

A Study on Status of Tsunami Affected Children's in Nagapattinam District

R.Priya*, G.Kanaga**

* Doctoral Research Scholar, Department of Social Work, Cauvery College For Women, Tiruchirappalli - 18.

** Head, Department of Social Work, Cauvery College for Women, Tiruchirappalli - 18.

Abstract- The word Tsunami is of Japanese origin, which means "harbor wave", tsunami are large waves that are sea floor is deformed by seismic activity vertically displacing the overlying water in the ocean. The quake occurred at a place where several massive geological plates push against each other with massive force. Tsunami has very low height while traveling over Deep Ocean. High waves occur only when it reaches the shallow waters, typically near the coast. The mega thrust earthquake measuring 9.2 at Richter scale of the western coast of northern Sumatra, Indonesia was the largest of its type since the 6.2 magnitude Good Friday earthquake of Alaska in 1964. The aim of the study is to assess the problems of tsunami affected children. The present descriptive study was carried out in one of the coastal village in Nagapattinam District. Census method was adopted and data was collected from 60 respondents. The major finding of the study reveals that majority of the respondents (75%) of the respondents have physical problems. Majority of the respondents (75%) have psychological problems, (65%) of the respondents face social and adjustmental problems respectively. Majority of the respondents (61%) face economic problems.

Index Terms- Tsunami affected children, status

I. INTRODUCTION

TSUNAMI:

1. One or a series of huge sea waves caused by earthquakes or other large – scale disturbance of the ocean floor.
2. An ocean wave produced by a sub – marine earthquake, landslide, or volcanic eruption. These waves may reach enormous dimensions and have sufficient energy to travel across entire oceans.
3. An ocean wave generated by a submarine earthquake, volcano or land side.

II. EARLY WARNING SYSTEM

The largest tsunami, which struck 11 nations that border the Indian ocean, was a complete surprise for the people living there. Many seismic networks recorded marine earthquake, but there was no tidal sensors there than wave sensors to provide confirmation as to whether a tsunami had been generated. No tsunami warning system exists for the Indian ocean as it exists in the pacific ocean.

III. TSUNAMI AFFECTED CHILDREN'S EMOTIONAL REACTIONS

Traumatic experiences causes stress, which is often beyond the coping capacity of an individual. In such situations, body and mind react by measures of "fight of flight". These reactions manifest in the form of changes n behaviour, bodily experiences and emotional reactions. This section helps children to understand some of these experiences. Understanding these reactions will help children feel more comfortable in dealing with these changes. (Liao, S.C. Lee, 2002)

IV. REVIEW OF LITERATURE

Ashfaq Ishaq, (2004). Children often bear the bunt of the trauma and pain caused by a natural or men made disaster. They are the most venerate, and their emotional scars can stay alive the longest, on the other had children are also the most resilient and first to recover, as through protected by their innate creativity and a natural coping mechanism.

Kitayanma S, Okada Y, Takumi. (2005). Recent research confirms previous knowledge that most children and young people are resilient, but also very vulnerable to the psychological effects of disasters. Most children are distressed in the immediate after month whey they gain their sense of safety from adults, predictable routines and consistent support systems. Others may develop serious mental disorders through post traumatic mental disorder may not develop may not develop until weeks moths or years later.

Babu.M, Sameer (2008). Disaster is server disruption of ecological psycho – social situation which greatly exceed the coping capacity at disasters. Poor infrastructure, adverse economic conditions and tough geographical terrain add on the existing problems. More than 200km at coastline along the southern India states of Tamil Nadu, Andhra Pradesh, Kerala and Pondicherry and Andaman and Nicobar islands, were devastated by the Tsunami on December 26th 2004

Steven R,(2008). Hokes untitled near to heal itself and the virgina teach community "About campus" editorial assistant Brianne Maceachran interviewed steve schneiter, a faculty co creator of the campus group that has organized responses to tragedies since the events of September 11, 2001, about managing suffering, this time their own. After September 11, and April 16th many children's are affected by psychological problems due to Tsunami.

