



Middle East  
Centre

# REDEFINING DEPRIVATION IN A CONFLICT AREA

LEARNING FROM  
THE PALESTINIAN  
EXPERIENCE USING  
MIXED METHODS

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## Abstract

Conflicts threaten public health, human security and wellbeing. While their visible impacts (such as physical disability, injury, and death) garner considerable attention, they affect populations in other important ways. This paper seeks to understand how people make sense of, and cope with, various forms of deprivation and trauma resulting from experiences of conflict and military occupation in the occupied Palestinian territories (oPt). Using mixed methods, the paper explores mental health and wellbeing outcomes associated with deprivation in a conflict setting. Starting with an analysis of the Palestinian Survey, it looks at ways in which deprivation is conceptualised by individuals through the lens of mental wellbeing.

The paper evaluates dominant theoretical paradigms in social and health sciences by linking local understandings of deprivation and health to experiences of conflict and military occupation. Qualitative data was collected from 52 in-depth interviews across the West Bank. The 2014 Socio-Economic and Food Security Survey (SEFSec) was used for the quantitative portion of the study, and multi-level modelling was adopted to assess the impact of deprivation on mental health.

This study shows that politics and locality are variables that significantly affect mental health and wellbeing in the Palestinian context, particularly political uncertainty and restrictions on mobility. Political and social deprivation are considered more pressing than material forms of deprivation. The civil population's struggle against occupation and its internalisation of deprivation has serious repercussions on individual and public health in the long-term.

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## Introduction

### Why Deprivation and Health?

While many studies have shown the linkages between deprivation and negative health outcomes, the evidence largely conceptualises the former in economic and material terms, focusing on income or asset deprivation. Such measures tend to focus on the individual or household as the unit of analysis, and do not consider broader living conditions and standards. Amartya Sen<sup>1</sup> shows the limitations of solely focusing on income deprivation and maintaining a narrow view of poverty, and instead proposes conceptualising poverty as ‘capability deprivation’, which contributes to a person’s ‘un-freedoms’. Indeed, the relationship between income and capability is influenced by individual and contextual characteristics. While resource availability can enhance capabilities, some factors can exacerbate disadvantage. This is the case when individual disadvantage like disability is coupled with contextual ones, such as precarious living conditions. In this respect, a narrow view of poverty or deprivation, measured solely in terms of income, can conceal the extent to which ‘capability deprivation’ impacts one’s health.

Deprivation is a broader concept than poverty, as Amartya Sen, Martha Nussbaum and Robert Chambers outline.<sup>2</sup> It is useful to critically analyse health outcomes in conjunction with economic development (in line as well with the premise that ‘development’ is not possible under occupation, as reflected by Sara Roy’s idea of ‘de-development’). Mengzhu Fu, Daniel J. Exeter and Aneka Anderson outline the need for a measurement or index that captures political and legal disadvantages that are due to structures of oppression such as patriarchy, racism, class divisions, and settler colonialism - whereby historically (and to this day), laws have worked in favour of dominant, privileged groups.<sup>3</sup>

Although there is consensus on the negative impacts of deprivation on health, there is considerable debate over the mechanisms through which it affects health, as well as the conceptualisation of deprivation itself. While a full review of these questions is beyond the scope of this paper, we contend that these concerns are interlinked and relational; understanding both in tandem is important.

Studies that measure relative deprivation find that it is associated with poorer health outcomes. Defining deprivation as ‘the extent of the difference between the desired situation and that of the person desiring it’, a study shows that income inequality leads to worse health ‘over and above the well-established effects of absolute income on health’.<sup>4</sup> The

<sup>1</sup> Amartya Sen, ‘A Decade of Human Development’, *Journal of Human Development* 1/1 (2002), pp. 17–23. Available at <https://doi.org/10.1080/14649880050008746> (accessed 7 February 2021).

<sup>2</sup> Robert Chambers, *Rural Development: Putting the Last First* (London: Longman, 1983); Sen, ‘A Decade of Human Development’; Martha C. Nussbaum, *Creating Capabilities: The Human Development Approach* (Cambridge, MA: Harvard University Press, 2013).

<sup>3</sup> Mengzhu Fu, Daniel J. Exeter and Aneka Anderson, ‘The Politics of Relative Deprivation: A Transdisciplinary Social Justice Perspective’, *Social Science & Medicine* 133 (2015), pp. 223–32 (accessed 7 February 2021).

<sup>4</sup> Malavika Subramanyam, Ichiro Kawachi, Lisa Berkman and S. V. Subramanian, ‘Relative Deprivation

idea that subjective feelings of deprivation are a key determinant of physical and mental health is reflected in the ‘relative deprivation hypothesis’. The latter suggests that ‘negative consequences of social comparison’ affect health at the individual level.<sup>5</sup>

By extension, ‘deprivation’ as an analytical category offers useful ways to understand mental health in contexts of violence and conflict. While not explicitly using the term ‘deprivation’, a study by Catherine Panter-Brick, Mark Eggerman, Viani Gonzalez and Sarah Safd used a self-rating scale approach to assess levels of trauma among children and caregivers in Afghanistan.<sup>6</sup> This was not just in reference to explicit acts of war but also encompassed other persistent forms of violence, namely domestic abuse, accidents and neglect.<sup>7</sup> The study addressed ‘the importance of understanding trauma in the context of everyday forms of suffering, violence, and adversity’.<sup>8</sup>

The spatial aspects of deprivation form another important part of the literature. For example, building on deprivation indexes used to measure health inequalities, a study included geographical information systems (GIS) to explore spatial relationships between deprivation measures in Quito City, Ecuador.<sup>9</sup> The findings suggest that using health data to identify ‘highly deprived zones’ can help develop the measures required to address health inequalities.

