

**Gaza Crisis:
Psycho-social Consequences
for Women**

Executive Summary

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Prepared by:

Culture and Free Thought Association (CFTA)

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Programme of Assistance to the Palestinian People
P.O. Box 67149
Jerusalem



Background

The Israeli military forces launched a 23-days military offensive on the Gaza Strip. As a result, some areas were completely flattened to the ground, leaving many people displaced including women and children. As per a report by OCHA issued on the 19th of January 2009, 50,896 persons were displaced. The war also has left many civilian casualties. According to a report by the Palestinian Center for Human Rights issued on the 23rd of January 2009, 8.6% of people killed (111) and 17% of the injured (735) were women.

Civil society and international organizations worked on early intervention activities, including providing response to basic humanitarian needs for Gaza's population. Psychosocial interventions have so far been random and were mostly directed towards children.

UNFPA commissioned the Gaza based *Culture and Free Thought Association*¹ (CFTA) to carry out a quick survey to assess the situation of women in Gaza and to gauge urgent priority as well as medium and long term issues they might be confronted with.

The survey aimed at (i) identifying psychosocial difficulties that women are facing in the aftermath of the conflict, (ii) providing an overview on health and maternal health services that were available to women during the time of the war, and (iii) identifying women's immediate needs especially in the areas of social and psychological support.

The survey was based on a qualitative method to collect data through organizing 5 women focus groups including 71 women at various ages and from different areas in the Gaza Strip, and one focus group of 14 young people between the ages of 20-30 years from the Beit Lahia area. The focus group discussions were complemented with interviews with medical workers (directors, social workers, paramedics) at various UNRWA medical centers, as well as a review of the available literature of assessment information and reports released during and after the war. Special attention was given to identify the difficulties that women faced during the war, necessary assistance mechanisms and other elements.

The findings of the focus group discussions and interviews were consolidated in a draft report in Arabic and summarized in English in this Executive Summary. Once the Arabic report is finalized, it will be translated into English.

The report highlights the following findings:

(1) Women's Psychological difficulties during the war.

- The war affected the entire Gaza population, men, women, and children, and resulted in immediate psychological problems such as fear, anxiety, panic attacks, feeling of insecurity, sleeping and eating disturbances, depression and sadness, and expecting death any minute.

¹ CFTA has been a long partner of UNFPA in Gaza. Through its women Health Center in Bureij refugee camps, CFTA played an important role in the provision of services to women during emergency and crisis times, including a greater focus on psychosocial and outreach programs. In addition to providing a holistic package of services from clinical to psychosocial and legal care for refugee and non-refugee women.

(2) Fear

- All women who were interviewed experienced extreme feelings of fear and still feel this fear even after the declaration of a truce and end to hostilities. Women feared more for the lives of their loved ones such as husband, children, family, etc. more than they fear for their own lives. This is attributed to the social structure which makes women think that the others are the real reason for their existence, and that their lives have no value without their families.
- Women ranked fears for their own lives only second. They expected to die any minute be it through gun fire or, indirectly, through lack of access to health services especially those women with pre-existing conditions. I.e. one cancer patient feared who could not buy drugs during the crisis.
- Women also feared, what they thought would even be worse than death, to become disabled and, thus, dependent on others in their daily lives. This, they feared, could be used as an excuse for their husbands to leave them. A young man also expressed his preference to die fast rather than dying the "slow death" of a disabled person.
- For everybody, night time was the worst due to electricity cuts and the intensive military operations.

(3) Feelings of insecurity and inability to protect others

- Women, just like men and children, lost all sense of security and protection. No place was safe be it inside the house or outside. The random bombing of houses and the utilization of phosphoric bombs further exacerbated the feeling of insecurity.
- As such, women felt helpless and embarrassed for not being able to provide protection for their children; a role they believe is one of their main responsibilities. The feeling of inability to play that role of care-giver contributed to the psychological suffering of women, especially married ones. One woman reported the reversal of roles whereby her 9-year old son kept reassuring her that everything will be fine when he saw her crying.

(4) Nervousness and overreaction

- Women became very nervous when dealing with their children scream at their little children with or without reason and sometimes ending up by beating them.
- Feelings of anxiety and nervousness were more intensified among women who had fled their houses and sought shelter at friends' or other families' houses. More than 60% of those interviewed had left to take shelter at other people's houses, and this affected women's psychological status and added to their burden since they could not display their feelings of stress. One woman reported taking shelter in a house with 70 people.

