Natural and man-made disasters: the vulnerability of women-headed households and children without families

Debarati G. Sapir

Introduction
The impact of natural or man-made disasters does not fall equally or at random. Certain characteristics and factors may be used to identify communities at higher risk. Since 1980, over 2 million people have died as an immediate result of natural and man-made disasters. The refugee population has grown 500% since 1970 compared to a 20% growth in the world population, registering nearly 16 million refugees in 1992. This estimation does not include the internally displaced, of which there are 1.2 million in the Philippines alone. More than half of these are women and children. In 1992 alone, more than 300 million people had their homes or livelihoods destroyed directly by disasters.

The human impact of natural and man-made disasters has evolved over the last three decades. Since the recent unfolding of the disasters in Somalia, Sudan, former Yugoslavia, Cambodia and Afghanistan, the world is recognizing that economic dislocation, natural disasters, collapsing political structures, famines and mass displacements have all woven together to affect millions in ways both profound and prolonged. Analysis of disaster impact and relief effectiveness has been seriously hampered by the lack of consistent and accurate data or standard management information. Data collection for any analytical purpose has been a task in itself and therefore policy-making has remained ad hoc. Since the Sahelian famines of the mid-1970s, followed by their recurrence in the mid-1980s, world interest in disasters has increased and consequently, reporting has improved.

Natural disasters
In terms of frequency of occurrence, floods and wind-related phenomena are by far the most common. They represent more than 60% of all disasters requiring external assistance. (Fig. 1) Famines and droughts, while fewer in number, have a greater and more profound impact on populations, generally affecting extensive areas and very large populations. Increasingly, since the 1970s, famines and droughts have been linked to civil strife and armed conflicts. Pure famines, such as the Great Bengal Famine in 1942, have become rare occurrences. Armed conflicts (generating famine) have started to claim larger and larger shares of total disaster mortality. Fig. 2 displays a combined chart of percentage distribution by type of disaster and percentage distribution of mortality due to these events. Civil strife and famines, although relatively infrequent, have a disproportionate effect on populations. Representing a little over 20% of all disasters, they account for nearly 70% of the direct mortality.

The human impact of disasters consists of two elements, the catastrophic event and the vulnerability of people. While countries like Bangladesh and the Philippines are in geographically vulnerable situations, there is no doubt that their main susceptibility comes from their weak social and economic structures. Housing quality, pre-existing health and nutritional status, social welfare infrastructure, and economic resilience determine the magnitude of the disaster effect and its long-term

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a This article was adapted from a document prepared for the WHO Expert Committee Meeting on Maternal and Child Health and Family Planning, December 1993.
b Université catholique de Louvain, 30.34, Clos Chapelle aux Champs, 21200 Brussels, Belgium.
Valley, California (1971) year, Cyclone Tracy, with comparable wind speed for Cali-
ifornia. Similarly, in 1974, Hurricane Fifi left an 80% destruction in the impact area. In the same
earthquakes in Managua (1972) and Darwin, Australia (2).

Food as an instrument of war.
An especially reprehensible practice of primary sig-
ificance for children is the use of food as an instrument of war. Scorched-earth policies, restric-
tion of the passage of humanitarian food aid, and
diversion of food to the military are all common occurrences in most of the conflicts experienced in recent times. Diversion to the military of emergency food aid intended for vulnerable groups is so common as to be, in some cases, counted into the calculation for needed supplies as the percentage reserved (or lost) to diversion. In Asmara (Eritrea), for example, the militia was paid in food-aid grain (9). In Somalia, Askin estimated that only 12% of the food aid reached the civilian victims for whom it was destined (10). Besides diversion, feeding centres for children and vulnerable groups are frequently bombed or attacked. McRae & Zwi (5) report that feeding centres were attacked in all of the study countries which included Sudan, Mozam-
bique, Ethiopia, Angola and Liberia. Very few fac-
tual reports exist on these issues, partly because systematic reporting has been neglected and partly because the publication of such information could

d The Mercalli scale measures the extent of physical damage over surface area on a scale of I-XII.