In addition to taking on socio-political and material forms, deprivation is multi-dimensional; people are deprived of mobility, local services (‘space’), opportunities, futures (‘temporalities’), as well as forms of subjective well-being. Psycho-social dimensions include being forcibly separated from loved ones or not receiving enough affection at home. A comprehensive conceptualisation of deprivation can improve our understanding of how conflict affects health. Considering daily stressors alongside direct violence can enhance the quality of quantitative data gathered from surveys and help build a more holistic measure of the phenomenon.<sup>10</sup> Indeed, in recent years, scholars, development practitioners, and policy-makers have increasingly focused on poverty and deprivation, which are also part of the United Nation’s Sustainable Development Goals.<sup>11</sup> In concur-

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in Income and Self-Rated Health in the United States’, *Social Science & Medicine* 69/3 (2009), pp. 327–34. Available at <https://bit.ly/3oY8pUj> (accessed 7 February 2021).

<sup>5</sup> Sandeep Mishra and R. Nicholas Carleton, ‘Subjective Relative Deprivation Is Associated with Poorer Physical and Mental Health’, *Social Science & Medicine* 147 (2015), pp. 144–9. Available at <https://bit.ly/3jt-geQo> (accessed 7 February 2021).

<sup>6</sup> Catherine Panter-Brick, Mark Eggerman, Viani Gonzalez and Sarah Safdar, ‘Violence, Suffering, and Mental Health in Afghanistan: A School-Based Survey’, *The Lancet* 374/9692 (2009), pp. 807–16. Available at <https://bit.ly/3cQuxxw> (accessed 7 February 2021).

<sup>7</sup> *Ibid.*

<sup>8</sup> *Ibid.*

<sup>9</sup> Pablo Cabrera-Barona, Thomas Murphy, Stefan Kienberger and Thomas Blaschke, ‘A Multi-Criteria Spatial Deprivation Index to Support Health Inequality Analyses’, *International Journal of Health Geographics* 14/11 (2015), pp. 1–14. Available at <https://bit.ly/3aJ2tZX> (accessed 7 February 2021).

<sup>10</sup> Kenneth Miller and Andrew Rasmussen, ‘War Experiences, Daily Stressors, and Mental Health Five Years On: Elaborations and Future Directions’, *Intervention: Journal of Mental Health and Psychosocial Support in Conflict Affected Areas* 12 (2014), pp. 33–42.

<sup>11</sup> ‘Sustainable Development Goals’, *United Nations Department of Economic and Social Affairs* (2021). Available at <https://sdgs.un.org/goals> (accessed 22 March 2021).

rence, literature on the topic has increasingly emphasised the need to revisit these goals, including their respective definitions and parameters, while drawing more attention to the importance of multi-dimensional measurements.<sup>12</sup>

The Multidimensional Poverty Index (MPI), a widely used tool, considers people poor when they are deprived in at least three of ten indicators, including health, education, and living standards. While a full review of poverty measures is beyond the scope of this paper, the development and widescale use of the MPI is an example of the shift towards such multi-dimensional measures. MPI is also adaptable to national contexts, taking into account that the types of deprivation included in the measurement may vary from one context to another.

Building on secondary data evidence from the Palestinian Central Bureau of Statistics (PCBS) 2014 Socio-Economic and Food Security Survey (SEFSec) for the West Bank and Gaza Strip, and in-depth qualitative interviews, we reconceptualise deprivation and its multiple dimensions in the Palestinian context, and refine our quantitative analysis after obtaining the qualitative findings. Using qualitative data collected from interviews across the occupied West Bank, this paper documents how Palestinians perceive different types of deprivation. Through these insights, we can reconceptualise the latter as a multi-dimensional experience and condition that is sensitive to history and structures of power. We hope this opens up new analytical insights that inform the study of deprivation more broadly, which can be used to analyse contemporary questions of social justice, inequality and institutional racism.

In the quantitative portion of the study, we incorporate subjective and objective measures of deprivation to examine how it affects health status. In our examination of its impact, we draw on a more holistic understanding of health that incorporates both well-being and reported health status. More specifically, we concentrate on mental health as an outcome related to different forms of deprivation (e.g. political, economic, well-being). The qualitative component of the study outlines ways in which Palestinians living in the oPt conceptualise and understand deprivation, which in turn informs the quantitative analysis that focuses on the links between the various causes of deprivation and their determinants, in the context of ongoing Israeli military occupation and settler-colonialism. Throughout the study, we highlight locality and place of residence as key variables that contribute to deprivation. The Palestinian context is particularly relevant for this type of study as it illustrates the differential impact that conflict and political struggle against military occupation have on health across diverse areas within the oPt. Indeed, health outcomes depend on the magnitude of violence in a given area, the level of spatial restrictions and barriers to accessing services (such as road blockages, checkpoints), as well as people's wealth, reflected by their socio-economic status.

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<sup>12</sup> Rachel Bray, Marianne de Laat, Xavier Godinot, Alberto Ugarte and Robert Walker, 'Realising Poverty in All its Dimensions: A Six-Country Participatory Study', *World Development* 134 (2020) 105025, pp. 1–10.



## Conflict, Mental Health, Deprivation and the Palestinian Case

Stressful social and material conditions, including poverty, malnutrition, and the weakening of social ties and networks, are worsened by conflict and can lead to less visible forms of social suffering and deprivation, both collectively and individually.

