

# **THE NEEDS OF WOMEN IN DISASTERS AND EMERGENCIES**

Prepared for the  
**Disaster Management Training Programme**  
of the  
**United Nations Development Programme**  
and the  
**Office of the United Nations Disaster Relief Coordinator**

by

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Winnipeg, Manitoba

20 June 1994

(Revised Edition)

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## Preface

The Disaster Research Unit (DRU) of the University of Manitoba was commissioned by InterWorks, based in Madison, Wisconsin, United States of America, to prepare a "Desk Study on the Needs of Women and Children in Emergency Situations". This work is being conducted for the Disaster Management Training Programme of the United Nations Development Programme and Office of the United Nations Disaster Relief Coordinator.

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The authors are pleased to acknowledge the important critical input from Ann Brazeau, UNHCR Senior Coordinator for Refugee Women, Geneva, and grateful for her generous efforts to supply recent UNHCR material on refugee women. Thoughtful assessment by John Williamson added clarity and focus to the present revised edition. The authors are grateful for his generous contribution of several important new additions to the text of this latest edition.

Italics are used throughout the document to highlight key points.

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## Executive Summary

### THE NEEDS OF WOMEN IN DISASTERS AND EMERGENCIES

1. The principal objective of this report is to provide a general overview of the problems experienced by women in disasters and emergencies. Other objectives are to address the gender bias in disaster-related research, the critical analysis of established roles of women, the attention needed by operational agencies to the special needs of women together with dependent children, and the integration of the report findings with disaster-related research in general. Given the current status of this field, the report also addresses how to build effectively on existing experience and mechanisms for mobilizing women toward greater preparation in facing disasters and emergency situations. An action-oriented framework offers a schematic representation for the integration of findings into the larger research programme on disasters and emergencies.
2. Problems of women in the broad context of disasters and emergencies have only recently been addressed. Gender usually has not been a conscious criterion employed by relief agencies to effectively assist the so called "vulnerable groups" in their special needs when an emergency or disaster occurs. Vulnerability of women is a fact, based on the larger number of women and woman-headed households in emergencies and on the responsibilities borne by women related to the stability of the domestic group, including a disproportionate responsibility for dependent children. Vulnerability, from this perspective, is primarily cultural and organizational. Natural disasters and emergencies often produce single-parent families. Vulnerability can be minimized if adequate measures of assistance and physical and legal protection are adopted.
3. A thorough methodology should be developed to identify vulnerable individuals and groups and to assess the extent of their vulnerability. This assessment can be accomplished by distinguishing each group's ability to recover from disruptions due to disasters and emergencies.
4. To facilitate analysis of psychosocial stressors for women in disasters, a temporal model of disaster response is presented. It can be readily linked to other models involving analysis of hazard, disaster, and development questions. An important distinction must be made between pre-disaster – the phase in which the prevailing conditions in most developing societies have generally impeded local formation of institutions to enhance disaster preparedness – and the crisis generated upon impact of disaster. The resulting social disruption makes the crisis phase one of the most severe in the emergency spectrum. Disruption may include immediate forced relocation to shelters, an incomplete assessment of the danger of the situation, and an awareness of the loss of loved ones and friends. The combined action of these elements profoundly affects men, women, and children. Discrimination against women, particularly against girls, is more noticeable during the crisis phase, when limited resources in disaster areas are in dispute, especially in developing countries. Relief agencies urgently need to address the integration of women as primary distributors of emergency rations. Current and future assistance plans need to

incorporate women into the decision-making process of camp environments in emergencies and disasters. Women should be seen as partners when interacting with men during an emergency or disaster response.

5. The need to enhance women's associations in developing economies during disasters and emergencies is identified. Associations are built up in some societies to respond to particular needs. Societies with strong indigenous associations have an organizational base for response to disasters and emergencies. Often these associations function to cross-cut kin groups, serving to balance dominating political and economic forces.
6. In many emergency or disaster situations physical and emotional losses are so severe and traumatic that stress levels interfere with recovery. Widespread subordination of women has meant that women typically must bear more stress than men, including preoccupation with dependent children. Sexual abuse of girls is common, and many of the young may not easily identify adequate coping strategies of adults to fight such stressors. Child-abuse preventive measures need to be adopted.
7. Disruption of social relations through emergency displacement can mean the loss of security and protection. Due to the prevalent absence of employment opportunities and the high incidence of woman-headed households among the displaced, increasing numbers of women and girls are forced into socially unacceptable forms of wage labour. In some countries, many displaced women may end up as prostitutes, hoping to gain income to sustain their families. The longer the situation of unemployment remains unresolved, the greater the likely incidence of prostitution. The magnitude of both physical and mental abuse arising out of the sexual exploitation of displaced women and girls has not been adequately documented.

# 1 INTRODUCTION

## **Terms of reference**

*This study is to address the unique needs and roles of women in disasters and emergencies. It is designed to build on existing experiences and mechanisms for mobilizing women in emergency situations. A temporal analysis of the disaster response provides the framework for identifying the differential impacts of disaster on women in different stages of their lives. It also provides the framework for analyzing the effects of material and social losses such as protection, nutrition, shelter, and health care, and assessment of consequent needs. The roles of women in food distribution and possible intervention strategies are also addressed. This study is action-oriented with a view to fully integrate its findings into the current research on disasters.*

The original charge was to address "the needs of women and children in disasters and emergencies", and the title and content of the first two editions of this desk study reflected this emphasis. Up to that time reactions to specific forms of disaster by children had been discussed independently, although not systematically researched. The literature has since grown extensively, becoming a subject for a full report. This edition of the present study is retitled to reflect its emphasis on "women in disasters and emergencies". Reference is repeatedly made to "women and their dependent children", however, to highlight the important fact that *women bear a disproportionate responsibility for dependent children, and their plight in disaster and emergency is often closely tied to their children.*

## **The variety of circumstances**

There are many different types of disasters with differing impacts on and implications for women. Rapid onset events like storms and earthquakes may destroy homes but usually do not lead to displacement. They typically leave major social structures intact in rural areas, but may have more significant social impacts on urban areas. Floods normally cause displacement but usually for a relatively short period. "Human-induced" disasters like armed conflict may or may not cause displacement or loss of possessions. Armed conflict typically causes more profound psychological trauma than natural disasters.

Slow-onset disasters like drought or desertification may have major social and economic impacts, but allow more time for individuals, families and communities to develop coping strategies, including relocation.

Epidemics range from rapid to slow onset and, likewise, can affect people in very different ways. The global HIV/AIDS pandemic, for example, is having very particular effects on women and girls, both those infected with the virus and those who lose family members to the disease. There are indications that women may become infected through sexual contact more easily than men and that they tend to become infected at a

younger age (UNDP, 1993:1-2). Women also bear disproportionate burdens in caring for those who are sick with AIDS.

Refugee emergencies, stemming from armed conflict or mass persecution, by definition involve displacement. Very often such emergencies result in extreme social and familial disruption, increased work demands for women, greatly increased vulnerability of women to sexual violence and high incidence of psychosocial trauma. The Office of the United Nations High Commissioner for Refugees (UNHCR) has given particular attention to the situation of refugee women as reflected in a number of documents (UNHCR 1981, 1991a, 1991b, 1991c, and UNHCR and Refugee Policy Group) and the establishment of a position for Senior Coordinator for Refugee Women whose responsibilities include ensuring that the particular needs and potential of refugee women are fully taken into account in UNHCR programmes.

The widely different effects disasters and subsequent emergencies have on women make more complicated the task of providing guidance on how to respond most effectively and appropriately to the needs and potentials of women affected by disasters. This makes the task no less important, however, because effective emergency response requires the active involvement of those affected, particularly women.

### **Status of research on disaster-subjected women**

*Contemporary disaster research has been characterized by generalizations on disaster response, ignoring in most cases reference to gender. An early study discussing the urgent need to investigate women and development issues dates back to the early 1970's. A review of the literature over the last twenty years resulted in few gender references in relation to the magnitude of the problem of disasters and the balanced demographic ratio of women and men in developing areas. Few papers available to operation agencies have focused on gender distribution, particularly women and their dependent children. Indeed, as late as Drabek's (1986) monumental survey, the paucity of generalization about women in disaster is striking. The word "women" was not even a topic in the index of this survey. The terse summaries of gender variation, focused mainly on hazard perception, are limited to North American and Japanese cases.*

Any preliminary analysis of the disaster-related literature reveals an asymmetrical distribution of gender themes. Research literature indicates the absence of statistics on women. Recent reports provided by consultants working for the United Nations Development Programme (UNDP) identify the same gap. *The problems of women in emergencies still need to be urgently addressed and integrated into the mainstream of research and subsequent strategic planning.* Relevant agencies should have access to findings based on sound methodology and solid data. Two recent but extensive reports prepared for UNDP exemplify the gap. In the first report (a Training Module), the only reference related to the above issue was a paragraph emphasizing the differential sex ratio in displaced adults. The measures are generalized without consideration of most vulnerable segments, namely, women of various ages, including adolescents, elderly, and disabled. While the majority of displaced adults are women, most programmes for relief are characterized by a distinct male bias in that they work through formal channels commonly dominated by men. A second report, describing the cyclone disaster response in Bangladesh, drew attention to the absence of statistics on sex distribution across all phases of this recent disaster. It explained that time was unavailable for the

consultant to rectify the problem. Attention should be given, and is given (e.g., UNDP, 1993), by agencies to more accurate assessment of the most vulnerable segments of displaced populations, as well as to means for reaching these segments with relief.

Disaster literature on women has only recently begun to expand. *This research points to the need for a thorough understanding of the pre-disaster familial responsibilities of women, responsibilities that are magnified by the onset of a disaster or emergency* (Anderson and UNHCR Senior Coordinator for Refugee Women, 1991). These responsibilities include production (women as providers earning an income), reproduction (bearing and rearing children) and maintenance of the domestic group (community management, e.g., water supply, and self-help programmes). When women are performing or attempting to efficiently perform these tasks, there are no substantial differences in these tasks to those similarly performed by men. The crucial and restrictive issues are rooted in various forms of emotional, social, economic and institutional dependency. These issues are obscured by gender bias. The combined action of these variables makes essential intervention measures more difficult to identify and design.

There is significant literature on the social and institutional context of women. It offers provocative insights for a research agenda on women in emergencies. The current view set forth in the documents of several operational agencies is that women are a "vulnerable group". This is based on the large number of women and woman-headed households in emergencies and on the responsibilities borne by women related to the stability of the domestic group. *The "vulnerability of women" should be understood to be primarily cultural and organizational rather than biological or physiological.*

By definition, disaster implies a departure from a normal situation. It should be understood, of course, that even "normal circumstances" may be detrimental to some members of society (Torry, 1979). Natural and conflict-induced disasters are not a category of events which can be separated from the broader issues of development. Economic and political conditions in society affect vulnerability to natural disaster and are significant in producing both natural and conflict-induced disasters. This being the case, a broader framework for analysis of disasters and their impact on different social groups is needed. *Strategies to reduce vulnerability must be an integral part of long-term developmental planning.*

## Definitions

Terms that are part of everyday expression are used in this report, yet they can have a variety of meanings. Key concepts are defined below as they are employed in this study.

*Disasters* refer to "collective stress situations that happen (or at least manifest themselves) relatively suddenly in a particular geographic area, involve some degree of loss, interfere with the ongoing social life of the community, and are subject to human management" (Gist and Lubin, 1989).

*Emergencies* are those unexpected organizational, social and emotional disruptions and subsequent losses in people's normal life that are triggered by the sudden occurrence of human-induced or natural disasters and with which they are unable to fully cope without outside assistance.

*Complex emergencies* are linked to human-induced events associated with natural disaster agents such as droughts and floods. The extensive interdependence of political, economic, and natural systems make even predominantly natural events complex social events.

*Natural disasters* refer to disasters of certain magnitude caused by natural forces affecting whole populations.

*Human-induced disasters* are those that result primarily from human activity, including technological impacts, environmental mismanagement, and conflict.

*Conflict-induced disasters* refer to disasters produced by violent struggle or threat thereof between opposed political forces.

*Displacees* are persons forcibly removed from their place of normal residence by either natural disaster or human conflict-induced disaster.

*Refugees* are displacees forced by conflict or fear of persecution to seek asylum in another country.

*Woman-headed households* are those households in which a woman is deemed responsible by members of the unit and by the community, and usually this person is the main income generator for the household (see Thorn, 1991; Wiest, 1973).

*Vulnerable woman-headed households* generally consist of women with severely handicapped husbands and young children, handicapped women, widows, and young single women with no relatives (adapted from Thorn 1991:24).



## 2 PROJECT OBJECTIVES

This report focuses on women in different phases of disaster emergencies: the immediate crisis phase, the temporary relief phase, and the longer-term reconstruction and development phase. The report also addresses pre-emergency social and cultural conditions that have a bearing on disaster preparedness, mitigation, and recovery (see Figure 1). *In each phase of the disaster or emergency response, this study addresses major issues that relate to women's roles in production, resource access by women, assistance to specific needs, and implications of woman-headed households.*

This study identifies research needs to be developed and integrated into an action-oriented plan coordinated by UNDP/UNDRO. While our attention is to women in emergency situations in general, it is important to differentiate between emergencies that permit return to the homeland and those that displace people for long periods of time and produce large numbers of refugees. In general, the former are associated with natural disasters, and are addressed within the nation-state or locale. The latter are associated with conflict-induced disasters, and usually involve refugee asylum in neighbouring countries. Significant progress has been made on research and policy guidelines associated with refugee women (e.g., UNHCR, 1991b). Many of the findings and recommendations are applicable to natural disaster emergencies, particularly in the crisis and relief phases.

### **Gender bias in disaster-related research**

One objective of this project is to draw attention to gender bias in the scientific literature, in project plans and reports of donor systems, and in the societies experiencing emergencies.

There is no reason to expect disaster-related research to be less gender biased than social research in general. However, in light of post-disaster sex ratios and relative vulnerability of women, contemporary disaster research needs to address the problem forthrightly. *Many researchers indicate that discrimination on the basis of sex is implicit in most social systems and at the heart of systematic bias in social science.*

*Gender bias is also characteristic of assistance programmes.* Such bias does not necessarily signify open discrimination against women. Instead, the structure of programmes perpetuates the bias out of expediency as well as a deeply engrained and insidious notion of sexual difference that is part of paternalism. The bias finds comfort in the patriarchal attitudes and patronage of many societies needing assistance. Women continue to be discriminated against due to a gender bias in donor agencies and governments, but also because women's roles in the local systems are misunderstood or poorly understood. The common Western planning misconception of men as "breadwinners" interferes with the assessment of women's contribution.

Consequently, it depletes their status and wealth – "a double-barrelled impoverishment" (Langton 1984:9). *Administrative gender bias has been particularly noteworthy in the context of refugee populations, although women are also discriminated against in the process of decision making in assistance during the relief and reconstruction phases associated with disasters* (Cuny, 1991). These issues are being addressed for refugee populations by the UNHCR. We should note that there have been positive changes (UNHCR, 1991b).

Until recently, studies have rarely addressed the differences in adaptation of refugee men versus women in host countries. Seldom discussed in their own right, women refugees have been conditioned as "refugees' or migrants' wives". The resulting tendency has been to view women as preservers of tradition with low capacities for adjustment to new conditions. *The narrow assessment of refugee women and girls incapacitates personnel within camp and settlement administrations from seeing the potential of women as effective agents and mobilizers for change and social development at local, regional and national levels.*

### **Established roles of women**

A second objective of this study is to identify the variety of pre-disaster roles of women, and discuss the implications of the established social structure for disaster preparedness, mitigation, and recovery.

Disasters do not just happen. Their root cause is often in the severe imbalance between rich and poor countries, in the established social structure of a colonial legacy, and in age-old ethnic conflicts that take on new proportions through access to highly destructive technological weaponry. Some researchers now recognize that social institutions not only influence response to disasters but are in many instances causally related to soil erosion, floods, and famine.

*The social structure of most societies formally relegates women to inferiority and dependency, increasing their vulnerability through their disempowerment. However, the actual performance of women in production and distribution differs significantly from gender ideology and role stereotypes in most societies.* It is therefore essential to address these realities in order to appreciate the differential impact of disasters on women, and to recognize in the actions of women the potential for disaster preparedness, mitigation, and recovery. O'Keefe, Westgate, and Wisner (1976) explain that vulnerability of the population is the real cause of disasters, and that vulnerability is induced by socio-economic conditions which can be modified by conscious action.

Vulnerable people unable to meet their own needs are often the last to benefit from assistance programmes targeted at the average person (see Wilson, 1992). This is particularly so for women and their dependent children as part of fragmented families generated in the onset and aftermath of disasters. Hence, appreciation of the societal and cultural context is important to understand the impact of disasters.

