

Prediction of health with human insecurity and chronic economic constraints in the occupied Palestinian territory: a cross-sectional survey

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Background Research into the effects of political conflict has focused predominantly on the association between exposure to violence and psychological trauma. This focus was expanded by investigation of the association of a broad array of political and economic factors with four health outcomes in the occupied Palestinian territory (oPt).

Methods The Palestinian Center for Policy and Survey Research, Ramallah, West Bank, oPt, undertook household interviews in 2011 with a representative sample of 508 people aged 30–40 years. Interviews included culturally-informed questions about current wellbeing and past political and economic experiences. Health outcomes were assessed as limitations on functioning due to health (one item, 1 [never] to 5 [regularly]); feeling broken or destroyed (six items, $\alpha=0.81$, range 1–5) such as the extent to which respondents felt emotionally exhausted or their spirits broken; feelings of depression (eight items, $\alpha=0.84$, 0–3); and trauma-related stress (17 items on the Post-Traumatic Stress Disorder Checklist, $\alpha=0.92$, 0–3). Political and economic conditions were assessed as 34 outcomes, including human insecurity (five items, $\alpha=0.80$, 1–5) such as the extent to which respondents felt fear for themselves or their family in their daily life and the extent to which they worry or fear for their and their family's future; resource inadequacy (six items, $\alpha=0.84$, 1–5); heard or felt effects of a bomb (one item, 0–1); or was hit, kicked, shot at, or verbally abused (three items, $\alpha=0.83$, 1–5). Data were analysed with ordered logit and ordinary least-squares regression models using Stata (version 12.1). The study was approved by the institutional review board of the University of Tennessee, Knoxville, TN, USA. All participants provided written informed consent.

Findings 508 (97%) of 524 households took part in the interviews. When other covariates were controlled for, human insecurity and inadequacy of economic resources were positively associated with all four health outcomes: functional limitations (odds ratio 1.29, $p=0.029$, and 1.43, $p<0.001$, respectively), feeling broken or destroyed ($\beta=0.29$, $p<0.001$; and $\beta=0.24$, $p<0.001$, respectively), feelings of depression ($\beta=0.11$, $p=0.001$, and $\beta=0.18$, $p<0.001$, respectively), and trauma-related stress ($\beta=0.18$, $p<0.001$, and $\beta=0.09$, $p=0.003$, respectively). Direct personal exposure to political violence was related only to trauma-related stress (heard or felt effects of a bomb $\beta=0.13$, $p=0.049$); ever hit, kicked, shot at, or verbally abused by the Israeli Defense Forces ($\beta=0.07$, $p=0.008$).

Interpretation These findings support the increasing recognition that human insecurity and chronic economic constraints in the oPt threaten health, perhaps more so than does direct exposure to violence.

Funding Jacobs Foundation.

Contributors

CM did the statistical analysis and wrote the Abstract with input from BKB, CS, and RG. BKB, CM, and CS designed the survey questionnaire with extensive input from RG, CA, EES, MD, and MAM.

Conflicts of interest

We declare that we have no conflicts of interest.

Acknowledgments

We gratefully acknowledge funding from the Jacobs Foundation.

Published Online
December 5, 2013

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