Palestine is a highly relevant case study to examine multi-dimensional deprivation, as it has been in a situation of protracted conflict for the last seven decades. Continued Israeli military occupation, along with the Separation Wall, army checkpoints, stop-and-search practices and broader restrictions on the movement of people and goods, have limited Palestinians' access to healthcare services for decades.<sup>13</sup> The construction of the Wall, which began in 2002 (stretching 440km by 2014), aggravates already-existing obstacles to movement across the oPt, as well as between the oPt and Israel. Moreover, home demolitions and confiscation of lands have increased the Palestinian population's psychological stressors, including uncertainties around the ability to cross checkpoints, and particularly on whether occupation forces will grant permission to travel for healthcare purposes.<sup>14</sup> Although the conflict's intensity varies, these restrictions to movement have increased over time, putting a considerable toll on physical and mental health.<sup>15</sup> This undermines human rights, dignity, and access to essential services. However, what is less clear is the impact of varying levels of deprivation on mental health across the territories.

The fragmentation of the oPt is key to understanding how freedom of movement (or lack thereof) affects people's feelings of deprivation. The oPt was divided into Areas A, B and C after the Oslo II Accord in 1995. Area A is under control of the Palestinian Authority, B is under joint control, and C is under full Israeli (military) control. From 2003–6, the Separation Wall between the West Bank and Israel was built as a 'security measure' which, along with road blockages, constitute a considerable barrier to free movement, access to services, as well as a source of stress and humiliation.<sup>16</sup> Yet, existing literature also draws attention to the concept of resilience, namely ways in which Palestinians endure and resist such violence in the struggle against Israeli occupation.<sup>17</sup> The latter is important in contextualising our work and must be kept in mind while reading our analyses of the findings.

<sup>13</sup> Rita Giacaman, Harry S. Shannon, Hana Saab, Neil Arya and Will Boyce, 'Individual and Collective Exposure to Political Violence: Palestinian Adolescents Coping with Conflict', *European Journal of Public Health* 17/4 (2007), pp. 361–8.

<sup>14</sup> Tiziana Leone, Diego Albrez-Gutierrez, Rula Ghandour, Ernestina Coast and Rita Giacaman, 'Maternal and Child Access to Care and Intensity of Conflict in the Occupied Palestinian Territory: A Pseudo-Longitudinal Analysis (2000–2014)', *Conflict and Health* 13/36 (2019), pp. 1–15.

<sup>15</sup> Rajaie Batniji, Yoke Rabaia, Viet Nguyen-Gillham, Rita Giacaman, Eyad Sarraj, Raija-Leena Punamaki, Hana Saab and Will Boyce, 'Health as Human Security in the Occupied Palestinian Territory', *The Lancet* 373/9669 (2009), pp. 1133–43.

<sup>16</sup> Giacaman, Shannon, Saab, Arya and Boyce, 'Individual and Collective Exposure to Political Violence'; Nisreen Salti and Sawsan Abdulrahim, 'The Relationship Between Relative Deprivation and Self-Rated Health Among Palestinian Women in Refugee Camps in Lebanon', *SSM – Population Health* 2 (2016), pp. 317–26.

<sup>17</sup> Rita Giacaman, 'Reflections on the Meaning of "Resilience" in the Palestinian Context', *Journal of Public Health* 42/3 (2019), pp. 369–400, (accessed 26 January 2021). Available at <https://bit.ly/3q3sdGg> (accessed 22 March 2021).

## Methods

### In-Depth Qualitative Study

Based on the 2014 SEFSec conducted by the Palestinian Central Bureau of Statistics (PCBS) in the oPt, about 39.2 percent of adults reported feeling at least a little deprived, with about 27.6 percent reporting that they felt moderately to very deprived. While the proportions of people who feel at least a little deprived are substantive, we know less about what deprivation means to them or how it is experienced. For the qualitative phase of this research, we conducted 52 in-depth, semi-structured interviews with adult women and men residing throughout the West Bank. We recruited participants from personal and professional networks, through purposive sampling, and used snowballing techniques to further expand our sample. During this portion of the study, we worked with community organisations and personal contacts across the West Bank to reach as diverse a group of participants as possible. Purposive sampling was used to make sure women and men from diverse socio-economic backgrounds, age groups, and localities were included. Ethical clearance was obtained from the Ethics Review Committee at the Institute of Community and Public Health, Birzeit University.

The interviews focus on how people understand deprivation; what its key components are, its causes and impacts within Palestinian society, as well as the ways in which people cope with it. We approached this portion of the study reflexively and sought to create a research design and study questions that allow for flexibility – adjusting them based on the course of fieldwork and the possibility of new insights arising from the process. We conducted fieldwork in different parts of the West Bank and paid special attention to highly vulnerable areas, including ones near the Separation Wall and Area C. Interviews were conducted by at least two members of the research team between 25 February 2019 and 1 January 2020. They were transcribed verbatim (in Arabic) and analysed by the project team. We began the analysis with data immersion and coding to identify main themes. We then used analytic memos and thematic analysis tables to organise findings.

### Quantitative Portion of the Study

The quantitative part of this analysis relies on the 2014 SEFSec conducted by the Palestinian Central Bureau of Statistics (PCBS) in cooperation with the Food Security Sector (FSS).<sup>18</sup> The SEFSec allows for analyses at the regional and locality level in order to understand varying political conditions within the West Bank and Gaza Strip regions. The survey adopted international data collection instruments as well as locally validated and contextually relevant ones developed by researchers involved in this project at the Institute of Community and Public Health.<sup>19</sup> The survey thus includes data and instruments

<sup>18</sup> 'Food Insecurity in Palestine Remains High', *Palestine Central Bureau of Statistics*, 2 June 2014. Available at <http://www.pCBS.gov.ps/post.aspx?lang=en&ItemID=1135> (accessed 22 March 2021).

