

Relationship between Stressors Due to Siege of Gaza Strip on Anxiety, Depression and Coping Strategies among University Students

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العلاقة ما بين الضغوط النفسية الناتجة عن الحصار على غزة والقلق، والإكتئاب،

وطرق التأقلم لدى طلاب الجامعات في قطاع غزة

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Abstract

Aim: The present study assessed siege related stressors and their impact on the depression, anxiety and coping strategies among university students in the Gaza Strip. **Method:** It is descriptive analytic study comprised of 399 randomly selected university students from the four main universities in Gaza Strip (Al-Aqsa, Al-Azhar, Al-Quds Open and Islamic University). Five questionnaires were used: sociodemographic questionnaire, the Gaza Stressful Situations Checklist, the Hamilton Anxiety Rating Scale, the Beck Depression Inventory and the Carver Brief Coping Scale. **Results:** The most frequently reported stressors were: sharply increased prices due to closure (92% of students), studies being affected so much due to cut-off of electricity (83.5%), and shortage of gas. Results showed that mean stressors in men were 12.38 and 10.33 in women. The study showed 9.5% of men and 12% of women had severe depression although no gender differences were found. In addition, 10.3% of men and 13.8% of women had anxiety. There was a statistically significant positive relationship between total stress due to siege and depression symptoms and anxiety. The most frequent coping strategies were finding comfort in religious beliefs (78.2%), thinking about what steps to take (71.4%), and learning to live with the situation (67.7%). A significant negative relationship was found between total score of stress due to siege and total coping strategies. **Conclusion:** The Gaza siege has had lasting negative effects on Palestinians, which has led to increased mental health problems among and to them using fewer positive coping strategies. Humanitarian organizations should play a more positive role to protect the Palestinian community from the negative consequences of siege. Further research is recommended to evaluate the impact of siege on Palestinian people in all aspects of life and to provide therapeutic interventions for university students with moderate and severe depression.

Key words: Anxiety, depression, coping strategies, Gaza Strip, siege, stress, university students

Declaration of interest: None

Introduction

Since June 2007 when Hamas governed the Gaza Strip, Israel has imposed a tight blockade on the area as constitutes collective punishment for 1.66 million people. The Gaza Strip has two main crossings that connect it to the rest of the world, Rafah in the south and Erez in the north. The population of Gaza is 1.66 million, with over 50% under 18 years of age; 38% of Gazans live in poverty and 26% of the Gazan workforce, including 38% of youths, is unemployed. The average wage declined by over 20% in the past six years; 54% of Gazans are food insecure and over 75% are aid

recipients; 35% of Gaza's farmland and 85% of its fishing waters are totally or partially inaccessible due to Israeli military measures. An estimated 50-80 million liters of partially treated sewage are dumped in the sea each day with over 90% of the water from the Gaza aquifer being undrinkable; 85% of schools in Gaza run on double shifts, representing huge overcrowding, about one-third of the items in the essential drug list are out of stock.¹ Fuel for the power plant remains limited at 68% of its maximum capacity. Cooking gas imports have been at around 53% of average needs. Almost no diesel and petrol are allowed for the commercial sector. Due to

the power plant fuel restrictions, exacerbated by intra-Palestinian disagreements, there is a chronic lack of electricity and regular blackouts affecting provision of essential services, including water supply, sewage treatment, and health services.²

In the past seven years, few studies have investigated the impact of siege on Palestinians living in the Gaza Strip. One study of Palestinian families found that the most commonly reported stressors were the sharp price increases, a feeling of living in a big prison, and the experience of being unable to find essential items in the market.³ Similarly, a study of 502 families in the Gaza Strip identified the common stressful situations due to blockade were a general feeling of living in a big prison, the inability to finish construction and repair work in people's homes due to a chronic shortage in cement and building materials, and the sharp increase in prices in commodities in recent years.⁴