### **Special attention to women and their needs**

A third objective of this study is to explain the rationale for special attention to women, to identify their particular needs, and to assess specifically their need for legal protection under emergency conditions.

All societies differentiate members in terms of age and sex. This differentiation is most pronounced in agrarian and industrialized state societies where the status of women is one of formal dependency and hence structural subordination (Sanday, 1974). Sexual discrimination and male dominance is exaggerated and even glorified in agrarian societies. It is often rationalized through religious ideologies. Historically, Islam and Christianity have been two of the greatest forces for keeping women dependent. Sexual discrimination continues in industrialized capitalist societies dependent on wage labour relations in the form of denial of domestic labour as productive, unequal access to jobs and unequal wages (Fernandez-Kelly, 1981; Wellesley Editorial Committee, 1977). It continues to be mystified in terms of biological differences, domestic labour division, and market forces. In the Caribbean, the economic crisis and "structural adjustment" politics are seriously undermining the gains of women (Harris, 1991; see also Mazumdar, 1984). Research has established very clearly that women's entry into the wage labour market continues to be viewed primarily as an addition to domestic responsibilities. *Women typically work in seasonal wage jobs during peak demand periods* (Arizpe and Aranda, 1981). They have accommodated themselves to situations which have remained unchanged for generations.

These historically deep and culturally diverse discriminatory ideologies often have detrimental effects on the treatment of women under normal societal conditions. Such conditions are worsened by the profound global polarization of poor and rich countries or regions. Implications for the treatment of women under disaster conditions are even more severe. *With the disruption of established male-dominated social control mechanisms, women and their children are the first to be neglected and/or abused.* Women encounter strong institutional barriers to organizational efforts. *Women are less likely to organize, either out of seclusion, lack of education, or outright threat.* Fortunately, there are mounting efforts to rectify these conditions. One such effort is to highlight the roles of women in society that are instrumental in disaster preparedness, mitigation, and recovery, and to draw attention to examples of organizational successes in the face of social or institutional opposition.

### **Integration with disaster-related research in general**

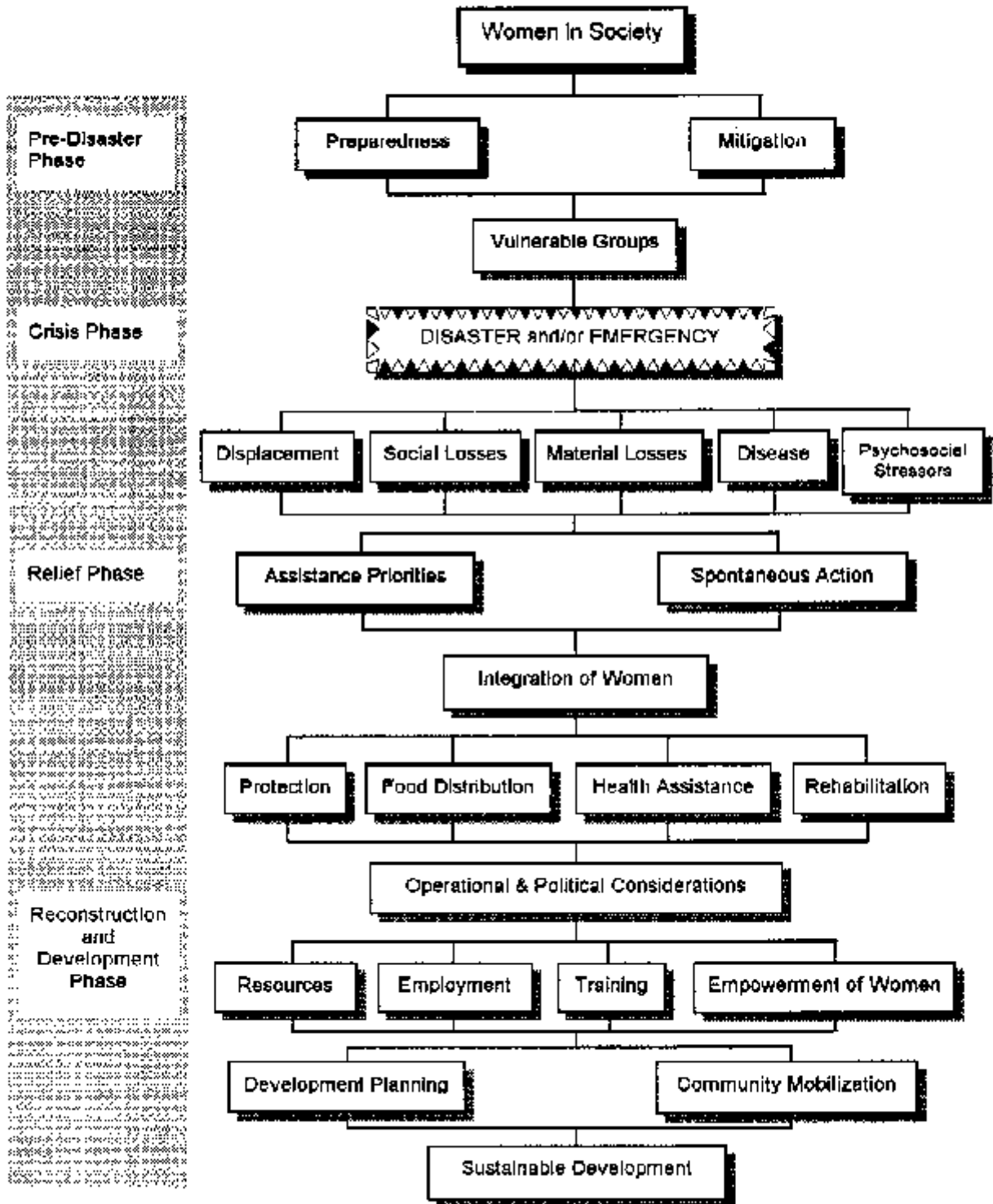
An International Development Research Centre (IDRC, Canada) study focused on Central America makes the point that "... low level of economic diversification, concentrated populations in several high-risk zones, the lack of an economic and social infrastructure, and low incomes all add to the probability that a natural phenomenon will become a natural disaster" (Bolan, 1991). This study exemplifies the need for a sophisticated and broad model to address a wide variety of natural as well as human-induced (particularly conflict) disasters, their root causes, and the sociocultural factors that impinge on preparedness and mitigation. *Disaster is a social product; vulnerability is contingent upon social pre-conditions.* One of the social

pre-conditions is the organizational preparedness of social systems to address emergencies and disasters (see Britton, 1986).

*To highlight the needs of women is not to extricate them from their social systems.* Consequently, the models for disaster management need to be linked to development theory. These models must also be integrated with theories of behaviour that embody cultural rules and social contexts as well as global political and economic processes. Consistent with this approach, two recent works (*La Red*, 1993; Rogge, 1992) establish the importance and urgency of addressing the needs of women in the research agenda on disasters and emergencies.

Figure 1 is a temporal model of women in relation to emergencies and/or disasters. The schematic representation is organized around the response phases related to emergencies and/or disasters. In short-term planning (crisis and early relief operations), substantial research needs to be conducted on women as primary food producers, receivers, and distributors, in addition to their legal protection. In medium-term planning (mitigation and recovery emphasis during relief operations leading up to a phase of reconstruction), research needs to be centred on land use and accessibility of resources. As part of long-term strategic planning (reconstruction and development), factors indicating an optimal retention of innovative measures should be identified. These factors should be investigated to allow for the fair and effective participation of women in new community decision-making roles. *Integration of women* is highlighted as essential in the relief phase. *Empowerment of women* is an essential goal during reconstruction and development, and a likely outcome of their integration into disaster prevention, mitigation and preparedness efforts. Specific research is addressed in the section on Recommended Research.

**Figure 1.**  
Temporal Model of Women in Response to Disasters and Emergencies





### 3 WOMEN IN SOCIETY

*Women are integral parts of functioning societies, with established roles and rules.* In order to address how people respond to emergencies and why they respond the way they do, we must highlight that responses are grounded in an existing social structure. Social structures not only provide the context, form and meaning for response, but are also a critical part of vulnerability. *The vulnerability of women stems from cultural, political, and economic conditions. The poor and destitute are the most vulnerable, and they are disproportionately women and their dependent children.* The organizational avenues through which people gain access to resources, social status, and even psychological well-being have an important bearing on perceptions of hazard, disaster mitigation and recovery.

The situation of women must be understood both in terms of their capacities – i.e., what they can contribute – and their vulnerabilities. *Women should be seen as partners in formulating an emergency response for themselves and their dependent children,* since disasters focus responsibility for children even more sharply on women.

#### **The social net**

Most of the world's societies are still organized principally in terms of kinship, at least at the local level. However, these local-level kinship networks are subordinate to state administrations in virtually all parts of the world today.

*People in all societies turn to family and close kin in times of special need.* In some societies there is a larger kin group that can respond to individual and family needs, while in others there is not. *Societies organized along kin lines offer assurances to their members that non-kin societies fail to offer. Societies organized in terms of kinship are most likely to have in place institutions to deal with premature death of a spouse or divorce (return to one's own lineage).* While kinship figures importantly in all societies, some have developed non-kin social institutions that take priority in meeting most daily requirements of individuals and families.

*The presence of kin group organization, however, does not necessarily eliminate loneliness, homelessness, and resourcelessness.* It does not eliminate inequality. *Kin-based oppression of women exists in many different societies around the world, not only those with pronounced patriarchy.*

*Associations are built up in some societies to respond to particular needs.* In many instances these associations are essentially voluntary. Often criteria are established to limit membership, or to address needs of particular interest groups. *Many societies, especially in Africa, organize associations around interests*

*and needs of women.* For example, rotating credit associations ensure Nigerian rural women of the availability of cash to meet family financial needs (Okonjo, 1979). Unfortunately, the objective of such organizations can be compromised by male kinsmen who gain control of women's access to credit through pressure to market "surplus", thereby diminishing women's ability to provide for their children.

*Societies with strong indigenous associations have an organizational base for response to disasters.* Often these associations function to cross-cut kin groups, serving to balance dominating political and economic forces.

State societies offer varying forms of institutionalized public and private welfare with significant implications for disaster response. They range from broad and universal unemployment insurance to more specialized disaster victim compensation. Since such institutions are commonplace in most developed countries, disaster assistance is often biased in favour of the presence of such organizations, and against more traditional and localized organization of associations or kin groups. Specialized institutional welfare has a steep price in terms of capital cost, administrative overhead, and impersonality.

Poor and less developed countries regularly hit by disasters, such as Bangladesh, offer some institutionalized welfare in the form of price supports and emergency supplies of foodstuffs. This form of the social net is far more accessible to the elite than to those who truly need the assistance. This is due to the structure of the society and the operation of patronage (BRAC, 1983a, 1983b; Hartmann and Boyce, 1979). *The plight of poor women is their exclusion from privileged access.*

### **Domestic group structure and stages**

Every society contains social groupings in which day-to-day routines are organized and realized. The household is a domestic group often assumed to be the basic unit of production and consumption in the society. While households frequently function in this sense as identifiable units, they are not usually independent. They are usually linked to wider groups of kin and neighbours, and to other social institutions of the society. *There are variations in the composition and structure of households, some following regular developmental patterns in a society and others brought about by unpredictable events such as premature death.*

*Domestic groups are transformed over time in accordance with the aging of individual members.* These groups are set in a context of meaning with social rituals and cultural rules of marriage and coresidence. They can be characterized as going through stages of growth (conjugal pair producing children), fissioning (sons, daughters, and/or siblings marrying and establishing own household units), and replacement (death of senior generation and structural replacement by next generation). These natural and very basic transformations over time result in varying capacity to meet basic household needs (see Goody, 1976; Meillassoux, 1981; Wiest, 1973).



Some households in every society are simply unable to meet the needs of household members and must rely on interhousehold connections. Thus, normal household transformations increase vulnerability of some units and some individuals. Widows and widowers living alone are a typical result of changing domestic group structure. *There are many more widowed women than men in certain societies simply due to the interplay of demographic and cultural factors.* Societies in which women are subjugated (e.g., rural Bangladesh and rural Mexico) are characterized by men marrying women some ten years younger than themselves. Furthermore, widowed women in these societies seldom can remarry, while widowed men almost always remarry (Wiest, 1973, 1990).

Changes also occur that are situational in nature. Marital discord, separation, divorce, and premature death produce structural changes. Depending on legal rights and level of dependency and inferiority in society, these changes can have a particularly negative impact on women. Men can seriously threaten women with abandonment, since women typically are less likely to have access to resources or jobs.

*Ironically, the status of women in some societies improves with age.* For example, in Mexico a woman becomes the pillar of the family as she grows older, and her husband often fades into comparative oblivion. However, abandoned women without family are more often simply pitied (Wiest, 1973, 1983).

### **Incidence and implications of women-headed households**

*Households headed by women take on special significance in the context of male-domination. In many societies the culturally appropriate arrangement is to acknowledge men as publicly accountable and thereby de jure heads of households.* Such recognition does not deny the strong influence and occasional open domination of women in the household. Nor does it deny the important role of women who maintain the homefront while their men are away at work or war.

*Disproportionate numbers of woman-headed households arise throughout the world in association with unstable and irregular employment possibilities for men.* While this under- and unemployment pattern is often associated with male migration for work, recurrent male absenteeism in itself does not produce woman-headed households. Regular and adequate remittances serve to maintain conjugal bonds and nuclear family households (Wiest, 1973). Ironically, absentee earnings can reinforce the male breadwinner role and the continued dependency of women (Wiest, 1983). An extensive engagement in the market economy is likely to be accompanied by barriers to the organization of women, once again illustrating the inappropriateness of blaming "tradition" for the absence of women's organizations (Arizpe and Aranda, 1981). Nonetheless, the search for income sources often fragments the household, and typically removes the productive men (Rathgeber, 1991:6). The incidence of women-headed households is clearly linked to this phenomenon, as well as to war.

*Especially in societies with strong patriarchal ideologies, a woman abandoned is a woman scorned.* Most are left with meagre resources, and often with the burden of dependent children. Many are forced by rural poverty to migrate to cities. They enter the labour market as domestic servants (Leon, 1984).

Disproportionate numbers of woman-headed households in male-dominated societies signals poverty, destitution, and sometimes despair (Westergaard, 1983). *With appropriate assistance in the form of credit, political support, and consciousness-raising education, woman-headed households can become the target for a new empowerment of women.* Such households can become a significant and constructive challenge of male-dominated patronage that often excludes women from participation in community decision-making (Martin, 1990; Wiest, 1994).

### **Pre-disaster production base and women's roles**

Much has been written about the production roles of women. *Research from around the world has established the importance of women's activities in not only domestic tasks but also in food provisioning and production for cash.* Boserup's (1970) landmark survey pointed out that in Africa women were found to do between 70 and 80% of agricultural work. Even in societies where work of women in agriculture is systematically denied, such as in rural Bangladesh, studies show women to be heavily involved in rice planting, harvesting, and rice processing (Islam, 1982; Westergaard, 1983; Kabeer, 1991; H. Zaman, 1992).

*Women's contribution to extra-domestic labour is often obscured or even denied.* Pre-disaster conditions in many societies deny to women recognition for the work they actually carry out (Wilson-Moore, 1989; Motsisi, 1994b). This renders women and their dependent children relatively more vulnerable than men (see Cain, et al., 1979; Agarwal, 1990). With organized consciousness-raising efforts, recognition of the real contribution of women is an asset in terms of potential productive and creative capacity (see H. Zaman, 1992).

*The production base upon which women draw is often severely limited.* This leads to shortages even prior to any disaster. This production base is seriously compromised in many societies as pressures increase to enter the market economy. A study by Schoepf and Schoepf (1987) illustrates the strength of the male bias in rural Zaire, where marketing boards and cooperatives dispense payments to men rather than women. Although women save some of the funds earned from marketing, they spend most on immediate household needs. Women frequently have to make up for deficiencies in their husband's production.

The reproductive role of women is not only viewed as natural, but as an *obligation* in many societies. Women must contend with unwanted pregnancies and with limited family planning measures. *Pregnancies too early, too late, or too close together weigh considerably in maternal and child death* (POPLINE 1991b:4). The essential relationship between production and reproduction continues to drive people in many societies to reproduce well beyond population replacement even in the presence of established family planning programmes (Habchi, 1987).

*Women may receive strategic assistance from dependent children who often perform important production roles in subsistence-oriented households.* Children as young as six or seven years old fetch water or fuel, and even tend animals. By the age of twelve to fifteen, children may be contributing at nearly

adult capacity in many societies. Consequently, the well-being of women and their dependent children is closely linked. *The pre-disaster social role definitions of women and their dependent children should be understood, so that together they can be given meaningful involvement in disaster mitigation, relief and recovery.* Even children have an extensive and intimate knowledge of their environment that should not be overlooked. However, interventions are generally best made through the primary caregiver and should reflect the best interests of the child, as discussed by Ressler, Tortorici and Marcelino (1993).

