

THE CRISIS IN GAZA AND IMPACT ON ADOLESCENTS

July 2021 Rapid Assessment

In May 2021...

SITUATION IN GAZA

Since 2007, the Gaza Strip (GS) has been under siege and continues to face severe forms of violence, restrictions on movement, significant deterioration in living conditions, increasing unemployment rates, and widespread poverty, undermining the rights of over two million Palestinians who have been experiencing increased food insecurity and psychological trauma. Many families have been internally displaced or forced to live in crowded places and schools have turned into shelters' lacking most of their basic needs and privacy. Gazans are facing threats of various communicable diseases, food insecurity, lack of WASH facilities, and live in constant insecurity and fear for life.

During May 11-21, 2021, the GS witnessed another round of aggression and hostilities during which 256 Palestinians, including 66 children and 40 women were killed, 2000 Palestinians were injured including over 600 children and 400 women, some of whom may suffer from long-term disabilities. Gaza's health system, already overwhelmed by chronic drug shortages, inadequate equipment and the ongoing COVID-19 pandemic, is struggling to meet the needs of those injured during the hostilities. At the height of the escalation, 113,000 internally displaced people (IDP) sought shelter and protection at UNRWA schools or with families or people in the community. There are still about 8,500 IDPs, including 235 individuals in two UNRWA schools, primarily those whose houses were destroyed or damaged to the extent that they cannot be lived in. Additionally, over 2,300 housing units were destroyed or severely damaged.

In Gaza, memories of violence are vivid even if you are a child or teenager. The aggression on the GS is common enough that a 13 year old has lived through four major bouts of rockets and airstrikes-wars on the GS.

The current challenges facing Palestinian adolescents and youth result from the long-term and continuing impact of the Israeli occupation, which impacts adolescents and youth in diverse and complex ways ranging from immediate consequences such as restrictions on free movement, to political economic and social consequences relating to Palestinian fragmentation, economic hardship and national identity. Adolescents in the GS particularly face additional challenges, which have been aggravated by the recent crisis including the deprivation of basic necessities and other issues such as social and economic marginalization, lack of communication, isolation and social extremism, and limited access to social and cultural facilities, including health and sports.

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PURPOSE OF THE ASSESSMENT

This rapid assessment aimed to elicit and understand the perception of young people ages 10-19 in the GS of the current situation and its overall impact on adolescents, ultimately aiming to help to tackle the challenges faced by adolescents. This assessment:

- Identifies and reflects on adolescents' issues and challenges during and after the aggression.
- Explores adolescents' experiences, feelings and emotions and access to services and psychosocial support.
- Identifies and highlights adolescents' current priorities and long-term needs.

SAMPLE AND DATA COLLECTION

This qualitative assessment targeted female and male 11-19 years old Palestinian adolescents residing in the five governorates of the GS: Rafah, Khan Younis, Deir Al Balah, Gaza City, and Northern Gaza.

The qualitative approach involved conducting of face-to-face focus group discussions (FGDs).

Participants eligible and interested to participate in the FGDs were contacted in order to obtain personal and parental consent to participate.

A total of 10 FGDs (5 groups of only females and 5 groups of only males) were conducted with 10-12 adolescents in each group.

FGDs were conducted in Arabic by a professional female researcher using a semi-structured interview guide for a consistent data collection process across all the FGDs while sessions lasted between 70-120 minutes.

Additional probing was utilized by the FGD facilitator particularly with selected participants living in the shelters, those who have lost their family or loved ones, or lost their home or family business, or those who were physically injured.

All FGDs were recorded, transcribed and translated verbatim, with all sensitive information deleted to ensure participants' anonymity and confidentiality. Briefing reports were also conducted after each FGD to assist in analysing the data.

FGDs provided an opportunity for open discussion and questions to elicit personal narratives which highlight youth experiences during the recent aggression. Open discussions during FGDs concentrated on adolescents' experiences, incidents, feelings, emotions and thoughts throughout and after the aggression, major challenges they are facing, coping mechanisms, the currently faced main challenges, access to services and psychosocial support and their current and long-term priorities and needs. Following open discussions, specific questions were directed to participants about the future and their perspectives on how the crisis has affected the future.