University students, as part of the Palestinian community, have been exposed to variety of stressors beside the academic ones. Such stressors can lead to mental health problems, including depression and anxiety. A study examining the impact of the siege on the mental health of university students in the Gaza Strip showed that 15.8% had severe anxiety and 40.3% had moderate to severe depression.⁵ Another study describing the psychological effects of exposure of Palestinian adolescents living in the Gaza Strip showed that 40% reported moderate or severe levels of depression; 94.9% were classified as having severe anxiety levels; and, 69.9% demonstrated undesirable coping responses.⁶ In Africa, researchers examined the prevalence of depression among students at the University of Ghana to discover that life stressors accounted for 43% of the signs of depression in them. Women reported more symptoms of depression.⁷

People tend to face stressful situations by using coping strategies, which are defined as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person."⁸ Stress

reactions differ from one person to another. Some experience difficulty in coping with stress and may develop psychological problems. A study of university students in Karachi, that assessed the levels of stress in the face of terrorism and the adopted coping strategies, showed how they commonly used faith in God and religious activities as coping strategies.⁹ Another study that identified types of coping strategies and psychological adjustment level among students from medium community colleges in Gaza showed that coping strategies of life stress in the study were: turning to religion as the highest ranked by 82% of respondents followed by planning by 76.6%. Humor style was ranked lowest by 58.3% followed by behavioral withdrawal relative weight (60.1%).¹⁰ Another study that examined the stress levels and coping strategies of professional students belonging to the physical education and engineering professions showed that stress due to all the stimuli was significantly higher among women when compared with men in their profession. Coping strategies were higher in men than women in their respective profession, but women studying physical education had higher coping strategies than men and women who studied engineering.¹¹ In a study of students at the Adnan Menderes University, students' depression scores and self-confident, optimistic approaches and social support had a negative relationship with depression scores and positive relationship of helpless and submissive with depression.¹² A recent study of Iranian students showed a significantly negative correlation between problem-focused coping strategies and mental health while a significant positive correlation was found between emotion-focused coping strategies for dealing with mental health difficulties among students.¹³

The present study assessed the relationship between stressors due to siege of the Gaza Strip on anxiety, depression, and coping strategies among university students.

Method

Sample

The present study consisted of a stratified random sample of students (N=410) from four universities in the Gaza Strip (Al-Aqsa University, Al-Azhar University, Al-Quds Open University and Islamic University). The total number of respondents was 399 with a response rate of 97.3%. Two hundred thirty two participants

(58.1%) were women and 167(41.9%) were men. One hundred thirty five (33.8%) of the participants were from Islamic University, 92 (23.1%) were from Al-Aqsa University, 91(22.8%) were from Al-Quds Open University, and 81 (20.3%) were from Al-Azhar University.

