



Title:
**MENTAL HEALTH OF CHILDREN IN CONFLICT AND NATURAL
 DISASTER SITUATION: IT'S IMPLICATION TO SCALING UP OF
 HEALTH SERVICES**



Figure 1: Map of the Philippines and Lanao del Norte and Southern Leyte

Background of the Study

A product of two separate studies, the paper focuses on children's mental health in two distinct settings: natural disaster and armed conflict.

Southern Leyte, one of the two Philippine survey sites selected for MICRODIS study is a province located in Eastern Visayas, Philippines, and is composed of 19 municipalities (502 barangays). The province is classified by the Mines and Geosciences Bureau as one of the ten areas in the Philippines that is prone to landslides. Guinsaugon, St. Bernard is the specific area of focus as it experienced devastating mudslide in 2006 which wiped out majority of its population.

Three (3) randomly selected barangays in Lanao del Norte which were heavily affected by armed conflict since 2000 were chosen and were part of a larger study on conflict undertaken by the Women's Forum 10 in collaboration with a number of research institutes in Mindanao and the Mindanao Working Group on Reproductive Health, Gender and Sexuality (MWG).

The Core Objective of the Study

- To present the profile of children survivors in natural and man-made disaster episode.
- To probe the extent and manifestation of mental and emotional disturbance.
- To describe the gravity of disaster impact on the mental and emotional well-being.

The Study Methodology

- Qualitative/formative
- case study
- Focus Group Interview (FGI)/ In depth Interview (IDI)

The Findings of the Study

1. **Socio-demographic Profile:**
 - Insert table
2. **Experiences during emergency episode:**
 - landslide which killed the great majority of the population
 - firefight between military troops and Muslim rebels
 - explosions and bombing, families and children held hostage
 - whole community was wiped out
3. **Injuries and death during the emergency event**
 - all children respondents in natural disaster either had a parent or a sibling or both who died
 - one-half are sole survivors with both parents and all siblings perished in the disaster
 - no death among members of the immediate family for children in the armed conflict
 - minor injuries of cuts, abrasions, sprains were noted for respondents in armed conflict
4. **Reactions during emergency episode**
 - stunned, shocked, running around looking for family members for children affected by natural disaster
 - fear, trauma due to witnessing firefight and exposure to series of explosions
 - panic, chaos "we are running to and fro" for armed conflict exposed children





5. Coping/ Adaptive Strategies

- Coping of children in conflict areas was more of communal response while disaster affected children was more of an individual reaction.
- Praying is the most common response during the emergency event.

6. Manifestation of emotional and mental disturbance

- children in both emergency situation exhibited sleep disturbances, nightmares, tremors
- enuresis prevail among children affected by armed conflict
- constant fear, tremors, shakiness were more predominant and noted even after a year from occurrence among children survivor of natural disaster
- constant fear of rain, slight earthquakes, blank and unfocused look common among children survivors of natural disaster

7. Gravity of Impacts: Physical, Psychological/Emotional

- Top three physical disturbances reported were: loss of appetite, shakiness/tremors and fatigue/exhaustion for children affected in both emergency event.
- manifestations of being withdrawn, intense feeling of being alone, sadness, depression of losing a parent and/or siblings is very apparent among children survivor of natural disaster
- emotional pain and fear of the future expressed by children survivors of natural disaster
- aggression, fear of strangers, fear of going to school, dislike of war toys noted among children affected by armed conflict

Recommendations

- **For Researchers/ Social Scientists**
 - A more thorough investigation is warranted to examine closely the magnitude of the problem as well as its impact on the lives of these children. Perhaps, a wider coverage and a bigger sample.
- **For Health Service Providers and Related Stakeholders**
 - Strengthen psychological/psychiatric assessment and intervention extended to children in emergency situations.
- **For Educators/Guidance Counselors**
 - Guidance counselors in disaster and conflict affected areas shall be trained pertaining to health assessment of children victims of traumatic situations. They should be tapped to identify children suffering from severe stress and other signs of mental health disorders for referral to experts.
- **For Policy-Makers and Local Government Units**
 - Comprehensive review of the disaster risk management policies and programs particularly at the local community level.
 - Line agencies tasked to respond to emergency situations need to take cognizance of the children's special needs and provide appropriate services.

Table 1: Socio-demographic Profile (at the time of disaster episode)

	Landslide survivors (n= 8)	Armed Conflict (n= 37)
Age	11-17	8 - 10
Education	High school	Primary or elementary
Average number of siblings	3.5	2.2
Average HH size	5.0	6.4
Occupation of parents	farming	farming

