

Human insecurity and associated factors in the Gaza Strip 6 months after 2008–09 Israeli attack: a cross-sectional survey

Maisa Ziadni, Weeam Hammoudeh, Niveen M E Abu-Rmeileh, Dennis Hogan, Harry Shannon, Rita Giacaman

Published Online
July 5, 2011

For all the 2011 Palestine Abstracts and Comment see <http://www.thelancet.com/health-in-the-occupied-palestinian-territory-2011>
Institute of Community and Public Health, Birzeit University, Ramallah, West Bank, occupied Palestinian territory
(M Ziadni MS, W Hammoudeh MPH, N M E Abu-Rmeileh PhD, Prof R Giacaman PharmD); Department of Sociology, Brown University, Providence, RI, USA (W Hammoudeh, Prof D Hogan PhD); and Communications Research Laboratory, McMaster University, Hamilton, ON, Canada (Prof H Shannon PhD)

Correspondence to: Miss Maisa Ziadni, Institute of Community and Public Health, Birzeit University, PO Box 14, Ramallah, West Bank, occupied Palestinian territory
mziadni@birzeit.edu

Background The human-insecurity framework focuses on an individual's protection from social, psychological, health, economic, and political threats. It lends itself to supporting health and wellbeing, and addresses threats to survival and development in conflict. Conventional and war-related factors that were associated with reports about human insecurity in the Gaza Strip after the winter 2008–09 Israeli attack were investigated in this study.

Methods A cross-sectional survey was undertaken 6 months after the Israeli attack. One adult per household was randomly chosen from 3017 households (97% response rate) for reporting insecurities and threats. 1524 (51%) of 3017 individuals were men and 1493 (49%) were women. A weighted human-insecurity measurement was constructed with factor analysis (Cronbach's $\alpha=0.83$). The scores were divided according to their distribution into two categories of insecurity: low to moderate and high. Crosstabs and logistic regression models were used to analyse associations between human insecurity and conventional factors (age, sex, education, occupation, and residence), and war-related factors, including destruction of home and private property, displacement, and reports of distress and suffering.

Findings Mean human insecurity score was 3.78 (SD 0.69) of a total of 5. 1645 (55%) respondents reported low to moderate insecurity, and 1331 (44%) high insecurity. Individuals aged 65 years and older who reported having higher education—ie, college diploma, BA, and graduate degrees ($p=0.017$), good standards of living ($p<0.0001$), and full-time employment ($p<0.0001$) had lower insecurity. Women reported higher insecurity scores than did men ($p=0.012$), and respondents from large families ($p=0.01$). Reports of objective measurements—ie, private property ($p=0.019$) and neighbourhood destruction ($p<0.0001$), and displacement ($p<0.0001$) as a result of the attack, and reports of subjective measurements—ie, distress ($p<0.0001$) and suffering ($p=0.01$) were associated with increased human insecurity scores.

Interpretation The results are in accord with reports of human insecurity showing that people with the fewest resources have an increased likelihood of insecurity, and lend support to the inclusion of conventional and war-related factors in the assessment of human insecurity in conflict. Although intervention through support of Gazans with food and other aid is important, interventions need to address the cause of human insecurity—namely, the violence of war and the sieges. The main limitations of this study include its cross-sectional design, making the establishment of cause difficult and the establishment of temporality impossible because of the lack of insecurity data before the Israeli attack in 2008–09.

Funding Medical Aid for Palestinians.

Contributors

All authors participated in the conceptualisation and analysis of, and writing the Abstract; and have read and approved the final version.

Conflicts of interest

MZ, WH, NMEAR, and RG are Palestinians living under Israeli military occupation. The other authors declare that they have no conflicts of interest.

Acknowledgments

We thank all the commentators who participated in *The Lancet*–Palestinian Health Alliance writers' workshop, Birzeit University, Ramallah, West Bank, occupied Palestinian territory, March 2–3, 2011. The views expressed in this Abstract are those of the authors alone.