HEALTH LOSS IN THE TSUNAMI AFFECTED REGION OF NAGAPATTINAM DISTRICT

Dr.R. Shanthi

Assistant Professor,
Department of Economics,
Annamalai University (Deputed to D.G.Government Arts College for Women, Mayiladuthurai).

*ABSTRACT:*After the tsunami so many people died, injured, physical problem, health problems, livelihood affected, damage house, boats, socio - economic conditions is affected. Drinking water is in very short supply in some area, due to contamination by polluted and salt water. The risk of disease increased substantially acute disease and chronic disease.The coastal area of Tamilnadu was mostly affected because of Tsunami. The most affected region is Nagapattinam district. So the study has taken the Nagapattinam District as the area. Out of which Vadakkupoyyur was selected as highly affected region and Prathabaramapuram is selected as less affected region. The objective of the study is to find the morbidity of (Prathabaramapuram) less tsunami affected and (Vadakkupoyyur) high tsunami affected respondents in the study area.The total number of respondents selected for the study is 240. Out of which hundred and twenty samples are from highly tsunami affected village Vadakkupoyyur in Nagapattinam district and another 120 respondents are from less tsunami affected village Prathabaramapuram in Nagapattinam district. Among the highlytsunami affected village population and lesstsunami affected village (Prathabaramapuram)population the study has taken 4 categories in such a way that the respondents are given equal weight age. In the tsunami affected area under different categories such as Fish Catches (F.C), Fish Sellers (F.S), Fish Catches Cum Government employees (Fc.G) and others (O)are explained. The acute diseases like malaria, dengue, jaundice and cholera. The chronic disease are diabetes , heart problem, leprosy, cancer, asthma.The immediate needs are enormous, as are the of the longer - term tasks such as rebuilding damaged infrastructure , and providing psychological support to the individuals and communities. The Primary Health Concerns are clean   drinking water, food, shelter medical care for injuries.

KEY WORDS: acute disease, chronic disease, malaria, dengue, jaundice, cholera, diabetes, heart problem, leprosy, cancer, asthma.

I.INTRODUCTION:

The tsunami was that vulnerable hit in the Indian Ocean.This natural disaster occur on 26th December 2004.Natural and manmade disaster damaged by coastal region and Island.After the tsunami so many people died, injured , physical problem, health problems, livelihood affected, damage house, boats,socio - economic conditions is affected. Drinking water is in very short supply in some area, due to contamination by polluted and salt water. The risk of disease increased substantially acute disease and chronic disease.The coastal area of Tamilnadu was mostly affected because of Tsunami. The most affected region is Nagapattinam district. So the study has taken the Nagapattinam District as the area. Out of which Vadakkupoyyur was selected as highly affected region and Prathabaramapuram is selected as less affected region. The objective of the study is to find the morbidity of (Prathabaramapuram) lesstsunami affected and (Vadakkupoyyur) high tsunamiaffected

respondents in the study area.

The total number of respondents selected for the study is 240. Out of which hundred and twenty samples are from highly tsunamiaffected village Vadakkupoyyur in Nagapattinam district and another 120 respondents are from less tsunamiaffected village Prathabaramapuram in Nagapattinam district. Among the highlytsunami affected village population and lesstsunami affected village (Prathabaramapuram)population the study has taken 4 categories in such a way that the respondents are given equal weight age. In the tsunami affected area under different categories such as Fish Catches (F.C), Fish Sellers (F.S), Fish Catches Cum Government employees (Fc.G) and others (O) areexplained. Theacute diseases are malaria, dengue, jaundice, cholera. The chronic diseases are diabetes, heart problem, leprosy, cancer, asthma.

Table: 1

Distribution of Sample Respondents

Categories	Highly Affected Village Vadakkupoyyur	Less Affected Village Prathabaramapuram	Total
Fish Catchers	30	30	60
Fish Sellers	30	30	60
Fishers Cum Government Employees	30	30	60
Other Service	30	30	60
Grant Total	120	120	240

Source: Computed.

