

Addressing the Needs of Disaster Survivors: Does Their Voice Matter?

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Abstract The last eight years have witnessed the development of a range of disaster management programs both short and long term directed at addressing the needs of the tsunami survivors in the various states of India including Kerala, Tamilnadu, Pondicherry, Andhra Pradesh, and the Andaman and Nicobar Islands. Even though professionals are in accord that these programs were relatively successful in addressing the vital needs of survivors such as food, shelter, health, and mental health; they are equivocal in their opinion regarding the effectiveness of these programs in empowering the affected community. The purpose of the present paper is twofold. First, we discuss the results of a qualitative research aimed at understanding the perceptions of nine tsunami survivors from Alappad, Kerala on their needs and effectiveness of disaster services following the tsunami of 2004. As well as revealing where some of the early disaster interventions went wrong, the findings also show some pressing needs of the survivors which still remain unattended. Second, drew from our experience in working with tsunami survivors in Alappad and from a comprehensive review of studies conducted among tsunami survivors in India, we argue for more robust disaster preparedness and mitigation programs targeting vulnerable groups such as children, women, and elderly.

Keywords Disaster Management, Tsunami, Vulnerable Groups

Introduction

The last eight years have witnessed the development of a range of disaster management programs directed at addressing the needs of the tsunami survivors in the various states of India including Kerala, Tamilnadu, Pondicherry, Andhra Pradesh, and the Andaman and Nicobar islands (Saxena, Ommeren, & Saraceno, 2006; Sekar, Bhadra, Jayakumar, Aravindraj, Henry, & Kishore Kumar, 2005). Even though there is irrefutable evidence (World Health

Organization [WHO], 2006; Chandra, Pandav, & Bhugra, 2006) that these programs have had a positive impact on the mental health needs of the survivors, the primacy of our interest in psychosocial care has, in some ways, trivialized the significance of other needs of tsunami survivors such as sustainable livelihood, supportive social network, and disaster preparedness during post-tsunami reconstruction phase. Moreover, many of these programs did not appear to reflect the changing needs of the community as the community pass through the different phases of the post-disaster situation, namely: relief, reconstruction, rehabilitation, and preparation. In this paper, inspired by our experience in working with tsunami survivors in India, we examine the post-tsunami psychosocial response in order to generate some generic principles to work with survivors of any genre of disaster. We argue that a successful post-disaster response includes: (1) examining the emerging needs of survivors during the various phases of the post-disaster situation; (2) designing interventions based on this candid assessment and by incorporating the principles of sustainability and community empowerment; and (3) shifting our attention toward a more proactive way of management of disasters using cutting-edge technologies and disaster preparedness programs that foster the resilience of people prone to hazards.

Examining the Needs of Survivors

Much has been documented about the needs of survivors of the tsunami disaster. However, almost all these reports appear to be skewed-have either addressed the immediate physical or mental health needs and not the long-term and changing needs of the survivors. This myopic view of the needs of disaster victims may result in lopsided disaster interventions which have detrimental effects on vulnerable groups, especially the powerless, relocated, poor, elderly, women, and children. Moreover, in this paradigm, concerns regarding employment, sustainable livelihood, rebuilding the social institutions, and capacity building to weather future threats arise much later. Hence, a comprehensive

disaster needs assessment is essential in any disaster situation and must include the following components: (a) it must be on-going and capture the emerging needs of the survivors; (b) must assess the psychological consequences of the disaster especially on vulnerable groups; (c) must include a framework to assess the economic and social impact of the disaster; and (d) must examine the various vulnerabilities of the community that put them at risk for future threats. In the ensuing discussion, and within the context of tsunami disaster, we put forward a comprehensive disaster management framework that could be used by anyone who is interested in working with disaster survivors.

