).

For people who are already suffering from psychological problems, their problems are aggravated as a result of the increased pressure and due to lack of medications, particularly for psychotic patients.

At the somatic level, there are physical reactions such as pains in some parts of the body including; muscle pains, headaches, stomachaches, and feeling of suffocation and exhaustion etc.

Zarocostas (2008) in a detailed report found that the economic and social situation of workers in the occupied Palestinian territories has deteriorated alarmingly, with the Gaza Strip the most severely affected, according to an International Labor Organization report published Thursday. "What we are witnessing in Gaza is a very serious social situation, with very high levels of poverty, and very high levels of desperation, frustration, and anger..." Philippe Egger, a senior ILO official, told reporters. The situation has been aggravated by sharp hikes in food prices which have seen the consumer price index post steep increases in the order of 10 percent, 15 percent and up to 20 percent in the price of basic food staples, said the ILO official. The unemployment rate in the West Bank and Gaza combined stood at 22 percent in 2007, compared to 24 percent in 2006, the report notes but also stipulates there was a huge differential between the two areas, with unemployment at 30 percent in Gaza and 18 percent in the West Bank. "All private sector activity in Gaza has virtually

stopped, or disappeared, because of the economic siege, preventing any flow of goods into or out of Gaza," said Egger, who is deputy director of the office of the ILO chief. He said most private sector activity in Gaza "has virtually closed down" except possibly for bakeries, taxis, and very informal small-scale activities. The report outlines that in 2007 the average per capita Gross Domestic Product in the occupied Palestinian territories stood at \$1,178, which was 27 percent lower than in 1999 and that in 2006 the combined average incomes of Egypt, Jordan and Syria were 40 percent higher than in the occupied Palestinian territories compared with 1997 when they were almost on par.

Al Mezan Center for Human Rights (2008) issued a report on the "Impacts on Health and Environment of the Israeli Fuel Cuts in the Gaza Strip." The report details the effects of the fuel and electricity cuts which have been imposed by the Israeli Occupation Forces (IOF). Despite their punitive, nondiscriminatory nature, these cuts were deemed permissible by the Israeli High Court at the beginning of 2008; thus, producing a profound impact on the Strip's water and sewage systems. Damage has been caused to civilians' health and food supplies due to the vegetable oil and cooking gas used as an alternative fuel for automobiles. The fuel crisis has created a transportation crisis, as most vehicles in Gaza have stopped. The report indicates that as a result of the fuel crisis and electricity cuts an increased number of water wells have been forced to stop working. When the Strip's sole power plant cut production completely on 10 May 2008, ninety percent of water wells halted operations. Furthermore, electricity cuts forced the interruption of sewage treatment facilities. According to the Coastal Municipalities Water Facility (CMWF), they were forced to pump 68 million cubic liters of untreated sewage water into the Mediterranean Sea daily. Al Mezan warns in its report that the result of this crisis will lead to increased pollution to underground water. The Center found that the use of vegetable oil in cars harms public health when cars are not equipped or modified to use it. It is noteworthy that there are doubts that vegetable oil may have carcinogenic effects on human health. It can also cause costly damage to vehicle's engines. Al Mezan stresses that the ruling of the Israeli High Court to permit fuel cuts is a type of flagrant collective punishment of civilians that contradicts international law and international humanitarian law. The report therefore calls upon the international community to

uphold its moral and legal duty to protect the Palestinian civilians under Israel's occupation by exerting pressure on Israel to abide by international law.

In a report by Butcher (2008) found that Gaza's humanitarian crisis is more acute today than at any time since Israel took control of the territory in the 1967 war, aid agencies say. More Gazans are dependent on food aid than ever before, hospitals suffer the longest power cuts yet experienced, record levels of raw sewage are being pumped daily into the sea and the economy has never been worse, says a report. According to the report the blockade of Gaza has dramatically worsened poverty and unemployment and has led to a deterioration in education and health services. More than 1.1 million people out of a population of 1.5 million are now dependent on food aid and of 110,000 workers previously employed in the private sector only 35,000 still have jobs.

Report by *Physicians for Human Rights-Israel* (2008) found that the increasing restrictions imposed by the state of Israel on entry and exit of money, goods, services and persons via Gaza crossings and the closure of Rafah Crossing into Egypt since June 2007 have led to a sharp decline in the ability of to provide services to patients. The results have been a sharp increase in the number of patients referred to external medical centers (in Israel, the West Bank, East Jerusalem and Jordan) via Israeli-controlled Erez Crossing, and a much sharper increase in the proportion of patients denied exit permits: from 10 percent in the first half of 2007 to 35 percent in the first half of 2008.

The World Health Organization (WHO) (2008) in their report found that the lack of electrical power, arising from a fuel shortage, and restrictions on the movement of people and goods, including medicines, jeopardize the continuity of basic health care and curtail access to specialist care outside Gaza.

Frequent electricity cuts and the limited power available to run hospital generators are of particular concern, as they disrupt the functioning of intensive care units, operating theatres, and emergency rooms. In the central pharmacy, power shortages have interrupted refrigeration of perishable medical supplies, including vaccines. WHO consignments of essential medicines and consumables have recently been delayed at the border.

Palestinian Shippers' Council (2007) reported that the economic situation is also affected with closure imposed on exports and the limitation of imports to basic commodities and processed food, while needed raw materials for industry production are banned from entry.

Gaza's high poverty (85% of households are living under the poverty line) and unemployment (65%) levels have sharply limited households' ability to buy supplies. These factors amongst other impediments have affected and impacted the operation and growth of the private sector enterprises. Most of the 3,900 industries in Gaza are manufacturing industries of which there is a 95% dependency on imported raw materials. Also there is an 80% dependency on the imports of machinery and maintenance parts which can lead to the suspension of production lines.

These manufactured products are usually exported to Israel, West Bank and abroad with an average of 748 truck load per month in a peak season (168 Furniture, 143 Textile, 154 Food Products, 283 others including Agriculture). All of the Animal and Chicken feed, fertilized eggs and Veterinary drug are imported into Gaza. Currently 85% of establishments have shut down and the rest are operating with 50% capacity leading to unemployment of more than 35,000 workers.

As a result, direct and indirect losses are estimated at US\$ 4 million for the Furniture Sector, US\$ 12 millions for the Garment and Textile Sector and US\$ 3 millions for the Processed Food Sector. The summer season is critical for the exports of industrial sectors. The planting season normally starts in June for the upcoming export season in November. If the border terminals remain closed, the sector will face a 100% loss in sales estimated to be more than US\$ 12 million.

In Agriculture there are a total of 5,000 farmers in the cash crops sector (excluding ex-settlement farms) where they completely depend on imported fertilizers, pesticides, sterilization gas, seeds, seedlings, packaging materials, etc. The imports of these products are critical in the summer season. If cultivation needed materials are not available there will be a 50% drop in the quality and quantity of produce. 100% of sector output is for export.

Erlanger (2007) reported that Israel and Egypt have tightened the movement of goods and people into and out of Gaza since Hamas routed Fatah in June and took control of Gaza. The main goods crossings are shut, as is the Rafah crossing to Egypt for people. Israel is trying to use only the crossing at Kerem Shalom, which it controls, but Hamas and other militants have been mortaring it intermittently and demanding that the other crossings be opened.

Israel has declared Gaza a "hostile entity" and is moving to reduce its supplies of energy to the territory, while maintaining imports of essentials for life, hoping to put economic pressure on Hamas to stop constant rocket attacks from Gaza into Israel. Gaza is thus isolated diplomatically and economically.

According to the United Nations, an average of 74 truckloads of goods a day entered Gaza in October, down from 253 truckloads a day in April. The consequences have meant a shrinking economy coupled with a severe increase in prices even for basic foodstuffs like flour, cooking oil and chicken.

The average income of nonrefugees in Gaza has dropped 22 percent since June and 70 percent of them are now existing on less than \$1.20 a day, compared with 55 percent in June, according to the World Food Program.

Since June, wheat prices have increased 40 percent, bread prices 20 percent and rice 15 percent. But because of the inability to export, the prices of vegetables have fallen 30 percent or more, further undermining the agricultural sector.

The Integrated Regional Information Networks (IRIN) (2007) found that since June, when Hamas took over in Gaza, 17 percent of all patients who applied for permits to enter Israel were denied entry, mostly on "security grounds." In October the figure rose to 23 percent. "There is a trend that it is getting tougher to get out of Gaza for treatment," said Mahmoud Daher of the WHO in Gaza. Following the Hamas takeover, tight Israeli sanctions were placed on all travel to and from the strip, in addition to restrictions on imports and a near total ban on exports. "The cases of patients waiting for treatment will just get more difficult," Bassam al-Badri of the referral department at the ministry of health in Gaza, told IRIN. "Some of them will have to have unnecessary amputations. Already some people are in the intensive care unit because they didn't get treated." Supplies of 91 out of 416 essential drugs have run out, as have about a third of essential medical supplies, according to the Gaza

ministry of health and the WHO. For example, most children's antibiotics have run out. Also, some 3,600 chronic psychiatric patients have had their treatment stopped, as over half of the needed medicines are no longer available, according to the UN Children's Fund and WHO statistics published by the UN's Office for the Coordination of Humanitarian Affairs (OCHA). The difficulties procuring medicines are largely related to the fiscal problems of the Palestinian Authority (PA) due to the international financial sanctions placed on the PA following the Hamas election victory in early 2006, and which were lifted in June, after the formation of a new government without the Islamic group. Meanwhile, diagnostic equipment in the public sector is in need of spare parts, forcing Gaza's impoverished population to turn to expensive private clinics. Similarly, the WHO reported, seven out of Gaza's 17 incubators are not functioning properly. Petrol stations in Gaza began to run out of product to sell due to the sanctions; the association of petrol station owners stopped importing fuel altogether on 27 November, in protest.

Chapter Three

Methodology

The researcher will present the methodological material in this chapter clarifying study design, sample and sampling procedures and methods of analysis for this study. Furthermore, The researcher will present the main instrument that used in the current study and the ethical consideration that concerning conducting his study.

3.1 Study design

The study rely on descriptive analytical design, that answer the research questions and meet the study objectives. In addition, this type of design will describe and analyze the study variables concerning the mental health consequences of the siege. However, this descriptive analytical design give us various results that reflect the variations in surveys methods.

3.2 Population and sample

3.2.1 Study population

The study population consisted of the registered students in the main Gaza Universities (Al Aqsa University, Islamic University , Al Azhar Universsity, and Al Quds Open University) during the second semester of academic year 2008/2009. The students were registered and enrolled in the mentioned universities during the academic year 2008/2009 and conducting Bachelor degree for the specified period. The total number of the universities students were 57468 student.

3.2.2. Study Sample

Simple random sample was selected depending on EPI-6 from total number 57468 student from Gaza Universities. The proportional ratio were taken among universities (Al Aqsa, Islamic, Al Azhar, and Al Quds Open) as well as the students (male and female). However, 392 student selected depending on the program (EPI-6) that count the entire population from the total number (table 3-1).