The following questions were covered in the FGDs:

- *How have you been feeling and what have been your thoughts after the most recent aggression on the GS?*
- *What are the key challenges you faced during and after the aggression ?*
- *How have you been coping with the stressors you have had to endure after the aggression? How are other people around you coping with stressors? Please be specific.*
- *Who has been supporting you during and after the war? How have they been supporting you? How effective has this support been?*
- *What formal services or approaches are available for dealing with psychosocial and mental health in the GS?*
- *What are your urgent/non urgent needs and the needs of people your age?*
- *What can be done to support you and adolescents in the GS? Elaborate.*
- *What are your long-term needs? Elaborate.*

SAMPLE CHARACTERISTICS

- The assessment included 102 adolescents between the ages of 10-19; including 54 (52.9%) females and 48 (47.1%) males from across geographic location, age and gender.
- The mean age of the participants was 15 years with an age range of 11-19 years old.
- 65.7% are refugees. 53.9% of participants are living in cities, 23.5% in refugee camps, 4.9% in villages and 17.6% are living in access restricted areas.
- Over 65.0% are in 10th, 11th, and 12th grade in school (9% in their final year of high school -Tawjihi).
- In regards to family status, the average household members in a single home is 7, 87.3% reported their mothers as the head of family, 82.4% reported their family type as nuclear, 5.9% reported having someone with a disability within their household, and the average household monthly income is 1,448 ILS. A total of 11 (10.7%) of participants are employed.



KEY FINDINGS

FEELINGS, EMOTIONS, THOUGHTS during and after the war The psychological impact of the war on adolescents...

In general, when participants were asked how they have been feeling after the recent war, the majority of females and males were thankful to be alive and were relieved to have lived through the horrors of the war.

Participants reported they were living under continuous fear and anxiety, they were sleepless, hopeless, and some were becoming depressed from the unbearable situation.

One of the most common concerns for adolescents was losing their families and being the only ones to survive. The participants also expressed their excitement for the ceasefire.

None of the participants felt any sort of safety and most reported they are certain there will be another war and ongoing hostilities in the near future.

Girls reported there were no safe places to go to during the war, and that all areas were targeted.



I was unsure if I would come out of the war alive, as there were continuous shelling and bombings in my neighborhood. She added, I feel sad most of the times, especially for those whom lost a loved one. I feel sadness and sorrow.

- A 17-year old girl from Gaza

We were exposed to death at every moment”, and we used to see fear in the eyes of our family, our mothers and our little brothers.” He added ” after the ceasefire, I felt safe, as there were no bombings, but I knew this is a hopeless situation and there will be another war soon”.

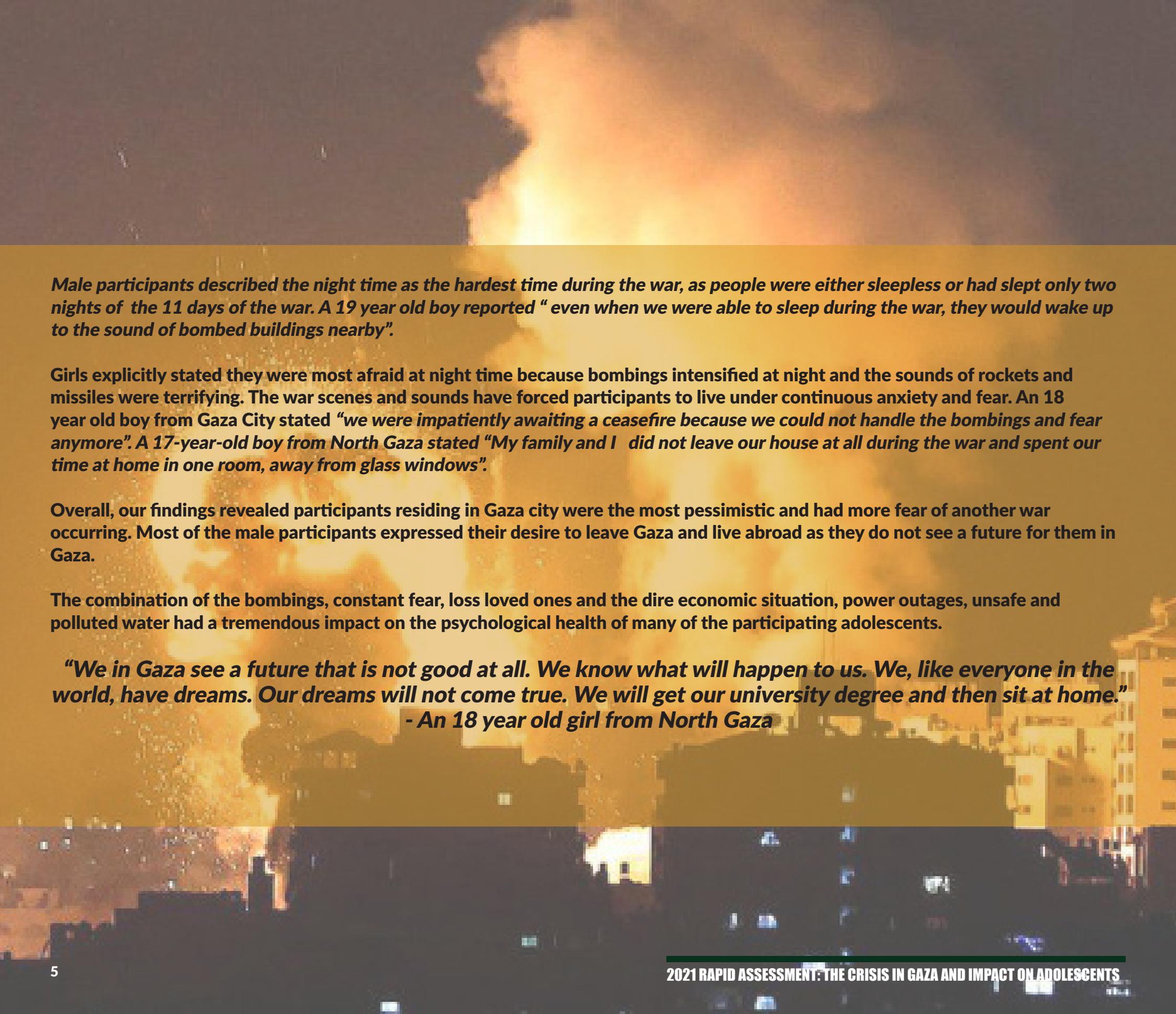
- An 18-year old male participant from Rafah