<sup>19</sup> Giacaman, 'Reflections on the Meaning of "Resilience"': Rita Giacaman, Rana Khatib, Luay Shabaneh, Asad Ramlawi, Belgacem Sabri, Guido Sabatinelli, Marwan Khawaja and Tony Laurance, 'Health Status and Health Services in the Occupied Palestinian Territory', *The Lancet* 373/9666 (2009), pp. 837–49;

that go beyond other internationally validated ones that are concerned with population well-being and quality of life. It also integrates important questions regarding the political context.<sup>20</sup> The SEFSec included questions on a range of topics with relevance to understanding deprivation; including a specific sub-set of questions focused on it. The latter are unique in that they help us examine various dimensions of deprivation, including income, nutrition, dwelling conditions, expenditure, consumption, and freedom of movement. The survey includes relative assessments of deprivation, as well as cluster data that allow us to make comparisons at different levels, thereby taking neighbourhood, locality, and district level effects into account. This data has been under-utilised and has not been thoroughly analysed beyond a descriptive report that outlines the impact of the 2014 war on the population of the Gaza Strip.<sup>21</sup>

The survey consisted of a sample of 8,177 households in the West Bank and Gaza Strip. Our final analytic sample consisted of 7,723 households with complete information on all the key variables of interest. An analysis of those where information was missing showed no significant pattern which could have an impact on the final results. We analyse the data using a two-level random intercept model for our analyses, at individual and locality level. We use locality as a proxy for neighbourhood to assess the potential impact of checkpoints and road closures as well as access to services. We ran the aggregate model first, followed by separate models for the West Bank and Gaza Strip. Given the scope of this paper, we only show the joint analysis with the Gaza Strip as a covariate. However, a full version of this analysis is currently being finalised to be submitted for publication.

## Dependent Variable

In this analysis, our key outcome variable of interest is the GHQ-12 (a standard general health questionnaire used worldwide) score which reflects poor mental health. There are different approaches to scoring the GHQ instrument. We opted for the Likert scoring technique as we are interested in mental health as an outcome, rather than using the instrument for screening purposes. Using this method allows us to maintain gradations in the data without transforming it substantially. The final GHQ score range is 0–36 where 0 indicates good mental health and 36 would indicate the worst mental health.

## Independent Variables

Our key independent variables in the analysis are divided into two main categories: deprivation measures and acute stressors, which we outline below. In addition to these variables, we control for age, education, and household employment in the models. We

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Maisa Ziadni, Weeam Hammoudeh, Niveen M. E. Abu Rmeileh, Dennis Hogan, Harry Shannon, and Rita Giacaman, 'Sources of Human Insecurity in Post-War Situations: The Case of Gaza', *Journal of Human Security* 7/3 (2011), p. 23.

<sup>20</sup> Giacaman et al., 'Reflections on the Meaning of "Resilience"'; Giacaman et al., 'Health Status and Health Services in the Occupied Palestinian Territory'.

<sup>21</sup> Ziadni, Hammoudeh, Abu Rmeileh, Hogan, Shannon, and Giacaman, 'Sources of Human Insecurity in Post-War Situations'.

approach deprivation holistically, including four key dimensions: material (economic), political, subjective deprivation, as well as food insecurity.

'Subjective deprivation' relies on Mishra and Carleton's paper which argues that one key dimension is the feeling of being deprived.<sup>22</sup> This sentiment was reaffirmed by some of our study participants that claimed deprivation must be felt in order to be considered. Our 'subjective' measure is therefore based on a recoded variable from a question asking respondents the extent to which they felt deprived. We recoded the responses to 'never', 'a little to somewhat deprived', and 'very deprived'. For material deprivation, studies usually rely on relative poverty and/or relative material conditions such as the reliance on financial assets.<sup>23</sup> We use both 'subjective' and 'objective' measures to capture material conditions. The subjective measure consists of one question asking respondents to rate their economic status, with a possible range of responses from 'very poor' to 'rich'. We also created a composite 'wealth' score, taking into account household material conditions and amenities. We then classified respondents into wealth quartiles in order to consider where they stand in relation to other strata of the population.

Although food insecurity is linked to material deprivation, it adds another dimension to the experience at the household level, especially given that food is a basic necessity, and inextricably linked to economic conditions. Furthermore, studies are increasingly showing that food deprivation has adverse effects on health, independent of income.<sup>24</sup> We use the locally developed and validated human insecurity scale as a measure of political deprivation.<sup>25</sup> The instrument has also been assessed in relation to other measures of well-being, including quality of life. The measure is a continuous score based on responses to the items in the human insecurity scale, whereby an increase in the score is indicative of higher insecurity stemming from the political context. It has been used in the oPt as well as in other places. In the Palestinian context specifically, the measure is sensitive to varia-

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<sup>22</sup> Mishra and Carleton, 'Subjective Relative Deprivation Is Associated with Poorer Physical and Mental Health'.

<sup>23</sup> Chun-Tung Kuo and Tung-liang Chiang, 'The Association Between Relative Deprivation and Self-Rated Health, Depressive Symptoms, and Smoking Behavior in Taiwan', *Social Science & Medicine* 89 (2013), pp. 39–44; Shadi Beshai, Sandeep Mishra, Tyler J. S. Meadows, Priya Parmar and Vivian Huang, 'Minding the Gap: Subjective Relative Deprivation and Depressive Symptoms', *Social Science & Medicine* 173 (2017), pp.18–25; Roger Yat-Nork Chung, Gary Ka-Ki Chung, David Gordon, Samuel Yeung-Shan Wong, Dicken Chan, Maggie Ka-Wai Lau, Vera Mun-Yu Tang and Hung Cham Wong, 'Deprivation Is Associated with Worse Physical and Mental Health Beyond Income Poverty: A Population-Based Household Survey Among Chinese Adults', *Quality of Life Research* 27/8 (2018), pp. 2127–35.

