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# Psychosocial Care for Child Survivors of Cyclone SIDR: Obstacles on the Way

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## Introduction

Bangladesh is a low-lying deltaic country in South Asia formed by the Ganges, the Brahmaputra and the Meghna rivers. The geophysical location, land characteristics, multiplicity of rivers and the monsoon climate render Bangladesh highly vulnerable to natural hazards. The coastal morphology of Bangladesh influences the impact of natural hazards on the area. Especially in the south eastern area, natural hazards increase the vulnerability of the coastal dwellers and slow down the process of social and economic development (Government of Bangladesh, 2006). Floods and river erosions are considered to be the most severe, widely and frequently occurring among the natural disasters experienced by the country. Again, tropical cyclones from the Bay of Bengal accompanied by storm surge are one of the major disasters in Bangladesh. The country is one of the worst sufferers of all cyclonic casualties in the world. The high number of casualties is due to the fact that cyclones are always associated with storm surges. Storm surge height in excess of 9 m is not uncommon in this region. For example, the 1876 cyclone had a surge height of 13.6 m and in 1970 the height was 9.11 m (Water Resources Planning Organization, WARPO, 2005).

In the draft National Plan for Disaster management 2007-2015, by the Ministry of Food and Disaster Management, Government of the People's Republic of Bangladesh, it is asserted that climate change adds a new dimension to community risk and vulnerability. Although the magnitude of these changes may appear to be small, they could substantially increase the frequency and intensity of existing climatic events (floods, droughts, cyclones etc). Current indications are that not only will floods and cyclones become more severe; they will also start to occur outside of their "established seasons". Thus, Bangladesh is severely vulnerable to disaster risk.

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Disaster loss is on the rise with grave consequences for the survival, dignity and livelihood of individuals, particularly the poor and hard-won development gains[1]. Disaster risk arises when hazards interact with physical, social, economic and environmental vulnerabilities. It is now recognized that if current trends continue, disasters will be a key factor in preventing the achievement of the Millennium Development Goals (MDGs), a set of development targets to be achieved by 2015, all of which are both directly and indirectly affected by the impact of disasters, but most especially the over-riding goal of halving extreme poverty[2]. Although disaster-affected individuals do need and benefit from material assistance and physical healthcare provided to them as part of relief work, they also need appropriate mental health care to cope better with the psychological trauma they undergo during and after the disaster (WHO, 2005). Disasters induce psychopathology and higher incidence of post traumatic stress disorder is diagnosed in disaster victims (Frederick, 1985). Other associated psychological effects related to disasters include a wide range of negative feelings, somatic symptoms, upsetting thoughts and dysfunctional behaviors (Hartsough, 1985). The tsunami taught us many lessons:

- The need for early social interventions
- The need for early psychological interventions and
- The need for an effective community mental health system.

These lessons must be seen as the foundation for better preparation for future disasters in general and for the affected countries in particular, bearing in mind the lack of resources (Chandra, et al,. 2006).

"Psychosocial" refers to the dynamic relationship that exists between psychological and social effects, each continually inter-acting with and influencing the other. "Psychological effects" are those which affect different levels of functioning including cognitive (perceptions and memory as a basis for thoughts and learning), affective (emotions), and behavioural. "Social effects" pertain to altered relationships, family and community networks, and economic status.

Psychological support should be available from the acute phase immediately after the disaster, and extend till the community is

1 Hyogo Framework for Action of the World Conference on Disaster Reduction held in Kobe, Japan in January 2005.

2 Disaster Risk Reduction: Implementing the Hyogo Framework for Action, An Action Aid International Briefing Paper, no date.

rehabilitated both physically and psychologically. Again, this psychological support is the source of community resilience as the community is better empowered with the preparation for any disaster in the future. It was recognized that any neglect of psychosocial support could impair efforts in physical rehabilitation[3].

Psychosocial or mental health care facility is a problem recognized centuries ago, still it remains nearly untouched by the Government and NGOs in Bangladesh. No development plan is prepared considering the issue. But, in the developed countries the issue is considered as one of the key challenges to the development. They put it as an integral part of any development intervention. But in Asian and especially in South-Asian countries the matter of psychosocial/ mental health care facilities has been initiated only recently, not before 1980 (Kokai, et.al,. 2004). Natural disasters have ravaged communities time and again. The overt impacts have been dealt with by various agencies but the hidden impacts have tended to get neglected to heal on their own. Psychosocial impact is one such impact that is only now emerging as an identified need and is beginning to be addressed since the last two decades. The social impacts and the psychological impact form a community perspective still largely remains unaddressed (Dash, 2006).