Mental Health Needs

Mental health aspects of a disaster are often ignored or receive less attention during the post-disaster relief and rehabilitation phase. This is particularly true in developing countries where the resources for mental health services are sparse and government budget allocation for mental health is grossly inadequate (Saxena, Ommeren, & Saraceno, 2006). Comprehensive review (Norris & Elrod, 2006) of disaster related literature indicates that, in the immediate aftermath of disasters, individuals experience behavioral and mental health problems especially Post Traumatic Stress Disorder (PTSD). Preliminary assessment of the tsunami survivors in India reveals that the prevalence of emotional problems ranges from 5-8% (Bada Math, Girimaji, Benegal, Uday Kumar, Hamza, & Nagaraja, 2006) to 12.7% (Kumar, Muhrekar, Subramanian, Ramachandran, & Gupte, 2007) and project that 25-30% would experience emotional problems in the disillusionment phase (Bada Math et al., 2006). The review by Norris and Elrod (2006) also confirms that 41% of their reviewed studies showed either high (24-49%) or very high ($\geq 50\%$) prevalence of psychological distress. Though there is ample evidence to assert the moderate to high prevalence of psychiatric problems among survivors immediately following a disaster, research regarding the duration of such effects showed mixed results (Norris & Elrod, 2006). In their review 70% of the sample recovered as time passed and the effect was at its peak during the first year following the disaster though effects were seen even one year after the disaster struck (Bhushan & Sathya Kumar, 2006) which signifies the need for an on-going mental health needs assessment. Moreover, interpersonal, familial, and social issues appear in the later phase which demands further attention from mental health professionals.

Economic and Social Impact

The economic and social impacts of natural hazards have been increasing at an alarming rate (UNISDR, 2002) and many a time seems insurmountable. Economic losses following hurricane Katrina have reached beyond hundreds of billions of dollars. Even the tsunami of December 2004

disproportionately affected the most vulnerable group, the fishing community inhabiting the coastal areas of India, Indonesia, Sri Lanka, and Thailand. Estimates (Pomeroy, Ratner, Hall, Pimoljinda, & Vivekanandan, 2006) show that around 2.5 million households who depend on fishing or aquaculture were affected by the tsunami. These groups were impacted severely by the tsunami because they have the fewest resources and literally no insurance; whatever resources they have such as boats, nets, and other gears were either lost or destroyed by the tsunami. This has a direct bearing on the living standards of the coastal people who depend primarily on natural resources for their subsistence. Moreover, the economic conditions of these communities are precarious because of the outstanding loans that they still have on the boats and other gears which were destroyed by the tsunami. Many a times they depend on money lenders, whose interest rates are extremely high comparative to an average bank, to repay the loans which make them financially more vulnerable.

In addition to the economic damage caused by the tsunami, the significant social costs wrought by the disaster also merits attention. Disruption of existing social networks, change in job or loss of job, shift in family roles, increased suicide rate and alcohol abuse, orphaned children, and negative relocation experience stretch the capacities of the already fragile social institutions. In the immediate aftermath of any disaster government and other relief agencies are forced to direct all their energy and resources to rescue and relief efforts. Once the 'immediate' needs are addressed, the social damages are either superficially addressed or intentionally ignored thus perpetuating the vulnerability status of the already vulnerable coastal population. Given the buffering function of these social institutions, it is imperative to devise programs to strengthen these social structures and it is as important as rebuilding the infrastructure.

Understanding the Vulnerabilities

Research (Norris, Friedman, Watson, Byrne, Diaz, & Kaniasty, 2002) indicates that disasters tend to differentially impact individuals and groups depending upon their pre-disaster vulnerability status. Following hurricane Katrina, tens of thousands of low-income African Americans, many of them living in poverty, were left to fend for themselves thus proving the fragile status of vulnerable groups in the most developed country in the world. Even the tsunami of December 2004 disproportionately affected the most vulnerable group, the fishing community inhabiting the coastal areas of affected countries. Poverty, gender, age, exposure to risks and hazards, seasonal employment, lack of social support are some of the root causes of vulnerability among this community (Pomeroy, Ratner, Hall, Pimoljinda, & Vivekanandan, 2006). Research (Norris & Elrod, 2006) indicates that children and youth tend to bear the brunt of the disaster more than adults. A study conducted among the

