Effect of Tsunami on Health of Thai Children

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Background Status of Thai Children

- Infant mortality rate 21.5/1,000
- Nutritional status
  - 11% under five are underweight
  - Moderate/severe malnutrition <1%
- Immunization coverage:
  - DPT 95%, MV 88%, BCG 100%
- School enrollment to grade six 93%

(Thailand, National Statistical Office, 2000)
<table>
<thead>
<tr>
<th>Province</th>
<th>Children without one or both parents</th>
<th>Children in temporary shelters**</th>
<th>Children psychologically affected**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Krabi</td>
<td>134</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>Phang Nga</td>
<td>470</td>
<td>1,800</td>
<td></td>
</tr>
<tr>
<td>Phuket</td>
<td>165</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Ranong</td>
<td>67</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Satun</td>
<td>13</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Trang</td>
<td>23</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Others*</td>
<td>208</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1,080</td>
<td>2,000</td>
<td>50,000</td>
</tr>
</tbody>
</table>

Source: Ministry of Social Development and Human Security

*Parents died in tsunami provinces but reside in other provinces
**Unicef estimates
Unicef - KKU
Rapid Needs Assessment of Children Affected by tsunami

Quantitative survey study of 433 households with children
- 128 in Ranong (6 villages)
- 305 in Phang-Nga (10 villages)
- 830 children included

Qualitative study survey
Pre-disaster Economics & Community Aspects

• Main income
  - Fishery in Ranong
  - Employment in Phang-nga
• People live with extended family members
• Strong religious ties to either Buddhism or Islam
Pre-disaster Condition of Children

Vulnerable children

- Disabled children 1.6%
- Orphaned/broken home 7.0%
- Minority populations include “Morgan”
- Children of illegal immigrants
Effects of Tsunami on Children & Families

- Person lost
  - Son/daughter 30%
  - Wife 17%
  - Husband 9%

- Property lost
  - House 95%
  - Boat 38%
  - Fish farm 9%
  - Fishing tackle 8%
Effects of Tsunami on Children & Families

- Injuries of children 13%
- Post-disaster caregiver
  - Both father and mother 59%
  - Father only 8%
  - Mother only 20%
  - Not present 1%
The Aftermath: Coping
Health and Nutrition Intervention

- Adequate clean water, sanitation and shelters
- Measles vaccination and Vit A supplementation for children in shelters
- School food programs
- Pre-schools day cares established by the Dept of Social Development and Human Security and NGOs

- The MOPH response to the December 26 tsunami was rapid and effective
- Health consequences among survivors were therefore mitigated.
Psychosocial Problems of Children Affected by Tsunami
Psychological Reactions

Psychological assessment
- Small children: eating & sleeping problems
- Adolescents: fear

Responses of children to tsunami
- General fear
- Reaction to the sea
- Anger
- Grief and bereavement

Source: Unicef psychological first aid program in 4 provinces affected by tsunami
Psychological Intervention

• Unicef, KKU, PSU, WU launched psychological first-aid in 4 provinces
• DMH and Thai Pediatric association provided counseling in schools
• Training courses for teachers by DMH
• Unicef, DMH, KKU arranged Psychosocial WS for key stakeholders & established psychosocial rehabilitation strategic planning
Problems Concerning Psychological Issues

- Children received little psychological support from caregivers
- Families and teachers lacked knowledge on psychological reactions of children
- Huge amount of psychological programs were launched without any co-ordination
- Inappropriate approaches using psychological tests and medications
Filling the Gap

• Training teachers to recognize critical psychological reactions needing referral
• Easy access to psychological support and treatment for adults and children
• Establish appropriate psychosocial programs
• Mapping and zoning of organizations provide psychosocial support
• Long-term follow-up programs needed
School Issues

- Most schools were restored and re-opened within 2 weeks with support from Unicef
- School and peer groups are important sources of psychological support
Problems – School Issues

• Numerous visitors created confusion in the schools
• Children were too easily accessed
• Teachers were over-worked
• Teachers lacked knowledge on psychological reactions of children
• Most schools lack any preparedness program
Filling the Gap

• Involvement of schools in disaster management
• Develop of a school preparedness program
• Building capacity among teachers
• Establish school curriculum that promotes resiliency among children
• Set up protection system in schools
Child Protection Issues

• Pre-existing background of violence in communities

• Disruption of normal child protection mechanism:
  - Loss of parent
  - Living in temporary shelters
  - Disruption of communities

• Weak government child protection system
Child Protection Issues

• Registration of affected children done by the Provincial Social Development and Human Security Dept.
• Effective long-term follow-up program yet to be developed
• To date, no child trafficking has been confirmed
• High risk of child abuse and neglect and exploitation foreseen
Filling the Gaps

• Long-term effective monitoring and psychosocial programs are essential

• Strengthening of families and community protective mechanisms

• Restoring family and community livelihood

• Strengthening provincial child protective system in line with the Child Protection Act of 2004
Concern for Children’s Rights

Repeated observations:

• Children being repeatedly interviewed and/or included in research without consent;
• Aid not reaching affected children residing outside the 6 directly hit provinces;
• Illegal immigrants receiving no support for healthcare and education
Filling the Gaps

- Check that journalists are adhering to CRC
- Ensure non-discriminatory distribution of support
- Provide special protection for disadvantaged children
- Involve children in all programs
How Health Providers Could Meet the Special Needs of Children in Disaster?

- Children have unique needs in disaster situations
- Few pediatricians or child health workers have been trained in appropriate disaster relief responses for children
- Teaching and training in child health in emergencies is essential
- KKU with support of IPA and CWRU has conducted several training workshops on management of children in disaster situations
Conclusions

Thailand has coped with this disaster by providing basic survival support and disease control.

Psychosocial and child protection issues persist and need addressing.

Restoration of socioeconomic status and community livelihood will stabilize families.
Recommendations

• Monitor nutritional status
• Provide long-term psychosocial support
• Establish an effective child protection system
• Re-build schools and develop teacher capacities
• Re-establish family incomes
• Restore community livelihood
• Improve coordination between GOs and NGOs