<sup>24</sup> Charles P. Martin-Shields and Wolfgang Stojetz, 'Food Security and Conflict: Empirical Challenges and Future Opportunities for Research and Policy Making on Food Security and Conflict', *World Development* 119 (2018), pp. 15–64. Available at <https://bit.ly/3839T9R> (accessed 3 March 2021); Hala Ghattas, Jad Chaaban, Nisreen Salti, Alexandra Irani, Tala Ismail and Lara Batlouni, 'Poverty, Food Insecurity, and Health of Palestinian Refugees in Lebanon and Recently Displaced from Syria to Lebanon: Findings from the 2015 Socioeconomic Household Survey', *The Lancet* 391/S11 (2018). Available at <https://bit.ly/30bx9OE> (accessed 3 March 2021).

<sup>25</sup> Weeam Hammoudeh, Dennis Hogan, and Rita Giacaman, 'Quality of Life, Human Insecurity, and Distress Among Palestinians in the Gaza Strip Before and After the Winter 2008–2009 Israeli War', *Quality of Life Research* 22 (2013), pp. 2371–9. Available at <https://bit.ly/2O4ZSLZ> (accessed 4 March 2021).

tions in levels of violence stemming from military occupation.<sup>26</sup>

In addition to the aforementioned measures, we accounted for more acute stressors in our analysis. We grouped these into economic, political and health stressors respectively. The economic ones are a summed count variable that includes six items: loss in assets including land and building projects; inability to repay loans; partial or full loss of salary/income; delay of salary payment; loss of some or all state or other assistance; and inability to pay health treatment costs. Respondents were asked whether their household experienced these stressors in the six months preceding the survey. For each of these items, a positive response was given a score of 1, and the sum of all positive scores formed the total score.

With regards to political stressors, we created different measures for the West Bank and Gaza Strip. Given that the survey was conducted after the 2014 attack on Gaza, specific questions about exposure to political violence were asked in Gaza in an additional section of the questionnaire. In a section on ‘shocks’, three questions pertinent to the political context were posed to respondents in both locations. In the West Bank, the measure consisted of: loss of assets or projects due to Israeli measures in place; restrictions imposed on Palestinians’ access to land; as well as a lack of crossing permits. For Gaza, in addition to these items, we counted whether any member of the household was killed in the 2014 war; whether the household faced any damage to their home; and whether at least one member of the family was injured during this war. Hence, the scores range from 0 to 3 in the West Bank, and from 0 to 6 in Gaza.

## Study Findings

### Qualitative Results

Starting with a purposive sample, we interviewed 52 individuals aged between 19 and 83 years old (Table 1); 38.5 percent were men; 11 from Jerusalem, 7 from Ramallah, 10 from Nablus, 5 from camps and 12 from the Jordan Valley. Socio-economic status was ascribed to participants based on their own assessment of their socio-economic position as well as their education and household employment status.

**Table 1: Qualitative Sample Characteristics**

Age	Gender	Socio-Economic Groups	Community
19-29 (48.1%)	Male (38.5%)	Lower (13.5%)	Beduin
30-49 (32.7%)	Female (61.5%)	Lower/Middle (42.8%)	Camp
50+ (19.2%)		Middle (19.2%)	Urban
		Middle/Higher (9.6%)	Rural

<sup>26</sup> Ibid.

While we did not attempt to collect a representative sample, the group mainly reflects younger generations, is more representative of the female population and generally of the lower to middle class segments of society.

The qualitative analyses indicate mainly that deprivation is multi-dimensional and extends beyond the material; deprivation of rights and freedoms were intimately linked to the political context and were sometimes connected to social norms and conditions. Ultimately, deprivation is spatially grounded and is a result of localised socio-political conditions. The findings also point to a deprivation of opportunities, which we address in more detail in the following sections.

### Deprivation is Multi-Dimensional and Extends Beyond the Material

When asked what deprivation meant to them, respondents clearly felt that it was not strictly about material possessions. Moreover, interviewees did not explicitly mention the material aspects of deprivation as much as they did the socio-political. Some participants may have felt that the material was already well understood. Being fully ‘materially’ deprived was not something many people experienced – this represents a more extreme condition, similar to the notion of ‘abject poverty’. Most people instead saw deprivation as having gradations, and a few gave responses that would indicate a degree of it. For example, some would say ‘a little to moderately deprived’, while others would say they felt ‘30 percent deprived’. The less extreme gradations had more to do with not having the financial means to obtain certain things that they desired.

‘Perhaps deprivation is a lack/shortage of something available to all people but unavailable to you due to certain circumstances.’ – Interview 42

‘Deprivation is not being able to possess something - not necessarily a material possession between your hands, it could even be something emotional or spiritual. It [deprivation] is not being able to possess something in all respects, be it material, emotional, or anything.’ – Interview 42

‘[It] means emotional deprivation, political deprivation – deprivation in general. I did not think of something specific... possibly material deprivation. Being deprived from having children. General things rather than something specific. Something everyone has that you want to obtain. [Deprivation is] paralysis, suppression.’ – Interview 43

By extension, some participants elaborated on the notion of emotional deprivation. This concept generally consisted of two main components, one related to having an unmet need for emotional connection, particularly with parents or family members. For instance, the death or imprisonment of a family member deprived people from having active emotional bonds with their loved ones. The other aspect of emotional deprivation related to being prevented from fulfilling a relationship with a romantic partner due to certain restrictions, such as societal norms or pressures. Some participants outlined obstacles, including family disapproval or opposition to marriage on the basis of class difference, or also in cases where families wanted their daughter to marry someone with an existing or stronger relationship to them.