Normal societal conditions cannot be assumed to be in the best interests of women and their dependent children (Torry, 1979). Girl children, particularly in agrarian societies like the Punjab, have a mortality rate nearly twice that of boys in the first two years (Charbonneau 1988a:6). Girl children experience rigid role casting in many societies. They are socialized for domestic duties, including childcare, are the first to be kept out of school for household labour, and generally marry earlier than boys. These practices perpetuate their subordination and the poverty cycle. *Disaster relief and recovery should show cultural sensitivity to the labour of dependent children, but should not perpetuate exploitative and abusive child labour.*

### **Elements common to women in developing and disaster-prone areas**

*One most striking common element between women in developing countries and those in disaster-prone areas is that of marginalization due to lack of adequate decision-making power and control over resources* (Taft, 1987). For instance, even where women are recognized as producers of agricultural commodities, the money that accrues from the sale of such produce often goes to the husbands. This usually happens where the husband is an absentee landlord. The women will eventually receive money, but have no control or influence over the distribution of the income they have earned. In some countries, legal statutes have begun to address these inequalities.

Women in developing countries, including disaster-affected women, have been called "the invisible earners". *Women's productive work, particularly in child-rearing and other domestic work, as well as their enormous contribution to national food production requirements, is hidden in statistics* (Chiu, 1982). Stereotypically, women are viewed as being largely consumers rather than producers. Their contribution to the social and economic development of their societies is often dominantly visible in the so-called "informal sector". As such, it is not recognized adequately within the formal sector (i.e., calculated in the GNP). This results in the minimal absorption of their labour into the mainstream labour market (see Lele, 1986; Leon, 1984; H. Zaman, 1992; Motsisi, 1994b).

Ideological assumptions about the inability of women to carry out technical tasks within the family and society have often contributed to the stereotypes that construction and other engineering professions are a male domain. This has led to minimizing women's contributions in construction-related activities. This happens in the upgrading of marginal housing settlements after disasters such as floods or earthquakes. Within construction projects, labour division has often been influenced by the social entrenchment of patriarchy. Men decide about construction sites while much of the labour-intensive work of carrying stones, sand, or concrete to the construction site may be performed by women. *Because of the marginalized position of women in*

*many societies, their labour-intensive jobs and their contribution to the upgrading of marginal settlements has been under-represented.* It is recorded in project documents as "informal labour" and is often not costed.

Several case studies on the role of women in construction indicate that construction in the urban areas is a male-dominated profession. This is particularly true within the projects to upgrade marginal settlements in urban shantytowns. *In rural areas, construction is communal, and is carried out by all able-bodied men, women, and even children.* It is therefore important to be specific and not generalize about ideological attitudes and their impact on women's contribution to social development. This is particularly a problem among Western disaster workers who import their own stereotypes of cultural roles for women and men in disaster relief.

*In developing countries the woman in the family plays a pivotal role in the socialization of the children, but also in production of food, particularly in the rural areas.* The majority of the population in low-income and some middle-income countries resides in the rural areas. *Ironically, women often experience the worst forms of under-nourishment or malnutrition because traditional cultural norms preclude an equitable share of food.* This has particular relevance in a time of disaster when absence of sufficient food would result in women and girls being the primary victims. Cultural and social subordination in a male-dominated power structure leaves women more vulnerable to manipulation, and manipulation can take the form of having to extend favours, mostly sexual, in exchange for food or shelter for themselves and their children.

In spite of their well-established dominant role in agricultural production in many developing countries, as well as their influence in the "informal sector", labour markets in developing countries have not successfully utilized the entrepreneurial capacities of women. *Particularly during disasters, women have proven their ability to enhance economic progress and self-reliance in communities.* Today some countries have begun to utilize effectively the organizational and mobilizing capacities that are often displayed by women (IDRC, 1984).

*Sociocultural beliefs and practices often preclude women's ownership of land and other production technologies such as tractors or grinding mills.* Lack of credit facilities, knowledge of how to access credit, and marketing and bargaining skills commonly affect women. There is often an overwhelming absence of properly trained women in cooperative administration and management, as well as financial record-keeping. These characteristic conditions in developing societies hinder the development of preparedness and mitigation strategies, and recovery from disasters. In the final instance, all these maladies are symptomatic of a serious lack of women's empowerment in political, economic, and social terms (Motsisi, 1993, 1994a, 1994b).

Differential access to education and training has disadvantaged women and girls. This lies partly in the educational institutions that in many developing countries are biased towards male children in families. Female children tend to be offered last opportunities to become educated. Society has developed engrained attitudes

that invest strongly in male education as opposed to female education. *There is a need to institute mechanisms for positive institutional support for women's training in diverse professions at all levels of government and other institutions.* The creation of a visible and well-trained pool of women managers of natural resources, both in urban and rural areas, is crucial to general social development. Some countries have begun to enact educational legislation. For instance, some educational changes have been accomplished in Uganda, Tanzania, Ghana and Zimbabwe, making education compulsory for boys and girls.

*The central issue in the comparison of women in low-income countries and those in emergencies reduces to the question of empowerment.* Empowerment is a process by which people, in this case women, acquire real powers over material resources and within the political system (Boyd, 1989). Empowerment would result in having the organizational and mobilizing role of women in emergencies utilized more effectively. *An emergency is not essential to begin empowerment, but emergencies may provide opportunities to begin the empowerment process.* Emergency workers can endeavour to ensure that the changing role of women associated with an emergency can lead to greater influence and control by women and not further marginalization (see Anderson and UNHCR Senior Coordinator for Refugee Women, 1991; Motsisi, 1993, 1994a).



## 4 PSYCHOSOCIAL CONSIDERATIONS: PREVENTION, MITIGATION AND PREPAREDNESS

### Pre-disaster preparedness measures

Action to prevent or mitigate disasters starts with an assessment of the vulnerabilities people in a given area may face in relation to their capacities to respond. The area may be a country, a district, or a community. Of course, not all disasters can be prevented, but some can. Appropriate watershed management and flood control measures can prevent flooding. A variety of measures can be taken to reduce fire hazards. Public health measures can prevent disease from spreading to the epidemic stage. Obviously, where there are risks of human-induced disasters, preventive measures should also be possible.

It is also true, however, that some events cannot be prevented. Measures may be taken before a disaster occurs, however, that can mitigate (reduce) their negative effects. Relevant interventions may keep a disaster from becoming an emergency. Using appropriate construction methods, people can construct houses better able to withstand storms or earthquakes. Mitigation measures can also be procedural, like including hazard assessment in land use planning. The United Nations has designated the 1990's as the International Decade for Natural Disaster Reduction, with the goal of significantly reducing the loss of life, injury and damage caused by natural disasters.

Just as it has been recognized that women's participation is crucial to effective community development, *the active involvement of women can enhance the potential effectiveness of disaster prevention or mitigation measures. Such measures should, in fact, be understood as part of the development process.* Women's experience can contribute to the process of assessing vulnerabilities and capacities, for example, and of identifying measures that could strengthen the capacity of those in the area concerned to withstand and respond to the effects of a disaster. They can also play key roles in the planning and implementation of physical measures to mitigate disasters. The previous chapter describes the context in which women's participation can take place.

*The prevailing conditions in most developing societies have generally impeded local development of institutions to enhance disaster preparedness (e.g., see Bolan, 1991). But despite the lack of organizational infrastructure, the first-hand experiences of disaster victims should not be discounted. People who have experienced disaster are often the ones who know best how to mitigate its effects and how to recover. Consciousness of the problem and solutions are often present. In some circumstances people need outside assistance to gain confidence and consciousness of problems and solutions. What is almost always needed from outside is assistance with access to modest resources. The repayment experience of the Grameen Bank in Bangladesh (above 95%), through participatory management of modest loans made*

*to poor women with only peer pressure as collateral, firmly illustrates the self-rehabilitative capacity of people affected by disaster* (see Hossain, 1988; Rahman, 1989, 1991; Hossain, Dodge and Abed, 1992).

*Planning for disaster prevention and mitigation should be based in large measure on the accumulated wisdom of the people in the areas concerned.* Particularly in disaster-prone areas they will have much to contribute toward identifying vulnerabilities and resources, designing potential prevention and mitigation measures and planning response strategies. *Because of the critical social and economic roles they play, women's knowledge and involvement are fundamental.* Women's agricultural and food preparation roles, for example, make their involvement in planning a food security programme in a drought-prone area an obvious necessity. Clearly, women's participation must be central in planning and implementing measures to prevent and mitigate the effects of disasters on children, the elderly, and other vulnerable community members. Planning for community evacuation in an area threatened by armed conflict, flooding or industrial disaster would be examples of such measures.

In some disaster-prone areas emergency response committees have shown their value in increasing both the speed and effectiveness of emergency response. Pre-existing grassroots community development groups have similarly contributed significantly to the speed of post-disaster recovery. Women have played key roles in such groups in the Philippines, for example (John Williamson, n.d.). Organization of such preparedness groups, and provision of relevant information and training, would be part of a mitigation strategy in many parts of the developing world subject to frequent disasters.

In many communities women typically have a strong involvement in new community groups. There they can be used effectively as mobilizers. According to the San Jose, Costa Rica, OPS/OMS report (1990) on the role of women in preparedness and emergency, there are three phases for women to intervene at the community level: in preparedness and mitigation; in relief; and in rehabilitation. The following is a summary of this OPS report.

In a pre-disaster situation, women should be mobilized in their own communities (see Burns, 1989). Women's groups could identify and diminish their risks and vulnerability to a disaster. Elements which can reduce risk are the knowledge of physical, sociocultural, political, and economic environmental features. Through this knowledge, communities are able to systematize a series of preventive measures. Such measures may include workshops, a simulation of evacuation procedures, or an orientation for heads of families in how to build structures resistant to disaster impact. *One of the most important issues in preparedness and mitigation is that all women should receive complete non-formal training in the activities that need to be performed in the aftermath of a disaster.* Women need to be motivated to efficiently participate in all phases of pre-disaster. For example, the community associations could provide emergency plans, evacuation procedures, shelter locations, food depots, alternate sources of water, and elaboration of risk maps. Women should be in charge of organizing to meet basic needs such as food, basic services supplied to the house, and building safety.



The community, through family units, needs to be fully aware of first aid, evacuation from the house, hygiene and safety procedures. Where possible, it is very beneficial to communicate in advance the locations where basic articles will be made available to the survivors of a disaster. *Women in leadership roles should contact key persons or institutions immediately after disaster occurs.*

Technical reports produced by various agencies often contain substantial reliable information on problems faced by adults and children in the wake of disaster, but too often such reports are circulated only within the agency working environment. In addition, agencies seldom deliver reports with guidelines for emergencies in time to allow proper interventions by field officers. Guidelines for protection and care in conflict-induced situations should be made widely available to operational agencies. A study produced by Ressler, et al. (1993) for UNICEF is an example of a report that should be widely distributed to NGOs in disaster contexts. While most of the study is related to children, childrens' responses can only be understood through a consideration of their family and social environment. Ressler, et al. discuss a range of problems experienced by boys and girls in conflict situations. They address protective and safety measures related to loss of life, injury, illness, malnutrition, disability, torture, abuse, imprisonment, recruitment, psychosocial distress and education disruption. For each of the problems faced by young people, a series of assessment questions is designed to document the *facts* of the problem or threat; an assessment of *risk*; possible *prevention* measures; *response* to needs of survivors; *preparedness* or advance measures that might be taken by family, public services, or other interveners; *rehabilitation* of post-loss needs of surviving family members; and *recovery* needs.

### **Psychosocial distress: stress and stressors**

Many psychological studies substantiate the argument that behaviour cannot be analyzed without considering the effects of the social environment in which it occurs and which shapes it. In the context of concerns with mental health, the term "psychological" is often dominated by the connotation of need for mental health care linked to emotionally disturbed people. Departures from "normalcy" as manifestations of abnormal stress levels can produce stress responses similar to that associated with persons who are classified as mentally ill in some societies. One common but erroneous notion is that women, more than men, are prone to nervousness and hysterical attacks. Consequently, they are more likely to be labelled as "mentally disturbed patients". The term "psychosocial" draws attention to the large number of contextual variables involved in a stress response, and not only to the survivor's emotional behaviour. *Dubious classifications of behaviour should be avoided, and efforts should be made to appreciate the context of disaster and emergency related responses.*

*One of the well known characteristics of unusual environments is stress and its effects on people. Stress is variable but always present in different phases of an emergency or disaster. Unusual situations, such as in emergencies or disasters, in themselves become powerful stressors that lead people to experience stress (Mocellin, et al., 1991). Women experience the greatest stress due to their multiple responsibilities and generally inferior social status. It is well known that "stress weakens a woman's resistance to disease and adversely affects her ability to undertake essential economic and family activities" (Kelly, 1989).*

*Stress can be defined as a state of physical, psychological or behavioral imbalance elicited by an inadequate individual capacity (or inadequate psychological resources) to cope with environmental demands. Stress is felt when people "strive to retain, protect and build resources ... what is threatening to them is the potential or actual loss of these valued resources" (Hobfoll, 1989:516). Examples of "resources" used in this sense include self-esteem, socio-economic status, and employment. Environmental circumstances (acting as a stressor in disaster environments) often threaten or exhaust people's resources. These circumstances may threaten a person's status, position, economic stability, relation to loved ones, basic beliefs, and/or self-esteem. Because psychological (or individual/personal) resources are threatened by changes in conditions or energies, men and women will be more stress-prone under certain environmental circumstances.*

Stressors range from minor disruptions and frustrations in one's life to intense and overwhelming traumatic circumstances such as those observed in catastrophic disasters and concentration camps. Stress reactions can be triggered by the action of one single stressor, or a combination of many stressors. Stressors that lead to what is identified in Western societies as PTSD – Post Traumatic Stress Disorder – are triggered by a series of behavioral disruptors in one's life (e.g., armed conflict, loss of home and possessions, alcohol abuse, criminal activity, domestic violence, single parenthood, rape, serious illness, and suicide, among others); they may also be associated with unemployment, persecution and displacement. *The most common traumas which trigger PTSD include a serious threat to peoples' lives or physical integrity; a serious threat or harm to one's children, spouse, or other close relatives and friends; sudden destruction of one's home or community; or seeing one who has recently been, or is being, seriously injured or killed as the result of physical violence (DSM III-R, 1987).* The trauma may often be experienced alone as in rape or assault.

*Stressors such as the ones produced by natural disasters are relatively less powerful in triggering the PTSD than when the stressor is longer lasting and of human design as with torture or armed conflict. The traumatic event can be experienced by recurrent and intrusive memories. It also occurs in the form of sleep disturbances aggravated by vivid dreams such as nightmares and night terrors. Hypervigilance and changes in aggression (irritability and fear of losing control) are some of the PTSD symptoms related to the disaster situation. PTSD can occur at any age, including during childhood, although there is no relevant information on prevalence, sex ratio, or familial pattern (DSM III-R, 1987).*

*PTSD symptoms include depression, anxiety, withdrawal, or promiscuity – all forms of adjustment disorders which represent unsuccessful attempts by a person to cope with severe stress. As mentioned above, PTSD can develop in association with a disaster or catastrophic event. During the crisis phase of a disaster it is very important to identify severe cases that resemble PTSD. Wherever possible, specialized mental health professionals (e.g., social workers, paramedics, nurses, etc.) should be requested to deal with such cases. Guidelines and cross-cultural comparisons are available through WHO Division of Mental Health.*

*Both conflict-induced and natural disasters have identifiable characteristics from a mental health perspective. There are more similarities than differences (see Table 1). One of the reasons for difference*

is the perceived involvement of survivors. Survivors of natural disasters perceive themselves as victims of uncontrollable events, whereas survivors of human-induced violence perceive themselves as partially responsible for their experienced events. Another difference is that people affected by natural disasters frequently have a negative perception of the government and political system because of government's inability to resolve disaster-related problems. However, people experiencing human conflict-induced disaster perceive government officials as being only partially responsible for allowing a disaster to happen (Berren, et al., 1989).

Common reactions to disasters are shock, disbelief, anxiety, sleep disturbances and impaired personal relationships. Long-term effects – found between two and four years after the aftermath – can include alcoholism, depression, child and spouse abuse, psychosomatic complaints and severe anxiety (Gist and Lubin, 1989). Frederick (1980) recognized that natural and human-induced disasters are not comparable from a survivor's viewpoint; survivor's will react differently depending on the emotional phase they experience, the degree of psychological symptoms, and the social processes they encounter. Table 1 shows the emotional phases associated with natural disaster and with human-induced disaster, according to Pan American Health Organization (1991), and also found in Frederick (1980).