coastal areas of Tamilnadu in India one year after the tsunami confirms that children and women display more psychological problems than males (Bhushan & Sathya Kumar, 2006). In addition, issues of women (Armstrong, 2006) and elderly (Mudur, 2005) were either forgotten or neglected during the post-tsunami relief and reconstruction phase. Further more, after tsunami, shift in gender roles is evident in many families as men started raising children in the absence of women and women began joining work force as a result of the death of male breadwinner in the family. The impact of these changing gender roles on overall family functioning remains to be seen. Besides these, people living in the coastal areas are always exposed to risks such as storm surge, tidal waves, depleted natural resources, financial hardships and loans, unsustainable livelihood, and poverty which make them much more vulnerable for mental health problems.

The coastal communities always have to live with the risk of being exposed all kinds of coastal hazards such as storm surge, tidal waves, cyclones, flood, sea erosion, and natural resource depletion. Given the high frequency occurrence of these hazards and their impact on human life, housing, health, and livelihood, programs that attempt to empower coastal people must take into consideration the adequacy of preparedness of the coastal community to face these hazards. The coastal community must be educated about the nature and causes of risks that they continually face, they should be helped to explore the resources in them and in the neighborhood that they could mobilize to attenuate the impact of these risks thus respecting local culture and context and by doing so the community will gain confidence in themselves and feel empowered in facing any future threats.

Given the substantial nature of the social and economic damage caused by tsunami and the far reaching consequence, it is quite surprising that there is literally no literature which addresses this topic. For the purpose of this paper, we conducted a brief review of 20 articles on post-tsunami disaster programs in India, published in academic journals during the years 2005-2007. The review revealed that 12 of those articles focused solely on either assessing the mental health needs of or providing psychosocial support to survivors of tsunami. Six articles examined the various challenges that might affect the tsunami response and recovery efforts in various parts of India, with one article exclusively addressing livelihood issues. One article each dealt with gender and age discrepancies in accessing aid following tsunami. As is abundantly clear in this review, the burgeoning literature on psychosocial support and intervention from India might lead some to conclude that researchers has lost sight of other issues such as the economic and social impact, the needs of the vulnerable groups, and the need for a better disaster preparedness and mitigation program. By attempting to voice the concerns of tsunami survivors in Alappad, the present paper emphasizes the need for a robust

disaster management program that attend to the emerging needs of the survivors especially the vulnerable groups, simultaneously incorporating a disaster preparedness component utilizing local resources. It is expected that this enquiry will shed some light on the emerging needs of the disaster survivors as they pass through the various phases of post-disaster situation. We also contend that the rich qualitative data collected can be used to voice the experience of tsunami survivors which in turn could affect the programs and services rendered to this group.

Method

The purpose of this study was to examine the needs of the survivors and their perception on the disaster services that they received for two years following the tsunami of 2004. This enquiry was part of a major phenomenological study intended to capture the successful/unsuccessful experience of adult tsunami survivors. The broader study was guided by the major research question: What are your subjective experiences of and perceptions about the resources that helped you survive the natural disaster tsunami? We used a phenomenological approach to capture the subjective experience of the survivors. The study was conducted among the adult tsunami survivors in the age group of 18-55 in the Kollam district of Kerala. The study was approved by the University of Denver institutional review board.

Sampling Procedures

The sample for the present study includes 9 adults recruited from the tsunami affected villages of Azheekkal, Sraikkadu, Parayakkadavu, and Alappad, and from the villages of Pattathilkkadavu and Varavila where displaced families were relocated. We used "criterion" sampling method as described by Creswell (1998, p. 118) to recruit the required number of participants and ensure sample heterogeneity. For instance, we recruited individuals from villages that were most severely affected, moderately affected, and least affected. We also conducted interviews with individuals who lived in temporary shelters, relocated areas, and in their renovated homes. Moreover, we looked specifically for survivors who could provide rich information and from whom we could learn the most.

Data Collection

Informed consent was obtained from each participant prior to the beginning of study. The participants were also asked to complete a brief demographic schedule which was used to gather information pertaining to their name, age, gender, ethnicity/caste, religion, education, occupation, income, and nature of loss. The interview was conducted by the principal investigator and lasted for one to

one-and-a-half hours. All the interviews were audio recorded and later transcribed for analysis.