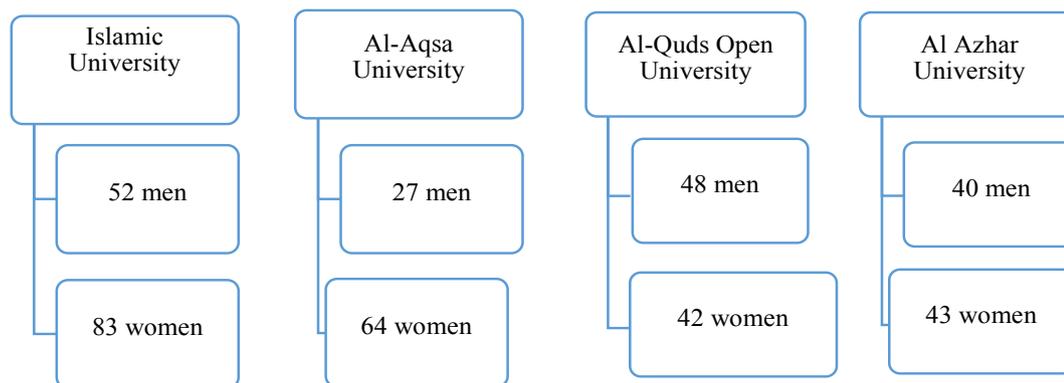


Figure 1. Distribution of the sample

Study procedure

The data were collected from four universities in the Gaza Strip (Al-Aqsa University, Al-Azhar University, Al-Quds Open University and Islamic University) after receiving official approval from each, which needed to be obtained for the universities to be included in the study. Helsinki committee (Ministry of Health) gave approval to carry out the study. Informed consent was obtained from each student. The purpose of the study, confidentiality information and some instructions were provided together with a statement about student right to participate or refuse. Data were collected by four assistant professionals trained for four hours in data collection of the present sample and criteria for selecting students in the second semester of the academic year 2013 to 2014. Each student completed five questionnaires, which took approximately 25 minutes. The data collectors were available to address questions when necessary.

Measures

Sociodemographic questionnaire

The researcher prepared a sociodemographic questionnaire, which included name, gender, date of

birth, marital status, university, studies level, specialty and governorate.

Gaza Stressful Situations Due to Siege Checklist¹⁴

Personal experience of stressful situations was evaluated by using the Stressful Situation Due to Siege Checklist. The checklist was developed in 2009. It was subsequently modified for university students describing the most commonly reported stressful experienced during the last seven years of closure and siege of the Gaza Strip. It is comprised of 22 items requiring either yes or no response with yes = 1 and no = 0. An overall score is achieved by summing all the answers. In the present study, the split half reliability of the scale was high ($r = .70$). The internal consistency of the scale was calculated using Chronbach's alpha, and was high ($\alpha = .78$).

Beck Depression Inventory Short form 13 item (BDI; Beck et al., 1988)¹⁵

The BDI is one of the most widely used instruments to assess depression. Its main aim is to measure depression symptoms and severity in persons age 13 and older. The inventory was validated in the Palestinian culture by Thabet.¹⁶ The BDI has gone through multiple revisions, include BDI-I (1), BDI-IA (2), BDI-II (3), and BDI for

Primary Care (BDI-PC), now known as BDI Fast Screen for Medical Patients (BDI-FS). A 13-item short form is more recent was used in this study. The severity of depression is classified on the basis of the total score; in a normal community sample, a BDI score <4 suggests no or minimal depression, 5 to 7 represents mild to moderate depression, 8 to 15 is moderate to severe, and ≤ 16 indicates a severe level of depression. It is a universal scale; its validity and reliability are already tested. The BDI demonstrates high internal consistency, with alpha coefficients of .86 and .80 for psychiatric and non-psychiatric populations respectively (Beck et al., 1988).¹⁶ For the present study, the Chronbach's alpha was .86 and split half was .80.

Hamilton Anxiety Rating Scale (HAMA-A)¹⁷

The HAM-A was one of the first rating scales developed to measure the severity of anxiety symptoms and is still widely used today in both clinical and research settings. The scale consists of 14 items, each defined by a series of symptoms. It measures both psychic anxiety (mental agitation and psychological distress) and somatic anxiety (physical complaints related to anxiety). Although the HAM-A remains widely used as an outcome measure in clinical trials, it has been criticized for its sometimes poor ability to discriminate between anxiolytic and antidepressant effects, and somatic anxiety versus somatic side effects. The HAM-A does not provide any standardized probe questions. The items are rated on a five-point scale and summed to provide a score ranging from 0 to 56. A score of 17 or less represents mild anxiety, a score between 18 to 24 mild to moderate anxiety, and a score of 25 and above moderate to severe anxiety. The cut-off scores have not been validated with older adults and there are no published norms for older adults.¹⁸ For the present study Chronbach's alpha was .88 and split half was .82.