## Deprivation of Rights and Freedoms

‘Deprivation for me pertains to freedom. Our freedom is restricted.’ – Interview 45

Deprivation is also perceived as the inability to live in peace:

‘Deprivation is a person’s loss of anything beautiful they wish for, like peace, freedom, and living in happiness. That is deprivation. It is the loss of things or a lack of beautiful things. That is the most telling phrase. The things that we, Palestinian people or humans in general, want and need’. – Interview 23

In the statistical analysis, and based on the variables we were able to include in the model, political deprivation came after material deprivation in terms of effect size. This was one of the most common forms of deprivation extrapolated from interviews. Political deprivation in general can be divided into two parts, one (and arguably greater in magnitude) is related to the Israeli occupation and ongoing colonisation. The other concerns the ‘domestic’ political situation. In general, some participants said that they are deprived of their homeland because they are unable to travel freely within historic Palestine; they lack rights, freedom, peace, safety, and security. Refugees are also unable to return. Indeed, mobility restrictions were a common feature of occupation-related deprivation. People talked about being humiliated at checkpoints, experiencing delays during travel due to such road barriers, which include settlements, as well as having to obtain travel permits to go to Jerusalem and Gaza. Such impediments to travel have a detrimental effect on the chances of surviving health emergencies, due to considerable delays in the delivery of emergency medical responses and ambulance services. Such circumstances incentivise people to limit their movement to smaller geographic areas when possible, oftentimes reifying the cantonisation or enclavisation of the West Bank.

Indeed, the lack of self-determination within one’s country is considered a form of deprivation:

‘...the homeland, my country, [being] deprived of many rights because of the occupation. What I mention [are] rights legislated internationally, even in supreme laws. As a consequence, you would expect to have these [rights] apply. It is a loss because I am entitled to this right yet it’s not available to me, or has been taken from me.’ – Interview 27

Another interviewer expressed this as lack of freedom:

‘[deprivation] from basic rights that a person is supposed to attain. What is missing for me? This is how I understood the question. Limiting freedom... deprivation means the inability to practise freedoms or being restricted from practising specific rights.’ – Interview 43

Another common theme was being deprived from accessing resources. This includes being unable to access land and property due to the Separation Wall and land confiscations. Also, in some areas, residents are not allowed to dig wells, which results in water scarcity and undermines agricultural activity. This issue is sometimes connected to restrictions on mobility, which limit access to resources and services, particularly in areas that are more closed off due to the Separation Wall, as well as the presence of settlements and check-

points. Indeed, some areas, and particularly Area C, face greater restrictions on building and infrastructure development. Residents of these areas explained that they are deprived of development, not because of a lack of will or resources, but rather due to these restrictions imposed by the Israeli occupation.

‘The biggest thing is that we are not like other people; we don’t have freedom. We don’t have freedom of movement. We don’t have the freedom to work. If you don’t find work, you don’t have the basic conditions to live. I consider the Palestinian people to be among the strongest people in the world, but we don’t have resources/capabilities...’ – Interview 20

Other dimensions of political deprivation are also directly linked to social and emotional needs. For example, participants mentioned that families of political prisoners were deprived from seeing their loved ones and faced other restrictions because of their connection to an incarcerated family member. For instance, they are often issued travel or security bans which restrict their ability to obtain permits to enter Jerusalem or travel abroad. Such treatment is similarly experienced by relatives of martyrs. The emotional toll associated with these practices was considered to be much greater as well – especially in the case of mothers who are indefinitely separated from their children.

The intersection between the political and social is also reflected in the politics of family reunification. Indeed, deprivation arises from legal ambiguities and discriminatory impositions, particularly for people with different ID types, or for Palestinians married to someone with a foreign passport and no Palestinian ID. The implementation of these laws causes chronic insecurity and distress. At times, families try to stop a marriage from taking place if the couple involved have different IDs.

Regarding ‘domestic’ politics, the main forms of deprivation related to limitations on freedom of expression and political participation, as well as being deprived of opportunities due to Palestinian government corruption. Many participants talked about ways in which the political divisiveness between Fatah and Hamas contributed to this repressive environment characterised by limited free speech, especially if their views countered the authorities’. While participants did not necessarily attribute the situation solely to political divisions between the West Bank and Gaza, they believed the latter further cemented the adverse conditions they found themselves in, particularly due to the lack of a united front ready to resist Israeli policies. Some mentioned that this political split deprived people of a sense of shared vision and national unity. A few participants even noted that it deprived Palestinians from sustaining solidarity within the Arab world and beyond.

Moreover, the findings pointed to expressions of deprivation at the intersections of gender and human rights, reflected in participants’ inability to move freely, with interviewee 6 commenting, ‘a right I have not obtained is the ability to travel. There are restrictions, norms and traditions that don’t allow me to.’ Other forms of social deprivation were commonly raised, including limitations on personal freedoms as a result of certain traditions and gendered social norms that especially affected women and younger generations. Although many participants stated that their social environment had become less restrictive, they noted that women are deprived from pursuing education in some communities. They thought that women’s experience of social space, particularly in rural areas, was more constricted and controlled due to



the negative effects of gossip. At times, imposed restrictions on movement were attributed to concerns over safety and well-being, particularly considering the political context. In turn, women were more deprived of personal freedoms. Also, young people felt more constricted by traditions that were not as open to different ways of doing things. From their perspective, the pressure to conform to these norms deprived them of personal freedom.