The most remarkable survey carried out by the Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV-Bangladesh) after the violent tornado of 13 May 1996 which had struck Tangail district of Bangladesh showed that 66% of the total sample in the disaster area was psychologically traumatized and required emergency services; two out of three people surveyed in the disaster area were psychologically traumatized and required emergency psychological services; while 65% of the subjects of the survey aged 18 years and above living in the disaster area needed psychological services, 80% of those below 12 years and 29% of children between the ages 13 and 17 years needed such services; women were more affected psychologically than men; while 60% of all males aged 18 and above in the disaster area were in need of psychological services, 80% of the females from the same areas required such services. Thus the importance of mental health and psychosocial

3 In the document produced through collaborative efforts between focal points in WHO offices of tsunami-affeced countries and Department of Noncommunicable Diseases and Mental Health, WHO Regional Office for South-East Asia. Retrieved on 18 October 2008.
http://www.searo.who.int/LinkFiles/Publications_14mhs.pdf.

needs of disaster affected communities was brought out and the authors concluded that providing scientific psychological services is essential for real recovery from such a disaster (Choudhury, Quraishi, Haque, 2006).

The above discussion establishes the reality that Bangladesh has already been the victim of different severe disasters and is vulnerable to possible many disasters. The reality of climate change adds upon the severity of the disaster risk and impact. Disasters hamper the development process and cause material losses and physiological sufferings. The survivors show to develop significant negative psychosocial effects. Although it is well recognized by now that any neglect of psychosocial support can impair efforts in physical rehabilitation, no development plan in Bangladesh is prepared considering the issue. Again, in the context of Bangladesh it is established that above 50% of survivors of all different age groups be them male or female need emergency psychosocial services. When considering the most vulnerable, women and younger children compose the groups.

The second reality is that the Government of Bangladesh (GoB) was one of the first to sign and ratify the United Nations Convention on the Rights of the Child. Articles 3, 19, 20, 22, 28, and 39 of the United Nations Convention on the Rights of the Child (UNCRC) establishes a broad legal and ethical framework to support psychosocial well-being of children during times of stability, as well as during emergencies (Table 1, partially adapted from Arntson and Knudsen, 2004 and newly created by the author).

Table 1 Several of the articles of the UNCRC relate to the psychosocial well-being of children affected by disaster are summarized here:

| **Articles of UNCRC related to the psychosocial well-being of children** | |
|---|---|
| Article 3 | The institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision. A child's best interest should therefore be considered in the context of physical care, safety and security, material support, as well as adequate psychological and emotional support. It recognizes that children have a right to receive care and protection appropriate to the culture and community where they are living. |
| Article 19 | All appropriate legislative, administrative, social and educational measures should be taken to protect children from all forms of physical or mental violence, injury or abuse, neglect or negligent |

**Articles of UNCRC related to the psychosocial well-being of children**

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| | treatment, maltreatment or exploitation, including sexual abuse. |
| Article 20 | Children separated from their families are entitled to special protection and assistance |
| Article 22 | A child seeking refugee status or who is considered a refugee, whether unaccompanied or accompanied, should receive appropriate protection and humanitarian assistance. |
| Article 28 | Every child has the right to education. |
| Article 39 | All appropriate measures should be taken to promote the physical and psychological recovery and social re-integration of any child who has been the victim of neglect, exploitation, abuse, torture, armed conflict or any degrading treatment. Such recovery and reintegration should take place in an environment that fosters the health, self respect and dignity of the child. |

The articles clearly show the rights of the children in the emergency situation and the right of a child to have psychosocial wellbeing is strongly established through UNCRC. But, even in the existence of these realities, the necessity of psychosocial care in natural disasters is merely recognized in Bangladesh.

In the disaster vulnerable country like Bangladesh, ensuring psychosocial care for children survivors of different severe disaster is a challenge. In emergency situations, the rights of children are frequently violated or ignored. Efforts to create an enabling environment where children's rights are respected will necessarily improve children's psychosocial well-being.