The following are the details of the categories 1.Fish Catchers (F.C)with 30 respondents in highly tsunamiaffected (Vadakkupoyyur) region and 30 respondents in less tsunamiaffected village (Prathabaramapuram) totalling to 60 respondents. 2.Fish Sellers (F.S) with 30respondents in highly tsunamiaffected (Vadakkupoyyur) region and 30 respondents in less affected village totalling to 60 respondents. 3. Fish Catchers Cum Government Employees (Fc.G) with 30 respondents in highlytsunami affected (Vadakkupoyyur) region and 30 respondents in lesstsunami affected village (Prathabaramapuram) totally 60 respondents. 4. Others (O) with 30respondents in highlytsunami affected (Vadakkupoyyur) region and 30 respondents in less tsunamiaffected village (Prathabaramapuram) totally 60 respondents.

Table: 2

Acute Disease and Morbidity Pattern of High Tsunami Affected Population in Nagapattinam District

SI. NO	Acute Disease and Morbidity Patten	Fc	Fs	Fc.G	O	Total
1	Malaria	12 (26)	11 (31)	7 (25)	9 (45)	39 (30)
2	Dengue	10 (21)	9 (25)	11 (39)	6 (30)	36 (27)
3	Diarrhea	8 (17)	5 (14)	4 (14)	2 (10)	19 (15)
4	Jaundice	6 (13)	4 (11)	1 (4)	2 (10)	13 (10)
5	Cholera	11 (23)	7 (19)	5 (18)	1 (5)	24 (18)
	Total	**47 (100)**	**36 (100)**	**28 (100)**	**20 (100)**	**131 (100)**

Source: Computed.

Note: Figures in Parentheses denote the percentages.

The above table explains acute disease and morbidity pattern of high (Vadakkupoyyur) Tsunami affected population in Nagapattinam district. The table shows five major diseases are prominent among the respondents. They are Malaria, dengue, diarrhoea, jaundice, cholera. In the tsunami affected area under different categories such as Fish Catches (F.C), Fish Sellers (F.S), FishCatches Cum Government employees (Fc.G) and others (O) are explained. Malaria is the most acute disease with 30percentages among the major five diseases. In the four categories of respondents Fisher Cum Government Employees and Others (O) have high percentage of malaria and dengue. When comes to actual numbers of respondents Fish Catchers are most affected due to malaria disease. Out of all the four categories the Fish Catcher (F.C) are most affected which 39 respondents among the major 5 acute disease followed by Fish Sellers (F.S) with 36 respondents and Fisher Catchers Cum Government Employees (Fc.G) 28 respondents.

Table: 3

Acute Disease and Morbidity Pattern of Less Tsunami Affected Population in Nagapattinam District

SI. NO	Acute Disease and Morbidity Patten	F.C	F.S	Fc.G	O	Total
1	Malaria	9 (25)	8 (31)	5 (42)	5 (31)	27 (30)
2	Dengue	7 (19)	5 (19)	2 (17)	4 (25)	18 (20)
3	Diarrhea	6 (17)	4 (15)	3 (25)	2 (12.5)	15 (17)
4	Jaundice	5 (14)	3 (12)	1 (8)	3 (19)	12 (13)
5	Cholera	9 (25)	6 (23)	1 (8)	2 (12.5)	18 (20)
	Total	**36 (100)**	**26 (100)**	**12 (100)**	**16 (100)**	**90 (100)**

Source: Computed.

Note: Figures in Parentheses denote the percentages.

The about table explains acute disease and morbidity pattern of less (Prathabaramapuram) Tsunami affected population in Nagapattinam district. The table shows five major diseases are prominent among the respondents.They are Malaria, dengue, diarrhoea, jaundice, cholera. In the tsunami affected area under different categories such as Fish Catches(F.C),Fish Sellers (F.S) ,Fish Catches Cum Government employees (Fc .G) and others (O) are explained.

Malaria is the most acute disease which 30 percentage among the major five diseases. In all the four categories of respondents.Fish Catches Cum Government employees (Fc.G) have high percentage (42%) of malaria. Fish Catches (F.C), Fish Sellers (F.S) have equal number of respondents with the disease malaria.