Data Analysis

The data collected was analyzed using the modified form of the Van Kaam method of analysis of phenomenological data (Moustakas, 1994). This method of analysis assumes that interview transcripts or narratives serve as the basic data source for phenomenological data analysis. In this method of analysis, initially, all the expressions relevant to the experience are listed by a procedure called horizontalization. From this list, expressions that capture the moments of experience and that which can be abstracted are selected. The selected expressions are called the invariant constituents of the experience. The invariant constituents that have similar properties are labelled under a single theme. These labelled themes are regarded as the core of the phenomenon.

Results

This section describes the identified core themes substantiated by raw data. First, the sociodemographic details of the participants will be presented. Subsequently the major needs will be discussed with thick descriptions pulled out from the raw data.

Demographics

Eight of the nine participants identified themselves as Hindu by religion. One identified herself as a Christian. Six of the respondents were females and three were males. The age of the participants range from 29 to 54, mean age being 39.6 years. Seven of the participants were married and two were widows. Four among the 9 participants were homemakers, three engaged in fishing, and two of them were running businesses. Seven of the 9 participants had no more than high school education whereas 2 had been to college. Eight of them reported to be from middle class families (annual income falls above the national poverty line) where one reported to be from a low-income family (annual income below the national poverty line). The average family size was 3.6 with 5 of the participants living in nuclear families, and four in extended families. Seven of the 9 participants have experienced the loss of a first degree relative and severe loss/damage to properties. Remaining 2 have experienced relocation and severe loss/damage to property.

Emerging Needs of Disaster Survivors

The analysis of the responses to the major research question resulted in identifying some of the common perspectives of survivors on their emerging needs and the disaster services that they received during the two years

following the tsunami. Though there were subtle differences among the 9 participants interviewed, there were clear similarities among all these individuals regarding their perception of disaster services received and their long-term needs. The differences in their perception may be attributable to either the relocation experience or the kind and extent of aid and support that they received from government, NGOs, family, and neighbors.

All the participants concurred that the post-tsunami relief operations at the relief centers especially the one at the 'military camp' where the more severely affected were housed, were very effective and efficient. They felt that military personnel were able to empathize with them by sharing their own other crisis experiences with the survivors; their disciplined and structured activities at the camp have had a buffering effect on the negative impact of tsunami. As one participant says,

"There they gave us everything..means everything that we needed-food, water, clothes, coconut oil, soap-they brought us everything. Life has been good until we came back"

The coastal people, in general, especially the people in Alappadu believe that sea is their mother who feeds them and protects them against all the hardships. However, the tsunami of 2004 have changed their perception of the sea. Before tsunami, if a cyclone hits them, even if there is a storm surge, their ardent belief in their mother sea helped them weather the impact of the hazard and return to normalcy immediately after the crisis abate. However, after the tsunami there was a substantial change in their earlier perception about the sea: they were afraid of the sea; even a small sound of thunder, wind, or rain is enough to frighten them. One of the respondents who has been living in the shelter for two years said,

Before this [tsunami] when there is a rain or thunder I just would stand there and take a nice shower. Because I wasn't afraid. Today, if there is a single drop of rain, or even when I hear it may rain I feel fearful-sea might come now..sea might come now-if it comes there is no one to help us out. When it start raining my heart breaks.. when I hear the thunder also. I am even afraid to look towards the west.

Despite the continuous psychosocial support provided by many of the disaster relief agencies to the survivors, almost all of the participants needed some sort of mental health support even two years after the disaster struck in order to deal with their unresolved grief; adapt to a new place; combat loneliness and isolation; and rebuild social network and support. Part of the reason for this on-going need for psychosocial care may be because all the respondents interviewed for this study were very severely affected by the tsunami and the uncertainty regarding their future, livelihood, and relocation experience may have been perpetuating their emotional problems. One of the respondents who lost her grandson and whose husband is chronically injured said,

"I feel tensed always. We lost our baby. We are in this situation. One who should work is bedridden, confined to

home. Because of all these, we are in pain. Always in pain (sobbing).”