Of the different severe natural disasters, tropical cyclone SIDR was the most severe in the recent years and it was a category 4 cyclonic storm. SIDR struck Bangladesh on the 15th of November, 2007 with maximum sustained winds near 240 km/hr, producing heavy rains and high tidal surges that caused widespread flooding. The entire cities of Patuakhali, Barguna and Jhalokati districts were hit hard by the storm surge of over 5 meters (16 ft)[4]. A total of 3,406 citizens perished during this event and over 55,000 sustained physical and psychological injuries as a result of the disaster[5]. There had been coordinated efforts by different ministries of

4 SIDR (Severe Cyclone in Bangladesh). Retrieved on 28 October 2008. http://www.tradeclippers.com/Cyclone%20Sidr%20News%20Flash.pdf

5 A report prepared by the Government of Bangladesh assisted by the World Bank, the United Nations and the International Development Community. (2008). Cyclone Sidr in Bangladesh: Damage, Loss and Needs Assessment: For Disaster Recovery and Reconstruction. Retrieved on 28 October 2008.

the Government of Bangladesh and by Different NGOs to minimize the severe adverse consequences of SIDR. There had been efforts to some extent to provide psychosocial care as well.

At this backdrop, the present study was conducted using the field findings of five research groups who worked simultaneously (provided psychosocial care to the survivors) at five SIDR affected areas for three days after one month of the disaster. Through qualitative analysis the present study aims (1) to identify the obstacles on the way towards ensuring psychosocial care and (2) to identify the actions needed to ensure psychosocial care for children.

## Method

Five research groups worked simultaneously (provided psychosocial care to the survivors and assessed the extent of need for psychosocial care) at five SIDR affected areas for three days after one month of the disaster. There had been psychiatrists, clinical psychologists, development workers, researchers from development studies department of Dhaka University and trained psychosocial caregivers in each group. The present study is the qualitative analysis of the focused group discussions conducted with children (included both boy and girl children and separate girl children groups) and interviews with key consultants done in the five affected areas. The study areas included: three villages from Mongla of Bagerhat, Sharonkhola of Bagerhat, Amtoli of Borguna, Kolapara of Patuakhali and Barguna Sadar of Bagerhat district. The research groups produced detailed reports of their experience along with individual case studies and findings of focused group discussions. There had also been post field visit discussion of the research group members with the key researcher the author of the present article who also had been a member of a research group. The qualitative analysis about the obstacles on the way towards ensuring psychosocial care along with the objective to identify the actions needed to ensure psychosocial care for children was done through analyzing the field reports and discussion among the researchers.

## Results

At the community level, as consequences of the cyclone, there had been mortality, injury, infectious diseases, displacement, homelessness, damage to the infrastructure, disruption of all services, transformation of

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http://gfdrr.org/docs/Cyclone%20Sidr%20in%20Bangladesh%20Executive%20Summary%20080208.doc.

ecosystems, pollution of environment, social dislocation, loss of jobs and livelihood, and economic crisis. All these factors were found to be contributing to adverse psychosocial effects in children. Traditional support and care arrangements at the family level were not available. In most of the cases the houses were destroyed and family members died or were lost. The familial care system was no longer available for the children. Due to the experience of the disaster, they were having fear, night mares, and disturbed sleep. Psychosocial care for the children was found to be essential to ensure their recovery and long-term well-being. Most of the children were extremely scared and the expression of fear was higher among the younger children. While among the elder Children the emotional expressions were found to be less, responsibilities higher. Children were psychosocially vulnerable at community, family and individual level as a consequence of SIDR.

The present study revealed several obstacles on the way towards ensuring psychosocial care for children.

**Children's psychosocial sufferings are least important when food is very insufficient**

For some parents and key consultants food was essential for survival and they got very small amount of food relief. The survivors always had to think what to give to the children to eat and what they themselves will eat. The feelings of fear and distress among the adults were due to the insecurity of food, shelter and livelihoods and the children were getting least attention in terms of their psychosocial well being.

**Parents suffered from trauma and severe distress and did not notice the adverse psychosocial effect of the cyclone in their children**

In the families where members were lost or died in cyclone, the existing members were found to be unable to think rationally. In the families where one of the parents died during the cyclone, the other living parent was extremely helpless and even after one month of the cyclone with the very small relief, it was found that he/she could survive with the children but was unable to process the event of cyclone in their cognition. Where most of the parents were traumatized, they could merely understand the psychosocial sufferings of their children.

**Children themselves could identify the psychosocially suffering fellow children but could not address the matter**

In the focused group discussion the children informed about their friends who stopped talking and playing. Those suffering children were not

communicating because they became severely depressed loosing very dear members of the family (father/mother/sibling/close relative). Other children tried to make them communicate but failed. These children did not know where to get support from.