We all slept in one room so if we were bombed we would all die together, and no one would have to mourn the other.



- An 18 year old boy from Gaza City





Male participants described the night time as the hardest time during the war, as people were either sleepless or had slept only two nights of the 11 days of the war. A 19 year old boy reported “ even when we were able to sleep during the war, they would wake up to the sound of bombed buildings nearby”.

Girls explicitly stated they were most afraid at night time because bombings intensified at night and the sounds of rockets and missiles were terrifying. The war scenes and sounds have forced participants to live under continuous anxiety and fear. An 18 year old boy from Gaza City stated “we were impatiently awaiting a ceasefire because we could not handle the bombings and fear anymore”. A 17-year-old boy from North Gaza stated “My family and I did not leave our house at all during the war and spent our time at home in one room, away from glass windows”.

Overall, our findings revealed participants residing in Gaza city were the most pessimistic and had more fear of another war occurring. Most of the male participants expressed their desire to leave Gaza and live abroad as they do not see a future for them in Gaza.

The combination of the bombings, constant fear, loss loved ones and the dire economic situation, power outages, unsafe and polluted water had a tremendous impact on the psychological health of many of the participating adolescents.

“We in Gaza see a future that is not good at all. We know what will happen to us. We, like everyone in the world, have dreams. Our dreams will not come true. We will get our university degree and then sit at home.”
- An 18 year old girl from North Gaza

CHALLENGES

facing adolescents immediately after the war..

Adolescents shared various challenges they are facing across the GS as a result of the most recent aggression on the GS. They repeatedly mentioned the traumatic effects of watching people or themselves losing their homes, losing a loved family member or friend, and living in crowded and dirty shelters or other communal centers as the main sources of stress.

Generally, boys and girls mentioned similar challenges including the most commonly mentioned issues: the difficult hardship conditions, the quality of education (in particular e-learning during COVID-19), and the constant power outages, lack of safe water and poor sewage.

With regard to the financial crisis and education, many girls and boys stated their families do not have the financial means to enroll them into universities or are obliged to postpone their education a few semesters until they are able to afford registration fees. Girls expressed their worries that not completing a university degree will “reduce their value in the society”. Some participants expressed their desire to register for English courses to help them in their degrees, however they are also unable to afford fees or cannot even afford transportation for joining the courses.

Overall, participants stated their families provide them with the most basic needs; however due to the high poverty rate and the exacerbating financial situation, they do not have access or the means to enjoy extracurricular activities, entertainment or buy things they want.

In an all-male FGD with participants from Southern Gaza, one of the boys stated *“the economic situation has drastically worsened as a result of the war, putting a huge burden on me as I have to work to provide and support my family”*. Another participant added *“the poor economic situation affects the development of skills and aspirations for young people in Gaza”*.