The provision of aid and the criteria by which aid is distributed are always a much criticized aspect of any disaster operation. The same was true in Alappad. People here perceive a great deal of injustice in the ways beneficiaries have been identified and aid was distributed. There were incidents where a single family received two or more houses where as some received none. There were examples of people living in shelters even two years after the tsunami. These tin roofed shelters were meant to house residents only for 6 months! There were instances of people who suffered chronic injuries but unable to afford hospital bills despite crores of money pumped into relief activities. This calls for urgent attention to make relief assistance as objective as possible. As one participant observes,

...everyone, even if it is collector, minister, whoever it is, should come in person— who has experienced adversity, who has experienced loss- this must be understood in person and then only help should be rendered... not without any planning or purpose, not by just dumping things on someone and letting them magnanimously provide to whoever in their fair list. That tendency needs to be destroyed. The one who really experienced the loss and trauma need to be identified, you know, the real beneficiaries.

The situation of the people at the relocated places was precarious in several ways. While all of the residents have new homes, they were plagued with issues such as isolation, transportation, safe drinking water, and livelihood problems. Many of these relocated areas are bought for cheap price by the government to inhabit the displaced people. These relocated areas belong to a different panchayath and the elected representatives from these places had difficulty in connecting with the new comers and vice versa. This amplified the problems of the relocated people. There are no public transportation services to access these places; even if there is one it operates irregularly. Unable to hire a rickshaw, the residents in the relocated area are forced to walk miles everyday in scorching weather or torrential rain to get to their job, connect to their extended kins, or fetch groceries. As one of the participant in the relocated area observes,

We came here, built a new house. Here there is no bus service. If we want to go to our old place, if we want to go to the town, if we want to go to the highway to catch the bus, we have to pay Rs. 25 for the rickshaw. To go to the old place it will be 50 rupees! No bus service, we won't be knowing whatever things that happen in our old place. Moreover, here there is no unity-to organize a kudumbashree or to form a prayer group- no one is willing. Everyone prefers to stay inside their homes.

All the participants concur that lack of awareness regarding tsunami, its 'symptoms', and lack of preparedness were the major reasons for the large number of casualties in affected areas. Though the trainings following tsunami has

'empowered' the local people regarding the reasons of tsunami and they know that they should 'escape' when they are warned about an impending disaster, they are unsure of how and where to escape. This suggest the need for more robust disaster preparedness activities. As one participant reports,

Next time it [tsunami] happens we know what it is. Earlier we did not know what it was. How it comes and what it was was not known to us. Now, if we come to know something, sees something, you know the symptoms-when the sea recedes or when we feel there is a change in the nature, you know the feeling that something is going to happen- then we know we have to escape somehow.

Discussion

The prevailing models of disaster management in the developing world will not adequately and precisely explain the needs of disaster survivors as is evident in our experience with tsunami survivors in Kerala. Though one could argue that nobody was prepared enough to face an unprecedented disaster like tsunami, it doesn't preclude us from learning from our past experiences and move beyond providing the traditional care. To face another disaster such as tsunami requires rectifying previous errors and develop new paradigms addressing long-term issues such as sustainable livelihood, rebuilding of social structures, community empowerment, and an efficient disaster preparedness and management program built on up-to-date research and cutting-edge technologies.

Pomeroy and colleagues (2006) notes that coastal people tend to benefit from livelihood options which has low risks and minimal gains. They argue that these livelihood practices tend to sustain when compared with other livelihood options which involves high profits and excess risks. The major challenge facing development professionals is thus to build upon the needs of the community to have a sustainable livelihood that involves less risk and some gains and respecting the local culture and values. One of the survivors of tsunami, a widow, was approached by the workers in a local NGO and encouraged her to start up a grocery store in the neighborhood. This project seemed highly impractical for the woman because for her and the local culture it is 'immoral' to set up a business where the widow has opportunity to get to interact with people, especially males. In a relocated area, a woman started a stationary shop with assistance from few NGOs. She had to shut down her bussiness soon because there was poor cohesion among the residents of the relocated community and they preferred buying goods from the neighboring city than from this woman's shop. These are all examples of failures of programs imposed on the community by outsiders. Another challenge is to help women organize self-help groups in order to start small scale enterprises utilizing micro-credit finance. As we