**Children identified the obstacles contributing to their psychosocial wellbeing**

- Food problem: they did not have enough food to eat. Because their family members had no work, the livelihoods equipments (boats, nets) were lost and destroyed. Some of them who lost family members reported not having the feeling of hunger. They reported that they did not feel like eating.
- Lack of Shelter: Most of the houses were completely destroyed by SIDR. So they were living in the temporary tents or under the open sky. Girl children in the focused group discussion reported that they feel insecure.
- Problem of cloths: All the cloths of the children were washed away by the water. So they don't have cloths to wear. They reported to have severe cold and no winter clothing in the month of December.
- Problem of education: They lost all their educational materials, pen, pencil, books, and papers, etc. The primary school building was destroyed. Some children believed to have no chance to continue their study any more.
- Problem of treatment: Most of the children were suffering from different diseases. But they had no treatment facility.
- Problem of cyclone phobia: Majority of the children were passing their time with fear of further cyclone. They were having nightmares, bed wetting, shivering, headache, depression. Some of them said that they see as if the water level of the river had been increasing again. In the evening time they reported that they feel anxiety and their heart starts pounding looking at the red sky.

They believed that the situation of grief that they experienced at the end of the cyclone had been almost the same even after one month of the event. Nothing was a good change for them.

Actions needed to ensure psychosocial care for children were identified through discussion with the field researchers on the basis of their experience and observation in the field.

**Communication and coordination of activities among the different sectors**

The relief effort after one month of the disaster was very negligible, while the research group for the first time reached the affected area after one month to provide psychosocial care. The rehabilitation phase was yet to

start and the survivors were passing time in severe insecurity. They were, mentally and in reality, in need of a lot more material support in the form of relief or needed rehabilitation efforts. Their traumatic and fearful experiences were being maintained by the insecurities and irregularities. Relief and psychosocial care needed to be provided together to ensure psychosocial wellbeing for children.

**Ensuring basic survival needs, safety, security and psychosocial support simultaneously**

The infrastructure was yet to be recovered. The destroyed houses were to be rebuilt and livelihood options were to be created. Without ensuring the material needs, the recovery of resilience and psychosocial wellbeing was impossible. Ensuring basic survival needs, safety, security and psychosocial support simultaneously was needed. The children had severe fear of the cyclone. Their traumatic experience continued with all the disruption in the systems of normal life unaddressed.

**Increase of community sensitivity toward the psychosocial wellbeing of the children**

The whole community was devastated. But they had no knowledge of the possible psychosocial consequences among the children. The disaster vulnerable communities essentially needed preparedness knowledge and practices and had to be trained to cope with the disasters. The community had to be made aware and sensitive toward the psychosocial wellbeing of the children.

**Create community psychosocial support group**

The research group felt the immediate necessity of training community members to provide psychosocial support to the severely affected to bring them back to normal daily life. There was urgent need of clinical psychologist or psychiatrist for a few severe cases. The research group members provided psychosocial psychological and psychiatric services. They encouraged peer groups, teachers, family members and neighbours to support the psychosocially vulnerable children to bring them back to daily life. They also encouraged expression of pain (physical, emotional) among the children to get them back to normality.

**Ensure focal points**

For the children along with all the survivors the information about the focal point for psychosocial care was necessary. Most of the children were ready to help the other children, their suffering friends but in many a cases failed. They were happy to have the support but the research

group members realized the need of a focal point for the survivors for ensuring psychosocial services.

**Ensure wellbeing of the caregiver of the child**

The concern of psychosocial wellbeing of the child survivors is not an issue to be addressed in isolation. Children do have special vulnerability when being neglected. The caregivers of the children need to be in a position to provide care to the children, otherwise psychosocial wellbeing of the children can not be ensured.

**Conclusion**

A violent tornado struck Tangail district of Bangladesh on 13 May 1996. In the conclusion of a survey report conducted on the mental health state of the survivors, the researchers wrote,

> Only providing economic and medical help immediately after a disaster is not enough to lessen psychological pain and distress produced in a disaster victim. What is needed is to incorporate 'Psychological aspects of natural disaster policy' that is – 'any victim of disaster has every right to get scientific psychological and psychiatric services to get back to the pre-disaster state of his/her mental health or level of psychological functioning' (Choudhury, Quraishi, Haque, 2006).

After more than a decade the survivors of cyclone SIDR still to have the right to get psychosocial services. The communities are not aware about the necessity of ensuring psychosocial wellbeing of the survivors. Disaster preparedness activities do not include training for community group for ensuring psychosocial resilience and support. After the cyclone Sidr there had been some initiative by the government and by a very few NGOs to provide psychosocial support to the survivors. Those initiatives were not even continued to meet the need of the survivors of sidr.

The present study revealed that ensuring the psychosocial support for the children is not an isolated concern but is very much a part of the total development concern.

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