## Deprivation is Spatially Defined

Due to restrictions on movement and inequalities across the territories, a strong sense of locality was notable:

‘... there is no justice in the distribution of resources. There are resources available to the government. You notice that these areas are marginalised. They are last on the government’s list of priorities.’ – Group interview 8, participant 1

‘The Jordan Valley is deprived of its original inhabitants. Years ago, Froosh Beit Dajan had 12–13,000 residents, and today they amount to less than 1,400. I want to get married and have my family live here. The residential infrastructure is not developed enough, so I have to go to another village or city to start a family. I could cope for a year or two, but I ultimately need an escape. The way out for me would be to [be forced to] emigrate. And if I do, I am then deprived of my homeland. My land. This is clearly deprivation.’ – Group interview 8, participant 2

In addition to the occupation, participants felt abandoned by their national government:

‘We are deprived from achieving our goals and developing them... my goal is to have a developmental project but because of the occupation barriers and the natural climate [referring to the climate of the Jordan Valley which would introduce certain challenges], the government’s lack of concern for these areas; [here] we are targeted in all ways... I was deprived because I was unable to reach [my goal]... and this is real deprivation for young people and women. Women have the right to have forums, it is their right to experience leisure. Here, they are repressed. They end up spending their time at work. Work is their recreation, either at home or on the farm. There’s no innovation, there is no progress, there is no integration into larger society – everything is difficult. Here, there is a lot of deprivation.’ – Group interview 8, participant 3

## Deprivation of Opportunity (and Possibility)

The last theme we found related to the lack of socio-economic and self-development opportunities. Indeed, findings highlighted a lack of social mobility and a sense of doom or being stuck within a social class, which was expressed as a form of deprivation:

‘There are a number of things, like our environment, social position, occupation, housing status. You may be deprived of all opportunities because of certain circumstances, like being born an orphan. And as a result, you become deprived from a certain opportunity. You may have been born in a specific neighbourhood... you may have been born into a specific family and perhaps be deprived of a certain opportunity.’ – Interview 42

Being let down by local institutions brought a further sense of doom and pessimism among respondents:

‘What sustainable development do we have for future generations? There isn’t any, I do not see it at least, not in the short term nor even in the medium term. I do not see the possibility for development. There is supposed to be a different approach in thinking about these areas and when you get to the issue of deprivation, you find that you are deprived from government plans for the implementation of projects for this country. Everything is built on deprivation and riskiness.’

He continues:

‘... it has created a type of depression for us. It is for this reason our ambitions are limited. I told you [I was unconcerned with] developing goals because my view has become limited, I just want to see up to the barrel [pointing to a nearby barrel], beyond this barrel it is difficult for me to see. What I see currently is that it requires a long-term strategy and God knows it needs solidarity and a general vision. It requires national solidarity – governmental, political and so on in order to come out of [the limited ceiling as a result of deprivation] and this is difficult to do in a day or in ten years.’ – Interview 8, man 3

In general, people described deprivation as being prevented from obtaining a necessity or a right. Some noted that upon hearing the word, they thought of something more absolute, such as a state of being indefinitely deprived. Yet people generally spoke of deprivation as relative and varying in magnitude. Very rarely did participants talk about deprivation in absolute terms, but rather as something that was relative to a point of reference, which could be based on what they see around them (such as in their families and communities).

In terms of the various dimensions of deprivation, the most regularly mentioned forms were foremost social and political, and then material. In some specific areas, people spoke about ‘infrastructure deprivation’, which was often due to a convergence of material and political deprivation. For example, in the Jordan Valley, a combination of Israeli occupation restrictions and a lack of investment by the Palestinian Authority have resulted in wide-scale shortages in basic infrastructure and services (roads, sewage system, electricity, transportation, water, etc.). In what follows, we summarise the main themes related to each of these dimensions.

## Quantitative Analysis Results

A description of the sample distributions is reported in Table 2. For the benefit of this paper, we will only show the results of the combined model with random effects (Table 3). In the individual results, from a socio-demographic point of view the GHQ score increases for younger, female, less educated and poorer individuals. The various conceptualisations of deprivation have shown a clear burden on mental health in terms of human insecurity (0.043, SE 0.008), food insecurity (0.195, SE 0.024) and above all political insecurity (0.533, SE 0.107) as well as material deprivation (very deprived = 4.229, SE 0.209). At the regional level, mental health is worse in the Gaza strip (0.696, SE 0.292).

**Table 2: Descriptive Statistics and Sample Composition (SEFSec in oPt, 2014)**

	Mean	Standard Deviation
Age	38.42	15.48
Political Shocks (out of 3)	0.42	0.68
Health Shocks	0.54	0.86
Human Insecurity	20.09	7.06
Food Insecurity	2.14	2.74
Food Consumption Score	73.92	16.93
<b>N=7,827</b>		
<b>Distribution</b>	%	
Female	51.07	
Secondary Education	16.39	
Post-Secondary Education	21.75	
West Bank	62.44	
Gaza Strip	37.56	
<b>Subjective Deprivation</b>		
Not Deprived	61.81	
Little/Moderate Deprivation	20.88	
Very Deprived	17.31	
<b>Subjective Economic Conditions</b>		
Rich	3.42	
Middle Class	73.96	
Poor	17.29	
Very Poor	5.33	

Our analyses also show that there is a considerable amount of variance across space, particularly within the West Bank. We account for locality as a proxy for neighbourhood, without including locality-level indices. While individual level variance is not significant (meaning that there is no variance within households), the neighbourhood factor is highly significant. Access to services, proximity to the Separation Wall and to checkpoints all represent a substantial burden for mental health. The significance of the multi-level model, particularly in the West Bank, as well as the growing literature on the role of area level indices of deprivation in assessing the effects of deprivation on health and other outcomes, call for new ways of examining deprivation within the oPt and other low and middle income countries (LMICs) taking into account variations within settings.