*Maximum social and psychological disruption results from disasters or emergencies which are abrupt, uncertain, and unpredictable, occur during nighttime, are of prolonged duration after their initial impact, do a broad range of physical damage, lead to death and injury, and expose victims to death and badly injured people.*

### **Relationship of pre- and post-disaster stress levels among women**

Both pre-disaster and post-disaster vulnerability is contingent upon the implementation of protective and security measures. Depending on the appropriateness of measures to address economic, political, demographic, cultural and psychosocial conditions, vulnerability can be increased or decreased.

*Intense human suffering due to sustained poverty and economic marginalization may condition maladaptive responses to the occurrence of disaster stress. Consequently, disaster stress, if not efficiently managed, can be manifest in severe psychosocial incapacitation, either short-term or long-term. If the stressor is severe and long-lasting, women may experience a condition resembling Post-Traumatic Stress Disorder (PTSD). Because the maintenance of family structure rests so heavily on women, their psychological breakdown can have a particularly strong effect on their dependent children.*

PTSD symptomatology has been applied to situations involving rape episodes and sexual abuse in Western countries. These are the events likely to occur in conflict-induced disasters involving women (Mocellin, 1994). The symptoms of PTSD, whether found in individuals living in developed or underdeveloped societies, include hallucinatory imagery, hyperarousal, numbing, cognitive disruption, delayed reaction, anxiety, nightmares and difficulties in coping with daily problems. In some societies these symptoms are either under-reported or repressed because of culturally-based negative connotations of mental illness.

**Table 1.** Psychosocial Consequences of Disaster

<b>Natural Disaster</b>	<b>Human-Induced Disaster</b>
<i>Emotional Phases</i>	
<ol style="list-style-type: none"> <li>1. Initial impact</li> <li>2. Heroism</li> <li>3. Honeymoon</li> <li>4. Disillusionment</li> <li>5. Reorganization</li> </ol>	<ol style="list-style-type: none"> <li>1. Initial impact</li> <li>2. Acceptance</li> <li>3. Interaction w/perpetrators</li> <li>4. Disintegration</li> <li>5. Acquiescence/surrender</li> </ol>
<i>Psychological Symptoms</i>	
<ul style="list-style-type: none"> <li>C Anxiety</li> <li>C Phobias concerning event</li> <li>C Little guilt concerning other victims</li> <li>C Paranoia concerning government officials</li> </ul>	<ul style="list-style-type: none"> <li>C Anxiety</li> <li>C Phobias concerning event</li> <li>C Guilt concerning others</li> <li>C Mild annoyance concerning government officials</li> </ul>
<i>Social Processes</i>	
<ul style="list-style-type: none"> <li>P Feelings of loss</li> <li>P Acceptance by others</li> <li>P No humiliation</li> <li>P No doubt by others concerning genuineness of complaints</li> <li>P Short-term cohesion</li> </ul>	<ul style="list-style-type: none"> <li>P Feelings of loss</li> <li>P Rejection by others</li> <li>P Humiliation</li> <li>P Doubt by others concerning genuineness of complaints</li> <li>P Long-term cohesion</li> </ul>

Source: Berren, et al., (1989), after Frederick (1980)

*Impoverishment and marginalization set conditions that leave some individuals without effective coping strategies to deal with the psychosocial effects magnified by a disaster.* For example, survivors may be unable to take advantage of the economic opportunities presented in post-disaster rehabilitation programs (Mocellin and Rogge, 1994). *Prior to an emergency or disaster, women are already subject to a disproportionate amount of stress in many societies, associated with normal societal expectations such as those associated with child rearing, unrecognized and unremunerated labour, and shortage of resources.* This social and economic vulnerability is often accentuated by familial conflict in the face of the ongoing need to care for dependent children and provide for family. Within this context, women need to receive special attention.

In some countries more than half of the households are headed by women. This is a condition that usually means severe hardship for the domestic group, especially in the context of a patriarchal system (Cain, et al., 1979; Wiest, 1990). *Because woman-headed households often have little control over resources, the young dependent children of these households suffer disproportionately from malnutrition and from the added stress of prematurely having to contend with adult responsibilities.*

The psychosocial stressors associated with disaster are dealt with by women utilizing whatever resources and strategies are made available to them. The strategies and resources that normally guide women's daily behavior become part of their psychological behavior. *Disasters not only present new psychosocial stressors, but also magnify previous ones.* Under these conditions of stress overload, emotional breakdown can easily occur. Psychological breakdown is always a latent possibility prior to a disaster. Much depends on the level of social support available, economic empowerment, and general emotional stability. When a woman experiences a disaster situation, she most likely will carry with her, as part of her overall behavior, the same psychosocial coping strategies drawn upon prior to a disaster. *In many cases coping strategies can be made more effective with consciousness-raising, education about hazards, and some training in relation to hazards.*

The psychosocial consequences of disasters are related to a set of interactive variables beginning with the characteristics of the event itself (whether natural or conflict-induced disaster), individual character traits, the socially and culturally conditioned response repertoire, and the mediating effect of sensitization, education and training in mitigation measures. *The recommended psychosocial perspective places emphasis on the interrelatedness of mental health, education and culture* (Mocellin and Rogge, 1994).

*There are also cases in developing countries affected by both natural and armed-conflict disasters that demonstrate remarkable cultural and personal resourcefulness in the face of extreme hardship. In these areas, community-based interventions, if readily available, can minimize any major negative effects of disaster-related stress response.* For example, women experiencing the effects of the tribal clashes in Kenya lost all their possessions, property and title deeds. These survivors displayed no apparent signs of psychological breakdown. A strong social network, their religious beliefs, a strong sense of humour, and the hope for a brighter future are some of the elements involved in coping with stress (Mocellin, 1993b). Somali women, residents of a country which experienced a complete breakdown of social, economic and political structures, also used the social support of relatives and friends, and humour to reduce the negative impact of psychosocial stressors (Mocellin, 1993a).

Different cultures express mental distress in different ways, in some cases because of different patterns of child rearing. This is not to imply that particular groups of people in war-torn countries do not experience stress (as was so mistaken the military and media interpretation of apparent Vietnamese stoicism during the war in Viet Nam). They may simply react to and handle stress in ways that are distinct from the Western experience. Some Somali women, for example, may cry very little or have few hysterical attacks; only when a relatively high stress threshold is reached might they suffer an emotional breakdown. The Somali culture emphasizes strength of character and downplays emotional expression. *Interventions implemented by field*

*personnel should therefore take into consideration the maintenance of spontaneously developed behavioral strategies.*

### **Responding to psychosocial distress**

The level of trauma experienced varies among different types of disasters. Human-induced disasters tend to produce higher levels of stress than those of natural origins. Psychosocial issues have received more attention in recent years among those concerned with disasters. In the past there was a tendency to see mental health issues necessitating resources and qualified personnel that were unavailable. Now it is increasingly recognized that there is a direct link between the tangible needs of disaster survivors and their psychosocial condition. *Individuals who have been severely traumatized or who are continuing to experience extreme stress are significantly less able to address their own physical needs, and much less those of their dependents.*

A successful strategy for responding to the psychosocial needs of disaster survivors has been to help them mobilize their own individual and community resources (see McCallin and Fozzard, 1990). Addressing basic material needs is critically important. Ensuring that people are able to meet their essential physical needs is a major step toward enabling them to cope effectively with stress. The way in which material needs are met, however, is extremely important. Among those who come from the outside to help in the wake of disaster, there has been a regrettable tendency to regard survivors generally, and women in particular, as helpless victims who have lost the capacity to take care of themselves and who must be rescued. Such an approach can exacerbate rather than alleviate stress. *People who have suffered the devastation of a disaster need to regain a sense of control over their own lives.* To the extent that control is usurped by the "rescuers", survivors feel even more powerless and vulnerable, and their capacity to recover will be diminished.

As has been demonstrated in many emergencies, it is possible to take a different approach. It is possible for those who respond from the outside to identify the capacities as well as the needs of those who survive a disaster and to work *with* them rather than to do things for them. Planned interventions should be based on answers to some very basic questions (see UNHCR, *Social Services in Refugee Emergencies*, 1991):

- c Who needs help and who does not?
- c How does the provision of assistance relate to the economic, political, and cultural characteristics of potential recipients of assistance?
- c What are the priorities of those needing help?
- c What can they do for themselves?
- c What could they do for themselves with some outside support?

By continuing to ask these questions throughout the period of assisting in an emergency and during the recovery and rehabilitation period, the assistance provided and the way in which it is done can be adjusted to build on the strengths of the survivors and reinforce their own capacities to meet their own needs.

*Helping survivors establish a sense of security is extremely important to their psychosocial recovery. In disasters where there is significant displacement and where family and community structures are significantly disrupted, women may be particularly vulnerable. Clearly, such conditions tend to generate high levels of stress. Enabling isolated women and girls to have a safe place to live is an extremely important measure in such circumstances.* In some of the camps for Vietnamese refugees in Malaysia and Thailand, women's centres or women's group housing units were established to provide a safe place for isolated women to live and support each other. Because there were many people without the support of their extended families, which would have been an important traditional support, the refugees in each section of the camp in Malaysia designated a group of people to be a surrogate family to whom people with problems could turn (John Williamson, 1994).

The family is the unit through which most people meet their day-to-day needs. *To the extent that the family is disrupted or separated by a disaster, the coping capacity of its individual members is weakened.* The family can provide practical and emotional support to its members and help them regain a sense of normalcy. *The continuing integrity of the family is very much dependent upon the central role of the women* (see Agarwal, 1990; Wiest, 1994).

*In an emergency situation it is very helpful to have someone with a mental health background and a community-based orientation to participate with survivors in assessing psychosocial needs.* It is important to understand not only what traumatic experiences survivors may have had, but also what factors are currently causing stress. McCallin and Fozzard (1990:24), in their assessment of trauma among Mozambican refugees, found that those who had experienced traumatic events tended to react more strongly to current stressful conditions. Members of the survivor community (e.g., professionals, teachers, community leaders, religious leaders, traditional healers) may be able to contribute significantly to such an assessment. How to assess and monitor psychosocial needs is addressed in the section on Relief Phase Stress, Chapter 6 (also see Appendix A and Appendix B).

*Strategies for responding to the psychosocial needs of disaster survivors should be based upon the culture and participation of the people concerned.* In refugee situations, for example, people from the community – very often women – have been trained in basic social intervention and/or counselling skills, and have proven effective in dealing with psychosocial distress, conflicts and a wide variety of basic material needs. Such programmes have been successful among Cambodian, Ethiopian and Mozambican women, for example (for planning of such programmes see Kennedy, 1983; Bomquist and Manlasela, 1988).

Among Cambodian refugees traditional medicine centres were established with the support of an outside organization. These centres brought together traditional healers in each camp. The supporting organization provided them a place to work, herbs they needed, and assistance in obtaining recognition from other

organizations and camp officials. These centres proved to be very effective in dealing with what Western health practitioners defined as mental health problems, but which were often defined in other terms by the Cambodians (John Williamson, 1994; see also Hiegel, 1984; and Hiegel and Landrac, 1990).



## 5 THE CRISIS PHASE RESPONSE TO EMERGENCY

The crisis phase of an emergency is usually characterized by fear, which may lead to panic. Victims will seek refuge for themselves and their families. Relief efforts are usually undertaken by the victims themselves, often with demonstrations of altruism. The social disruption that sometimes follows makes the crisis phase one of the most severe in the emergency spectrum. Disruption may include the immediate forced relocation to shelters, an incomplete assessment of the danger of the situation, and an awareness of the loss of loved ones and friends. The combined action of these elements indiscriminately affects men, women, and children. Morbidity statistics may be inaccurate during this phase. This may lead to the erroneous notion that women have been safeguarded from massive death, when in reality they were not.

Men usually make the choice on behalf of everyone of delegating access to facilities in a disaster crisis. The dictum of 'women first' (the notion that men should stay behind while the youngsters and the 'weaker' sex are loaded into the lifeboats) yields clear sexual discrimination in access to limited resources in a disaster (see Rivers, 1982). *Morbidity in the crisis phase was found to be higher for women due to discriminatory preferential treatment by male-dominated workers.* This traditional set of social values still prevails as shown by health statistics and political statements. Discrimination against women, and particularly against girl children, is more noticeable when limited resources in disaster areas are in dispute, especially in developing countries. Resources for survival in these areas are already scarce. Relief agencies urgently need to address the integration of women as primary distributors of emergency rations. Attention to this detail will help immeasurably to reverse the decision-making process that tends to ignore women. UNHCR guidelines (UNHCR, 1991b) for attention to refugee women should be utilized in other emergency situations.

*The health of women affects the well-being of their family, and often their entire community* (Kelly, 1989). A woman's health is key to the survival and health of her children. Her knowledge of diet, preparation of food, and personal and household hygiene figure importantly in the health of her family. Her common role as birth attendant may have a direct impact on the health of a large part of the community. "An unhealthy woman who cannot properly provide for herself, clearly cannot attend to the needs of her family and others" (Kelly, 1989).

### **Differential impact on women in different life cycle stages**

*Adolescents, pregnant women, lactating mothers, the disabled, and the aged make up particularly vulnerable groups in emergencies.* In the course of determining the impact of both natural and conflict-induced disasters on these social groups, it is imperative to note that their vulnerability to disasters can be created by certain social and economic processes. Some of the immediate results can be serious food shortages and inadequate nutritional levels.

When communities are devastated by natural disaster or people are displaced from their original lands due to internal wars, the collapse of food production systems in the regions concerned often result in hunger and later famine. Conditions of hunger and famine exacerbate the already marginalized situation of displaced people. This is particularly true for women, their dependent children, and other vulnerable groups including the elderly, the disabled, orphans and widows. *Because of their dependency on external food aid, vulnerable groups in many cases become permanently dependent and require continued support from local and international relief and development agencies* (Boesen, 1985; Rogge, 1987).

There is a difference between the suddenness of geophysical catastrophes and the gradual onset of famine. Some authors suggest that a famine year is usually characterized not by death and starvation, but by social disruption. Starvation is a manifestation of poverty. Population and shortage of food supply are generally in homeostatic balance in small-scale societies experiencing chronic poverty. When the cultural mechanisms of homeostasis lose effectiveness, famine can result in starvation. *Communal starvation initially affects the physiologically vulnerable: young children in the weaning or transitional period, the aged, the sick, and pregnant and lactating women* (Rao, 1988). As a famine becomes more prolonged, older children and adults are also affected. Food shortages as well as social and economic disruption lead to mass migration affecting large numbers of people who in many instances become marginalized displacees.

*Women are particularly affected by deficiencies in iron, calcium, iodine and vitamin C.* Women's need for iron is known to be about three times greater than for men. Insufficient amount of iron is debilitating generally, but life-threatening for pregnant women. Calcium requirements are greater for women and children than for men for proper bone formation, growth, and maintenance. Women who are weakened by shortages of key elements of nutrition can suffer fatigue and loss of appetite, and consequently have lower resistance to disease. *Extreme nutritional problems could be reduced considerably by fortifying food aid with vitamins and minerals* (Kelly, 1989).

*The identification of past errors can lead to more effective responses in new situations.* Too often lessons learned in previous emergencies are ignored by relief agencies. The relationships among information, relief aid, and widespread starvation should be explored and applied to disaster-induced famine areas.

### *Adolescents*

Within a normal cultural setting in traditional societies, older children help in the care of younger ones within the family. It is within such practices that parents are able to transmit the influence of culture and family values directly to their children. This setting offers all family members emotional security and physical stability as well as the sense of belonging, particularly for the adolescents.

During emergencies, families are often separated. Some children become orphaned, others abandoned or physically separated from their families. The emotional and physical security provided by the home, as well as the guidance given to adolescents is often lacking. *Community-based health care, balanced nutrition,*

*shelter provision, education and protection of children and adolescents promotes a sense of a caring community for the growing children while lessening their vulnerability.* Sometimes special centres for children in emergencies are provided, as was the case of the Khmer Children's Centres in Khao I Dang holding centre. In these centres where community house-mothers were trained by international non-governmental staff in public health care, infant feeding, hygiene and sanitation, the training could be passed on to the adolescents (Diekstra, 1988). Although such training centres are often essential in the initial stages, developing the entire community's capacity to become care-givers for adolescent girls and boys is a more sustainable approach (see UNHCR, 1991b on guidelines for refugee women).

*Under conditions of conflict-induced disaster, children of all ages have been targets of systematic abduction, and large numbers of young people have been killed, or have been raped, tortured, or subjected to forced labour* (Boothby, et al., 1992). It is common among refugees to find adolescents who have experienced recurrent physical sexual abuse from camp guards and other refugees (UNHCR, 1991b). Young girls are particularly susceptible to prostitution with breakdown of traditional values and severe difficulties in securing a livelihood. Girls may also be forced into early marriages for economic reasons. Young boys suffer abuses as well. In Mozambique, boys as young as six have been conscripted as soldiers. Forced to hide their identity for personal security, former boy soldiers must rediscover and reforge social links (see Ressler, et al., 1993, for specific guidelines to improve their well-being).