Table (3-1): Sample distribution according to gender and university.

No.	University	Males	Females	Total NO.
1.	Aqsa	35	55	90
2.	Islamic	49	77	126
3.	Azhar	49	41	90
4.	Al Quds Open	50	36	86
	Total	183	209	392

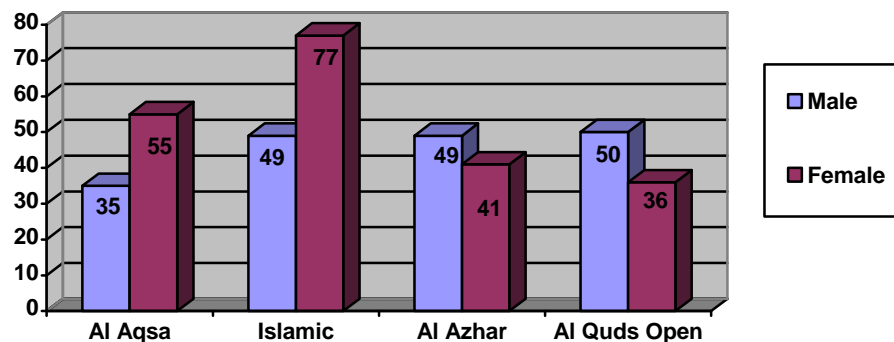


Figure 3-1: study sample distribution according to gender and university

3.3 Place of research

The place of research will be at the Palestinian universities that work in Gaza city specified mainly in (Al Aqsa University, Islamic University, Al Azhar University, and Al Quds Open University). In addition, this study limited to these universities and during 2008/2009 academic year.

3.4 Ethical consideration

An approval letter obtained from the administrations of the universities in response from Al Quds University pre-request to facilitate our mission (annex 1, 2, 3, 4). An approval letter was obtained from Helsinki committee in the Ministry of Health to allow the researcher to carry out his study. Informed consent was obtained from the respondents printed on the cover page of the questionnaire clarifying the aim of the study and its objectives, and grantee that they will be protected from any harm resulting from their agree or disagree for participation. Also, the researcher grantee that the collected information will be used for scientific research only and will be kept for this purpose.

3.5 Instruments

The researcher used socio-economical status questionnaire, Siege Checklist (CMHP) developed by Community Mental Health Program, Taylor Manifestation Anxiety Scale (TMAS), and Beck Depression Inventory (BDI-2), that described in detail in the following sections:

3.5.1 Socio-economic status

Socio-economic questionnaire developed by the researcher to assess the students' age, gender, name of the university, place of residence, number of family member, father employment and education , mother employment and education, and family income (annex 5).

3.5.2 Siege Checklist (GCMHP, Thabet et al, 2008)

Siege checklist developed by Community Mental Health Programm to assess the siege effects on the Palestinian people who experience persistent siege. this scale consisted of 21 item regarding the daily life living of Palestinian people. the key answer of this scale is "Yes=1 " or "No= 0", and no reversal items (annex 6).

3.5.3 The Taylor manifestation Anxiety Scale (TMAS):

Taylor (1953) developed one of the first measures of chronic, manifest anxiety, Taylor's Manifest Anxiety Scale (MAS). Taylor's scale consisted of items selected from the Minnesota Multiphase Personality Inventory Taylor's MAS was reported to be useful in identifying adults with chronic anxiety (Reynolds & Richmond, 1997). We used the Arabic version with 50 items and answer is "Yes= 1" or "No= 0", And there were reversal items. The score ranged from (0- 13 no anxiety), (14- 26 Mild anxiety), (33- 40 moderate anxiety), and (37- 50 very sever anxiety) (annex 7).

3.5.4 Beck Depression Inventory (BDI-2):

The long form of the BDI is composed of 21 questions or items, each with four possible responses. Each response is assigned a score ranging from zero to three (0, 1, 2, 3), indicating the severity of the symptom (annex 8).

Individual questions of the BDI-2 assess mood, pessimism, sense of failure, self-dissatisfaction, guilt, punishment, self-dislike, self-accusation, suicidal ideas, crying, irritability, social withdrawal, body image, work difficulties, insomnia, fatigue, appetite, weight loss, bodily preoccupation, and loss of libido. Items 1 to 13 assess symptoms that are psychological in nature, while items 14 to 21 assess more physical symptoms. The scores of the BDI-2 were, (0- 21 no depression), (22 – 42 moderate depression), and (43 – 63 sever depression).

3.6 Pilot study:

The researcher applied the instruments of this study on a 50 pilot sample from the original population of the study sample of the university students; 20 males and 30 females, and they excluded from the studied sample, where this technique used to estimate and discuss the validity and reliability of the instruments used in this study.

3.6.1 Siege Checklist

1. Split half method

Researcher calculated the reliability of the Siege Checklist by using split half method (part1 = 11 items & part2 = 10 items); where the person's correlation coefficient was ($R_1 = 0.46$) and by using the spearman-brown equation to modifying the length of the scale the reliability coefficient was ($R_2 = 0.63$).

2. Cronbach's alpha equation

Researcher estimated the validity of the Siege Checklist by using the equation of Cronbach's alpha (No. of items = 21); where the value of alpha = (0.72). Then Siege Checklist measurement device is valid and reliable.

3.6.2 Taylor manifestation Anxiety Scale

1. Split half method

Researcher calculated the reliability of the Taylor manifestation Anxiety Scale by using split half method (part1 = 25 items & part2 = 25 items); where the person's correlation coefficient was ($R_1 = 0.67$), and by using the spearman-brown equation to modifying the length of the scale the reliability coefficient was ($R_2 = 0.80$).

2. Cronbach's alpha equation

Researcher estimated the validity of the siege by using the equation of Cronbach's alpha (No. of items = 50); where the value of alpha = (0.79). Then Taylor manifestation Anxiety Scale is valid and reliable.

Where Reynolds & Richmond (1997) estimate internal consistency of the scale, using Cronbach's alpha was (0.86) and split- half was (0.79) (Baroud, 2008).

3.6.3 Beck Depression Inventory

1. Split half method

Researcher calculated the reliability of the Beck Depression Inventory by using split half method (part1 = 11 items & part2 = 10 items); where the person's correlation coefficient was ($R_1 = 0.76$) and by using the spearman-brown equation to modifying the length of the scale the reliability coefficient was ($R_2 = 0.87$).

2. Cronbach's alpha equation

Researcher estimated the validity of the Beck Depression Inventory by using the equation of Cronbach's alpha (No. of items = 21); where the value of alpha = (0.85). Then Beck Depression Inventory is valid and reliable.

3.7 Data collection:

The researcher collected the data from the universities depending on a group of trained staff who graduated and have ability to fill the questionnaires appropriately. Four groups formulated to collect data from the four universities from both males and females. Every group consisted of one male and one female who collect data separately from both sexes. The groups instructed and informed about the ethical consideration that must comply with during data collection.

3.8 Data entry and analysis

After data collection the researcher used SPSS program (Ver. 11) for data entry and analysis. In addition, the researcher used descriptive analysis including frequencies, t-independent tests, One Way ANOVA, and Pearson correlation coefficient for explaining the relation and differences between the study variables.

3.9 Limitation

The most difficulty that the researcher find was the limited number of the studies that discuss the effects of the siege on the Palestinian territories.

Chapter Four

4. Results

In this chapter the researcher will view the results in three models; the first is the socio-demographic characteristics of the study sample university students. The second is about the prevalence of depression and the relation between anxiety and depression . The third were about differences in anxiety and depression according to socio-demographic data of university students; using descriptive statistics; frequencies, percentages, means and standard deviation and chi square. In addition to differentiate between anxiety and depression according to the socio-demographic variables the researcher will using t- independent test, and one-way ANOVA test (F-test), as the following:

4.1 Socio-demographic results of the study sample

The following table, the total numbers of sample selected for the current study were 392 university students. They were from the five Gaza Governorates.

Table 4-1: Distribution of the sample according to the governorates

Variable	No.	%
North Gaza	200	51.0
Gaza	87	22.2
Middle area	73	18.6
Khanyonis	15	3.8
Rafah	17	4.3
Total	392	100

Table 4-2 demonstrate that 183 (46.7%) of the university students of the study sample were males, and 209 (53.3%) were females, and the results show that the mean of age of the study sample is (20.66 years) and standard deviation SD is (2.51) years.

Table 4-2: Distribution of the sample according to sex

Variable	No.	%
Male	183	46.7
Female	209	53.3
Total	392	100

Table 4-3 shows that; 201 of the university students were live in city (51.3%), 152 live in camp (38.8%) and 39 live in village (9.9%).

Table 4-3: Distribution of the sample according to type of residence of sample

Variable	No.	%
City	201	51.3
Camp	152	38.8
Village	39	9.9
Total	392	100.0

Table 4-4 found that; 90 of the university students of the study sample were study in Al-Aqsa University (23.0%), 126 were in Islamic University (32.1%), 90 of Al-Azhar University were (23.0%), and 86 of sample were of Al-Quds open University (21.9%).

Table 4-4: Distribution of the sample according to the University

Variable	No.	%
Al-Aqsa University	90	23.0
Islamic University	126	32.1
Al-Azhar University	90	23.0
Al-Quds open University	86	21.9
Total	392	100.0

Table 4-5 represent that; 45 of the university students were have family size 4 persons and less than (11.5%), 107 were 5 – 7 persons (27.3%) and 240 of the sample were have 8 and above of family size (61.2%).

Table 4-5: Distribution of the sample according to size of family

Variable	No.	%
4 persons and less	45	11.5
5 - 7 persons	107	27.3
8 and above	240	61.2
Total	392	100.0

Table 4-6 demonstrate that; 10 fathers of the university students of the study sample were not educated (2.6%), 39 father of the sample were educated to elementary school (9.9%), 62 were to preparatory level (15.8%), 103 father of sample were to secondary (26.3%), 48 were educated to diploma level (12.2%), 105 father of sample were educated to the university level (26.8%), and 25 were educated to the post graduate level (6.4%).

Table 4-6: Description of sample according to level of father education

Variable	No.	%
Not educated	10	2.6
Elementary	39	9.9
Preparatory	62	15.8
Secondary	103	26.3
Diploma	48	12.2
University	105	26.8
Post graduate	25	6.4
Total	392	100.0

Table 4- 7 shows that; 23 mothers of the university students of the study sample were not educated (5.9%), 36 mother of the sample were educated to elementary school (9.2%), 98 were to preparatory level (25.0%), 123 mother of sample were to secondary (31.4%), 51 were educated to diploma level (13.0%), 57 mother of sample were educated to the university level (14.5%), and 4 were educated to the post graduate level (1.0%).