Carver Brief Coping Scale (Brief COPE)^{19 20 21}

Carver and colleagues developed the Brief COPE as a flexible multidimensional coping inventory for a broad range of applications in applied psychology. In the Brief COPE, 28 items are presented in the form of a coping statement. Respondents are asked to rate whether they

have or have not been using each way of coping on a fully anchored four-point scale ranging from 'I haven't been doing this at all' to 'I've been doing this a lot'. Factor analyses demonstrated that these four strategies characterized coping across the developmental lifespan: 1) active avoidance focused (4,6,9,11,13,16,19,21,26), 2) problem- focused coping (2, 5, 7, 10, 14, 23, 25), 3) positive coping (12,15,17,18, 24, 28), and 4) religious denial coping (3, 8, 22, 27)²². The internal consistency in this study was measured using Chronbach's alpha and was .80 and split half was .78. The long version has been used with the Palestinian society and showed high reliability.²¹

Data analysis

Data were analyzed using The Statistical Package for the Social Sciences, Version 20.0 (SPSS. V.20). Data coding and cleaning were done before analysis. Frequency tables that show sample characteristics and plot differences between various variables were also completed. Moreover, independent samples t-test, one way ANOVA and Pearson's correlation coefficient tests were also used. Frequency and percentage of siege items was presented in table form. Means of stressors, anxiety, depression and coping strategies were calculated. Differences between the mean of two groups as gender was calculated by independent t-test. One way ANOVA was conducted for means of more than two groups.

Results

Sociodemographic characteristics of the study sample

Results showed that the total sample selected for the current study was 399 students; 167 (41.9%) were men and 232 (58.3%) were women. Age range from 18-39 years with a mean age of 20.7 years (SD=2.36 years). Regarding the place of residence, the study showed that 18% live in north Gaza, 57.4% live in the Gaza area, and 19% live in the middle area, 4% live in Khan Younis, and 1.5% live in the Rafah area. Regarding university, 135 attended the Islamic University (33.8%), 83 (20.8%) attended Al-Azhar University, 91 (22.8%) attended Al-Aqsa University, and 90 (22.6%) attended Al-Quds Open University.

Table 1: Sociodemographic characteristics of the study sample (N= 399)

	No	%
Gender		
Male	167	41.9
Female	232	58.1
Age		
From 18 to 23	378	94.7
From 24 to 30	15	3.8
From 31 to 39	6	1.5
Place of residence		
North Gaza	72	18
Gaza	229	57.4
Middle area	76	19
Khan Younis	16	4
Rafah	6	1.5
University		
Islamic University	135	33.8
Al Azhar University	83	20.8
Al Aqsa University	91	22.8
Al Quds Open University	90	22.6

Stressful situations due to siege on Gaza Strip

According to Table 2, which reported types of stressors due to siege, 367 participants (92%) said they were affected by sharp price increases due to closure; 333 said their studies were affected so much due to cut-off of

electricity and shortage of gas (83.5%); 285 said parents had been unable to help in getting fees for the university for participant and/or siblings due to lack of money (71.4%).

Table 2: Types and frequency stressful situations due to restriction of movements and siege (n = 399)

Items	Yes		No	
	No	%	No	%
1. Prices are sharply increased due to closure.	367	92	32	8
2. My study affected so much due to cut-off of electricity and shortage of gas.	333	83.5	66	16.5
3. My parents cannot help in getting fees for the university for me and my brothers due to shortage of money.	285	71.4	114	28.6
4. I feel I am in a big prison.	263	65.9	136	34.1
5. We had difficulties in buying what we need.	256	64.2	143	35.8
6. We cannot finish some construction and repair work in my house due to shortage of building materials.	252	63.2	147	36.8
7. I cannot find what we need in the market.	247	61.9	152	38.1
8. I found difficulties in studying outside Gaza because of the siege and closure.	239	59.9	160	40.1
9. I had difficulties in finding transport from home to my university due to shortage of gas.	213	53.4	186	46.6
10. I was not able to get specific medicine for me or for a family member.	213	53.4	186	46.6
11. My pocket money is not enough.	212	53.1	187	46.9
12. My parents cannot help in getting marriage for my brothers due to shortage of money.	208	52.1	191	47.9
13. I had thoughts of immigration and finding another place.	204	51.1	195	48.9
14. I need to travel outside the Gaza Strip to get treatment and I cannot.	184	46.1	215	53.9
15. Social visits are less than before.	183	45.9	216	54.1
16. I was unable to travel to visit my relatives in West Bank due to siege.	182	45.6	217	54.4
17. I had suffering of not able to receive proper medical care.	164	41.1	235	58.9
18. My father lost his working due to siege.	143	35.8	256	64.2
19. I start thinking of leaving my study to work to help my family.	96	24.1	303	75.9
20. I went to Zakat organizations and other organizations to get food.	83	20.8	316	79.2