(5) Sadness and crying

- 35% of the interviewed women are experiencing feelings of extreme sadness due to the horrific scenes of dead bodies. Fearing that their children might face the same destiny, women used to cry in front of their families. Domestic conflicts were one of the results of such endless crying sessions especially when men were confronted with the constant crying of their wives and did not know how to react to this.

(6) Various Disturbances

- Women suffered from various symptoms of physical disturbances such as sleeping and eating disorders, as results to attacks, nervousness, and anxiety that women faced everyday.
- 20% of the interviewed women suffered from other psycho-somatic disorders such as delays in their monthly period.
- All interviewed women reported sleeping disorders. They were able to sleep only very few hours and were haunted by nightmares, which made some of them resort to sleeping pills.
- Women reported that their children's appetite increased during the crisis which put a lot of burden on them since they could not provide their children with sufficient food given the shortages.

(7) Social problems and difficulties

- 15% of the interviewed women said that they faced many domestic conflicts during the war. Also, places where many families sought shelter, such as public schools, were prone to cause conflicts between women and children.
- It is expected that further problems will come to the surface once the war is over, such as issues related to inheritance, rights of widows, etc.
- Women also faced lots of social difficulties caused by the siege, such as electricity and water cut offs and the lack of fuel. Women were forced to find coping mechanisms, including very old mechanisms, to survive.
- Lack of basic food aids such as wheat caused women to spend many days without eating, which intensified their fears for their children. In one of the women care centers, a nurse indicated that 95% of those who came to the clinic after the war were diagnosed with anemia.

(8) Reproductive health services

- Interruptions of facility based medical care services ranged from partial to complete. Clinics were not able to function properly and some were forced to shut down. But even where clinics managed to offer services, women were often time unable to actually reach these clinics, especially in the "hot spots".
- Most of those who made it to the clinics despite ongoing hostilities did not actually come for their own personal medical needs such as diabetes or high blood pressure, but rather to bring their children.
- After the war, the number of women seeking medical care at the clinics increased three times over the normal rate with women seeking medical care for joint pains, headaches, burns, breathing problems etc.

(9) Pregnant Women

- Pregnant women were particularly affected facing difficulties related to their medical situation, such as pre-term deliveries, continuous feelings of pain, miscarriage, deliveries in unhealthy environments, etc.
- Pregnant women who were close to the due-dates were very worried about not being able to reach a hospital once they would go into labour and some women were forced to give birth at home due

to the fact that ambulances were unable to reach certain areas . One women reported that she taught her daughter who was in her third pregnancy trimester how to cut the umbilical cord in case she would not be able to reach a clinic.

(10) Women's needs for Social and Psychological support

Immediate:

- Humanitarian aid such as shelter, food , water, clothes
- Social and psychological support in order to enable women to deal with their children, and to maintain their health during war and times of crisis
- Recreational and entertaining activities

Medium/long-term

- Income generation programmes especially for those who lost their breadwinners, through launching job creation projects for women.
- Medical centers providing health and reproduction health care.

Preparedness/Contingency Planning

- Safe shelter during war
- Medical awareness and first aid instructions to help women deal with certain injuries during war

RECOMMENDATIONS

Launching short, medium, and long term programmes to ensure suitable and efficient interventions that meet women's needs need to focus on:

Immediate

1. Provision of social and psychological support for women, using different methods such as relaxation exercises, painting, writing, handcrafts, talking sessions and support groups. Also, arranging home visits to women to provide support either individually or by forming support groups in their neighborhoods.
2. Social and psychological support for women and their entire families

Medium-Term

3. Diagnostic and healing programmes
4. Developmental programmes aiming at empowering women, including awareness, educational, training programmes to provide women with life and administrative skills to face future difficulties
5. Job creation programmes for graduate women, and semi-skilled women
6. Create and/or strengthen coordination and networking between service-provider organizations in order to avoid duplications and overlapping of the provided services.
7. Maintain gender balance in every intervention programme.
8. Provide suitable professional training for the teams which will be implementing all intervention programmes.