Table 4-7: Description of sample according to mother education

Variable	No.	%
Not educated	23	5.9
Elementary	36	9.2
Preparatory	98	25.0
Secondary	123	31.4
Diploma	51	13.0
University	57	14.5
Post graduate	4	1.0
Total	392	100.0

Table 4-8 shows that; 135 fathers of children were unemployed (34.4%), 64 fathers were worker (16.3 %), 6 fathers were skilled worker (1.5%), 167 fathers were employee (42.6%), 20 fathers were had other works (5.1%).

Table 4-8: Description of sample according to father work

Variable	No.	%
Unemployed	135	34.4
Worker	64	16.3
Skilled worker	6	1.5
Employee	167	42.6
Others	20	5.1
Total	392	100.0

Table 4- 9 demonstrate that; there were most of the mothers of study samples 336 (85.7%) were house wives, and 56 were civil employee (14.3%).

Table 4-9: Description of sample according to mother work

Variable	No.	%
House wife	336	85.7
Civil employee	56	14.3
Total	392	100.0

Table 4-10 shows that; there were 154 of university students had family income less than 1000 NIS (39.3%), 100 family income was from 1001-2000 NIS (25.5%), 69 of sample were from 2001-3000 NIS (17.6%), 27 were from 3001-4000 NIS (6.9%), 42 were more than 4000 NIS (10.7%).

Table 4-10: Description of the sample according to family income “NIS”

Family income by 'NIS'	No.	%
1000 NIS and less than	154	39.3
1001 - 2000 NIS	100	25.5
2001 - 3000 NIS	69	17.6
3001- 4000 NIS	27	6.9
More than 4000 NIS	42	10.7
Total	392	100.0

4.2 Frequency and prevalence of siege, anxiety and depression among the study sample

4.2.1 Frequency of siege among the study sample

The total scores of the siege among the study sample at the level of 54.0%, where the ratio scales plays the role of this step. Where the highest siege effects were "I can not finish some construction and repair work in my house due to shortage of cement and building materials" 97.4 %, followed by "One of the family member died due to prevention of traveling for treatment" 86.2 %. I had suffering of not able to receive proper medical care 16.6 %, and I sold some of my furniture and wife gold 16.1%.

Table 4-11 : Frequency of siege items

N	Items of siege	Yes		No	
		N	%	N	%
1	I can not finish some construction and repair work in my house due to shortage of cement and building materials	382	97.4	10	2.6
2	One of the family member died due to prevention of traveling for treatment	338	86.2	54	13.8
3	I can not find some of the necessary things for my children (Milk, baby napkins, etc.)	338	86.2	54	13.8
4	I feel I am in a big prison	307	78.3	85	21.7
5	My work affected so much due to shortage of fuel, papers, medicine, row materials	303	77.3	89	22.7
6	Social visits are less than before	295	75.3	97	24.7
7	I quitted some purchased daily needs	280	71.4	112	28.6
8	I started doing the papers for immigration	263	67.1	129	32.9
9	My work affected so much due to cut-off of electricity	257	65.6	135	34.4
10	I was not able to reach a place I planned to go to	214	54.6	178	45.4
11	I need to travel outside the Gaza Strip and can not	199	50.8	193	49.2
12	I went to Zaka organizations and other organizations to get the food	199	50.8	193	49.2
13	I can not find things I need in the market	152	38.8	240	61.2
14	I was not able to get specific medicine for me or for one of the family member	151	38.5	241	61.5
15	My monthly income decreased	144	36.7	248	63.3
16	Prices are sharply increased	139	35.5	253	64.5
17	I thought of immigration	130	33.2	262	66.8
18	I was prevented from visiting one of the family	125	31.9	267	68.1

	members in Israelis jails				
19	I stopped completely working	98	25.0	294	75.0
20	I had suffering of not able to receive proper medical care	65	16.6	327	83.4
21	I sold some of my furniture and wife gold.	63	16.1	329	83.9

4.2.2 Frequency of anxiety among the study sample

The total scores of anxiety among the study sample at the level of 56.4%, where the ratio scales plays the role of this step. Where the highest item were "I would like to be happy like others" 92.1 %, followed by "I lost my sleep because of anxiety" 86.7% %.While the lowest item were the "I feel no redness face at all" 22.2%, and the "I feel quietness all times" 26.3 % table 4-12.

Table 4-12: frequency of anxiety items

N	Items of anxiety	Yes		No	
		N	%	N	%
1	I would like to be happy like others.	361	92.1	31	7.9
2	I lost my sleep because of anxiety	340	86.7	52	13.3
3	Waiting make me nervous	317	80.9	75	19.1
4	I dream in many thing and I prefer kept for myself	312	79.6	80	20.4
5	I trust my self	306	78.1	86	21.9
6	I feel with fear in confronting the crisis.	302	77.0	90	23.0
7	I feel that difficulty accumulated more and more	301	76.8	91	23.2
8	I found my self anxious mot times.	299	76.3	93	23.7
9	I feel anxious for something all the times nearly.	295	75.3	97	24.7
10	I feel anxious to confront bad luck	290	74.0	102	26.0
11	I feel unstable to stay Longley on my seat	279	71.2	113	28.8
12	I feel very anxious about invaluable thing	271	69.1	121	30.9
13	I feel it is difficult to concentrate on work.	268	68.4	124	31.6
14	My sleep pattern disturbed	266	67.9	126	32.1

15	I cant thinking in one thing	262	66.8	130	33.2
16	I am hypersensitive	253	64.5	139	35.5
17	I ready to be effected to life events severely	249	63.5	143	36.5
18	I feel life is miserable most of the time.	246	62.8	146	37.2
19	I feel shame and redness face	244	62.2	148	37.8
20	Money and work make me anxious	242	61.7	150	38.3
21	I feel warm in my hands and feet's usually	239	61.0	153	39.0
22	I think I 'm not nervous more than others	234	59.7	158	40.3
23	I very rarely being constipated	228	58.2	164	41.8
24	I have little fear compared with my friends	226	57.7	166	42.3
25	I feel excited so I didn't get sleep	221	56.4	171	43.6
26	I am irritable easily	218	55.6	174	44.4
27	I rarely feel headache	218	55.6	174	44.4
28	I am hypersensitive than all people	209	53.3	183	46.7
29	I weeping easily	207	52.8	185	47.2
30	I didn't get tired	203	51.8	189	48.2
31	I have bad dreams and nightmares sometimes	196	50.0	196	50.0
32	I feel that I 'm about to be fragmented.	193	49.2	199	50.8
33	I have no redness face more than other	185	47.2	207	52.8
34	I have hand shivering when I did my works	185	47.2	207	52.8
35	I feel that I'm useless.	164	41.8	228	58.2
36	I am very exited person	164	41.8	228	58.2
37	I don't think observe tachycardia or tachyapnea	155	39.5	237	60.5
38	I feel anxious when I am doing my works	154	39.3	238	60.7
39	I feel fear from any person even they cant harm me.	150	38.3	242	61.7
40	H feel starving all the times	150	38.3	242	61.7
41	I am useless sometimes for anything	144	36.7	248	63.3
42	I feel sweetly when I am annoyed	141	36.0	251	64.0
43	I feel loss of self-confidence	135	34.4	257	65.6
44	I have a lot of troubles in my stomach	131	33.4	261	66.6

45	I feel happy most of the times	128	32.7	264	67.3
46	I feel sweaty even cold weather.	126	32.1	266	67.9
47	Sometimes, I have nausea	108	27.6	284	72.4
48	I feel quietness all times	103	26.3	289	73.7
49	I feel no redness face at all	87	22.2	305	77.8
50	I suffer from diarrhea	66	16.8	326	83.2

4.2.3 Frequency of depression among the study sample

The total scores of depression among the study sample at the level of 32.0%. Where the highest depression effects were "tiredness or fatigue" 64.5 %, followed by "Sadness" 62.8 %, and "guilty feelings" 59.2 %. While the lowest depression effects are the past failure 8.7%, and Self—dislike 11.5 %.

Table 4-13: Frequency of depression items

N	Items of depression	0		1		2		3	
		N	%	N	%	N	%	N	%
1	Suicidal thoughts	306	78.1	55	14.0	20	5.1	11	2.8
2	Self—dislike	283	72.2	45	11.5	38	9.7	26	6.6
3	Past failure	280	71.4	34	8.7	60	15.3	18	4.6
4	Worthlessness	261	66.6	62	15.8	49	12.5	20	5.1
5	Agitation	187	47.7	99	25.3	51	13.0	55	14.0
6	Crying	183	46.7	50	12.8	78	19.9	81	20.7
7	Loss of interest	165	42.1	118	30.1	72	18.4	37	9.4
8	Concentration difficulty	164	41.8	142	36.2	59	15.1	27	6.9
9	Loss of energy	162	41.3	141	36.0	73	18.6	16	4.1
10	Loss of interest in sex	157	40.1	171	43.6	42	10.7	21	5.4
11	Indecisiveness	148	37.8	141	36.0	47	12.0	56	14.3
12	Irritability	146	37.2	173	44.1	54	13.8	19	4.8
13	Punishment feelings	123	31.4	135	34.4	97	24.7	37	9.4
14	Pessimism	117	29.8	94	24.0	127	32.4	54	13.8

15	Loss of pleasure	113	28.8	128	32.7	107	27.3	44	11.2
16	Self- Criticalness	99	25.3	68	17.3	108	27.6	117	29.8
17	Sadness	86	21.9	246	62.8	25	6.4	35	8.9
18	Tiredness or fatigue	77	19.6	253	64.5	38	9.7	24	6.1
19	Guilty feelings	69	17.6	232	59.2	70	17.9	21	5.4
20	Changes in sleep	63	16.1	212	54.1	78	19.9	39	9.9
21	Change in appetite	63	16.1	229	58.4	73	18.6	27	6.9

4.3 Prevalence of anxiety and depression among the study sample

4.3.1 Prevalence of anxiety among the study sample:

There were 8 (2.0%) of the study sample of the university students were had no anxiety "0– 13 total scores", 156 (39.8%) had mild anxiety "14– 26 scores", 166 (42.3%) were had moderate anxiety "27– 36 scores", and 62 (15.8%) of the study sample were had sever anxiety "37– 50 scores".

Table 4-14: Prevalence of anxiety among the study sample

Variable	No.	%
No anxiety "0– 13 scores"	8	2.0
Mild anxiety "14– 26 scores"	156	39.8
Moderate anxiety "27– 36 scores"	166	42.3
Severe anxiety "37– 50 scores"	62	15.8
Total	392	100

4.3.2 Prevalence of depression among the study sample:

There were 234 (59.7%) of the study sample of the university students were had no depression "0– 21 total scores", 146 (37.2%) suffered moderate depression "22– 42 scores", and 12 (3.1%) of them were had sever depression "43– 63 scores".