21. One of my family members died due to prevention of traveling for treatment.	74	18.5	325	81.5
22. I was prevented from visiting one of my family members in Israelis jails.	58	14.5	341	85.5

Gaza stressful situation due to siege and other socioeconomic variables

In order to find differences in types and severity of stressful situations due to siege and other sociodemographic variables, such as gender and type of university, an independent t-test was conducted. In addition, a one-way ANOVA was done for groups more than two.

Results showed that the mean for stressful situations in men was 12.38 (SD= 4.89) and 10.33 for women (SD= 3.89). There were statistically significant differences in stress for men (F= 4.65, p =0.001).

Tukeys post-hoc test showed that there were statistically significant differences in stressful situations for participants from Al-Quds Open University when compared with student responses from the other three universities (F= 5.59, p = 0.001). This suggested students studying at Al-Quds Open University experienced more stress due to siege than those students attending the other three universities did.

Frequency of depression among the study sample

The study showed that the most common depression symptoms were feeling “discouraged about the future” (41.4 %) followed by “get more tired than usual” (36.6), and “not working as usual” (33.3%). The least commonly reported depression symptoms were having “suicidal thoughts” (6.5%) and feeling “disappointed at self” (10.3%).

Prevalence and level of depression in relation to gender

The results showed that 86 participants appeared to have severe depression (21.5%). Chi Square test was conducted showing no statistically significant differences in level of depression according to gender ($\chi^2 = 0.37$, df = 3, p = 0.95). In addition, Tukeys post-hoc test showed no statistically significant differences in depression levels according to type of university (F=1.17, p = .31)

Table 3: Prevalence and level of depression in relation to gender

Level of depression		No depression	Mild depression	Moderate depression	Severe Depression
Male	No	18	32	79	38
	%	4.5	8.0	19.8	9.5
Female	No	25	49	110	48
	%	6.3	12.3	27.6	12.0

$\chi^2 = 0.37$, df = 3, p = 0.95

Prevalence of anxiety symptoms according to Hamilton Anxiety Scale (HAMA-A)

According to the study, the most commonly reported anxiety symptoms were insomnia (21.8%), restlessness (20%), depressed mood (17.8%), and somatic complaints (16%). The least common were anxious mood (7.8%) and cardiovascular symptoms, such as palpitations (7.8%).

Prevalence of anxiety among the study sample

There were 303 (75.9%) participants reporting no anxiety "0-19 total scores", 96 (24.1%) had anxiety "20 and above scores". For men, 31.6% had no anxiety and 10.3% had anxiety, while 44.4% of women had no anxiety and 13.8% had anxiety. Chi Square test was conducted showed no statistically significant differences in level of anxiety according to gender ($\chi^2 = 0.03$, df = 1, p= 0.90).

Table 4: Prevalence of anxiety among the study sample

		Male	Female	Total
No anxiety	No	126	177	303
	%	31.6	44.4	75.9
Anxiety	No	41	55	96
	%	10.3	13.8	24.1

$\chi^2 = 0.03, df = 1, p = 0.90$

Tukeys post-hoc test showed that there were statistically significant differences in anxiety for participants from Al-Quds Open University when compared with those attending the other three universities ($F= 3.56, p= 0.01$). This suggested that students studying at Al Quds Open University experienced more anxiety than students at the other three universities did.