**Table 3: Multi-Level Modelling GHQ Scores (oPt, 2014)**

Variables	GHQ Score
Age	0.0939***
	(0.0150)
Age Squared	-0.000536***
	(0.000163)
Female	0.239***
	(0.0910)
Secondary Education and Lower	0.0995
	(0.107)
Post-Secondary Education	-0.609***
	(0.125)
Richest	-0.674**
	(0.264)
Poor	0.665***
	(0.145)
Very Poor	2.315***
	(0.239)
Poorest	0.757***
	(0.162)
Rich	0.483***
	(0.143)
Average	0.486***
	(0.133)
Economic Stress	0.233***
	(0.0529)
Political	0.533***
	(0.107)
Health	1.362***
	(0.262)
Human Insecurity	0.0434***
	(0.00752)
Food Insecurity	0.195***
	(0.0238)
Food Consumption	-0.0123***
	(0.00311)
One or More Household Member Employed	-0.344***
	(0.118)
Some Deprivation	1.698***
	(0.134)
Very Deprived	4.229***
	(0.209)

Variables	GHQ Score
Gaza Strip	0.696** (0.292)
Gaza Deprivation Interaction (Subjective Deprivation*Gaza Residence)	-0.385*** (0.132)
Constant	3.978*** (0.461)
<b>Observations</b>	7,723
<b>Number of Groups</b>	199
<b>Variance Individual Level</b>	0.123 (0.0822)
<b>Variance Locality Level</b>	1.376*** (0.00814)

Note: \*\*\*  $p < 0.01$ , \*\*  $p < 0.05$ , \*  $p < 0.1$

## Limitations

We are not claiming causation in this study as the data refers to cross-section information. However, the relationship between subjective deprivation and poor mental health could be considered endogenous in that people with poorer mental health are more likely to indicate subjective deprivation. Another limitation is that we could not conduct the qualitative analysis in Gaza. The information would have been fundamental in attempting to highlight the consequences of the impact of deprivation on mental health in an enclosed environment. While we attempted to expand our operationalisation of deprivation in the quantitative portion of the study, we were limited to the data available in the survey, which did not have the specific goal of measuring and operationalising deprivation. We complemented this shortcoming in the data with extensive qualitative work throughout the West Bank, including East Jerusalem, in order to better understand how deprivation is understood and experienced locally.

## Discussion and Conclusions

Our analyses show that there is a considerable amount of variance across space, particularly within the West Bank. There is growing literature on the use of multi-level methods or area measures of deprivation in examining its effects on health. We account for locality as a proxy for neighbourhood, without including locality-level indices. The significance of the multi-level model, particularly in the West Bank, as well as the growing literature on the role of area-level indices of deprivation in assessing the effects of deprivation on health and other outcomes, calls for new ways of examining deprivation within the oPt and other LMICs taking into account variations within settings.

This may require the pooling of data from various sources in order to create area-level indices, which can then be added to analyses, and potentially contribute an important component. Our result is in line with previous literature showing the effect of area on mental health and demonstrates the need to account for neighbourhood factors when analysing deprivation data. However, the analysis emphasises the importance of locality even further compared to previous literature.

This is further grounded in the qualitative analysis which is the key contribution of this study. The findings echo the importance of conceptualising deprivation broadly in its various dimensions, which include political and social rights. Furthermore, the variations across the different areas and the specificity of some area-level experiences and exposures provide support for taking into account area-level conditions into our conceptualisation of deprivation and also accounting for these conditions in statistical analyses using multi-level methods.

Palestinians relate to deprivation in many ways: from political, to health, to social to material. Material deprivation seems to be a given in a setting where access to basic services and freedom of movement is limited. The internal and external political fights seem to have the highest toll on everyday life. The uncertainty of being able to go to work (if affected by checkpoints) or to have a relative affected by the conflict, seem to be the biggest factors. As previously highlighted by Rita Giacaman,<sup>27</sup> the approach to deprivation and resilience is not trivial and straightforward within this context of protracted conflict. The in-depth interviews have further expanded on the little everyday traumas that restrictions pose on individuals in the oPt.

This study contributes to the literature on deprivation and health by expanding the operationalisation of deprivation beyond the economic dimension. We conceptualise deprivation in broader terms, including subjective measures of material and economic conditions and food security, while also taking into account absolute measures of material and economic conditions, including food consumption and wealth. Furthermore, our study contributes to the limited literature on deprivation and health in lower and middle income settings; contributes to the limited literature on deprivation and vulnerabilities in conflict settings and takes into account measures that reflect exposures to violence; and accounts for spatial variation through the use of multi-level analysis and the integration of qualitative information. There is a growing literature on the use of multi-level methods or area measures of deprivation in examining the effects of deprivation on health. Given the dearth of literature that examines the impact of deprivation on health in contexts enduring prolonged conflicts, findings from this study have important implications for other conflict settings. Future analysis will need to account for more than one conceptualisation of deprivation and for locality.

This paper outlined the importance of expanding working definitions of deprivation. While theoretical arguments have been put forth calling for an expanded conceptualisation and operationalisation of deprivation, the literature to date largely focuses on

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<sup>27</sup> Giacaman, 'Reflections on the Meaning of "Resilience"'.

material conditions. Further work is needed on this front and can possibly be combined with recent efforts at expanding definitions of poverty to including multi-dimensional poverty measures that go beyond standard economic conditions.

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