Table 4-15: Prevalence of depression among the study sample

Variable	No.	%
No depression "0– 21 scores"	234	59.7
Moderate depression "22– 42 scores"	146	37.2
Severe depression "43– 63 scores"	12	3.1
Total	392	100

4.3.3 The relation between Siege and mental health "anxiety and depression " among the study sample:

There were positive significant correlation between siege and anxiety and among the study sample of university students (Person's correlation "R"= 0.454, P= 0.001).

There were positive significant correlation between siege and depression and among the study sample of university students (Person's correlation "R"= 0.250, P= 0.001).

That means the high incidence of siege will combined with high incidence of anxiety and depression, among the study sample of university students, and reversible is right.

Table 4-16: Correlation between siege and anxiety and depression among the study sample

Variables	Siege	<i>P. value</i>
Anxiety	0.454	0.001***
Depression	0.250	0.001***

*** $p < 0.001$

4.4 Siege, anxiety and depression according to socio-demographic variables among the study sample

4.4.1 Siege, anxiety and depression according to type of the sex

The researcher demonstrate t-independent test to investigate the differences between male and female in demonstrating Siege and anxiety and depression .

The result found that a significant difference in siege according to sex of the study sample, ($t= 4.21$, $p= 0.001$), in favor males .

In addition; the result found that a significant difference in depression according to sex of the study sample, ($t= 3.29$, $p= 0.001$), in favor males .

While the result found that no significant difference in anxiety according to sex of the study sample, ($t= 0.56$, $p= 0.576$).

Table 4-17: Independent t-test comparing means of siege and anxiety and depression according to sex

Variable	Male N = 183		Female N = 209		T- value df= 390	Sig. Level
	Mean	SD	Mean	SD		
Siege	12.19	4.238	10.57	3.328	4.21	*** 0.001
Anxiety	28.42	8.437	27.98	7.134	0.56	0.57
Depression	21.95	11.149	18.64	8.705	3.29	*** 0.001

*p< 0.05

**p< 0.01

***p< 0.001

4.4.2 Siege, Anxiety and depression according to university of the study sample:

In order to investigate the difference in siege, anxiety and depression according to university of the study sample (Aqsa, Islamic, Azhar, or Quds) the researcher demonstrate one-way ANOVA analysis.

There was a significant difference in siege according to the university of the study sample ($f=24.496$; $P= 0.001$). The lowest siege effect was on the Islamic university (mean; 9.25), and the highest siege effect was on Al Quds Open (mean 13.31).

In addition; there was a significant difference in anxiety according to the university of the study sample ($f=4.782$; $P= 0.003$). The lowest anxiety effect was on Islamic university (mean 26.50), but the highest anxiety effect was on Al Quds Open university (mean 30.54).

While; there was no significant difference in depression according to the university of the study sample ($f=1.624$; $P= 0.183$).

Table 4-18: One-way ANOVA comparing siege, anxiety and depression according to university

Variable	Source of variance	Sum of Squares	Df	Mean Square	F- value	Sig. Level
Siege	Between Groups	928.214	3	309.405	24.496	*** 0.001
	Within Groups	4900.674	388	12.631		
	Total	5828.888	391			
Anxiety	Between Groups	840.092	3	280.031	4.782	** 0.003
	Within Groups	22722.558	388	58.563		
	Total	23562.651	391			
Depression	Between Groups	489.161	3	163.054	1.624	0.183
	Within Groups	38965.490	388	100.427		
	Total	39454.651	391			

*p< 0.05

**p< 0.01

***p< 0.001

Post –hoc analysis using Scheffe statistical test was done and indicated; the means of siege and anxiety according to university of the study sample (Aqsa, Islamic, Azhar, or Quds), as table 4-19:

The group of Islamic university students were significantly lower in siege and anxiety than other groups of universities of the study sample.

Table 4-19: Means of siege and anxiety according to university

Variable		No.	Mean	S.D
Siege	Aqsa	90	11.82	3.922
	Islamic	126	9.25	3.646
	Azhar	90	11.85	2.798
	Quds Open	86	13.31	3.714
Anxiety	Aqsa	90	28.35	8.288
	Islamic	126	26.50	7.574
	Azhar	90	28.14	7.353
	Quds Open	86	30.54	7.375

4.4.3 Siege, anxiety and depression according to type of residence (City-Camp-Village):

One-Way ANOVA analysis was used to study the differences between siege, anxiety and depression according to the type of residence (City-Camp-Village).

There was a significant difference in anxiety according to the type of residence of the study sample (f=4.897; P= 0.008).

In addition; there was a significant difference in depression according to the type of residence of the study sample (f=9.445; P= 0.001).

While; there was no significant difference in siege according to the type of residence of the study sample (f=1.963; P= 0.142).

Table 4-20: One-way ANOVA comparing siege, anxiety and depression according to type of residence

Variable	Source of variance	Sum of Squares	Df	Mean Square	F- value	Sig. Level
Siege	Between Groups	58.246	2	29.123	1.963	0.142
	Within Groups	5770.642	389	14.835		
	Total	5828.888	391			
Anxiety	Between Groups	578.722	2	289.361	4.897	** 0.008
	Within Groups	22983.929	389	59.085		
	Total	23562.651	391			
Depression	Between Groups	1827.161	2	913.580	9.445	*** 0.001
	Within Groups	37627.490	389	96.729		
	Total	39454.651	391			

*p< 0.05

**p< 0.01

***p<0.001

Post –hoc analysis using Scheffe statistical test was done and indicated; the means of anxiety and depression according to type of residence of the study sample (City-Camp-Village), as shown in the following table:

The group of students who live in village were significantly higher in anxiety and depression than other groups the study sample. The lowest anxiety effect was on cities residence (mean

27.76), and the highest was on village residence (31.84). But the lowest depression effect was on camp residence (18.81) and the highest was on village residence (16.46) .

Table 4-21: Means of anxiety and depression according to type of residence

Variable		No.	Mean	S.D
Anxiety	City	201	27.76	7.444
	Camp	152	27.81	8.099
	Village	39	31.84	7.242
Depression	City	201	20.01	9.560
	Camp	152	18.81	9.737
	Village	39	26.46	11.502

4.4.4 Siegf, anxiety and depression according to the size of family:

In order to study the differences between siegf, anxiety and depression according to size of family (4 Persons and less, 5-7, 8 and above) of the university students we used one-way ANOVA analysis.

There was no significant difference in siegf according to the size of family of the study sample ($f=0.421$; $P= 0.657$).

In addition; there was no a significant difference in anxiety according to the size of family of the study sample ($f=2.504$; $P= 0.083$).

There was no significant difference in depression according to the size of family of the study sample ($f=0.210$; $P= 0.811$).

Table 4-22: One-way ANOVA comparing siege, anxiety and depression according to size of family

Variable	Source of variance	Sum of Squares	Df	Mean Square	F- value	Sig. Level
Siege	Between Groups	12.590	2	6.295	0.421	0.657
	Within Groups	5816.297	389	14.952		
	Total	5828.888	391			
Anxiety	Between Groups	299.541	2	149.770	2.504	0.083
	Within Groups	23263.110	389	59.802		
	Total	23562.651	391			
Depression	Between Groups	42.534	2	21.267	0.210	0.811
	Within Groups	39412.117	389	101.316		
	Total	39454.651	391			

*p< 0.05

**p< 0.01

***p< 0.001

4.4.5 Siege, anxiety and depression according to father educational levels:

One-Way analysis was used to study the differences in siege, anxiety and depression according to levels of father educational level of the study sample “not educated - elementary - preparatory – secondary – diploma - university degree – Post graduate”.

There was a significant difference in siege according to the father educational level of the study sample (f=3.760; P= 0.001).

In addition; there was a significant difference in depression according to the father educational level of the study sample (f=2.632; P= 0.016).

While; there was no significant difference in anxiety according to the father educational level of the study sample (f=1.400; P= 0.213).

Table 4-23: One-way ANOVA comparing siege, anxiety and depression according to father educational level

Variable	Source of variance	Sum of Squares	Df	Mean Square	F- value	Sig. Level
Siege	Between Groups	322.643	6	53.774	3.760	*** 0.001
	Within Groups	5506.245	385	14.302		
	Total	5828.888	391			
Anxiety	Between Groups	503.135	6	83.856	1.400	0.213
	Within Groups	23059.516	385	59.895		
	Total	23562.651	391			
Depression	Between Groups	1554.590	6	259.098	2.632	* 0.016
	Within Groups	37900.061	385	98.442		
	Total	39454.651	391			

*p< 0.05

**p< 0.01

***p< 0.001

Post –hoc analysis using Scheffe statistical test was done and indicated; the means of siege and depression according to father educational level of the study sample “Not educated - Primary - Preparatory – Secondary – Diploma - University Degree – Post graduate”, as shown in the following table:

The students who had secondary father educational level were significantly more affect by siege than who had university father educational level of the study sample. The lowest siege effect was on university education level (mean10.14), but the highest effect was on non-educated persons (mean13.90).

While; the students who had university father educational level were significantly higher in depression than who had secondary father educational level of the study sample. The lowest depression effect was on Diploma (18.37), and the highest effect was on non-educated (25.80).

Table 4-24: Means of siege and depression according to father educational level

Variable		No.	Mean	S.D
Siege	Not educated	10	13.90	4.653
	Primary	39	11.35	4.081
	Preparatory	62	12.11	3.516
	Secondary	103	12.08	3.531
	Diploma	48	10.87	3.851
	University	105	10.14	3.688
	Postgraduate	25	11.08	4.742
Depression	Not educated	10	25.80	13.966
	Primary	39	19.71	7.619
	Preparatory	62	19.19	9.679
	Secondary	103	18.40	8.415
	Diploma	48	18.37	9.436
	University	105	22.61	11.010
	Postgraduate	25	21.80	13.238

4.4.6 Siege, anxiety and depression according to mother educational levels:

One-Way analysis was used to study the differences in siege, anxiety and depression according to levels of mother educational level of the study sample “not educated - elementary - preparatory – secondary – diploma - university degree – Post graduate”.

There was a significant difference in siege according to the mother educational level of the study sample ($f=6.468$; $P= 0.001$).

In addition; there was a significant difference in depression according to the mother educational level of the study sample ($f=2.581$; $P= 0.018$).

While; there was no significant difference in anxiety according to the mother educational level of the study sample ($f=0.902$; $P= 0.493$).

Table 4-25: One-way ANOVA comparing siege, anxiety and depression according to mother educational level

Variable	Source of variance	Sum of Squares	Df	Mean Square	F- value	Sig. Level
Siege	Between Groups	533.737	6	88.956	6.468	*** 0.001
	Within Groups	5295.151	385	13.754		
	Total	5828.888	391			
Anxiety	Between Groups	326.658	6	54.443	0.902	0.493
	Within Groups	23235.992	385	60.353		
	Total	23562.651	391			
Depression	Between Groups	1525.356	6	254.226	2.581	* 0.018
	Within Groups	37929.295	385	98.518		
	Total	39454.651	391			

*p< 0.05

**p< 0.01

***p< 0.001

Post –hoc analysis using Scheffe statistical test was done and indicated; the means of siege and depression according to mother educational level of the study sample “Not educated - Primary - Preparatory – Secondary – Diploma - University Degree – Post graduate”, as shown in the following table:

The students who had preparatory mother educational level were significantly more affect by siege than who had diploma and university mother educational level of the study sample.