Types of coping strategies

The most common coping skills used by students (Most of the time/Always) were: finding comfort in religious beliefs as reported by 78.2%, thinking about what steps to take by 71.4%, learning to live with the situation as reported by 67.7%, and asking advice/help from others by 65.7%. The least common coping strategies used

were using sedatives/drugs to feel better as reported by 23.12%, using sedatives/drugs to get through by 26.8%, and making fun of situation left 28.8% feeling more positive.

Our results showed that mean coping was 66.85 in men compared to 66.37 in women. Active avoidance-focused coping was 23.41 in men and 23.44 in women whereas problem- focused coping was reported equally as 15.36 by men and women. Positive coping was 14.19 in men compared to 14.00 in women and the use of religious denial as a coping strategy was 9.57 in men compared to 9.09 in women. The only significant differences reported were those to do with religious denial coping strategies in men ($t= 2.22, p= 0.03$).

Table 5: Independent t-test of coping strategies according to gender

	Gender	N	Mean	Std. Deviation	T	P
Total Coping Scale	Male	167	66.85	10.58	.45	.65
	Female	232	66.37	10.31		
Active avoidance-focused	Male	167	23.41	4.32	-.07-	.94
	Female	232	23.44	4.15		
Problem-focused coping	Male	167	15.36	3.32	.00	1.00
	Female	232	15.36	3.71		
Positive coping	Male	167	14.19	3.18	.60	.55
	Female	232	14.00	3.12		
Religious denial coping	Male	167	9.57	2.35	2.22	.03
	Female	232	9.09	1.99		

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

Coping strategies and other sociodemographic variables

One-way ANOVA was conducted in which coping strategies were entered as the dependent variable and other sociodemographic variables as the independent variables, e.g. type of university and place of residence.

Tukeys post-hoc test showed there were statistically significant differences in active avoidance focused coping strategies according type of university relating to students from Islamic University ($F= 2.85, p = .03$).

Relationship between stress due to the siege and depression, anxiety, and coping strategies

Pearson’s correlation coefficient test showed a statistically significant positive relationship between total stress due to the siege and closure and depression symptoms ($r = 0.32$, $p < 0.01$) and anxiety ($r = 0.25$, $p < 0.01$). These findings suggested that there was a very strong risk factor for being exposed to stress due to siege and blockade with regard to the mental health (depression and anxiety) of Palestinian students in the Gaza Strip.

The correlation test showed that there was a statistically significant negative relationship between total score of stress due to the siege and closure and total coping strategies ($r = -0.27$, $p < 0.01$), active avoidance focused strategy ($r = -0.25$, $p < 0.01$), problem- focused coping strategy ($r = -0.17$, $p < 0.01$), positive coping strategy ($r = -0.17$, $p < 0.01$), and religious denial coping strategy ($r = -0.19$, $p < 0.01$). The above-mentioned findings were interesting because they showed that long-standing stressors due to siege and blockade inflicted on the Gaza Strip decreased Palestinian students’ coping strategies.

Table 6: Pearson correlation coefficient test between stress, depression and anxiety

	1	2	3	4	5	6	7
1.Total siege							
2. Depression	.32**						
3. Anxiety	.25**	.47**					
4. Total Coping Scale	-.27**	-.15**	-.18**				
5. Active avoidance focused	-.25**	-.27**	-.27**	.78**			
6. Problem- focused coping	-.17**	.04	.01	.74**	.31**		
7. Positive coping	-.17**	-.04	-.08	.77**	.44**	.55**	
8. Religious denial coping	-.19**	-.11**	-.12**	.60**	.37**	.34**	.30**