V. MATERIALS AND METHODS

Aim of the study

- ❖ To assess the status of Tsunami affected children.

Objectives

- To know about the socio-demographic factors of the respondents
- To study the physical problems faced by the respondents.
- To study the psychological problems faced by the respondents.
- To assess the social problems faced by the respondents.
- To assess the economic and adjustmental problems faced by the respondents
- To suggest suitable measures to the respondents to overcome the problems

Study design

The researchers attempted to describe the various problems faced by the tsunami affected children (Physical, psychological, social, economic and adjustmental problems). Hence Descriptive design was used.

Universe and Sample

The study was carried out in one of the coastal village at Nagappattinam. There were 60 children in that village. The researcher adopted census method to collect the data and data was collected from all the 60 respondents.

Research Instruments

The researcher adopted a self – prepared interview schedule as a tool for data collection. The interview schedule consisted of personal data, type of family, economic status, health condition, and psychological problems. The schedule consists of fifty three questions including both open ended and close ended.

VI. FINDINGS AND DISCUSSIONS

Socio-Demographic Data

- Majority of the respondents (60%) were Female.
- Majority (67%) of the respondents belonged to Hindu religion.
- Vast majority (85%) of the respondents mother tongue was found to be Tamil.
- Vast majority (88%) of the respondents hailed from rural community.

- Majority (68%) of the respondents who were found to have 3-4 members in their family.
- Majority (61%) of the respondents were from middle income group.
- Majority (60%) of the respondents got welfare measures.
- Vast majority (71.7%) of the respondents expressed that they were having the desire to go for higher studies.

Table: 1
Age of the respondents

S.No	Age	No. of Respondents (n:60)	Percentage
1.	12 – 14	3	5
2.	15 – 17	27	45
3.	18 – 20	30	50
	Total	60	100.0

The above table depicts that half (50%) of the respondents belonged to the age group of 18 – 20 years. More than one third (45%) of the respondents were younger than the previous group and their age falls between 15 – 17 years, only a meager (5%) of the respondents were found to be in the group of 12 – 14 years.

Table: 2
Family type of the respondents

S.NO	Type of Family	No of Respondents (N-60)	Percentage
1	Joint Family	20	33
	Nuclear Family	40	67
	Total	60	100

While analyzing the type of the family of the respondents' it was found that a significant majority (67%) of the respondents belonged to nuclear family type. One third (33%) of the respondents belonged to joint family type.