The students who had not educated mothers were significantly higher in depression than who had mothers with secondary educational level of the study sample. The lowest siege effect was on diploma (mean 9.31), but the highest effect was on non-educated persons (mean 13.08). While, the lowest depression effect was on postgraduate (mean 16.75), and the highest effect was on non-educated (mean 24.91).

Table 4-26: Means of siege and depression according to mother educational level

Variable		No.	Mean	S.D
Siege	Not educated	23	13.08	3.953
	Primary	36	11.97	3.148
	Preparatory	98	12.68	3.770
	Secondary	123	11.01	3.605
	Diploma	51	9.31	3.569
	University	57	10.47	4.221
	Postgraduate	4	10.00	1.154
Depression	Not educated	23	24.91	13.176
	Primary	36	21.16	8.637
	Preparatory	98	20.47	9.456
	Secondary	123	17.74	8.371
	Diploma	51	21.41	10.537
	University	57	21.59	12.185
	Postgraduate	4	16.75	11.644

4.4.7 Siege, anxiety and depression according to father work:

One-Way analysis was used to study the differences in siege, anxiety and depression according to levels of father educational level of the study sample (un-employee - worker – skilled worker – employee – others).

There was a significant difference in siege according to the work of father of the study sample ($f=3.549$; $P= 0.007$).

In addition; there was a significant difference in anxiety according to the work of father of the study sample ($f=2.496$; $P= 0.042$).

While; there was no significant difference in depression according to the work of father of the study sample ($f=0.564$; $P= 0.689$).

Table 4-27: One-way ANOVA comparing siege, anxiety and depression according to father work

Variable	Source of variance	Sum of Squares	Df	Mean Square	F- value	Sig. Level
Siege	Between Groups	206.226	4	51.557	3.549	** 0.007
	Within Groups	5622.661	387	14.529		
	Total	5828.888	391			
Anxiety	Between Groups	592.556	4	148.139	2.496	* 0.042
	Within Groups	22970.095	387	59.354		
	Total	23562.651	391			
Depression	Between Groups	228.619	4	57.155	0.564	0.689
	Within Groups	39226.031	387	101.359		
	Total	39454.651	391			

*p< 0.05

**p< 0.01

***p< 0.001

Post –hoc analysis using Scheffe statistical test was done and indicated; the means of siege and anxiety according to work of father of the study sample (un-employee - worker – skilled worker – employee – other works), as shown in the following table:

The students who had un-employee fathers were significantly more affect by siege than who had employed fathers of the study sample. The lowest siege effect was on employee (mean 10.53), and the highest siege effect on skilled worker (mean 12.16).

In addition; the students who had un-employee fathers were significantly higher in anxiety than who had father with other works educational level of the study sample. The lowest anxiety effects was on other workers (24.45), and highest effects on workers (29.50).

Table 4-28: Means of siege and anxiety according to father's work

Variable		No.	Mean	S.D
Siege	Un-employee	135	12.07	3.941
	Worker	64	11.87	3.219
	skilled worker	6	12.16	2.136
	Employee	167	10.53	4.035
	Others	20	11.00	2.919
Anxiety	Un-employee	135	29.00	7.814
	Worker	64	29.50	7.493
	skilled worker	6	25.16	6.823
	Employee	167	27.59	7.685
	Other works	20	24.45	7.983

4.4.8 Siege, anxiety and depression according to the mother's work of the study sample:

One-way ANOVA analysis was demonstrated to investigate the differences in siege, anxiety and depression according to mother's work of the study sample (house wives - employee) of the university students.

the result found that no significant difference in siege according to work of mothers of the study sample ($t= 1.85, p= 0.064$).

In addition; the result found that no significant difference in anxiety according to work of mothers of the study sample ($t= 0.53, p= 0.594$).

No significant difference in depression according to work of mothers of the study sample, ($t= 1.08, p= 0.280$).

Table 4-29: Independent t-test comparing means of siege and anxiety and depression according to work of mothers

Variable	House wife N = 336		Employee N = 56		T- value df= 390	Sig. Level
	Mean	SD	Mean	SD		
Siege	11.47	3.916	10.44	3.405	1.85	0.064
Anxiety	28.27	7.619	27.67	8.632	0.53	0.594
Depression	19.96	9.710	21.53	11.870	1.08	0.280

*p< 0.05

**p< 0.01

***p< 0.001

4.4.9 siege, anxiety and depression according to the family income of the sample:

One-way ANOVA analysis was demonstrated to investigate the differences in siege, anxiety and depression according to family income of the study sample (1000 NIS and less than, 1001 – 2000, 2001- 3000, 3001- 4000, and more than 4000 NIS).

There was a significant difference in siege according to the family income of the study sample (f=8.476; P= 0.001).

In addition; there was a significant difference in anxiety according to the family income of the study sample (f=2.562; P= 0.038).

While; there was no significant difference in anxiety according to the family income of the study sample (f=1.319; P= 0.262).

Table 4-30: One-way ANOVA comparing siege, anxiety and depression according to family income

Variable	Source of variance	Sum of Squares	Df	Mean Square	F- value	Sig. Level
Siege	Between Groups	469.509	4	117.377	8.476	*** 0.001
	Within Groups	5359.379	387	13.849		
	Total	5828.888	391			
Anxiety	Between Groups	607.814	4	151.954	2.562	* 0.038
	Within Groups	22954.836	387	59.315		
	Total	23562.651	391			
Depression	Between Groups	530.760	4	132.690	1.319	0.262
	Within Groups	38923.890	387	100.579		
	Total	39454.651	391			

*p< 0.05

**p< 0.01

***p< 0.001

Post –hoc analysis using Scheffee statistical test was done and indicated; the means of siege and anxiety according to family income of the study sample (1000 NIS and less than, 1001 – 2000, 2001- 3000, 3001- 4000, and more than 4000 NIS), as shown in the following table:

The students of two lowest family income group (2000 and less than) were significantly more affect by siege than two highest family income groups (3001 and above) of the study sample. The lowest siege affect was on family income that ranged between 3001-4000NIS (mean 8.85), and the highest siege effects was on low family income (less than 1000NIS).

In addition; the students of lowest family income group (1000 and less than) were significantly high anxious than two highest family income groups (3001 and above) of the study sample. The lowest anxiety effect was on family income that ranged between 3001-4000NIS by mean 24.59) and the highest anxiety effects was on low family income (less than 1000NIS).

Table 4-31: Means of siege and anxiety according to family income

Variable		No.	Mean	S.D
Siege	Less than 1000 NIS	154	12.17	3.719
	1001 - 2000 NIS	100	11.85	3.691
	2001 - 3000 NIS	69	10.81	4.106
	3001- 4000 NIS	27	8.85	3.644
	More than 4000 NIS	42	9.45	3.132
Anxiety	Less than 1000 NIS	154	29.20	7.779
	1001 - 2000 NIS	100	28.11	7.782
	2001 - 3000 NIS	69	28.39	6.800
	3001- 4000 NIS	27	24.59	7.831
	More than 4000 NIS	42	26.66	8.495

Chapter Five

Discussion and recommendations

This chapter will put on the hand the main results and its discussion according to the previous studies. The researcher will highlights the relationship between siege, anxiety and depression. Furthermore, the researcher will stress some of the recommendation regarding universities students who affected by the siege.

5.1 The main results:

- The results demonstrated that the total mean of siege items among the study sample was 11.33 at the level of 54.0%.
- There were 8 (2.0%) of the study sample of the university students were had no anxiety "0– 13 total scores", 156 (39.8%) had mild anxiety "14– 26 scores", 166 (42.3%) were had moderate anxiety "27– 36 scores", and 62 (15.8%) of the study sample were had sever anxiety "37– 50 scores".
- There were 234 (59.7%) of the study sample of the university students were had no depression "0– 21 total scores", 146 (37.2%) suffered moderate depression "22– 42 scores", and 12 (3.1%) of them were had sever depression "43– 63 scores".
- There were positive significant correlation between siege and anxiety and among the study sample of university students (Person's correlation "R"= 0.454, P= 0.001).
- There were positive significant correlation between siege and depression and

among the study sample of university students (Person's correlation "R"= 0.250, P= 0.001). That means the high incidence of siege will combined with high incidence of anxiety and depression, among the study sample of university students, and reversible is right.

- The result found that a significant difference in siege according to sex of the study sample, ($t= 4.21$, $p= 0.001$), in favor males . In addition; the result found that a significant difference in depression according to sex of the study sample, ($t= 3.29$, $p= 0.001$), in favor males .
- There was a significant difference in siege according to the university of the study sample ($f=24.496$; $P= 0.001$). In addition; there was a significant difference in anxiety according to the university of the study sample ($f=4.782$; $P= 0.003$).
- There was a significant difference in anxiety according to the type of residence of the study sample ($f=4.897$; $P= 0.008$). In addition; there was a significant difference in depression according to the type of residence of the study sample ($f=9.445$; $P= 0.001$).
- There was no significant difference in siege according to the size of family of the study sample ($f=0.421$; $P= 0.657$). In addition; there was a significant difference in anxiety according to the size of family of the study sample ($f=2.504$; $P= 0.083$).
- There was a significant difference in siege according to the father educational level of the study sample ($f=3.760$; $P= 0.001$). In addition; there was a significant difference in depression according to the father educational level of the study sample ($f=2.632$; $P= 0.016$).

- There was a significant difference in siege according to the mother educational level of the study sample ($f=6.468$; $P= 0.001$). In addition; there was a significant difference in depression according to the mother educational level of the study sample ($f=2.581$; $P= 0.018$).
- There was a significant difference in siege according to the work of father of the study sample ($f=3.549$; $P= 0.007$). In addition; there was a significant difference in anxiety according to the work of father of the study sample ($f=2.496$; $P= 0.042$).
- The result found that no significant difference in siege according to work of mothers of the study sample ($t= 1.85$, $p= 0.064$). In addition; the result found that no significant difference in anxiety according to work of mothers of the study sample ($t= 0.53$, $p= 0.594$).
- There was a significant difference in siege according to the family income of the study sample ($f=8.476$; $P= 0.001$). In addition; there was a significant difference in anxiety according to the family income of the study sample ($f=2.562$; $P= 0.038$).