#### *Pregnant women and girls*

Due to their physical and emotional condition, pregnant women and girls have limited mobility and are dependent on the support of husbands and other family members. During emergencies, family disruption occurs and support mechanisms may disappear. Pregnant women and girls face greater marginalization when their dietary intake is deficient and when both ante- and post-natal clinics and supplementary feeding programmes are not in place. The likelihood of physically and mentally underdeveloped infants increases. Lack of shelter becomes a primary concern since it provides a sense of security and stability in their lives. When the infants are born, lack of mother-and-child clinics, and physical and emotional support provided by spouses and families, can result in emotional stress for the women and girls. *Emergency situations underscore the need for the provision of adequate shelter, balanced nutrition, ante- and post-natal health care services and protection (physical, emotional, and legal) for pregnant girls and women.* These needs are acute and enduring among refugees (see UNHCR, 1991b).

*In emergency settlements of displacees the population of children is typically higher than normal, but birth rates are lower.* Disasters, such as a severe drought which affected Ethiopia in 1984 and 1985, and more recently Somalia, can affect birth rates. In areas of severe food shortage, pregnancy should be avoided. Inadequate access to food by pregnant women will severely compromise both the health of the woman and the fetus. The severity of famine is mirrored in the reduced birth weight of the infants, a clear effect of inadequate nutrition. In addition, young mothers are often unable to successfully complete their pregnancies under famine conditions. This phenomenon is more critical when the mothers are pregnant with male infants because the male fetus requires more nutritional intake (Gebriel & Sevenhuysen, 1988). Family planning

facilities are not always available, although emergency camps with planning family services do exist (see Mollica and Russell, 1989).

### *Lactating women*

The Indian drought experience provides an example of the impact of natural disasters on lactating mothers and their children. In 1987, a major drought hit fifteen Indian states with differing intensities. The adverse impact of such a drought was obvious in the resultant nutritional deficiency levels, particularly in energy protein and vitamin D in the affected states. Protein intake which was otherwise normal during the non-drought periods was also deficient in some states. Among younger children and lactating mothers, protein deficiency was the nutritional deficiency most often encountered. Severe under-nutrition and malnutrition occurred for children below five years, accompanied by growth retardation in terms of weight-for-age deficits.

*Lactating mothers, when undernourished, are unable to properly breast-feed their infants* (Rao, 1988). Special feeding programmes were started in some Indian states. These were based on rice and pulses for young children and lactating women. As Rao (1988) reported, pregnant women and lactating mothers received double the rations provided to children. In this case, women were able to come to the special clinics. However, where women and girls are unable to do so, every attempt should be made to make mobile clinics available.

*The well known capacity to lactate is as much related to psychological factors as to nutrition.* In large-scale disasters, maternal anxiety and the necessity of breast feeding for her offspring's survival are opposing emotional forces. Mothers are usually more able to lactate well in early famine circumstances than during prolonged starvation. Physical exhaustion due to coping in unusual or hardship conditions and maintaining the family without a male and/or extended family support also interfere with ability to lactate.

### *Aged women*

In traditional rural communities, the elderly often provide their wisdom, cultural orientation and life experience to the younger generation. Older women gain special recognition. *Given the enormous degree of social dislocation that accompanies emergencies, some elderly experience great difficulty in adjusting to alien social environments.* They may experience lowered social status in the community due to the fact that they can no longer perform their social responsibilities (Motsisi, 1994a). *Traditional extended family support may disintegrate. This has negative impacts on the physical and mental health of the elderly, especially in impoverished environments and emergencies* (POPLINE 1991a:3). *The role of the elders, particularly women, thus may be more easily overlooked by Western planners.* Added to these emotional difficulties with which they have to deal is the process of aging itself.

Cultural norms (often adhered to rigidly) may dictate the importance of "dying and being buried at home". Even when natural hazards or conflict-induced disasters occur, it has been observed in multiple case studies

that some elderly insist on repatriation in order to die at home (Harrell-Bond, 1986). This may occur even when the other family members advise against such a decision. *Some have refused to flee when disasters occur, preferring to die in their villages.* This strong attachment to ancestral lands is an overriding phenomenon which directs the responses of the elderly in emergency situations. It needs to be studied more systematically in order to understand their response mechanisms and to offer appropriate assistance to them.

### **Disruption of social relations**

Crisis is compounded manifold when social relations are destroyed or threatened. Crises destroy normal support systems. *Disasters may result in loss of lives, in physical separations for varying periods of time, in forced relocation, and in permanent separation of some community members.*

When the social order is profoundly upset by a disaster, survivors are anxious to restore it. At the outset, a cooperative spirit often prevails. Surviving community members initially gain strength and perspective in sharing their frustrations, sorrows, and joys. Domestic groups of distant kin or even unrelated persons arise to form basic units of cooperation and sharing. After the Yungay avalanche (Oliver-Smith, 1986:100) kinship of the remotest kind provided a basis for the formation of a household under the protective roof of a tent.

*After the immediate impact, however, it is common for people to attempt to reconstruct the old social order.* This often means a restoration or even strengthening of the old alliances and advantages of some over others. The urban survivors of the Yungay avalanche were seriously threatened by the breakdown of an established order, especially with the threat of an essentially equal distribution of aid. It was not long before they outwardly proclaimed their superiority over the peasants (Oliver-Smith, 1986:150ff).

*Women and their dependent children are affected more severely by the disruption of social relations due to their dependent status in most societies, and their limited control of resources* (Motsisi, 1993). *Left as widows from disaster, abandoned by men in search of an alternative life, or forcefully separated from a spouse in conflict-induced disasters, women are more likely to remain behind in the disaster zones to attempt a reconstruction* (Wiest, 1994).

*In the case of conflict-induced disaster, an overwhelming majority of displacees are women and their dependent children.* They often comprise more than 70% of the total uprooted population. Their presence in all categories of "vulnerable groups" reflects the magnitude of their vulnerability and dependency on aid. For instance, when the 1981/82 refugee census was conducted in Somalia, it was established that about 90% of the estimated 1.3 million displacees in the country was comprised of women and their dependent children (Hall, 1982). This condition is largely attributable to the high rates of male absenteeism, where husbands, fathers and sons have either joined liberation fronts or migrated to urban centres in search of wage employment opportunities.

Among displaced populations "the majority of displaced adults are women and most of these are heads of households. In many emergency programs, especially in garrison towns and at the periphery of the conflict

zones, women make up two-thirds of the population, yet most relief programs have a distinct male bias" (Cuny, 1991:41).

Some organized settlements of conflict-displaced people are well-equipped to deal with both the physical destitution and the emotional problems faced by uprooted women. However, not all refugee settlements offer mother-and-child health clinics so crucial to the needs of pregnant and lactating mothers. Where such physical and emotional support services are lacking, women often suffer the most. In Somalia and Sudan, it has been reported that the incidence of displaced woman-headed households is proportionately higher than in other countries. International medical practitioners working in the settlements have noted that, if the father dies, the family is still able to stay together if offered adequate support. *If the mother dies, the family often disintegrates with special problems of fostering the children when there are no close relatives* (Palmer, 1981). This tragic situation underscores the pivotal role that African women in general play in the socialization of the children. Similar trends are traceable within other societies as well.

Where women's organizations and clubs do not operate, particularly in refugee camps, the condition of women is more dramatic. Their dependency on external material support is enormous. *Where women's organizations and clubs exist, the views of refugee women are often represented to the camp administration.* Their voice and grievances can be heard through these organizational channels.

In three regions where conflict has led to the displacement of large numbers (Africa, Asia, and Latin America), there are common features that characterize the situation of refugee women. *The majority of these women come from rural areas in their countries of origin.* Most of them were previously engaged in agricultural production at the household level, in cropping and in pastoral activities for family consumption (Motsisi, 1993, 1994a).

In those circumstances where the family is traditionally constituted, displaced women appear to assume a lower social profile than usual. This is partly explainable by the new environment in the host country where men assume greater mobility and social visibility relative to women (Palmer, 1981). It is also partly due to the fact that the dependent family is given attention by relief agencies whose personnel is also structured around patriarchal policies. *Relief assistance is often provided through the male head of household, except for maternal and child health care and supplementary feeding* (Palmer, 1981; Cuny, 1991). Several United Nations reports and other reports have documented this practice (Christensen, 1982; 1986). However, where the father or husband is deceased or working in the towns, the displaced woman assumes responsibility for the family, and this is socially recognized. In some circumstances women have been pushed to polygamous marriages because there are more women than men (McCallin and Fozzard 1990:8). In those cases of polygynous families, the removal of one man consequently may work hardship on multiple women and their children.

*In countries where the displaced are confined in overcrowded camps and reception centres, often for extended periods of time, women frequently experience family violence due to pent-up frustrations and fragmented community life.* They can experience rape and sexual assault from camp guards and other

displaced people. Under such circumstances, women and girls often become victims of structural and social discrimination. This condition further disempowers the already marginalized women and girls. This problem is acute among refugees who often have little recourse to legal protection in the country of asylum (Rathgeber, 1991:5). UNHCR has formulated guidelines to address these urgent and universal needs among refugee women (UNHCR, 1991b).

### **Effects of material and social losses**

#### *Loss of security and protection*

Disruption of social relations through emergency displacement can mean the loss of security and protection. As employment opportunities are often lacking and the incidence of woman-headed households is high among the displaced, increasing numbers of women and girls are forced into socially unacceptable forms of wage labour. Even the well-intended income-generating projects initiated by both local and international non-governmental organizations do not reach all displaced women and girls. In some countries, many displaced women may end up as prostitutes, hoping to gain income to sustain their families (Berar-Awad, 1984). *The longer the situation of unemployment remains unresolved, the greater the incidence of prostitution.* Such women and girls, already marginalized by their status as displacees, suffer added pressures of being viewed as social outcasts due to the unacceptability of their activities. *The magnitude of both physical and mental abuse arising out of the sexual exploitation of displaced women and girls has not been adequately documented* (Motsisi, 1994a).

Women have suffered traumatic experiences of physical and sexual violence or even torture. This has occurred in El Salvador and Mozambique, for example. Women have to deal on their own with the effects of trauma and, in many cases, the difficult recovery process of their children who may also have suffered trauma (McCallin, 1992).

Harrell-Bond (1986) raises the question: Do women refugees suffer more or less than men? She argues that men, in accordance with strongly internalized and culturally widespread traditional gender roles, repress their suffering more than women. Boys are taught early internalization of emotional control. Girls learn the manipulation and control of their external environments through weeping and tears – responses generally transmitted by their mothers/caretakers as models. Research on emotions indicates that women in any type of behavioral setting are known as more prone to expression of their emotions. Adapting these findings to the disaster situation, the camp environments (temporary emergency shelters and relief camps) create optimal conditions for different modes of expression of suffering for men and women. Loss of status (due to the loss of employment) seems to affect men more severely than women. Few men are able to resume their occupations, while women's roles remain largely unchanged (child bearing and house chores, among others). *Men are more likely than women to express their frustrations through socially disruptive means.* These conditions trigger abusive behaviour initiated by excessive drinking and wife beating, as has occurred in emergency settlements (UNHCR, 1991b).

We underscore the need to view protection and assistance programmes to displaced persons and refugees as components of one plan to effect durable solutions. For refugees, the UNHCR (1991b:2) has noted that "Along with all other refugees, women need protection against forced return to their countries of origin; security against armed attacks and other forms of violence; protection from unjustified and unduly prolonged detention; a legal status that accords adequate social and economic rights; and access to such basic items as food, shelter, clothing and medical care. *In addition to these basic needs shared with all refugees, refugee women and girls have special protection needs that reflect their gender: they need, for example, protection against manipulation, and protection against sexual discrimination in the delivery of goods and services*" (emphasis added).

UNHCR (1991b) has produced guidelines on the issue of legal protection to displaced women which may be adapted to other emergencies in future research projects. Some salient observations are summarized here.

International protection for women needs to be approached broadly. It requires planning and common sense in establishing programmes and enforcing priorities to assure their safety and well-being. *During any process of assistance to displaced women, assessment and planning is critical from the initial emergency crisis phase through recovery, particularly in providing care and in promoting sustainable solutions.* Because of the vulnerability of women to protection violations upon crossing a border into an asylum country, an early assessment of the protection problems and how they might best be addressed should be carried out. This early assessment would help camp administrators to intervene effectively in some instances through design of camp lay out and the distribution of food through women rather than men. Women may have to bribe guards to obtain firewood, water, or other essentials. Prior to dislocation from their homeland, women had ways of expressing their views in the community. They suddenly may find themselves unable to express their views to camp administrators. Their inclusion in organized committees would assist.

Assessment questionnaires should be made available to relief agencies through a coordinating body such as UNHCR, and administered in the different temporal phases of a particular emergency situation. A data bank of such early assessments would facilitate quicker and more precise comparison with successful and durable solutions in place in other areas.

Key issues for the emergency crisis phase as well as for long-term displacement situations are already identified in the discussion of each phase of emergency or disaster response. Other aspects to be considered are: (i) access of women to registration documents in their own names; (ii) identification of specific vulnerable groups within a camp population to ensure that their protection receives special attention; (iii) access of women to income-generation and skills-training programmes to provide sources of self-generated income; and (iv) access of women to programmes for voluntary repatriation, resettlement and local integration and the information needed for sustainable alternative solutions (UNHCR, 1991b).



### *Loss of shelter*

The loss of shelter can be life-threatening if it means exposure to extreme conditions such as intense cold or heat. It can be traumatic when accompanied by a loss of possessions. It can be humiliating due to the loss of privacy. Women often endure greater humiliation due to more stringent taboos associated with infringement on their personal privacy. Loss of shelter almost always implies loss of protection from other people. *Disaster emergencies often force large numbers of people at any one time to resort to makeshift shelters akin to those of the most destitute in society.*

Some building materials introduced to hazard-prone areas, such as corrugated metal roofs, are unable to withstand high winds, and are potential hazards in themselves as they slice through the air. In flood and cyclone-prone regions such as Bangladesh, locally supplied building material has several time-tested advantages: it is locally reproduced, it dismantles quickly, it floats, and it is safe. *Women are particularly vulnerable to injury from poor construction and inappropriate building materials, because they are more likely to be found in or near domestic shelters.*

### *Loss of access to productive means*

*Loss of productive means is often not immediately realized in crisis, but it soon becomes the most serious problem faced by disaster-stricken people.* Women, who are already disadvantaged in terms of resource access by virtue of their place in society, are placed in severe jeopardy. As in rural Bangladesh after serious riverbank erosion or cyclone damage, women with dependent children and no kin assistance may be recruited to bear burdens generally reserved for draft animals, or they must resort to begging. Women with kinship or patronage ties to landlords may be granted access to a homestead in return for labour (Wiest, 1990; M. Zaman, 1989).

Loss of land or livestock in rural areas can force people to relocate to urban centres. Geographical, economic, and/or political factors may hinder reinstatement of productive means. In Bangladesh, those displaced from their land or homes by riverbank erosion may attempt to assert their rights to newly accreted land. Despite land laws that provide them first claim, they seldom gain access to it. These displaced persons become dependent upon large landowners and are often compelled to do their bidding. The large landowners are the only ones economically capable of investing in submerged land that one day may again become cultivable (M. Zaman, 1989). In this case, a natural disaster strengthens the hand of the rural power brokers. *Disasters can serve to aggravate already severe imbalances in society by facilitating the concentration of resource control in the hands of a small percentage of the population.* Callous political control in concert with capricious natural forces may make pawns of women and dependent children as captive labour (Wiest, 1990).

In the traditional rural societies of developing countries, women earn little through their direct involvement in agricultural production. *In these societies, most women lack skills in management of book-keeping and financial records.* They have worked as seasonal agricultural workers on plantations where they often earn

remuneration by cash or kind. The enormous refugee labour provided by Eritrean and Ethiopian refugees in the Eastern Highlands of Sudan has proved to be indispensable to the economic development of that country (Rogge, 1987). Similarly in Zimbabwe, Mozambican refugees, including women and their dependent children, are occasionally contracted to assist in the harvesting of tea in the eastern region of the country where some settlements are located. These income-generating opportunities have the potential of providing some economic independence to conflict-induced displaced households, particularly the woman-headed ones. Without regulation, however, these labour opportunities can mean added exploitation of women, and abuses such as levies on work permits.

The situation is very different in countries influenced by the Muslim faith. In the Middle-East, Pakistan, Iran, Somalia and Sudan, for instance, where Muslim laws prevail, tradition prevents most women from engaging in income-generating activities outside the household. *Muslim religious and sociocultural norms of these host countries, and the lack of acceptance of women's role in extra-household production activities, restrict the options for women.* Active participation in wage-earning employment has the potential of boosting self-esteem and dignity on the one hand, while providing much-needed economic independence on the other.