Family type of the respondents

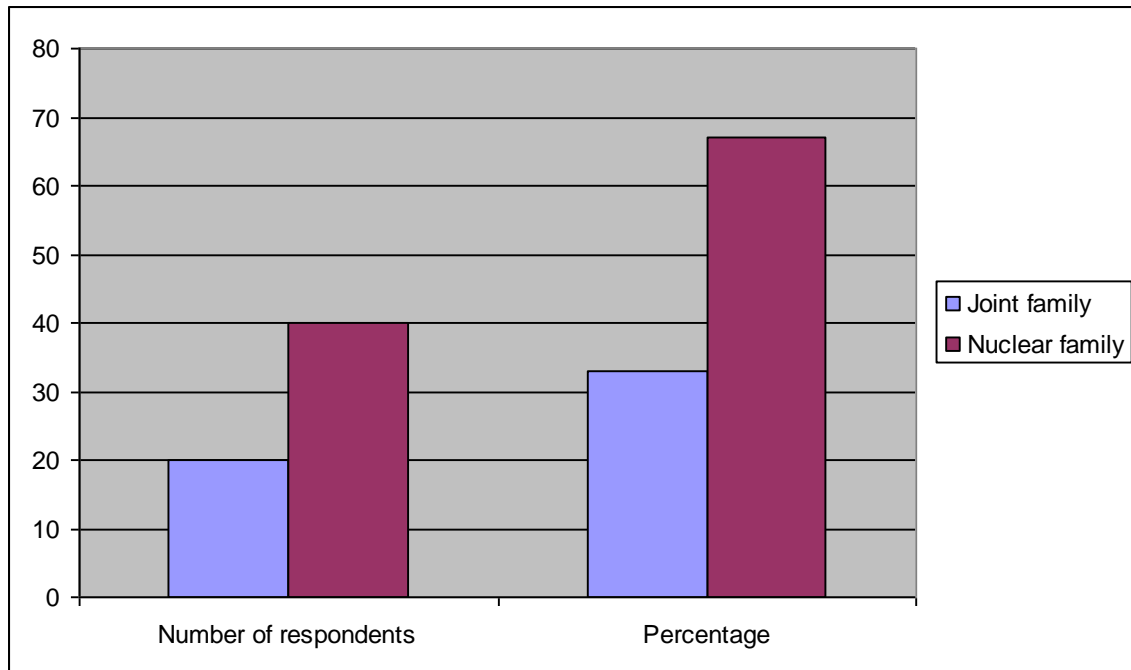


Table: 3
Type of problems faced by the respondents

S.NO	Type of problems	No of Respondents (N-60)	Percentage
1.	Physical problems		
	Yes	45	75
	No	15	25
2.	Psychological problems		
	Yes	45	75
	No	15	25
3.	Social problems		
	Yes	40	65
	No	10	35
4.	Economic problems		
	Yes	37	61
	No	23	39
5,	Adjustmental problems		
	Yes	40	65
	No	10	35

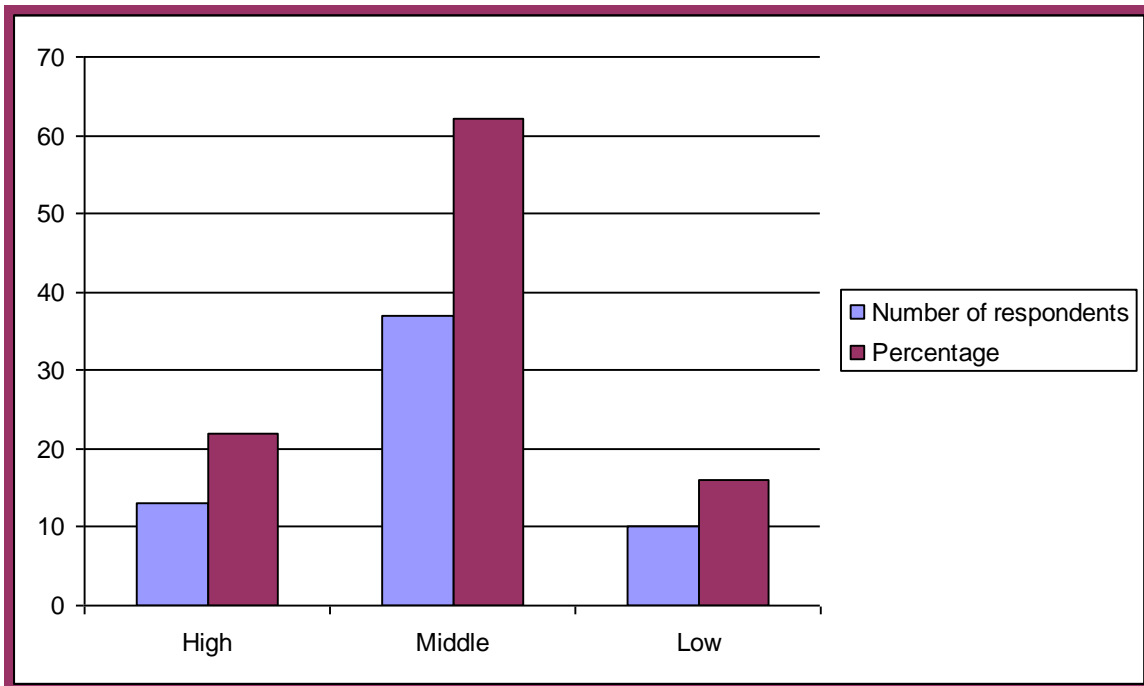
The above table shows that a majority (75%) of the respondents were affected by physical illness. Majority (75%) of the respondents were affected by psychological problems. Majority (65%) of the respondents were affected by social problems and Adjustmental problems. Majority (61%) of the respondents have economic problems. Majority (61%)