5.2 Discussion:

The results demonstrated that the total mean of siege items among the study sample was 11.33 at the level of 54.0%. Where the highest siege effects were "I can not finish some construction and repair work in my house due to shortage of cement and building materials" 97.4 %, followed by "One of the family member died due to prevention of traveling for treatment" 86.2 %. The researcher hypothesize that related to sustainability of the siege and its expansion all over Gaza and affected all people from different socioeconomic classes. This is a consistent and systematic policy of collective punishment against Palestinian civilians in contradiction with the international conventions. That appear to be consistent with the finding of CMHP (2008) report that reported that the continuations of the closures and restrictions have

had catastrophic effects on the living conditions of civilians resulting in exacerbation of the existing problems of poverty and unemployment.

In a report by Butcher (2008) found that Gaza's humanitarian crisis is more acute today than at any time. More Gazans are dependent on food aid than ever before, hospitals suffer the longest power cuts yet experienced, record levels of raw sewage are being pumped daily into the sea and the economy has never been worse.

Furthermore, the World Health Organization (WHO) (2008) in their report found that the lack of electrical power, arising from a fuel shortage, and restrictions on the movement of people and goods, including medicines, jeopardize the continuity of basic health care and curtail access to specialist care outside Gaza.

However, Palestinian Shippers' Council (2007) reported that the economic situation is also affected with closure imposed on exports and the limitation of imports to basic commodities and processed food, while needed raw materials for industry production are banned from entry.

The results revealed that 2% of the universities students have no anxiety; 39.8% have mild anxiety; 42.3% have moderate anxiety; and 15.8% have severe anxiety. The researcher hypothesizes that for the effects of the siege that affected every one in Gaza strip and the majority of the students suffer from the anxiety by all levels. Furthermore, the stressful situation which they live have major affect on those student and also, the students were exposed to different situational stressors that accumulated the anxiety disorders among them. Since they exposed to war crisis, siege with all its dimensions that reflected on their daily living functions. In a study by Abu Hein (2008) who studies the effects of living under siege found that 92% of the Palestinian children of Gaza suffer from feeling of insecurity and feel anxiety and tension that appear consistent with our results.

Also, consistent with the results of CMHP (2008) which reported that the reactions for frustrations and pressure contribute to low self esteem, feeling of worthlessness, powerlessness, loneliness, despair, loss of hope, anxiety and feelings of anger and alienation, panic, fear, nervousness, depressed mood, and feeling overwhelmed, feelings of laziness and apathy, helplessness, and inability to practice the daily routine in an appropriate manner as well as an increased demands and pressures and inability to fulfill such demands in an adaptive manner.

But the results demonstrated that 59.7% of the students have no depression; 37.2% have moderate depression; and 3.1% have severe depression. The researcher

hypothesize that related to the siege effects and the restrictions of movements, unavailability of the necessary needs on both social or economical aspects. These results seem to be consistent with the results of CMHP report (2008) which reported that in the case of prolonged psychological pressure and frustrations, and inability to cope with them, the symptoms may develop into more serious psychological disorders such as depressions, anxiety, or somatoform disorders (conversion disorders and hypochondriasis).

Anxiety and depression prevalence have been more prevalent among the universities students in Gaza Strip. These results indicated the critical issue especially when the results appeared among the universities students since these students considered elite among the Palestinian people.

These results seem to be consistent with the results of First (2008) who found that listening to children is difficult for parents under siege because of parental shame at not being able to provide and protect, and confusion over what can be said. Parental anxiety, grief, helplessness, depression or despair may enter in.

The increasing numbers of anxiety and depression cases among universities students related to different situations originated from the siege and as a dangerous consequence of the siege. The deficiency of food supplies; health equipment; educational process; and economical aspects due to siege made different problems to Gazan's population generally and universities students especially. In a study by O'Loughlin (2008) found that nearly 60% suffered post traumatic stress disorder, around 20% suffered anxiety and 51% were depressed.

However, in a study by Abu Hien (2008) He found that 87% of Gaza children feel fear of darkness and they are more clinging to their parents and sharing their fears. 68% of them suffering from school problems like lack of concentration. 76% of them has behavioral problems like isolation, social withdrawal and aggression.

But in another study by Awad (2008) found that feelings of insecurity and distress are all too common for children who witness violence. Often, they perform poorly in school, or drop out altogether.

The results revealed that there were significant positive correlation between siege, anxiety, and depression among universities students. However, that means the high incidence of the siege combined with high incidence of anxiety and depression. The

researcher attribute that for the different effects of the siege on all life walks. The siege destroyed the humanity, the economy, social relation, and education.

In a study by Nassrallah (2008) and CMHP report (2008) showed that the siege had a negative effects on the population in Gaza strip that appear consistent with our results. According to CMHP report (2008) they found that there were other psychological responses including lack of attention, poor concentration, and memory problems, all of which result in lack of decision making and being easily-provoked. For people who are already suffering from psychological problems, their problems are aggravated as a result of the increased pressure and due to lack of medications, particularly for psychotic patients. At the somatic level, there are physical reactions such as pains in some parts of the body including; muscle pains, headaches, stomachaches, and feeling of suffocation and exhaustion etc (CMHP, 2008).

In another study by CMHP (2007) found that children may develop various psychological problems including; anxiety and depression, aggressiveness, poor concentration, withdrawal, clinging to parents, sleep disturbances. Also, children regress to behaviors inappropriate to their stage of development through thumb sucking, nail-biting, enuresis, and aggressiveness.

The results revealed that there were a significant differences in siege and depression according to sex in favor of males; while there were no significance in anxiety according to sex of the study sample. The researcher attribute these results for male dominance in the community and because of the direct participation of males in all life walks and they more prone to stressful situations than female. Males in Gaza face different stressful situations since they participate in work, help their families, their needs expand and they unable to meet the initials of it. These unmet needs lead to depressed mood and other psychological problems that appear more in males. But anxiety seems to be equal in both sexes so any thing in the life due to the deficiency of the necessary needs may lead to anxious mood in both.

However, in a study by CMHP (2007) found that the closure is converting the Gaza strip into what resembles a huge prison, resulting in feelings of intolerance, isolation, alienation, broken social connections, and networks as well as an increased level of community, tribal, and familial violence.

The results revealed that there were a significant difference in siege and anxiety according to the type (name) of the university. Scheffe test indicated that Islamic

university students were significantly lower in siege and anxiety than other universities. The researcher hypothesize that these results reflect the policy of the university and institutional mission for every university. However, these results indicated that the availability of the Islamic university resources diminish the effects of the siege and anxiety, but the other universities affected by the siege and this lead to anxiety because they followed by external resources and polices. Also, the Islamic university governed by local and national policy that differ from other universities. But the other universities exposed to different situational stressors including external or internal stressors that not complied with the procedures of the Islamic university.

The results found that there were a significant differences in anxiety and depression according to type of residence in favor of villages residence. The researcher hypothesize that because the shortage of necessary needs and life requirements for the students who live in villages. The highly demanding life required more needs but the villages residents unable to met these needs during the current crisis. So, the villages resident students more prone to develop anxiety and depression than others.

The results showed that there were no significant differences in siege, anxiety, and depression according to the family size between the study sample. The researcher attribute that for unexpected effects that cover all families without regarding to the number of the family and it is considered general problem not specified for some persons.

The results revealed that there were a significant differences in siege and depression according to father and mother education in favor of not educated (parents). The researcher hypothesized that related to social differences and limited resources in addition to additional thoughts and opinions related to siege and depression.

The results found a significant differences in siege and anxiety according to father work among the study sample. Scheffe test indicated that the universities students who have unemployed fathers have higher degrees of siege and anxiety than others who employed. The researcher attribute these results for accumulated effects of the siege that people suffer from and all life walks lead to increase these problems among unemployed. However, all Gazan's people suffer from different effects of siege and anxiety with variety in its sequence and duration. That seem to be consistent with Palestinian Shippers' Council Report (2007) which reported that unemployment (65%) levels have sharply limited households' ability to buy supplies.

But the results revealed that there were no statistical differences in siege, anxiety, depression according to mother's employments for the universities students. The researcher hypothesize that because mothers didn't play role in work and employment in our community .

The results found that there were a significant difference in siege and anxiety according to family income among the universities students. Scheffe test indicated that universities students with low family income more affected by siege and anxiety than universities students with high family income. The researcher hypothesize that these results because high income families achieve the needs of their students but low income families unable to achieve the basic needs and requirements so they affected by siege and anxiety.

The current study seem to be consistent with the results of Palestinian Shippers' Council Report (2007) which reported that Gaza's high poverty (85% of households are living under the poverty line) and unemployment (65%) levels have sharply limited households' ability to buy supplies. These factors amongst other impediments have affected and impacted the operation and growth of the private sector enterprises. Most of the 3,900 industries in Gaza are manufacturing industries of which there is a 95% dependency on imported raw materials. Also there is an 80% dependency on the imports of machinery and maintenance parts which can lead to the suspension of production lines.

However, As a result, direct and indirect losses are estimated at US\$ 4 million for the Furniture Sector, US\$ 12 millions for the Garment and Textile Sector and US\$ 3 millions for the Processed Food Sector. The summer season is critical for the exports of industrial sectors. The planting season normally starts in June for the upcoming export season in November. If the border terminals remain closed, the sector will face a 100% loss in sales estimated to be more than US\$ 12 million (Palestinian Shippers' Council ,2007).

5.3 Conclusion

The universities students suffer from a great and unlimited affects of the siege that changed the life situation in Gaza and accumulated different effects all over the residents in that localized area.

The siege have several dangerous effects on social, political, economical, educational, as well as psychological impacts. The siege limit the entrance of medical equipments and instruments, drugs and medication, goods, and all life basics. Furthermore, the limited resources in Gaza strip due to siege created socio-economical gap in all life walks. The Palestinian people suffer from poverty , low income , and high prices for every thing they want to achieve. The dramatically changes that occurred due to siege were severe and unbearable in short time which deteriorated all aspects of life inside Gaza Strip. Also, the universities students were considered the most significant group among Palestinian people who complain of several limitations and shortages due to siege that affected these groups. These groups represent the highest cluster among Palestinian people whom suffer of a great anxiety and depression and other mental health problems as a result of confirmed siege on Gaza Strip. On the other hand, Gazan's people generally complained from unavailability of medical help and supplies that must be available for every one in our community. In addition, the Gazan's people developed various medical and ,mental health problems due to siege. However, they complaining of many psychological problems ranging from anxiety, depression, and other psychological problems including anger, sleep disturbance, aggression. While, the educational process were deteriorated and all the students were unable to achieve their right to learn board or in West Bank. The prolonged prohibition on students leaving the Strip to study has created a grave shortage of skilled personnel, among them specialist physicians and persons engaged in the paramedic professions. Generally, The siege and its accompanying sanctions have led to shortages of food, electricity, medicines and medical treatment, have severely restricted freedom of movement, and have impeded the residents' ability to earn a living and obtain an education.