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

Discussion

The current study results showed the different types of stressors experienced by university students because of the Gaza siege. The most common types of siege-related stressors were the experience of sharp price increases due to closure as reported by 92% of students; 83.5% said their studies were affected so much due to cut-off of electricity and shortage of gas; 71.4% said their parents had been unable to help in getting fees for the university for themselves and/or siblings due to lack of money. Our results were consistent with previous studies on the impact of siege on Palestinians living in the Gaza Strip.^{3,4,5,10} The current study highlights that stressors were more apparent in men than in women. The researcher attributed these differences in stress levels to the role Palestinian men play in relation to work, supporting a wife in future, and the importance of social visits, among other responsibilities, which results in more pressure on men to balance their social and student roles. Nevertheless, the results were contrary to those from a study in India that found stress to all stimuli

higher in women. The researcher attributed these differences to the cultural variations within the studies whereby students in India had different social roles in a society where the pressure was greater on women than on men.¹¹

The current study also found that 21% of students reported depression with men reporting higher levels of depression than women do. This finding was inconsistent with the results of another study examining the impact of the siege on the mental health, namely anxiety and depression, of university students in the Gaza Strip, which found depression higher in men.⁵ The researcher attributed this difference to the chronic, long-term impact of siege along with its devastating effects on every aspect of life with no perceived hope of resolution. The current study results showed that there were no statistically significant differences in depression according to type of university. The researcher attributed these results to the same siege stressors being faced by most of the university students, which can lead to depression.

The current study showed that 24.1% of students reported anxiety-related symptoms. There were no differences in level of reported anxiety according to gender. The rate of anxiety was similar to that of a previous study, which reported the prevalence of severe anxiety among university students as 18.1%.⁵ The researcher hypothesized that chronic stressors due to siege will have a lasting effect on people who held little hope that the siege would end. The study results showed statistically significant differences in anxiety levels in students from Al-Quds Open University when compared with students from the other three universities. Such findings could be explained by the fact that those students reported being involved in other activities in life, such as working and had more family responsibilities.

The current study results showed a statistically significant positive relationship between total stress due to the siege and depression symptoms and anxiety. The researcher attributed that to the different effects of siege on all aspects of life, economy, education, and health. Results also showed that the most common coping strategies used by students were finding comfort in religious beliefs, thinking about what steps to take, learning to live with the situation, and asking advice/help from others. The results highlighted statistically significant differences in active avoidance focused coping strategies according to type of university in students from the Islamic University. These results indicate that the university students used emotion focused coping and that this was considered a positive coping strategy, which likely reduced their anxiety levels. In addition, these results support an earlier study that reported the most common coping strategies used were turning to religion and planning.¹⁰

Also the results showed a statistically significant negative relationship between total score of stress due to the siege and closure and total coping strategies, active avoidance focused strategy, problem-focused coping strategy, positive coping strategy, and religious denial coping strategy, which means that long-standing stressors due to siege and blockade inflicted on the Gaza

Strip decreased Palestinian students coping strategies. Furthermore, the coping strategies used by students were not so effective despite being useful for reducing the accumulated effects of stress on health, which would suggest a need to be changed in order for students to experience a healthier life. An emphasis on the social support role appeared to be effective with coping strategies usually perceived as having a direct effect on families when facing their difficulties even if we observed adjustment problems.¹⁶

Clinical implications

The results of the current study highlight the need for an immediate end to the Gaza siege. It is clear from our findings that a long-term siege will have lasting, adverse effects on the mental health of the student population. Findings suggest it has already led to students reporting high levels of depression and a decrease in their use of positive coping strategies. Humanitarian organizations should play a more positive role to protect the Palestinian community from the negative consequences of siege. More studies are needed in order to evaluate the impact of the siege on the Palestinian people in all aspects of life. Further, therapeutic interventions are needed to support university students with moderate and severe depression levels. At the very least, awareness workshops for university students can be offered as a way to help them learn more about the psychological consequences arising from their experiences of the siege and the effect it is having on them. Likewise, awareness workshops would benefit community members. Positive coping strategies could also be taught in order to reduce potential psychological problems.

Study limitations

Limitations in the current study include the use of original scoring methods for psychometric scales used in different cultures, which may have resulted in an overestimate of mental health problems.

Acknowledgements

The authors would like to thank the students for their cooperation in data collection.