Table: 4
Economic status of the respondents

S.NO	Economic status	No of Respondents (N-60)	Percentage
1	High	13	22
2	Middle	37	62
3	Low	10	16
	Total	60	100

While analyzing the economic status of the respondents, it was found that a significant majority (61%) of the respondents' were from middle income group. Less than one fourth (22%) of the respondents were from high income status and remaining (16%) of the respondents were from low economical groups.

Economic status of the respondent sc



**Table: 5
Monthly income of the respondents**

S.NO	Income level	No of Respondents (n-60)	Percentage
1	Below 3000	13	22
2	3001 to 6000	34	56
3	6001 to 9000	11	18
4	9001 and above	2	4
	Total	60	100

The above table shows that more than half (56%) of the respondents' monthly income was in between Rs 3001 to 6000. Less than one fourth (22%) of the respondents revealed that their monthly income was below Rs 3000/ . And (18%) of the respondents monthly income was found to be in between Rs 6001 – 9000/ . Only meager (4%) of the respondents could earn Rs 9001/ and above.

**Table: 6
Type of Physical illness faced by the respondents**

S.NO	Type of illness	No of Respondents	Percentage
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		(N-60)	
1	Fever	29	48.3
2	Cough	8	13.3
3	Malnutrition	1	1.7
4			
	Total	60	100

Of those who were affected by illness, it was found that, less than half (48.3%) of the respondents suffered from fever. (13.3%) of the respondents suffer from cough. (11.7%) of the respondents suffer from malnutrition and the remaining meager percent (2%) of the respondents suffer from stomach pain.

Table: 7
Types of Psychological problems faced by the respondents

S.No	Type of Psychological problems	No of Respondents (n- 60)			
		Yes	Percentage	No	Percentage
1	Getting angry	38	63	22	36
2	Constant worry	51	85	9	15
3	Stressed	35	58.3	25	41.7
4	Depressed	32	53	28	46.7
5	Feeling sad	33	55	27	45.0
6	Fearful	10	16.7	50	83.3
7	Social phobia	23	38.3	37	61.7
8	Insomnia	40	66.7	20	33.3
9	Feeling isolated	31	51.7	29	48.3
10	Loneliness	29	49.3	31	51.7

From the above table the following inference could be drawn, (16.7%) of the respondents expressed that they felt **“fearful”**. (38.3%) of the respondents expressed that they felt **“social phobia”**. (49.3%) of the respondents expressed that felt **“loneliness: More than half (53%) of the respondents express that they felt “depressed”**. Vast Majority of the respondents (85%) of the respondents expressed that they had **“constant worry”**.

Getting angry (6.3%), being **stressed** (58.3%), feeling sad (55%), **insomnia** (68.7%) and **feeling isolated** were the other psychological problems the children have experience.

VII. SOCIAL WORK INTERVENTION

Role of a social worker is very essential to redress the problems faced the tsunami affected children.

- Case work is an essential method to intervene with psychological problems of the tsunami affected children. Individual counseling should be to remove them from grief.
- Group work should be used for recreational purpose and educating them
- Through community organization problems awareness can be created about the precautionary measures they have take at the time of disaster. Disaster management can also be another ingredient.
- Social workers should be appointed on full time basis to mould the personality of the tsunami affected children
- A wide publicity of Government schemes for the welfare of children in particular should be made through mass media.

Tsunami affected children are affected by various problems. Suitable remedial measures should be taken to rehabilitate them and motivate them to study. The intellectual development of children is much essential for future development of the Nation

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AUTHORS

First Author – R.Priya, Doctoral Research Scholar, Department of Social Work, Cauvery College For Women,Tiruchirappalli - 18.

Second Author – G.Kanaga, Head, Department of Social Work, Cauvery College For Women, Tiruchirappalli - 18.