“Someone that would find 100 ILS phone credit in their phone balance, would get extremely happy, as if he/she has guaranteed his/her life”. (A 16-year-old boy from Khan Younis)

In terms of electricity and water, a boy from Rafah stated that *“the power was constantly cutting off, which disrupted our learning.”* In addition, he reflected on the hardships and fear he and his family had to endure when they had to go to the mosque to get fresh water, which was exposing them to great danger throughout the bombings. During power cuts, for instance, girls stated they had less time to study or engage in leisure activities, all of which can cause them additional stress.

Almost all participants stated the quality of education, in particular the e-learning system during the COVID-19 pandemic was very poor. Almost all female and male participants expressed their frustration regarding e-learning as they had concerns that they did not get the necessary education or knowledge needed to advance to the next grade level. Participants also added that e-learning has caused a huge burden for their families:

“ We don't have the capacities to afford the devices for e-learning, we couldn't all watch the class, we took turns. The internet connection isn't stable, especially that the electricity isn't on all day. I had planned to travel and study abroad, now with everything going on it is too difficult. ”

During FGDs with girls, one of the most common challenges mentioned by the participants was restrictions imposed on girls by their families. This was affecting them psychologically and emotionally, and that it will impact their career aspirations. Girls stated that their society is very patriarchal, and that they wished to travel and study abroad, however they are prohibited because they are girls. Some participants explicitly stated “it is unfair because boys (including their brothers) do not face the same challenges nor have the same restrictions placed on them by their families or society”. One girl stated *“I cannot even leave our camp and go to Gaza city alone, just because I am a female”*. Another girl stated *“females face many challenges more than males. Girls may be forced by the family to marry and she is trying to refuse to complete her education”*. Another participant stated *“there are restrictions on girls at the borders including restrictions to go out alone and to travel alone....Girls and women in the GS are tabooed when it comes to employment because girls are expected to get married, become pregnant, give birth, and take care of the children”*. Male participants have also reported that girls face more challenges than boys because it's harder for females to find employment in the job market and are forced into early marriage most of the time.

Another challenge which was mentioned during most of the FGDs was the lack of entertainment in the GS and that there are no places for adolescents to entertain at. One girl mentioned “We used to go to the sea as it is the only place to escape, however now we cannot go to the sea anymore due to the high level of contamination, there is a sign *“don't swim, the sea is contaminated”*”. Another girl said *“My biggest dream was just to visit Jerusalem, which is an hour away from the GS. I am unable to do so.”* Several female participants stated there are no places designated specifically for girls in most of the GS such as, equestrian or sports training places. There are no centers in the GS where adolescents can embrace their talents or employ their creativity, no clubs for drawing and painting or video games. This is particularly true for female adolescents as the majority of them are not allowed to participate in programs in such co-ed centers even if they were available.

Another challenge mentioned by participants is the lack of quality health services. Health services not only don't specifically target adolescents but also services are not adolescents sensitive. Female participant's explicitly stated they receive very poor education from the health staff when in need and most of the time they are obliged to obtain health-related information related to the menstrual cycle and puberty by themselves from the internet. Some participants stated they learned this information in school but very late.

Other challenges mentioned during the FGDs was the continuous closing of the borders which prohibits travel from the GS to the West Bank, Jerusalem or abroad to receive treatment or medical care. In addition some participants also expressed the hardship of the continuous tension in their families.



SOCIAL SUPPORT

during and after the war...

When asked about who has been providing support during and after the war, almost all of the participants reported they received support from their families the most, with the majority stating they receive most care and support from their mothers. Most males stated they also received a lot of support from their mothers, fathers and uncles. In general, participants said that surrounding communities and neighbors were supporting each other as much as they could, however all participants explicitly stated there was no support or aid provided or distributed from any professional institutions or even social affairs organizations.

Some participants reported their teachers were communicating with them through WhatsApp groups to check on them and tried to provide as much emotional support as possible.

In contrast, some participants reported some teachers were sending homework assignments, which participants found inconsiderate and unfair as the time was not suitable. One student which complained about the homework she was given stated her mom told her "Fail, but survive". Other teachers were also sending messages containing instructions and awareness raising on how to keep safe and status updates.

“We have been through four wars, I don't know how to feel anymore.”