*In spite of not owning land in their countries of origin, some displaced women exercised usufructuary rights over small plots for cultivation of food crops.* Under those circumstances, some women have been able to feed their families and sustain their own lives during seasons of adequate rainfall.

A recent study of Cambodian refugees makes the point that returnee women household heads have to contend with the reality of not being able to work their land on return. *The government land privatization program has undermined the mutual support group from which women traditionally were able to recruit labour* (Thorn, 1991:50). This same study points out that Cambodian women have experienced difficulties in trying to market their produce. They have been at risk of attack whenever trying to transport their goods to market. The alternative is to sell to middlemen who transport and sell the goods, but with a 400% profit from the woman's labour (Thorn, 1991:51).

In the majority of their countries of origin, credit facilities are offered to displaced women if the father, husband, uncle or eldest son stands in as collateral. *Where male kin are absent in the country of asylum, it is often the case that displaced women will be denied access to credit.* In-law family members may often benefit by using the last name. In some mat-making income generating projects in Somalia, it was found out that sisters-in-law could receive twice the supply of palm leaves on credit for making mats by using the names of their absentee brothers, when the wives could not (Hall, 1982). These are structural injustices rooted in the sociocultural system of patriarchal organization. This directly affects the material conditions of displaced women negatively, particularly in woman-headed households. Lack of credit reduces the refugee women's purchasing power of consumable goods and their ability to start and sustain their own income-generating projects. Access to credit and decision-making is essential for displaced persons, and women in particular, to reduce dependency. Cuny (1991) has observed that "no program of assistance to displaced persons will succeed unless it is designed to involve women in decision-making at all levels" (Cuny, 1991:41).

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*Inadequate sanitation, water contamination and disrupted supply*

*The availability of easily accessible toilets and a clean water supply are important points in sanitation. The majority of the residents of emergency settlements come from rural areas with outdoors defecation habits. These habits become unhygienic in crowded camps and become a focus of insect infestation and disease. Those responsible for water supply projects and the construction of latrines seldom use these public facilities. Consequently, they are not likely to pressure developers to utilize the most effective pumps, to make better latrines, or to incorporate water supply and latrine plans into construction plans for community improvement prior to a disaster (Muller, 1988). Financial limitations and pressure to spend the scarce resources in community development projects result in poor water supply and latrine conditions that adversely affect adults and particularly children.*

The mobilization of the community to improve sanitation seems to be crucial. A programme of community mobilization based on the acquisition and distribution of shovels, toys, buckets and seeds to small groups of houses could enhance the responsibility of the residents in taking care of their houses and immediate environment. The plan must include the basic principles of sanitation. *Before expanding buildings in emergencies settlements, residents should be consulted for ideas on layout of huts and water supply, which may be especially important to alleviate the poor living conditions of crowded refugee camps.* UNHCR (1991b) has addressed this issue in refugee camps. A research project is suggested to adapt these findings to other emergencies.

*Water contamination is one of the most immediate effects of natural disasters. It may come from seawater infiltration, animal carcasses, or simply poor sanitation, especially under crowded conditions. Even in the absence of disaster, clean water supplies are at a premium in much of the less developed world (see IDRC, 1988). Women are more generally responsible for water acquisition, and more often work with water in cooking and doing laundry. Consequently, they are at once more vulnerable to water-borne diseases, but are also transmitters of these diseases (Kelly, 1989). Contamination of water supplies is also a genuine problem in the developed industrialized countries, at times posing serious health hazards.*

More often than contamination, the supply of water is disrupted due to broken water lines, blocked streams, or damaged wells. The problem of dehydration becomes acute when the disaster scale is massive. Oral-rehydration therapy has proven to be simple, relatively inexpensive, and an effective way of replacing water and electrolytes lost during acute diarrhoeal attack (McKee, 1983).

Financial and operational restrictions may not allow the implementation of sewerage systems or expansion of water supply. Adequate sanitation information through well-documented methods should be attempted, aiming at a gradual change in people's hygienic behaviours in crowded camps.

*Endemic and epidemic diseases*

Planners need to prevent major outbreaks of illnesses with adequate measures. *Health care must reach women and their dependent children.* Most basic health needs are associated with pregnant women and younger dependent children. Special programmes oriented to dissemination of basic health principles and first aid procedures, and preventive measures need to be implemented.

Since 1975, Africa has experienced significant population displacement in the form of internal and external mass-migrations caused by political insecurity and drought. Malnutrition and diseases accompanied these migrants in their displacements. *A literature survey indicates that in mass migrations morbidity and mortality rates increase as a result of four changes in the epidemiological structure:*

- c breakdown in existing health infra-structure leading to reduced control and treatment facilities;*
- c movement of population into new ecological zones with new disease risks;*
- c crowding in the relief camps leading to increased disease transmission rates;*
- c high rates of malnutrition leading to increased disease susceptibility.*

Morbidity and mortality in displaced groups is high, mainly due to the lack of access to medical and preventive facilities. Displaced people are normally malnourished or face the high disease transmission condition of being placed in overcrowded relief camps. Most epidemics and communicable diseases are related to risk factors upon arrival of persons into a camp, rather than being carried by the displaced to a camp. Diseases are associated with risk factors such as inadequate water and sanitation, crowding and poor shelter. Lack of clean water and poor sanitation are severe risk factors that increase the incidence of communicable diseases, such as gastroenteritis, dysentery, cholera, polio, typhoid and hepatitis. Poor shelter is related to pneumonia. Crowded conditions increase the risk for measles, meningitis, tuberculosis, diphtheria, whooping cough, scabies, trachoma, typhus, relapsing fever and malaria. The effective control of malaria is sometimes restricted due to the numerous breeding sites of insects in areas surrounding a camp. Stick and grass construction of huts limit the use of insecticide applications.

AIDS is obviously assuming the magnitude of a new and parallel disaster among displacees. The social disruption and increased sexual vulnerability of women in camp situations undoubtedly increases their risk of HIV infection. Given the time lag between infection and development of full-blown AIDS, however, the case rate in camps for displaced people would not be a very good indicator of the risk of infection in the camp. A communicable disease, AIDS can be transmitted from infected persons by sexual contact, blood, and from mother to fetus. Approximately one-third of infants born to HIV-positive mothers will themselves be HIV-positive (UNICEF, 1990:4). Risk of mother-to-baby transmission appears to depend greatly on the health of the infected mother (Toomey 1989:10).

### **Lack of protection and emotional support services**

Both physical and legal protection are important in emergencies. Refugees often have no recourse to legal protection. UNHCR (1991b) reports that physical security is at risk for women. It is compromised prior to entrance into an emergency camp, during their stay there, and often continues in a country of asylum. Lack of physical protection for women in organized settlements of displaced people is therefore of particular concern. Resulting insecurities further marginalize women's existence and their capacity to raise their children well. In those families where male absenteeism occurs, existing material conditions force still more responsibilities on displaced women in care of the family. This may include older and feeble relatives. *Women who become the primary breadwinners also have to play the socializing roles of both mother and father in providing material and emotional support to the children.* Barely able to cope with the harsh demands of their new environment, usually resourceful women may break down when both material and emotional support for them is lacking and mental health support services are not provided.

There are, however, conditions that will protect people from major psychological breakdown. These include factors commonly used to cope with the grief period of the loss of a loved one, such as spiritual belief, social support, or opportunity to carry on a productive activity. Typically, little attention is given to reinforcing these protective factors in the wake of disaster. Oliver-Smith (1986:159) provides an example: the citizens of the avalanche-devastated city, Yungay, Peru, complained because both national and international aid agencies did not provide psychological assistance.

### **Psychosocial distress: emergency**

In the crisis phase of emergency, severe stress may result from the loss of a spouse, child, other family members or loved ones, loss of home and possessions, loss of socioeconomic role and/or other losses. Displacement and separation from one's support group may continue for extended periods, as is often the case in conflict-induced displacement. *Stress is always present and triggered by many factors, including overcrowded conditions of temporary camps and shelters.* As mentioned earlier, because of the temporary and unstable conditions of the shelters and emergency camps (leading to lack of security), *women and girls are more vulnerable to sexual assault.*

*The separation of family members is seen as negative for families* (see Williams, 1990). However, in some cases the placement of women in camp environments is a strategy to gain access to material goods for other members of the family outside the camps. Interventions should attempt to facilitate reunification with kinsfolk, friends, or at least acquaintances for support to alleviate severe anxiety.



## 6 THE RELIEF PHASE RESPONSE TO EMERGENCY AND/OR DISASTER

### Survival and spontaneous action

The literature on disaster response gives ample testimony to the strong human will to survive, and to the creativity of people who experience such emergencies. *Relief planning needs to take into account the importance of respect for local spontaneous survival efforts.* Planners should endeavour to assist these efforts rather than compete with them. The effects of Grameen Bank organization among women in Bangladesh show that those who organized were able to recover from flood damage much more effectively than those who did not (Rahman, 1989, 1991; Hossain, Dodge and Abed, 1992). Disasters can provide an opportunity to challenge established discriminatory social orders when the disenfranchised gain access to resources. Organization of women's groups in the context of male political domination and corruption (Martin, 1990) exemplifies the potential of spontaneous creative redefinition of goals.

*Women should be encouraged in spontaneous mobilization during the relief phase.* This kind of mobilization generates essential solidarity and acts to relieve stress. Mobilization to assist other victims relates positively to community disaster mitigation measures under traumatic events.

### Effects of physical and emotional losses

The adverse effects of multiple losses experienced by women and their families are often catastrophic. These effects are exacerbated by an undermined ability to cope with losses. Overall, the human response in relief camps in a disaster situation is full of negative experiences. It is clear that not all displaced people have the ability to withstand the constant turmoil involving them. Nevertheless, it appears that some positive aspects may be derived from the experience of surviving loss. *Distinct behaviours and emotional reactions of people placed in camp environments need to be considered when assisting displaced people during recovery and development.* The identification of behaviours associated with particular phases of an emergency or disaster will help the stress coping processes among families facing multiple losses. Under extreme situations, the mind has proved to possess a remarkable strength in adjusting to unpleasant conditions. If this adjustment response is guided positively, the emotional pain of losses suffered by the people could be significantly reduced (Suedfeld and Mocellin, 1992). *Refugee Mental Health: A Manual for Field Testing*, published jointly by the World Health Organization – Division of Mental Health and UNHCR in 1992, provides valuable step-by-step mental health procedures to be used by field personnel working in refugee camp environments. The manual is currently being tested in selected camp environments of Asia and Africa. Appendix A contains a summary of the issues addressed in the manual.

**Psychosocial distress: relief phase**

In many emergency situations losses are so severe and traumatic that stress levels interfere with recovery. *Widespread subordination of women has meant that women typically must bear more stress than men.* One of the common reasons for severe stress among women during the relief phase is the threat or experience of physical and sexual assault. *Pregnancy can be another severe stressor under relief camp conditions; living conditions present economic pressure, overcrowding and an uncertain future for the child.* Severe depression may result from these stressors (Mocellin, 1994). Suicide attempts are common in relief camps.

An additional stressor is that the primary distribution of food is discriminatory. In areas considered politically less strategic by national governments or donor countries, people may not be given enough food. Seldom are women the agents through which relief food is distributed, and thus men may keep food for themselves. Another severe stressor is prostitution of women in relief camps. Women often engage in prostitution because it provides a source of essential income. In some situations women exchange sexual favours for either food or shelter, becoming mistresses or prostitutes. UNHCR (1991b) suggests possible programme interventions to relieve the problem. Adaptation of these intervention measures to other emergency situations is recommended.

*Domestic violence often increases under chronic displacement, when refugees become fully aware of their long-term status in which their hopes for repatriation or resettlement are dashed.* Statistics provided by the United Nations Border Relief Operations (UNBRO) indicate that 85% of episodes related to domestic violence were with women. To control for this escalating level of violence, properly supervised security groups might be introduced in large camp environments. Women should be integrated into the supervisory units.

Subjected to frequent deception and frustration, it is not uncommon for adults, particularly men, to project their internal anger in the form of aggression and violence. Emergency conditions can aggravate the situation. Women and dependent children often become targets to relieve this frustration. When exposed to the intra-familial tensions triggered by the redistribution of parental roles and tasks, dependent children are often forced to assume tasks and responsibilities beyond their cognitive and developmental capabilities.

*Psychosocial adjustment of girls demands greater attention since detrimental effects produced by relief camps will most likely have the greatest long-term effects, affecting their adult lives.* Unprocessed trauma has severe effects into adulthood. "Although the likelihood of developmental problems (e.g., emotional difficulties or learning problems) increases as one is subjected to more risks, the relationship is not necessarily linear. This is because the effect of risk factors can be mitigated by 'protective' factors" (Ager 1992:7). Based on a recent study of refugee women and their families in Malawi, Ager argues that facilitating refugees' networks of social support enhances refugees' own means of coping. *"Recruiting indigenous resources" is the key to providing for vulnerable refugee children* (Ager 1992:7).



*Women's own elevated levels of stress may contribute to problems with their children.* A vicious cycle of inappropriate responses to needs of children may be set in motion by the mother's own unmet emotional needs (McCallin and Fozzard, 1990:16). McCallin and Fozzard (1990:23-28) say that one of the most significant factors emerging from their recent study of refugees from Mozambique is the level of trauma experienced by women. Daily life events can be stressful, but their effect is compounded by experience of trauma. Mothers reported a considerable range of stress-related behaviours in their children. They note significant relationship between traumatic events experienced by children and the incidence of stress-related behaviours. The mothers' own experiences may make them unaware or unresponsive to their children's behaviour, however. Consequently, it may go unreported. It should be noted from their study that religious affiliation and presence of supportive family members were associated with lower scores on the stress assessment schedule.

*Health professionals should give more and prolonged attention, beyond the care provided during the crisis phase, to relief of the combined and harmful action of stressors on people, particularly on women.* The simple expansion of medical and/or psychiatric services in refugee camps is not as effective as a combination of Western medicine with traditional medicine and healing practices (Kelly, 1989). Adoption of traditional medicine and healing practices is beneficial, comforting, and effective because it incorporates the sociocultural belief system of the particular group (see Appendix A).

Health care must be accessible, and as accessible to women as to men. Kelly (1989) notes several reasons why women avoid clinics and hospitals:

- Ⓒ lack of female examiners;
- Ⓒ disregard for traditional health care;
- Ⓒ absence of care and treatment for problems specific to women;
- Ⓒ inconvenient clinic hours; and
- Ⓒ long distance from home.

Of these reasons, the virtual absence of female examiners is the most problematic. Efforts should be made to recruit qualified women as health care workers. In so doing, illiteracy should not be regarded as an obstacle where women meet other qualifications essential for health care workers. Women have been noticeably absent in the design of health care projects and their implementation, especially in emergency and long-term settlements. "The failure to consult with women before a project begins is one of the reasons why their needs are not known or properly addressed" (Kelly, 1989).

### **Psychosocial interventions**

The long-term consequences of trauma, even in association with forms of violence, have not been considered a survival issue under immediate life-threatening circumstances such as famine. The prevailing notion within operational agencies is that it does not deserve immediate attention. Some United Nations officials hold this notion so strongly that they are unable to consider any mental health initiative as a priority. One point usually neglected by international agencies operating in complex emergencies is that if psychological distress among persons who go to health centres is unrecognized, the primary health care system easily can be overburdened.

*Immediate recognition of mental distress and its efficient management can greatly reduce pressures on health systems in a post-war situation.*

Stress felt by women survivors of a disaster may be mediated by a number of measures. Post-disaster intervention measures of two types are addressed here.

*The Self-Reporting Questionnaire.* A Self-Reporting Questionnaire (SRQ), developed by the World Health Organization in the late 1970's as a screening schedule for mental illness, can be administered to women survivors of disaster. The questionnaire has been used widely around the world (details available from the WHO Division of Mental Health, Geneva). The SRQ has twenty questions which require simple "Yes" or "No" answers (see Appendix B). In most applications, if a respondent answers "Yes" to eight or more questions, she is considered to be in need of mental health care. Various cut off points have been used, depending upon the language into which it has been translated, the situations in which it has been used, and the purpose for its use. The SRQ has been used in disaster areas and was found to be a reliable screening measure, representing a way of incorporating mental health care into primary health care in such situations (Lima, et al., 1987).

*The Interactive Model of Intervention.* The psychological effects of displacement, lack of income, and proper primary health care are considered powerful stressors often ignored by mental health researchers in pre- and post-disaster situations. This is because disaster medicine personnel usually rely on a biomedical model that often neglects the complexity of environment-person interactions. In order to more effectively involve those affected by disaster, field practitioners often choose community-based measures of intervention following a disaster. The "interactive model", developed by Barreto (1994), includes the participation of the community intervening actively in the process of prevention, healing and re-incorporation of disaster survivors into the community. *This interactive approach accepts the community-based model to build upon the capacities of those affected, but it underscores the importance of demonstrably effective interventions introduced by outsiders.* The interactive model has been successful in some disaster-stricken areas.