The comparison between acute disease and morbidity pattern of high (Vadakkupoyyur) Tsunami affected population in Nagapattinam district and acute disease and morbidity pattern of less Tsunami affected population in Nagapattinam district. The comparison between second and third tables source the most affected acute disease inmalaria 30 percentage. Both categories are equal percentage. But actual number of person is different that is highly affected (table2) area sample respondents in malaria is 39 respondents. In less Tsunamiaffected area,(table 3)27 sample respondents area affected by Malaria.

Table: 4

Chronic Disease and Morbidity Pattern of Highly Tsunami Affected Population in Nagapattinam District

SI. NO.	Chronic Disease and Morbidity Pattern	Fc	Fs	Fc. G	O	Total
1	Diabetes	4 (21)	5 (28)	9 (41)	8 (33)	26 (31)
2	Heart Problem	5 (26)	5 (28)	6 (27)	8 (33)	24 (29)
3	Leprosy	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
4	Cancer	0 (0)	0 (0)	2 (9)	2 (8)	4 (5)
5	Asthma	10 (53)	8 (44)	5 (23)	6 (25)	29 (35)
	Total	19 **(100)**	18 **(100)**	22 **(100)**	24 **(100)**	83 **(100)**

Source: Computed.

Note: Figures in Parentheses denote the percentages.

The about table explains Chronic disease and morbidity pattern of (Vadakkupoyyur) high Tsunami affected population in Nagapattinam district. The table shows five major diseases are prominent among the respondents. They are diabetes, Heart Problem, leprosy, cancer, asthma. In the tsunami affected area under different categories such as Fish Catches (F.C), Fish Sellers (F.S), Fish Catches Cum Government employees (Fc.G) and others (O) are explain.

Asthma is the most chronic disease 35percentage among the major five diseases. In the four categories of respondents Fish Catches (F.C) having high percentage of asthma. When comes to actual number of respondents Fish Catches (F.C) aremost affected due to asthma disease. Out of all the four categories, the Others (O) are most affected with 24 respondents among the major five chronic diseases followed by Fish Catchers Come Government employees (Fc.G) with 22 respondents andFish Catches (F.C) 19 respondents.

Table: 5

Chronic Disease and Morbidity Pattern of Less Tsunami Affected Population in Nagapattinam District

SI. NO.	Chronic Disease and Morbidity Pattern	Fc	Fs	Fc. G	O	Total
1	Diabetes	4 (24)	5 (31)	10 (40)	11 (35)	30 (34)
2	Heart Problem	5 (29)	4 (25)	8 (32)	9 (29)	26 (29)
3	Leprosy	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
4	Cancer	0 (0)	0 (0)	3 (12)	3 (10)	6 (7)
5	Asthma	8 (47)	7 (44)	4 (16)	8 (26)	27 (30)
	Total	17 **(100)**	16 **(100)**	25 **(100)**	31 **(100)**	89 **(100)**

Source: Computed.

Note: Figures in Parentheses denote the percentages.

The about table explains Chronic disease and morbidity pattern of(Prathabaramapuram) less Tsunami affected population in Nagapattinam district. The table shows five major diseases are prominent among the respondents. They are diabetes, Heart Problem, leprosy, cancer, asthma. In the tsunami affected area under different categories such as Fish Catches (F.C), Fish Sellers (F.S), Fish Catches Cum Government employees (Fc.G) and Others (O) are explained.

Diabetes is the most chronic disease with 34 percentage among the major five disease .In the four categories of respondents Fish Catches Cum Government employees (Fc.G) have high percentage of diabetes. When comes to actual number of respondents Others (O) most affected due to diabetes. Out of all the four categories, the Others (O) are most affected with 31 respondentsamong the major five chronic diseases followed by Fish Catcher Cum Government Employees (Fc.G)with 25 respondents and Fish Catches (F.C) 17 respondents.