- A 16-year-old girl from Southern Gaza

COPING MECHANISMS

When asked what type of coping mechanisms were facilitated by formal organisations and used by adolescents and their families during the war, all participants responded '*there were no services provided during the war by any institutions or associations*'. Aid including medical supplies, food, water, and other necessary essentials were provided from abroad by the United Arab Emirates and Egypt.

Other informal coping mechanisms reported by female participants included spending time with families, embroidery (which they gave to their loved ones after the war), drawing, painting (eg. paintings expressing the war or Al Aqsa Mosque), reciting the Quran, praying, using social media to follow the news and post about the hostilities occurring in Gaza.

One female participant added "*I used to spend every day and night during the war in my bed, because I was always afraid*". Another participant stated "My school was reaching out to all of the students and had asked them to create videos to express their psychological state, feelings and emotions and send them to the school, in order to help students voice themselves".

For many of the female participants, it was reported that one of the main coping mechanisms was becoming closer to God by praying. This was a common practice, especially among women and girls. When there was electricity, people watched the news, but adolescent girls highlighted that this usually served to increase their fears and those of their caregivers.

In order to distract themselves, adolescent girls did household chores while boys socialized with friends and relatives during the daytime when shelling abated. As for male participants, it was reported they spent their time playing football with neighbors and relatives, gathering in neighbors' yards, and praying for their families and themselves to stay safe. "*I was afraid of sleeping without praying because it could be my last prayer.*" - A 19-year-old girl from North Gaza.

PSYCHOSOCIAL AND HEALTH SERVICES

Availability

When asked what formal services or approaches are available for dealing with psychosocial and mental health in the GS, most girls and boys responded that they have no previous knowledge of existing psychological services nor any facilities where mental services are provided. Some girls stated even if there are existing services, they do not believe they could have an influence on adolescents. In contrast, other girls reported that there are several mental health services available in more than one facility. Some male respondents reported they feel they do not need to get mental health support unless they suffer from a mental illness.

Utilization

Our findings indicate that despite there being multiple psychosocial and mental health service providers in Gaza, organizational, cultural, and psychological barriers often prevent young people from accessing those services. Generally speaking, adolescent girls tend to have least access to mental health services because of prevailing psychological and cultural norms .

It is evident from our findings that all participants showed great interest and urge to seek psychosocial and mental health services. However, in regards to utilizing the available mental health services, some girls stated they are not convinced nor believe the existing services can help in improving their psychological well-being. On the other hand, other girls stated that their previous communication with psychological counselors was very useful and had helped them overcome many issues and fears. Among the girls who believe that these services are useful, there were restrictions from the girls' families .This will not allow them to seek psychosocial or mental support as it is stigmatized in their society. In addition, some girls refuse to get psychosocial or mental support because they do not want people to perceive them as “mentally insane” or “crazy”.

In regards to psychosocial counsellors in schools, a female participant mentioned that “the school’s counselor does not perform her role correctly and students are not benefitting from her services the counselor does not make herself available to any of the students and does not want people to approach her, nor does she have time to listen to the students problems”. In contrast, another female participant stated that ” My friends and I have approached the school psychological counselor and benefitted from her as she had helped us solve some of our problems.”

There were differences in opinion on who would participants go to for psychosocial and mental support, a female or male. Some female participants revealed they would seek a female counselor because it is easier to open up and express themselves to a female, while other stated they would seek a male counselor.

Some male participants reported they do not know of existing psychosocial and mental services, while other male participants reported even though they know of the existence of psychosocial and mental services, some state they do not need to seek help or support because with time, they will get better on their own . On the other hand, male participants from the Southern Governorate reported they are in need of psychological support, but they do not have access to mental health services in their area.

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- A 17-year-old boy from Southern Gaza

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What are the urgent/non-urgent needs of adolescents post-war?

Urgent needs include:

- Access to psychosocial support services; not just through the traditional health care facilities and experts but through providing leisure activities, entertainment, excursions and summer camps.
- Screening tools to better identify adolescent mental health vulnerabilities ,adapted and rolled out within schools and school counselling services, primary healthcare facilities and extracurricular services targeting adolescents to better detect need and to reduce stigma surrounding mental health and psychosocial challenges.
- Complementary efforts focusing on raising community awareness through media, education, and community mobilization, and improving health workers’ awareness of the challenges facing adolescents as they go through this unique lifecycle stage.
- Tailored psychosocial support services that simultaneously take into account life-cycle and gender specific vulnerabilities and sources of resilience and that are developed as part of a more strategic and longer-term mental health policy and programing framework.
- Investing in formal and informal education as a means of strengthening adolescents’ self-esteem.
- Positive coping strategies promoted through building basic life skills among adolescents; strengthening ties and nurturing relationships between adolescents and their families (especially at an early age) through parenting classes and guidance.
- Greater efforts to monitor and address negative coping strategies, especially substance use and violent behaviors, through awareness raising, policy setting and multi-sectoral interventions such as community protection networks.
- Improving infrastructure including improved electricity and safer water.