Depending on their psychological and material ability to cope with disaster losses and the resources in place to assist them, survivors may or may not be considered in need of mental health care. Those suffering displacement after a disaster, particularly woman-headed households, are subjected to a wide range of psychosocial stressors (e.g., lack of proper shelter, lack of privacy, lack of social identity in the new environment, bereavement, lack of a sense of control). The interactive model of community mental health for disaster situations (mainly natural disasters or complex emergencies combining natural and conflict-induced disasters) uses field practitioners, traditional healers and other members of the community in an effort to help survivors suffering severe stress. Individuals, entire families and other social groups help themselves to overcome the threats originating from a disaster through regular therapeutic meetings. Traditional healers, who have a special participation in community life, bring their expertise to these meetings. Field practitioners with experience in mental health chair these meetings in which all interested community members are invited to openly discuss their emotional problems. The interactive model works simultaneously with the individual and with the community culture within a stressful environment – all part of a dynamic process.

For effective middle- and long-term programming, implementation of a stress and stressor alleviation plan based on the interactive model necessitates consideration of several points (Barreto, 1994):

- c Establishment of a *Small Guest House*, equipped with a small kitchen and beds to be used by one family at one time – the one most affected by stressors. This strategy aims to provide some time in a secure and restful environment away from crowds. Maximum time of temporary residence in the guest house is ten days (experience shows an average two-day stay).
- c Establishment of a *Therapeutic Art Centre for Children from Alcoholic Parents*. Dependents up to twenty years old are sheltered in the Centre. They receive sessions with guided discussions on the effects of alcohol and its relationship with crime and violence. Children are gradually taught and encouraged to express their feelings through art. Their artistic production is sold, and the money is administered by the community children. The shame of being a member of an alcoholic family is perhaps compensated for by the artistic capacity emergent in each community member. Art is the means of rebuilding the values destroyed by the misery experienced by the youth. Weekly meetings also promote social relations and stimulate group identification and support of others with similar problems.
- c *Promotion of Alternative Medicine*. Medicinal plants already known by the community are cultivated to produce low-cost natural antiseptics, cold medications and relaxation medicaments. This makes low-cost medicines available to the community, and provides ways of group self-support through sale of these natural therapeutic drugs. Women have taken charge of this initiative – seeding the plants and also sewing small bags for distribution and sale of these medicinal plants. While working in such income generating tasks, women also participate in an open therapy session by discussing among themselves their daily life situations. Interpersonal relationships are strengthened, while contribution is made to family income.
- c *Systemic Integrated Therapy*. The primary goal of these sessions is to provide community members with the means of better dealing with stresses such as daily life problems, the alienation of their own culture, and the loss of identity. Informal sessions are conducted with all interested members of the community present, or the ones who are conscious of having emotional problems. Sessions are guided by mental health trained personnel, and assisted by field practitioners such as social workers, midwives, and traditional healers. A problem situation is first chosen and built in as a core subject around which the therapeutic session will be developed (e.g., domestic violence, suicide, nervous breakdown, marital problems, bereavement, sexual dysfunction). The psychological, biological and somatic, social and economic implications are then identified and discussed. Positive aspects of the “problem situation” are identified by promoting free expression of different opinions within the group. The support within and between groups has positive therapeutic effect.

Closure of the session is usually emotionally charged. Different forms of cultural expression are permitted, such as praying, singing music, or any other ritual expression of inner feelings that leads to an inner peace of the individual. A debriefing session for the team who leads the session is deemed an essential part of the process.

### **Role of women in food distribution**

Women have a prominent role in the control and distribution of food in most societies. In many, they have a pivotal role. *Agencies should make a concerted effort to channel food assistance primarily through women.* This is likely to result in a more equitable distribution that would reach children in particular, and the most needy in general.

Achievement of this objective will not be easy in many situations, for reasons addressed throughout this study. Food assistance comes through governments and external agencies. *Women in many disaster-prone areas are strongly discouraged or forbidden from interacting with official entities.* Furthermore, manipulation of food aid is too often lucrative business for mid-level entrepreneurs tied to state officials in systems of patronage (see Hartmann and Boyce, 1979).

*Efforts to channel food aid through women are more likely to succeed if they build on spontaneous or introduced women's organizations.* In Bangladesh, some poor women in solidarity with others have successfully resisted efforts by local power brokers and moneylenders to gain control of their meagre resources (see Hossain, Dodge and Abed, 1992).

### **Assistance priorities**

While each disaster context will have unique characteristics, there should be certain general assistance priorities. *Attention should first be given to provide physical and legal protection to the most vulnerable, generally women and their dependent children.* If assistance for this basic need is delayed or neglected, serious abuses are perpetuated or even aggravated in the crisis and post-crisis phases. It is always essential that protection and assistance programmes to all communities affected be seen as components of effective durable solutions. It is within this context that the UNHCR Guidelines "Sectoral Checklists for Refugee Women" (1991a) need to be understood. Although these guidelines were primarily premised to address the situation of refugee women, they could easily be adapted to provide similar protection and assistance strategies in the case of other displaced women in emergency situations. Appendix C contains summary information on the work UNHCR has been doing since 1985 to focus attention on refugee women in the coordination of policies for protection and assistance. Appendix D contains a summary of policies and provisions for women refugees.

Assistance with physical needs for temporary shelter, water, food, and sanitation will contribute to significantly reducing stress. Priority should be given to stress reduction. Effective administration of the above priorities, as well as the provision of primary health care services, all must receive high priority.

## 7 RECONSTRUCTION AND DEVELOPMENT PHASE FOLLOWING AN EMERGENCY AND/OR DISASTER

### Operational and political considerations

Development planning and initiatives need to be grounded in thorough knowledge of local social organization and production systems. *Research information for development initiatives should be available on such issues as family and social organization, gender relations, division of labour, land tenure systems, political organization, legal systems, and religious and cultural beliefs and practices.* Ideally, this would involve a comprehensive anthropological or sociological analysis. Likewise, environmental assessments would provide planners and developers with a better understanding of production strengths and limitations. Every effort should be made to assure local input into assessments and planning. Women should be drawn into the process to the fullest. The UNHCR (1991b) has made strongly positive recommendation for the integration of women, or "mainstreaming", in part so not to waste effective skills and labour. Thorn (1991:55) argues for access by women to vital information for their livelihood and for the reduction of over-dependency on UN bodies and NGOs.

Development planning that is truly in the interest of those it is meant to help will inevitably encounter obstacles. Wilson (1992:11) points out that "Programmes for the vulnerable, especially women, can challenge community processes and refugee leadership, leading to dramatic failures on occasion". Obviously, full integration of women would be best achieved if the society were convinced that anything less would be a loss. It is critically important to consider the impact of local-level and national politics on communities, and on women in particular. *The empowerment of women for the betterment of their societies can come only with concessions from the established power structure within developing countries.*

Most developing countries are thoroughly enmeshed in the global economy. *International aid is part of the complex interaction of forces used to maintain control over strategic resources and regions* (see Kinyanjui, 1991; McAfee, 1990). Both governmental and non-governmental organizations have their own agendas. These also need to be understood and assessed critically. Therefore, a perspective that accommodates local development problems in a global model is more likely to arrive at an accurate assessment of the needs of women in emergencies (see *La Red*, 1993).

Costs are always a factor in development planning and initiatives. A great portion of the cost of development assistance goes to maintain the development planning infrastructure of donor countries and the political establishment of host countries. Given the above operational and political considerations, *small-scale efforts launched by relatively small-scale organizations and targeted to grass-roots local organizations are most successful.*

## Access to resources

### *Shelter*

Once relief assistance is provided to meet the basic needs for water, food, sanitation, shelter, food, health and clothing, women as members of the larger community are often able to construct more sustainable types of shelter using locally produced materials. Access to such materials as poles, thatch from grass, bricks and other forms of support, will determine in part their rate of success in construction projects. Rural women usually participate in hut construction with male members of the family. However, urban women may not participate readily due to assumptions governing male/female labour division in home construction projects. *With building resources, credit, and some support, women have a better chance of being integrated into the construction of emerging communities after disasters or the upgrading of marginal settlements.* Different cultural expectations and local conditions need to be taken into account. For example, in some societies women may marry in order to gain access to a house.

### *Land and/or livestock*

Even before becoming displaced and impoverished by disasters, most women are often marginalized from ownership of land and livestock. Nonetheless, disaster reconstruction offers opportunities for new social and political alignments and reorganization of access to resources. In emergency settlements, women allotted small plots of land have been able to cultivate and produce food crops. In some cases, livestock such as pigs, goats and poultry have been supplied within income-generation projects. These have provided sources of meat, eggs and milk for the families. In turn, they have improved nutritional intakes considerably. *Many settlements which reached food self-sufficiency in Africa used the agricultural background of displaced women.* Hence, they have played a significant role in feeding their families, often weaning themselves from settlement food rations. Thorn's study on Cambodian refugees shows that returnee women's access to land may not always offer adequate security in the absence of a viable traditional labour force based on kin groups. The cost of hiring labour is beyond the means of most woman-headed households. They consequently have to give up their land. "Given these disadvantages, returnee women are likely to have to turn to other activities to generate income for themselves and their families (Thorn, 1991:50).

### *Raw materials*

In some emergency settlements, women have been exposed to income-generating projects. In the refugee settlements in Somalia, palm leaves were supplied by the UNHCR to refugee women to produce mats for the compounds. These mats were in turn sold to other displacees, providing income to enable the women to purchase food and other items. *Women and girls who participated in income-generating projects gained economic independence, improved self-esteem, social recognition and dignity.* They were also able to send their children to school. Raw materials, including seeds and other agricultural inputs for farming projects, are essential to improving the economic position of women in certain emergencies. This is particularly true

in the case of woman-headed households. Provision of such inputs motivates them to cultivate land and become self-sufficient in food, consequently decreasing their vulnerability.

### *Equipment and appropriate technology*

Increased economic independence of women in emergencies tends to promote their social status. *Providing relevant equipment and affordable appropriate technology is essential to the livelihood of families, especially for widows and woman-headed households.* Once their basic needs have been met, women have been able to mobilize widely. They have organized cooperative ventures for community grinding mills; administering water rationing around community water wells; making bricks out of local materials for hut construction; and establishment of community schools.

Appropriate technology is not capital intensive. It is thus more affordable. Because it is more labour intensive, it offers participatory work for those benefitting from it. Finally, it is more capable of being maintained by local users or local specialists. *While satisfying the technological needs of the community, projects involving appropriate technology can increase work opportunities beyond the assisted women.* In this way, community empowerment may be realized.

### **Access to employment**

*Employment opportunities for displaced women in the recovery and reconstruction phase should be an essential component of the assistance package.* In the 1980's the International Labour Organization (ILO) provided training and access to community and women-specific projects in refugee camps in Somalia . In some camps, women produced mats. Others were involved in poultry-rearing or in school-construction projects. Economic empowerment of women in emergencies is essential if they are to perform a leading role in mobilizing the entire community for active participation in community recovery and development programmes. According to Berar-Awad (1984), the main objective of assistance to women-headed households was to avoid "the dependency syndrome" and help this group achieve the self-reliance needed by proposing a range of socially and economically viable activities. In post-war Somalia, during 1993-94, NGOs made up of Somalian women supported specific projects to facilitate economic empowerment of women through, for example, home gardening, mat making, and tea shops (Mocellin, 1993a).

Development policies have too often been imposed on people by well-meaning researchers and governments. Anthropologist Frank Salomon, who has studied a weaving-farming economy in Guatemala, suggests that we "cease thinking of how to manage other peoples' livelihoods, and ... *begin thinking how livelihood can become less a matter of management and more a fruit of local creativity*" (cited in Peterson, 1984).

Developers and planners too often identify needs of dependent children based on Western models of children's roles. *In disaster-prone areas of developing countries the majority of older children are involved in food production prior to any crisis. The down side of production involvement of children is the disproportionate dependence on girls economically forced to leave school to help support their*

*families*. Planners should understand the cultural expectations but should address injustices that stem from culturally-based gender bias.

### **Access to training**

Many otherwise productive income-generating projects for refugees and displaced persons are discontinued once relief programmes end. This often results from a lack of participant training in necessary administrative and technical skills for project management. Hall (1988) observed that, notwithstanding the positive experiences that displaced women enjoyed through participating in the projects discussed earlier, it was evident that more women and girls needed training and education to reach levels of sustainable self-sufficiency. *Even though they have a vital interest in the organization and distribution of supplies, resources and services, displaced women are rarely involved in decision-making in the camps.* Camp officials at all levels are invariably male. Men are usually responsible for every aspect of the camp's administration. They therefore control the allocation of resources, including employment opportunities provided by aid agencies (Hall, 1988:9).

*For recovery programmes to be meaningful for women following disasters, they need to be involved in programme identification, planning, implementation, monitoring, and evaluation* (Kelly, 1989). Training and education need to be offered to promote community responsibility and ownership of development projects (IDRC, 1984:29-30). This applies especially to technical vocational programmes with an emphasis on maintenance and repair of grinding mills, water wells, pumps, and pit latrines.

### **Psychosocial distress: reconstruction and development phase**

The reconstruction and development phase is characterized by some of the same problems noted in previous phases. Women are obviously affected by the death of family members. Women can fall ill, incapacitating them in their care-giving role. They can also fall prey to physical abuse by a frustrated spouse. *Women may be abandoned by their husbands, experience unwanted pregnancy, poverty, malnutrition, and unemployment, or a lack of employment possibilities.* Consequently, hopelessness becomes widespread in camp environments (Wingö, 1990). It is sometimes associated with the fear of not being selected for resettlement, among other reasons (e.g., McCallin and Fozzard, 1990).

The reconstruction and development phase has characteristics similar to the pre-disaster phase. The severity of stressors ranges from mild to severe. Most of the stressors are of an emotional or inter-personal family nature. Conflict with spouses and other family members generates an ongoing tension. This conflict is often due to discriminatory attitudes in the new settlement and/or among developers of these settings. *The situation may not improve unless support groups are formed, organizing women in associations.* These associations can assist in socio-economic issues related to alternative sources of income and credit access, task-sharing, and moral support to achieve common goals.



McCallin and Fozzard (1990:37) argue in favour of a *community model*, rather than a mental health or sickness model in assisting the displaced. They propose working within existing structures, incorporating activities to address psychosocial needs, instead of establishing new structures specifically to address mental health issues. "... [T]he dynamics of the individual situation can influence the outcome of a project, and further allows for the integration of the project into existing community development activities". "There should be a willingness to work 'with' rather than 'for' refugee communities" (1990:41). The present study recommends an *interactive model* – one built upon the community model, together with tested and complementary features introduced through intervention (see Chapter 6, Psychosocial interventions).

### **Role of women in reconstruction and development**

Recent literature on the role of women emphasizes the dominance of development processes by men. Women remain marginal to the process. During recovery periods from disasters, with critical support and planning, women have been able to carry out community mobilization for recovery programmes in developing countries. *In many instances, after gaining economic independence through income-generating projects, women have been largely instrumental in promoting youth projects.* Thus, their mobilization capacity has been increased through their economic empowerment (see Stølen and Vaa, 1991).

Rathgeber (1991) draws attention to the different attitudes of men and women toward the environment. She acknowledges that little systematic research has been done on how women interact with environment and natural resources. In the emerging concern with environmental degradation, its immediate effect on women's work and livelihood has gained attention. There is some indication, Rathgeber points out, that "women tend to take a longer term view, measuring the cost of environmental destruction and loss of agricultural lands against the short-term benefits of male employment" (1991:7).

It is essential that assistance programmes offer diversified packages to women in emergencies. Not all displaced people or refugees are from rural uneducated backgrounds. *Assistance programmes should not assume that agricultural projects are the only answer for all refugee and displaced women.* Often, temporary and older settlements that were evaluated have revealed that, even though coming from rural areas, not all displaced persons and refugees had previously engaged in agricultural production (Harrell-Bond, 1986). The Thorn (1991:73) study previously cited makes a similar argument. Her study also shows that displaced women with handicapped husbands who were being trained in new skills were the most sensitive women to agricultural knowledge as well as the potential of other options. She argues that if vulnerable woman-headed households are to take control over their lives again, *it is vital that they be given access to information about training options and about their homeland* (Thorn, 1991:55). Most importantly, programmes to assist women in emergencies should always be designed to effect durable solutions (UNHCR, 1991b).