The comparison between chronic disease and morbidity pattern of (Vadakkupoyyur) high Tsunami affected population in Nagapattinam district and chronic disease and morbidity pattern of (Prathabaramapuram) less Tsunami affected population in Nagapattinam district. The comparison between 4th and 5th tables source the affected chronic disease in leprosy zero percentage .Both categories or zero percentage. At the same time 4th and 5[th]table affected chronic disease in heart Problem 29 percentage. Both categories are equal percentage. But actual number of person is different that is (Vadakkupoyyur) highly affected(table 4) area sample respondents in heart problems is 24 respondents. In (Prathabaramapuram) less affected area (table 5) 26 sample respondents are affected by heart problem.

II. POLICY IMPLICATIONS:

The study has taken two types of disease namely acute disease and chronic disease and examine the morbidity pattern of two major groups namely (Prathabaramapuram) less Tsunami affected population (Vadakkupoyyur) highly affected Tsunami affected population. The acute disease malaria, dengue, jaundice, cholera. The chronic disease are diabetes, heart problem, leprosy, cancer, asthma. In acute disease among the four categories of respondents Fish Catches (F.C) are most affected in both list Tsunami affected region and high Tsunami affected region . When it comes to chronic disease the morbidity pattern shows that among the four categories Others (O) are most affected in both the regions. The reason behind the difference in the incidence of the morbidity among the major types of disease is that the acute disease such as area is

prominence Fish Catcher (F.C) because they are active works and they are prone to such diseases. When it's comes to chronic disease the in active population which is 'Others' (O) category among the four categories.The immediate needs are enormous, as are the longer - term targets such as rebuilding damaged infrastructure , and providing psychological support to the individuals and communities. The Primary Health Concerns are clean drinking water, food, shelter and medical care for injured.

REFERENCE:

Anto P. Rajkumar, Titus S. Premkumar, and PrathapTharyan (2008) "Coping with the Asian Tsunami: Perspective from Tamil Nadu Indian on the Determinants of Resilience in the Face of Adversity", Social Science and Medicine, 67(5) pp.844-853.

Carbalio (2006), "Impact of the tsunami on psychosocial health and well-being" International Review of Psychiatry, 18(3): 217–223

Frenkal (2005), "India After the Tsunami - The Rights of Affected People " Asia Pacific Human rights Centre, 39.

Ganesh Kumar, R. Sendhil, P. Venkatesh, R. Raja,   V. Jayakumar, and S. Jeyakumar (2009), "Socio-economic Impact Assessment of Livelihood Security in Agriculture, Animal Husbandry and Aquaculture on the Tsunami-hit Lands of Andaman", Agricultural Economics Research Review, 22.

Chand et.al., (2013) Economic Impact Assessment of Rehabilitation Schemes of Tsunami Affected Farmers of Bay Islands in India. Indian Research Journal of Extension Education, 13 (1). pp. 56-62.

Choo, P.S. (2005) Women in the December 26 Tsunami: how have they coped; how can we help? Naga, Worldfish Center Quarterly, 28(1-2), pp. 13-16.

Kam et al. (2006) Remote Sensing and Field Assessment of Tsunami Effects on Coastal Pond Aquaculture in Northern Sumatra. NAGA, World Fish Center Quarterly, 29(3-4), pp. 4-9

Rofiet.al., (2006) "Tsunami mortality and displacement in Aceh province, Indonesia." Disasters. 30(3):340-50.

Sekar, K. (2006). "Psychosocial Support in Tsunami Disaster: NIMHANS Responses". Disaster and Development, 1(1), pp.141-154.

Srinivasan, K., &Nagarak, V.K. (2006). "The State and Civil Society in Disaster Response: Post Tsunami Experiences in Tamil Nadu". Disaster and Development, 1(1), pp.77-99.

Suresh de Mel, David Mckenzie and Christopher Woodruff (2009), "Mental Health Recovery and Economic Recovery after the Tsunami: High-Frequency Longitudinal Evidence from Sri Lanka Small Business Owners", Social Science and Medicine.

Stobutzki et al. (2005) Rebuilding coastal fisheries livelihoods after the Tsunami: key lessons from past experience. Naga, World Fish Center Quarterly, 28(1-2), pp. 6-12.

Thourburn (2009) "Livelihood recovery in the wake of the Tsunami in Aceh" Bulletin of Indonesian Economic Studies, 45(1), 85-105