Non-urgent and long-term needs which were reported by adolescents included:

Education & Awareness Raising Related

- Educational centers which are affordable and easy to access for everyone across the GS.
- Technology centers to provide courses to students about technology, internet, computers, etc.
- Reduce bullying and raise awareness about the impact of bullying on adolescents (especially bullying towards girls mainly on their weight, color, and disabilities).

Infrastructure Related

- Establishment and access to adolescent friendly spaces, centers and clubs— accessible to all adolescents and youth across all of the GS.
- Repairing damaged roads and buildings.
- Renovating destroyed schools and establishing medical laboratories.

Occupation/Political Related

- Increase opportunities for free movement .
- Open the border crossings and permit people to the travel to the WB and Jerusalem.

Service Related

- Provide support and services for gender-based violence victims.
- Improve quality of healthcare services, medical staff and equipment in hospitals to reduce travel for those who need medical treatment.
- Provide age and sex appropriate services using non traditional methods designed with and by adolescents and youth.

RECOMMENDATIONS

An overall recommendation is the engagement of adolescents in all listed recommendations below:

1

PLANNING AND NETWORKING RELATED

- Address the key determinants of psychosocial and mental wellbeing positive change in the overall context, economic growth, community empowerment, socio-cultural change and political resolution of the Israeli occupation in strategies and policies at the national level.
- Increase coordination among the providers of psychosocial services promoting regulatory frame-licensing and accreditation.
- Develop psychosocial and mental well-being advocacy campaign in line with the Adolescent Health Coalition specific plan

2

AWARENESS RAISING RELATED

- Proactively target vulnerable groups-promoting girls' early utilizations of services through awareness, reducing stigma, early detection.
- Urgently address providers' attitudes about age and gender in the provision of mental health services.
- Encourage reflections, assessing impacts of intervention, sharing experiences, and learning within and among programs.
- Develop media campaigns/ advertisements to address social norms, in which many adolescents are struggling with and are detrimentally affecting their everyday life.

3

SERVICE RELATED

- Invest in programs that enhance resilience and positive coping of adolescents.
- Develop a conceptual model and standards for prevention, control, early identification, diagnosis and management of mental health and psychosocial issues in schools and PCH.
- Enhance the quality of mental health and psychosocial interventions, national technical protocols need to be collaboratively developed and enforced.
- Strengthen the role of the school counselling programs in prevention, early detection, and management of psychosocial issues.

4

CAPACITY BUILDING RELATED

- Investment in building the capacity of providers to deliver adolescent psychosocial and mental health services to those most at risk.
- Promote the capacity of psychosocial and mental health organizations in terms of HR, infrastructure and management systems.
- Invest in English courses for adolescents to assist them in obtaining their degrees and help with the added financial burden.
- Create and develop capacities of young peer educators group(s).
- Integrate mental health psychosocial support programs in schools to target adolescents.

CONCLUSIONS

This assessment has identified important vulnerabilities and challenges affecting adolescent girls and boys in the GS, which have significant implications for policy-makers, program designers and implementers, as well as international development agencies working in conflict-affected contexts.

The findings suggested that the conditions that adolescents in the GS are living under are contributing to deteriorating psychological and mental wellbeing among young people, and adolescent girls in particular. In addition, the continuous range of vulnerabilities, with economic hardships and prolonged political uncertainty are having a significant influence on adolescents' deteriorating psychological status. Participants in this assessment linked many problems to the socio-economic situation: low educational attainment, which got worse as a result of the COVID-19 pandemic, lack of proper infrastructure, lack of safe water and electricity, inadequate socialization, insufficient recreational activities, and dysfunctional relationships between adolescents and their parents as a result of the tension.

Dealing with psychosocial conditions linked to and exacerbated by conflict should be re-conceptualized as a core component of development interventions. Adolescents in the GS continue to endure the harsh social, economic and material conditions of everyday life in a protracted conflict state, and have significant mental health needs. The ongoing hardships adolescents are currently facing are limiting their access to protective factors such as education, employment and positive social relationships. The findings from this assessment could assist to inform the GS mental health policy.





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