*The degrees of vulnerability among women in emergencies differ considerably. Disabled, elderly, pregnant and lactating women, and widows often require assistance on a longer term or sustained basis, whereas other women can be supported up to the point where they achieve food and economic*

*self-sufficiency*. These distinctions are important in determining the types and levels of support (Rogge, 1987). Often, refugees and displaced persons will call attention to such issues themselves. *More local knowledge and wisdom needs to be incorporated into post-disaster recovery and development planning, particularly as they relate to women.*

It is now widely accepted that women are not only responsible for attending to the basic needs of their children and families, but also account significantly for productive and income-generating activities in their respective communities (Boserup, 1970; Lele, 1986; Moffat, 1990). In the situation of refugees, women have demonstrated their capacities as income-earners, producers and managers of food production, providers of fuel and water, participants in cultural, religious and political activities (United Nations General Assembly, 1990).

*When designing protection and assistance programmes for women during and following emergencies, it is therefore essential for planners to broaden the concept of women's status from the narrow conceptualization as daughter/mother/wife.*

The disadvantage of wasting female human resources is underscored in the following sections. Suggestions are offered to ameliorate the marginalized position of women in development efforts.

#### *Need for training in non-agricultural skills*

Usually there is quick recognition of the economic contribution of displacees and refugees in countries where local unemployment and economic recession are not immediate problems, and where the local population's educational, shelter and health needs are already being met. However, the individual status of displaced women depends on a variety of factors, including culture, changing modes of production (particularly in agriculture where women feature most), the availability of public services, political instability, employment opportunities, impact of migration, and communication systems. *To be successful, whether in the country of origin or that of asylum, rural development has to view women as cash income-earners and non-agricultural producers when establishing training facilities, particularly in technical vocational areas.* It is often easier for urban refugee women to adapt in host countries because in most cases they are better educated, are articulate in the official languages of the country, and have marketable skills that are actually or potentially suited to the labour market needs. Where they are not absorbed in the labour market, however, they end up in the marginal settlements on the periphery of large cities. This increases the incidence and magnitude of problems related to such settlements (POPLINE, 1991a:3).

Rural displaced women generally have less mobility in the categories of employment opportunities. When lack of land, lack of training opportunities and lack of credit facilities exist, they are faced with virtually nothing. Where training of women has been offered, positive results have accrued (see Thorn, 1991). *The entire displaced population as well as the surrounding local communities may benefit from training programmes for women.* For instance, one health practitioners' training project coordinated between the World Health Organization (WHO) and the Ministry of Health (MOH) of Somalia trained 1,200 women as

community health workers to service refugee settlements and surrounding communities (Hancock, 1988). Unfortunately, these camps were closed and the trainees dispersed. Currently, in post-war Somalia there is an urgent need to gather former health professionals and retrain them (Mocellin, 1993a).

*Communities affected by both natural disasters and conflict-induced displacement display common features of disruptive social organization and dysfunctional economic production. The situation is aggravated by the increasing magnitude and frequency of disasters. These problems are partially attributable to the growth and concentration of populations in large cities with a deterioration of public services.*

#### *Community mobilization through women*

*During the relief phase, women should be encouraged to mobilize themselves spontaneously. This mobilization serves as an essential measure of solidarity for stress relief. Women should be encouraged to establish mechanisms to enhance and efficiently direct these manifestations of solidarity to other victims. Such mobilization is directly related to community disaster mitigation measures under traumatic events. In collaboration with the community, women, for example, could be responsible for water distribution. Adequate information and training is the key to successful intervention in these new roles for women.*

Women live a marginal existence in emergencies. *The only sustainable means for disaster victims to overcome their marginal condition is through an adjustment process of empowerment, allowing them to fulfil their basic human development needs.* In these circumstances, empowerment would enable women to increase their human and economic developmental goals as defined by their families and communities. It is advisable to channel resources, facilitate training, and reorganize communities through the active participation of women in development programmes. Through their participation in planning, design, implementation, monitoring and evaluation, the processes of recovery and reconstruction can go beyond the provision of basic needs. Their participation may engender a level of community cohesiveness and security, with greater potential for realizing development goals (see Logarta, 1989).

*It is advisable to organize and implement community measures that do not violate the stability of the family structure.* For example, a group of women could be taking care of the children, while others concentrate on the immediate needs in an emergency. Such training should take into consideration the multiple roles and long work-day of women.

#### **Promotion of institution building**

Even before the occurrence of natural hazards and conflict-induced displacement, some type of community development activities take place within the villages, towns and cities. Often, recognized and registered women's clubs and associations with a wider community empowerment focus are in place. *When disasters strike, associations for women and youth can be mobilized and play key roles in relief and recovery.*

During the recovery and developmental phases following disasters, some activities can be resuscitated. *Supporting the sustained development of people's projects, both morally and materially (particularly for training and retraining programmes), constitutes an essential part of institution-building.* It is wise to search for the hidden resilience displayed by communities affected by disasters, then to build upon it. This would entail a conscious strengthening of local knowledge and wisdom, applying appropriate solutions to crises. One goal should be to increase economic possibilities that promote political, social and economic empowerment of communities wherever possible, without introducing externally-generated institutions.

### **Sustainability of intervention**

*A thorough methodology should be developed to assess vulnerable groups and their degrees of vulnerability.* This assessment can be accomplished by distinguishing each group's ability to recover from disruptions due to disasters. It is imperative that assistance programmes identify, plan, implement, monitor and later evaluate the impact of these assistance packages on the beneficiary communities. The intent here is to separate those forms of assistance provided to able-bodied vulnerable men from those offered to other vulnerable groups, including women in emergencies (see Anderson, and UNHCR Senior Coordinator for Refugee Women, 1991).

*For the long-term development of displaced communities, projects should integrate physical infra-structural improvements with socio-economic development.* Physical improvements undertaken by the community, with the concerted mobilization of women, might include housing construction, provision of water and sanitation, or cultivation of vegetable gardens. These improvements could serve as a frame for increasing skills, providing opportunities for income-generation, and culminating in the empowerment of vulnerable groups and the wider community. Furthermore, other intangible benefits would ensue, such as the awareness of and gratification from immediate results, and confidence in the abilities of women and the wider community to come together to work for socio-economic and political empowerment (Anderson and Woodrow, 1989).

## 8 RECOMMENDED RESEARCH AND ACTION

### Women in disasters and emergencies

The survey of literature conducted for this study offers grounds to recommend pilot studies or full-scale research to explore alternative disaster management action proposals. On some issues there are grounds for immediate action, with follow-up research to assess effectiveness and general applicability. In a number of these areas UNHCR has already designed and implemented interventions among refugee women. A great deal of UNHCR training can be adapted to women in other disaster and emergency situations.

#### *Research to provide basis for subsequent recommendations*

- C The magnitude of the problem of sexual exploitation faced by women and girls in emergencies and relief camps calls for a review of existing studies on sexual issues. New studies are recommended to identify preventive measures for sexual assault and abuse, and to implement culturally appropriate interventions.
- C Amplify and adapt the extensively used *Refugee Mental Health: A Manual for Field Testing* (WHO and UNHCR, 1992) into a Training Module that goes beyond those oriented specifically at refugees. Preventive measures (and their implementation by health personnel) have been shown to control psychosocial distress in coping with stressors among displaced. For field personnel, particularly women helpers, provide on-site intervention techniques based on debriefing procedures. This is especially important to prevent psychological morbidity of unexperienced volunteers hired to work in complex emergencies.
- C Critically examine the current and successful women's committees in selected camps of displaced persons. Include research findings in Training Modules.
- C Create a comparative data bank comprised of studies in both developed and low-income countries where programmes have already been successfully applied to increase the organizational and managerial capacity of women affected by disasters and/or emergencies. Utilize these programmes by administering them in other areas, where feasible, upon consideration of annual programme evaluation reports.
- C Assess successful cooperative ventures employing women for basic community tasks such as grinding mills, distributing water, making construction materials, and establishing community schools to make recommendations for similar post-emergency involvement in other countries or locales.

- C Analyze economic self-help systems and their viability as a measure of association between external aid and community management of such resources in relief camps.
- C Conduct a pilot study of women in emergency construction project roles. Make recommendations to facilitate their access to the primary resources for building sustainable types of shelters.
- C Design a pilot study to test the effectiveness of implementing a regular sporting activity in relief camps to offer a constructive outlet for aggression, particularly for men, with the specific intent of reducing aggression against women.

*Recommendations for action and follow-up research*

- C Give high assistance priority to physical and legal protection of women in disasters and emergencies. Adapt the UNHCR *Guidelines on the Protection of Refugee Women* (UNHCR, 1991b) and the "Sectoral Checklists for Refugee Women" (UNHCR, 1991a) to provide similar protection and assistance strategies in the case of other displaced women in emergency situations.
- C Widely tested and successful psychosocial intervention techniques should be made available to field practitioners (e.g., paramedics, nurses, field officers, social and mental health workers) through short-term workshops. Where women are victims, women trainees (nationals rather than expatriates) should be included in the workshops. Delivery of subsequent workshops should be through the newly recruited body of trained national personnel. The workshops should utilize human and technical resources already available in a number of United Nations agencies.
- C Design and implement assistance programmes that are appropriate for women with different backgrounds. Show sensitivity to variables of age, education, social class, and rural or urban backgrounds. Programmes should allow a diversity of strategies for women and not assume that women will be integrated only in agricultural-related projects of community development.
- C Utilize more extensively the agricultural background and farming knowledge of women to improve and expedite nutritional intakes in emergencies. Provide planners with information relevant to the cultural context in question.
- C Provide financial resources to promote employment opportunities for displaced women during the reconstruction phase. Follow up the results of such enterprises to identify and control possible problems.

**Integration with disaster-related research**

Studies in this area can enhance overall disaster research through:

- C identification of factors to improve the participation of women in the various phases of response to disaster;
- C identification of institutional and legal mechanisms of protection of women in emergencies, adapting guidelines on the protection of refugee women (UNHCR, 1991b);
- C identification of sociopolitical and ideological factors that impede women's integration into planning and decision-making, their search for a livelihood base or for employment opportunities, and their general well-being;
- C identification of pre-disaster and post-disaster factors leading to changes from traditional to innovative roles for women in emergencies;
- C the socio-economic and cultural analysis of women's varying domestic responsibilities, including production, reproduction and maintenance of the family structure, and of women's varying involvement in the wider society in accord with Anderson and UNHCR Senior Coordinator for Refugee Women (1991);
- C analysis of the interactive impact of stressors and stress, and modification of intervention measures addressing women in emergencies;
- C the design of Training Modules on the above topics specifying the guidelines for successful intervention.





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## Appendix A

### **Mental Health Issues for Field Personnel Working in Refugee Camp Environments**

*Stress and Relaxation:* how people find themselves under high levels of stress; the recognition of high levels of stress; dealing with stress through group activity; teaching relaxation exercises; how to improve sleep; the therapeutic effects of massages; and how to teach breathing and relaxation techniques.

*Functional Complaints:* defining functional complaints; how to recognize underlying psychological or psychiatric disorders; and how to help survivors with functional complaints.

*Common Mental Disorders:* rules for identifying and managing refugee mental illness; identifying the cause of emotional distress; types of common disorders; mental disorders caused by hurtful and frightening events, and beatings and other injuries to the head; and emotional disturbances related to fear and worry, and related to sleep.

*Helping Refugee Children:* how to recognize mental health problems of children; the special problems and needs common to refugee children; building a cultural framework; changes in child rearing practices; helping infants and mothers; ways of stimulating infants; ways of stimulating speech; mental health of school-aged and older children.

*Traditional Medicine and Traditional Healers:* the various kinds of traditional practitioners; how to find and select healers; how to build cooperation with traditional practitioners; how to identify and deal with quacks and dangerous traditional practices; traditional ways of treating the mentally ill.

*Alcohol and other Drug Problems:* how alcohol and other drug problems happen; problems that may arise when alcohol and drugs are misused; helping the community and individuals.

*Helping Victims of Torture and Violence:* how to recognize people who have been subjected to severe forms of violence; how to set up a support group for colleagues, and how to help individuals who have suffered serious violence.

*Helping Victims of Rape:* some facts about rape and rape trauma; how to recognize rape victims; how to help rape victims; support groups; suggestions for relief workers.

## Appendix B

### Self-Reporting Questionnaire (SRQ)

#### NEUROTIC SYMPTOMS

1. Do you often have headaches?
2. Is your appetite poor?
3. Do you sleep badly?
4. Are you easily frightened?
5. Do your hands shake?
6. Do you feel nervous, tense or worried?
7. Is your digestion poor?
8. Do you have trouble thinking clearly?
9. Do you feel unhappy?
10. Do you cry more than usual?
11. Do you find it difficult to enjoy your daily activities?
12. Do you find it difficult to make decisions?
13. Is your daily work suffering?
14. Are you unable to play a useful part in life?
15. Have you lost interest in things?
16. Do you feel that you are a worthless person?
17. Has the thought of ending your life been in your mind?
18. Do you feel tired all the time?
19. Do you have uncomfortable feelings in your stomach?
20. Are you easily tired?

## Appendix C

### Planning for Refugee Protection and Assistance Activities

Issue	Methodology for people-oriented planning/implementation
Socio-economic analysis and change	<ul style="list-style-type: none"> <li>C analyze social and economic roles of women and men in refugee community</li> <li>C determine how these roles will affect and be affected by planned activities</li> <li>C understand that socio-economic roles have been disrupted and constantly changing through various stages of the refugee condition (departure, flight, arrival, asylum, durable solution)</li> <li>C follow trends in the socio-economic process of change and implications of changes in socio-economic role and the planning process</li> </ul>
Long-term planning and durable solutions	<ul style="list-style-type: none"> <li>C some stabilization in roles of refugee women and men may occur but may be regarded as temporary by refugees themselves</li> <li>C in-depth understanding of the dynamics of change working within society will influence acceptance and extent of success of project</li> <li>C durable solutions (e.g., voluntary repatriation) needs to encompass a socio-economic analysis of the country of origin and how refugees may be affected by the changed circumstances (where do they fit in)</li> </ul>
Assistance programmes	<ul style="list-style-type: none"> <li>C knowledge of socio-economic conditions and changes in refugee community are major factors</li> </ul>
<ul style="list-style-type: none"> <li>- food distribution</li> <li>- water</li> <li>- sanitation</li> <li>- agriculture</li> <li>- shelter</li> <li>- health</li> <li>- education</li> <li>- refugee participation</li> </ul>	<ul style="list-style-type: none"> <li>C socio-economic background crucial in determining the ability of refugees to benefit from such activities</li> <li>C socio-economic analysis will help in determining settler-cooperation, i.e., willingness of refugees to participate voluntarily in development-oriented activities</li> <li>C knowledge of socio-economic arrangements and changes in these arrangements increase the capacity to build appropriate protection into all aspects of planned activities</li> <li>C major factor in determining success or failure of development projects</li> <li>C lack of adequate refugee participation will result in lethargy on the part of refugees, cost increases, decrease in communication</li> <li>C effective refugee participation at all levels (planning, implementation, monitoring and evaluation) will increase human development potential on the part of refugees and reduce their vulnerabilities</li> </ul>

Source: Anderson, and UNHCR Senior Coordinator for Refugee Women, 1991:7-8.

## Appendix D

### Summary of Policies and Provisions for Women Refugees

Year	Policy document	Provisions covered
1985	Refugee Women and International Protection (36th Session)	C stressed the need for UNHCR and host governments to give special attention to the international protection of refugee women
1987	General Conclusions on International Protection (38th Session)	<p>C refugee women had protection and assistance needs which necessitated special attention in order to improve existing protection and assistance programmes</p> <p>C all states and concerned agencies called to support the efforts of the UNHCR in this regard</p> <p>C need for reliable information and statistics about refugee women recognized, in order to increase awareness about their situation</p>
1988	Refugee Women (39th Session)	<p>C elaborates further on the special vulnerability of refugee women and the particular problems they face, notably need for physical security</p> <p>C need to promote the participation of refugee women as active agents as well as beneficiaries of programmes on their behalf</p> <p>C need for an "active senior-level steering committee" on refugee women to coordinate, integrate and oversee the assessment, reorientation and strengthening of existing policies and programmes in favour of refugee women concerned</p> <p>C ensuring such efforts were culturally appropriate and resulted in the full integration of the women concerned</p> <p>C emphasized need for public information on refugee women issue and need for development of training modules on this subject, in order to increase awareness of the specific needs of refugee women and practical means of addressing these needs</p>
1989	Conclusion on Refugee Women Physical Safety and Sexual Exploitation (40th Session)	<p>C a conclusion on reiterated concern over physical safety and sexual exploitation of refugee women</p> <p>C UNHCR called for a policy framework for stages in mainstreaming women's issues within the organization</p> <p>C highlighted particular need for women field workers to facilitate the participation of refugee women</p> <p>C called for expanded training and development of a methodology to systematically address gender issues in refugee programmes</p> <p>C adopted responsibility to implement Nairobi Forward-Looking Strategies for the Advancement of Women, more than half of the refugee population</p>

Source: United Nations General Assembly (UNGA), 1990. UNHCR Policy on Refugee Women, 1990:1-2.