discussed before, many of the self-help groups are shattered following tsunami, and rebuilding them is a herculean task because many of its members are either relocated or the relocated place is distant from the sea. One woman, who was active in her previous self-help group, wanted to initiate a self-help group in the relocated community. She never found in the relocated community the enthusiasm and vibrancy that she experienced in the previous place. This calls for attention from professionals to design programs that are feasible and that promote sustainable livelihood based on the needs of local people, involving the community in decision making and planning, and based on the principles of empowerment.

Realigning the support network is yet another crucial issue which remain unattended. Prior to the tsunami there were several active and very well established Karayogams and self-help groups in Alappadu. But the tsunami forced relocation, zone enforcement, and livelihood destruction has ruined these social structures to a great extent. In the relocated places, as we mentioned before, the local community was not as welcoming as they should be towards the relocated people. Our Sri lankan experience also reveals that relocation has resulted in disruption of social network, reduction in livelihood opportunities, and severe psychological trauma fearing attack from insurgents since the relocated places are always under threat from armed ethnic groups. Therefore, reorganizing and strengthening these networks has serious implications on strengthening the resilience of these vulnerable communities.

Another crucial challenge is the disregard seen among mental health professionals, NGOs, and policy makers to invest in a sound and effective disaster preparedness program. If you take the example of Alappad village, 9 schools operates in this village and all of them are located in close proximity to the sea. This school provide schooling for around 3000-4000 children in various age groups. In the event of an impending disaster, the life of these children are always at stake if we do not design and implement programs that empower them such as mock drills, incorporating disaster preparedness materials in the school curriculum, and engaging children in civic activities periodically to keep them informed and updated about their civic responsibilities. Our Sri lankan experience reveals that a recent warning issued immediately following an earthquake in indonesia resulted in utter chaos in the coastal community with people frantically running everywhere not knowing where to go and what to do proving the ineffectiveness of all the disaster work that has been done over the past two years in the country. Moreover, there was no system in place to evacuate vulnerable groups such as disabled, children, and the elderly from the scene which merits urgent attention. In addition, as I mentioned before, coastal people are vulnerable to a whole set of other hazards such as storm surge, tidal waves, flood, and beach erosion. Several people die, houses destroyed, and many are evacuated because of storm surge and wind storms during

the peak of monsoon in several coastal areas. This issue merits attention when it comes to disaster preparedness and management.

Lastly, technology can be useful in preparing the local and state government in successfully handling post-disaster relief operations. Even though it is hard to build a data base immediately following a disaster when the focus is on rescue and relief efforts, in the subsequent phases building up a database of survivors and the damages caused can be extremely helpful in preventing duplication of services, and preventing corruption. For example, in the immediate aftermath of a disaster, a team of trained experts can focus their attention on listing the names of survivors, their loss, damage to property and livelihood. Aid agencies must be prevented from promising and providing major financial assistance or other offers such as housing, livelihood compensation etc until this list has been generated. Once the list has been generated, public, government and other aid agencies must be provided equal access to this data base, which helps prevent duplication of services to a certain extent, will enhance transparency, decreases corruption, and by doing so no deserving survivor will be excluded from the list. This has to be implemented at the local level of governance. Considering the enormous man power we have in information sector, we don't feel this as an unaccomplishable task.

Conclusions

The coastal communities in the tsunami struck countries are recovering from the catastrophic impact of the disaster. While the provision of psychosocial care and support to the survivors has been impressive, there are numerous other issues that we must attend to such as the vulnerabilities of the coastal community, shattered livelihood, shrunken social network, and lack of preparedness to face future threats. While addressing these issues, it is important to have the local people involved in order to make it a sustainable, community driven activity rather than an outsider imposed endeavor.

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