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الملخص

الهدف: هدفت هذه الدراسة إلى تقييم أنواع ومستويات الضغوط الناتجة عن الحصار على قطاع غزة وأثرها على كل من الاكتئاب والقلق واستراتيجيات التأقلم عند طلبة الجامعات في قطاع غزة. **الطريقة:** العينة: شملت عينة الدراسة 399 طالباً وطالبة ممن يدرسون في الفصل الدراسي الثاني من العام الجامعي 2013-2014 في أربعة جامعات رئيسية هم (جامعة الأقصى، والأزهر، والقدس المفتوحة والإسلامية). واستخدمت الباحثة خمسة مقاييس متلائمة مع أغراض الدراسة وهي (مقياس البيانات الديمغرافية، ومقياس بيك للاكتئاب، ومقياس هاملتون للقلق، ومقياس كارفر لاستراتيجيات التأقلم وأخيراً مقياس الضغوط الناتجة عن الحصار والإغلاق لطلبة الجامعات). **النتائج:** حددت هذه الدراسة أنواع ومستويات كل من الضغوط الناتجة عن الحصار واستراتيجيات التأقلم المستخدمة لدى طلبة الجامعات في قطاع غزة. وكانت الضغوط الأكثر تكراراً هي (92%) قالوا إن الأسعار ارتفعت بسبب الإغلاق، و(83.5%) قالوا بأن دراستهم تأثرت كثيراً بانقطاع التيار الكهربائي. أظهرت نتائج هذه الدراسة بأن هناك فروق ذات دلالة إحصائية هامة بين مجموع الضغوط الناتجة عن الحصار باتجاه الذكور حيث المتوسط 12.38 بينما المتوسط في مجموع الضغوط الناتجة عن الحصار لدى الإناث بلغت 10.33. وأكثر من ذلك فإن هناك فروق ذات دلالة إحصائية في الضغوط الناتجة عن الحصار لصالح الذكور. أظهرت النتائج أيضاً بأن 9.5% من الذكور، و12% من الإناث لديهم اكتئاب شديد، و10.3% من الذكور، و13.8% من الإناث لديهم قلق شديد، بينما لم تظهر النتائج أي فروق في الاكتئاب والقلق حسب الجنس. أظهرت نتائج الدراسة أنه يوجد علاقة إيجابية إحصائية هامة بين مجموع الضغوط الناتجة عن الحصار والاكتئاب والقلق كانت استراتيجيات التأقلم الأكثر تكراراً عن طلبة الجامعات هي (78.2%) يجدون الراحة في المعتقدات الدينية، و(67.7%) يفكرون فيما الخطوات التي تأخذ، و (71.4%) يتعلمون التعايش مع الوضع. ولا يوجد فروق ذات دلالة إحصائية بين الذكور والإناث استراتيجيات التأقلم، ووجدت علاقة سلبية إحصائية هامة بين مجموع الضغوط الناتجة عن الحصار واستراتيجيات التأقلم. **الخلاصة والتوصيات:** خلصت هذه الدراسة إلى أن الحصار المفروض على غزة له آثار سلبية طويلة الأجل على الفلسطينيين وزاد من معدل المشاكل الصحية النفسية لدى طلاب الجامعات وأدى ذلك إلى استخدام استراتيجيات تأقلم سلبية لمواجهة الضغوط الناتجة عن الحصار. ينبغي على المنظمات الإنسانية أن تلعب دوراً أكثر إيجابية لحماية المجتمع الفلسطيني من الآثار السلبية للحصار. ويلزم المزيد من الدراسات حول تأثير الحصار على الشعب الفلسطيني في جميع مناحي الحياة. أيضاً، يجب توفير برامج للعلاجية النفسية لطلاب الجامعات الذين يعانون من الاكتئاب المعتدل والشديد. **كلمات مفتاحية:** الحصار، الضغوط النفسية، القلق، الاكتئاب، استراتيجيات التأقلم، طلاب الجامعات، قطاع غزة.

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