5.4 Recommendations

Community Mental Health Providers:

- It is necessary from community mental health program to take action and provide the main intervention for those complaining from anxiety and other psychological problems.
- It is necessary to provide immediate action regarding psychological problems and mental health problems for those suffering from siege.
- Providing psychological first aid for those complaining from anxiety and depression due to siege and provide them with the necessary requirements.

International Organizations:

- Asking international humanitarian organizations to take action against the siege and follow the international census to relieve the siege.
- Free the main entrance (check points) from and to Gaza, and re-open main borders.
- It is necessary for the international community to pay a close attention to the children right of protection from the negative consequences of siege in order to maintain their psychological and physical well being.
- It is necessary to urge the international community to protect Palestinian children and to break the imposed siege on Palestinian people.
- It is necessary from the international community to pressure Israel to stop violation of Palestinian rights and to allowing free movement of people, goods, and necessary equipment and supplies.
- It is necessary from the international court of justice to pressure Israel to abide by the international conventions regarding human rights and children's rights.

Universities and Colleges

- It is necessary for the universities to train and instruct the students regarding the psychological problems and the effects of the siege and to provide necessary intervention regarding the effects of the siege.
- Provide close attention to the surrounding situations and respect the human right and make a real consideration to university fees and students requests.

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Annex 1

Helsinki approval letter

Palestinian National Authority
Ministry of Health
Helsinki Committee



السلطة الوطنية الفلسطينية
وزارة الصحة
لجنة هلسنكي

التاريخ 2009/6/3

Name:

الاسم: إسماعيل إبراهيم ليد

I would like to inform you that the committee has discussed your application about:

نفيدكم علماً بأن اللجنة قد ناقشت مقترح دراستكم

حول:-

The impact of siege on prevalence of depression and anxiety disorder among university students in Gaza Governorates

In its meeting on June 2009

و ذلك في جلستها المنعقدة لشهر 6 2009

and decided the Following:-

و قد قررت ما يلي:-

To approve the above mention research study.

الموافقة على البحث المذكور عاليه.

Signature

توقيع

Member

عضو

Member

عضو



Conditions:-

- ❖ Valid for 2 years from the date of approval to start.
- ❖ It is necessary to notify the committee in any change in the admitted study protocol.
- ❖ The committee appreciate receiving one copy of your final research when it is completed.

Annex 2

Al-Quds University
Jerusalem
School of Public Health



جامعة القدس
القدس
كلية الصحة العامة

2009/5/20

الشيخ د. محمد سليم الكبيسي
رئيس جامعة الأقصى
م. لاقدام
2009/5/20

حضرة الأستاذ الدكتور/ علي أبو زهري حفظه الله
رئيس جامعة الأقصى
كلية طبية وعيد ...

الموضوع مساعدة الطالب إسماعيل إبراهيم ليد

يقوم الطالب المذكور أعلاه بإجراء بحث بعنوان :

"The impact of siege on prevalence of depression and anxiety disorder among university students in Gaza Governorates"

كمتطلب للحصول على درجة الماجستير في الصحة النفسية المجتمعية وعليه نرجو التكرم والإيعاز لمن ترونه مناسب لتسهيل مهمة الطالب في جمع البيانات اللازمة من جامعتكم الموقرة .
علما بأن المعلومات ستكون متوفرة لدى الباحث والجامعة فقط وستطعنكم على النتائج في حينه .
شاكرين لكم حسن تعاونكم ودعمكم للمسيرة التعليمية .

وتفضلوا بقبول وافر الاحترام والتقدير،،،



د.عبد العزيز موسى ثابت
منسق برنامج الصحة النفسية المجتمعية
جامعة القدس - غزة

د.عبد العزيز موسى ثابت

السيد د.عبد العزيز موسى ثابت
أقام طلبه لمرتب
لا مانع منه كمتابعة
م. لاقدام
2009/5/24

السيد د.عبد العزيز موسى ثابت
م. لاقدام
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Annex 3

23.MAY.2009 10:29 082827644

VICE PRESIDENT

#4124 P.001 /001

Al-Quds University

Jerusalem

School of Public Health



جامعة القدس

القدس

كلية الصحة العامة

د. قاسم قاسم

2009/5/20

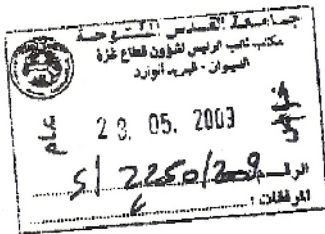
23-05-2009

Faxed

د. قاسم قاسم

د. قاسم قاسم

مساعد الباحث في الصحة العامة



حضرة الأستاذ الدكتور/ عدنان قاسم حفظه الله
نائب الرئيس لشئون قطاع غزة - جامعة القدس المفتوحة
تحية طيبة وبعد،،،

5/23
2009

الموضوع مساعدة الطالب إسماعيل لبد

يقوم الطالب المذكور أعلاه بإجراء بحث بعنوان :

"The impact of siege on prevalence of depression and anxiety disorder among university students in Gaza Governorates"

كمنطلب للحصول على درجة الماجستير في الصحة النفسية المجتمعية . وعليه نرجو التكرم والإيعاز لمن ترونه مناسب لتسهيل مهمة الطالب في جمع البيانات اللازمة من جامعتكم الموقرة .
علما بأن المعلومات ستكون متوفرة لدى الباحث والجامعة فقط وستطلعكم على النتائج في حينه .

شاكرين لكم حسن تعاونكم ودعمكم لمسيرة التعليمية .

... وتفضلوا بقبول وافر الاحترام والتقدير،،،

د. خالد عبد الوهاب العنبر
رئيس قسم الصحة النفسية المجتمعية
20/05/09



د. عبد العزيز موسى قاسم
منسق برنامج الصحة النفسية المجتمعية
جامعة القدس - غزة

نسخة/ الملف

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Annex 4

Al-Quds University
Jerusalem
School of Public Health



جامعة القدس
القدس
كلية الصحة العامة

2009/5/20

حضرة الأستاذ الدكتور/ كمالين شعت حفظه الله
رئيس الجامعة الإسلامية
تحية طيبة وبعد ،،،

الموضوع مساعدة الطالب إسماعيل إبراهيم ليد

يقوم الطالب المذكور أعلاه بإجراء بحث بعنوان :

"The impact of siege on prevalence of depression and anxiety disorder among university students in Gaza Governorates"

كمطالب للحصول على درجة الماجستير في الصحة النفسية المجتمعية وعليه نرجو التكرم والإيعاز لمن ترونه مناسب لتسهيل مهمة الطالب في جمع البيانات اللازمة من جامعتكم الموقرة .
عندما بأن المعلومات ستكون متوفرة لدى الباحث والجامعة فقط وستطلعكم على النتائج في حينه .
شاكرين لكم حسن تعاونكم ودعمكم للمسيرة التعليمية .



وتفضلوا بقبول وافر الاحترام والتقدير،،،

د. عبد العزيز موسى ثابت
منسق برنامج الصحة النفسية المجتمعية
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فون القدس 51:000

Annex 5

Al-Quds University
Jerusalem
School of Public Health



جامعة القدس
القدس
كلية الصحة العامة

2009/5/20

المستأجر برقم ١٥
للمدعي - وادواته
شهادة
مقدمة لطف جامعة القدس
الموضوع مساعدة الطالب إسماعيل إبراهيم ليد

حضرة الأستاذ الدكتور / جواد وادي حفظه الله
رئيس جامعة الأزهر
تحية طيبة وبعد ،،،

يقوم الطالب المذكور أعلاه بإجراء بحث بعنوان :

"The impact of siege on prevalence of depression and anxiety disorder among university students in Gaza Governorates"

كمتطلب للحصول على درجة الماجستير في الصحة النفسية المجتمعية وعليه نرجو التكرم والإيعاز لمن ترونه مناسب لتسهيل مهمة الطالب في جمع البيانات اللازمة من جامعتكم الموقرة .
علما بأن المعلومات ستكون متوفرة لدى الباحث والجامعة فقط وستطلعكم على النتائج في حينه .
شاكرين لكم حسن تعاونكم ودعمكم للمسيرة التعليمية .

ونفضلوا بقبول وافر الاحترام والتقدير ،،،



د. عبد العزيز موسى ثابت

منسق برنامج الصحة النفسية المجتمعية

جامعة القدس - غزة

شهادة

عبد الله
المستأجر
١٥/٥

سجدة/ الملف

Annex 6

بسم الله الرحمن الرحيم

يقوم الباحث بإجراء دراسته بعنوان:

اتر الحصار على الصحة النفسية لطلبة الجامعات الفلسطينية في قطاع غزة

يهدف الباحث من خلال هذه الدراسة التعرف على اعراض الصحة النفسية (القلق والاكتئاب) لطلبة الجامعات الفلسطينية نتيجة الحصار المفروض على قطاع غزة ومدى تاثر هذه الشريحة من المجتمع بالحصار واهم الاعراض التي يعانون منها مع العلم ان البيانات التي يتم الحصول عليها سوف تستخدم لاغراض البحث العلمي فقط.

اولا: البيانات الديموغرافية

1. الجامعة:
2. الكلية:
3. العمر:
4. الجنس : ذكر انثى
5. مكان السكن : شمال غزة غزة خان يونس رفح الوسطى
6. نوع السكن: مدينة مخيم قرية
7. عدد افراد الاسرة من 1 4 من 5 7 8 فما فوق
8. تعليم الاب: لم يتعلم ابتدائي إعدادي ثانوي دبلوم
9. تعليم الام: لم تتعلم ابتدائي إعدادي ثانوي دبلوم
10. عمل الاب: عامل عادي موظف تاجر اخري
11. عمل الام: ربه بيت موظفه غير ذلك: حدد.....
12. مقدار الدخل الشهري للاسرة : اقل من 1000 1001 2000 من 2001 3000 من 3001 4000 اكثر من 4000

Annex 7

ثانياً: فيما يلي مجموعة من الأسئلة قد تحدث لبعض الناس نتيجة الحصار هل حدث أي من الأشياء التالية لك نتيجة الحصار، ارجو منك ان تجيب عليها إما بنعم او لا:

الرقم	البند	نعم
1.	نت بحاجة ماسة للسفر للخارج ولم استطع	
2.	اشعر بانني اعيش في سجن كبير	
3.	لم اكن قادرا على الحصول على دواء معين (لك او لاحد افراد الاسرة)	
4.	قلت زياراتي الاجتماعية للآخرين	
5.	تنازلت عن بعض متطلباتي الشرائية اليومية	
6.	احتجت بعض الاثياء الضرورية ولم اجدها في السوق	
7.	اجد ان الاسعار قد ارتفعت كثيرا بالمقارنة بالسابق	
8.	حدث انخفاض في دخلي الشهري	
9.	توقفت عن العمل تماما	
10.	لم استطع إكمال بعض اعمال البناء واعمال تصليح في البيت	
11.	لم استطع الحصول على بعض حاجيات اطفالي (حليب - ضايات - حاجات المدرسة، ملابس - احذية)	
12.	وفاة احد افراد الاسرة نتيجة عدم القدرة على السفر للعلاج	
13.	عانيت من عدم تلقي خدمة طبية ما	
14.	حرمت من زيارة احد افراد الاسرة في الضفة او المعتقلات الإسرائيلية	
15.	فكرت بالهجرة للخارج	
16.	فمت بإجراءات فعلية للهجرة للخارج	
17.	توجهت إلى لجان الزكاة او اي مصادر اخرى للحصول على قوتي (طعامي) اليومي	
18.	اضطرت لبيع مصوغات ذهبية او اثاث منزلي	
19.	لم استطع الوصول إلى مكان ما كنت بحاجة ماسة للوصول إليه	
20.	تأثر عملي كثيرا بسبب نقص بعض المواد الاساسية (وقود - ورق - ادوية زراعية، مواد بناء.....)	
21.	تأثر عملي كثيرا بسبب الانقطاع المتواصل للكهرباء	

Annex 8

تالنا: ضع دائره حول الإجابة التي تنطبق عليك و لو بالتقريب ، و اجب عن جميع الاسئلة، ولا تترك سؤال بدون إجابة:

الرقم	البند	نعم
1	نومي مضطرب و متقطع .	
2	مرت بي اوقات افتقدت فيها النوم بسبب القلق .	
3	لدى قليل جدا من المخاوف إذا فورنت باصدقائي.	
4	اعتقد انني لست اكثر عصبية من معظم الناس .	
5	تنتابني احلام مزعجة (او كوابيس) من حين لآخر .	
6	عندي قدر كبير من المتاعب في معدتي.	
7	غالبا ما الاحظ ان يداي ترتجفان عندما احاول القيام بعمل من الاعمال .	
8	اعانى من نوبات الإسهال .	
9	المال و العمل يتيران القلق عندي .	
10	اصاب احيانا بنوبات من الغثيان (غميان النفس) .	
11	كثيرا ما اخسى ان يحمر وجهي خجلا .	
12	اشعر بجوع في كل الاوقات تقريبا .	
13	إنني اتق بنفسي تماما .	
14	لا اتعب بسرعة .	
15	إن الانتظار يجعلني عصبيا .	
16	اشعر احيانا بالإتارة لدرجة ان النوم يتعذر على .	
17	اشعر دائما بالهدوء .	
18	تمر بي فترات من عدم الاستقرار لدرجة انني لا استطيع ان امكث طويلا في مقعدي.	
19	إنني سعيد في معظم الوقت.	
20	اجد من الصعب على تركيز ذهني في عمل ما .	
21	اشعر بالقلق على شيء ما او شخص ما طول الوقت تقريبا .	
22	اخاف من مواجهة ازمة او شدة .	
23	اود ان اصبح سعيدا كما يبدو الاخرين .	
24	كثيرا ما اجد نفسي قلقا على شيء ما .	
25	من المؤكد انني اشعر احيانا بان لا فائدة لي .	
26	اشعر احيانا بانني اكاد اتمزق إربا .	
27	اعرق بسهولة حتى في الايام الباردة .	
28	الحياة عسيرة بالنسبة لي في اغلب الاوقات .	
29	يقلني ما يحتمل ان واجهه من حظ سيئ .	
30	انني حساس بنفسني لدرجة غير عاديه .	

		لا اظن انني لاحظت ابدا ان قلبي يخفق بشدة و يندر ان تنهج انفاسي.	31
		ابكى بسهولة.	32
		لقد خشيت اشياء او اشخاص اعرف انهم لا يستطيعون ايدائي .	33
		عندي استعداد لان تؤثر في احداث الحياة تأثيرا شديدا .	34
		قلما اصاب بالصداع.	35
		لا بد ان اعترف بانني شعرت احيانا بالقلق الشديد على اشياء لا قيمه لها .	36
		لا استطيع ان اركز تفكيري في شيء واحد .	37
		انا ارتبك بسهولة .	38
		في بعض الاحيان اعتقد انني لا اصلح لشيء ابدا .	39
		انني شخص متوتر جدا.	40
		احيانا عندما اتضايق يتساقط منى العرق بصورة تضايقتني جدا.	41
		وجهي لا يحمر خجلا بدرجة اكثر مما يحدث للاخرين.	42
		انا اكثر حساسية من غالبية الناس.	43
		لا يكاد وجهي يحمر من الخجل ابدا.	44
		مرت بي اوقات كنت اسعر خلالها بان الصعاب تتراكم فوق بعضها البعض بحيث لا استطيع التغلب عليها.	45
		عندما افوم بعلمي اكون في حالة توتر شديد.	46
		يدي و قدمي دافنتان في العادة.	47
		احلم كثيرا بامور افضل الاحتفاظ بها لنفسى.	48
		تقصني الثقة بالنفس.	49
		يندر جدا ان اصاب بالإمساك.	50

Annex 9

رابعاً: يتضمن هذا الجزء 21 مجموعة من العبارات الرجاء ان تقرأ كل مجموعة من العبارات بعناية ، ثم تختار عبارة واحدة والتي تصف بطريقة افضل الطريقة التي تشعر بها خلال الاسبوعين الاخيرين:

	0	1
	1	
أنا حزينه طول الوقت	2	
أنا حزينه أو غير سعيده لدرجة لا أستطيع تحملها.	3	
لم تفتر همتي فيما يتعلق بمستقبلي.	0	2
أشعر بفتور الهمة فيما يتعلق بمستقبلي بطريقة أكبر مما اعتدت.	1	
لا أتوقع أن تسير الأمور بشكل جيد	2	
أشعر بأن ليس لي المستقبل وانه سوف يزداد سوءا.	3	
	0	3
لقد فشلت أكثر مما ينبغي.	1	
كلما نظرت الي الورااء ارى الكثير من الفشل	2	
	3	

	0	4
أستمتع بالأشياء قدر استمتاعي بها من قبل..	1	
لا أستمتع بأشياء بنفس القدر الذي اعتدت عليه	2	
أحصل علي قدر قليل جدا من الاستمتاع من الأشياء التي اعتدت أن أستمتع بها.	3	
لا أستطيع الحصول علي أي استمتاع من الأشياء التي اعتدت الاستمتاع بها.		
	0	5
(تأنيب الضمير)	1	
(تأنيب الضمير) عن العديد من الأشياء التي قمت بها أو أشياء كان يجب أن أقوم بها.	2	
(تأنيب الضمير)	3	
(تأنيب الضمير)		
	0	6
لا أشعر بأنه يقع علي ع	1	
أشعر بأنه يقع علي عقاب.	2	
أتوقع بأن يقع علي عقاب .	3	
لا أتوقع بأن يقع علي عقاب		
	0	7
شعوري نحو نفسي كما هو .	1	
.	2	
.	3	
	0	8
.	1	
.	2	
ألوم نفسي علي كل ما يحدث من أشياء سيئة.	3	
	0	9
ليس لدى أي أفكار انتحارية.	1	
لدى أفكار للانتحار ولكن لا يمكنني تنفيذها.	2	
أريد أن انتحر.		

	3	
	0	40
	1	
أبكي بكثرة من أي شيء بسيط.	2	
أشعر بالرغبة في ولكني لا أستطيع.	3	
لست أكثر تهيجاً أو استثارة عن المعتاد.	0	41 التهيج أو الاستثارة
أشعر بالتهيج أو الاستثارة أكثر من المعتاد.	1	
أحتاج أو استثار لدرجة أنه من الصعب علي البقاء بدون حركة.	2	
أحتاج أو استثار لدرجة تدفعني للحركة أو فعل شيء ما.	3	
لم أفقد الاهتمام بالآخرين أو بالأنشطة .	0	42 فقدان الاهتمام
أهتم بالآخرين أو بالأمر أقل من قبل.	1	
فقدت أغلب اهتمامي بالآخرين والأمر الآخر .	2	
من الصعب ان أهتم بأي شيء.	3	
	0	43
	1	
لدى صعوبة أكثر بكثير مما اعتدت في اتخاذ القرارات.	2	
	3	

لا أشعر بأنني عديم القيمة.	0	44 انعدام القيمة
لا أعتبر نفسي ذو قيمة وذو نفع كما اعتدت أن أكون.	1	
أشعر بأنني عديم القيمة بالمقارنة بالآخرين.	2	
أشعر بأنني عديم القيمة تماماً.	3	
	0	45
	1	
ليس لدى طاقة كافية لعمل الكثير من الأشياء.	2	
ليس لدى طاقة كافية لعمل أي شيء.	3	
لم يحدث لي أي تغير في نمط ()	0	46 تغيرات في نمط النوم
-	1	
-		
- أنام أكثر من المعتاد بشكل كبير.	2	
- بشكل كبير.		
- أنام أغلب اليوم.	3	
- أستيقظ من نومي مبكراً ساعة أو ساعتان ولا أستطيع أن		
قابليتي للغضب أو الانزعاج لم تتغير عن المعتاد.	0	47 القابلية للغضب أو الانزعاج
قابليتي للغضب أو الانزعاج أكبر من المعتاد.	1	
قابليتي للغضب أو الانزعاج أكبر بكثير من المعتاد.	2	
قابليتي للغضب أو الانزعاج طول الوقت.	3	
لم يحدث أي تغير في شهيتي.	0	48 تغيرات في الشهية
- شهيتي أقل من المعتاد إلى حد ما.	1	
- شهيتي أكبر من المعتاد إلى حد ما.		
- شهيتي أقل كثيراً من المعتاد.	2	
- شهيتي أكبر كثيراً من المعتاد.		
- ليست لي شهية علي الإطلاق.	3	

- لدى رغبة قوية للطعام طول الوقت.		
أستطيع التركيز بكفاءتي المعتادة.	0	19 صعوبة التركيز
لا أستطيع التركيز بنفس الكفاءة المعتادة.	1	
من الصعب علي أن أركز عقلي علي أي شيء لمدة طويلة.	2	
أجد نفسي غير قادر علي التركيز علي أي شيء.	3	
لست أكثر إرهاقا أو إجهادا من المعتاد.	0	20 الإرهاق أو الإجهاد
أصاب بالإرهاق أو الإجهاد بسهولة أكثر من المعتاد	1	
يعوقني الإرهاق أو مجهد جداً لعمل أغلب الأشياء التي اعتدت عليها.	2	
أنا مرهقه أو مجهد جداً لعمل أغلب الأشياء التي اعتدت عليها	3	
لم ألاحظ أي تغير في اهتمامي بالجنس حديثاً.	0	21 الاهتمام بالجنس
أنا أقل اهتماماً بالجنس مما اعتدت.	1	
أنا أقل اهتماماً بالجنس الآن بدرجة كبيرة.	2	
فقدت الاهتمام بالجنس تماماً.	3	

/ إسماعيل إبراهيم لبد

Annex 10