Fig. 2
Distribution of disaster mortality and type as proportion of all categories, 1960–1989
Répartition des décès par catastrophes et types de catastrophe en proportions de toutes les catégories, 1960–1989


1 The Richter scale measures the intensity of the seismic activity at the epicentre on a logarithmic scale. This means that a one-unit increase represents an important proportion.

4 The Mercalli scale measures the extent of physical damage over surface area on a scale of I-XII.
Table 1
Comparison of characteristics of earthquakes in Managua, Nicaragua (1972) and San Fernando Valley, California (1971)

Tableau 1
Comparaison des caractéristiques des tremblements de terre survenus à Managua au Nicaragua (1972) et dans la vallée de San Fernando en Californie (1971)

<table>
<thead>
<tr>
<th>Disaster characteristics – Caractéristiques de la catastrophe</th>
<th>Managua</th>
<th>San Fernando Valley</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richter scale reading – Degré de magnitude sur l’échelle de Richter</td>
<td>5.6</td>
<td>6.6</td>
</tr>
<tr>
<td>Extent of destruction (Mercalli range VI-VII) –</td>
<td>100 km²</td>
<td>1 500 km²</td>
</tr>
<tr>
<td>Etendue des destructions (I-II sur l’échelle de Mercalli)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population in affected area – Population des zones touchées</td>
<td>420 000</td>
<td>7 000 000</td>
</tr>
<tr>
<td>Dead – Nombre de morts</td>
<td>5 000</td>
<td>60</td>
</tr>
<tr>
<td>Injured – Nombre de blessés</td>
<td>20 000</td>
<td>2 540</td>
</tr>
</tbody>
</table>

Source: Seaman, 1984 (1).

jeopardize the implementation of emergency food aid programmes.

Mines and disability.
The use of mines, like direct atrocities, serve to remind the community that the rebel groups exist and command a certain power. They have a devastating effect on rural communities, particularly because of their continued power to disable and destroy for years following the war. They limit the community’s ability to migrate which is, in many cases, tantamount to survival. The number of persons disabled from mine injuries is growing globally with the increasing use of this method of destabilization. Save the Children Fund—UK reported that more than one million mines have been planted in Somalia (11). Certain countries such as Angola, Mozambique and Cambodia are now home to the largest numbers of mine-disabled people in the world (5). Most of the victims of mine-related injuries are civilians and a significant proportion are children. Less aware of mined areas or unseen dangers, children wander across the countryside at will, exposing themselves to greater risk.

Unaccompanied children, violence and disruption
Abandoned or unaccompanied children are a miserable but inevitable corollary to many emergencies, especially of the type we experience today. In most catastrophic situations — war, famine, refugee movements, natural disasters — children have been separated from their families (Table 2). These children may be abandoned, orphaned, lost, abducted

Table 2
Selected disasters with large numbers of unaccompanied children

Tableau 2
 Sélection de catastrophes dans lesquelles ont été dénombrés de nombreux enfants non accompagnés

<table>
<thead>
<tr>
<th>Year</th>
<th>Disaster event</th>
<th>Estimated number of unaccompanied children</th>
</tr>
</thead>
<tbody>
<tr>
<td>1915</td>
<td>Armenian massacre – Massacre en Arménie</td>
<td>132 000</td>
</tr>
<tr>
<td>1919</td>
<td>Russian famine and revolution – Famine en Russie et révolution</td>
<td>800 000</td>
</tr>
<tr>
<td>1936</td>
<td>Spanish Civil War – Guerre civile espagnole</td>
<td>90 000</td>
</tr>
<tr>
<td>1939</td>
<td>World War II – Deuxième Guerre mondiale</td>
<td>13 000 000</td>
</tr>
<tr>
<td>1948</td>
<td>Greek Civil War – Guerre civile en Grèce</td>
<td>37 500</td>
</tr>
<tr>
<td>1950</td>
<td>Korean War – Guerre de Corée</td>
<td>100 000</td>
</tr>
<tr>
<td>1954</td>
<td>Tibetan refugees – Réfugiés tibétains</td>
<td>2 000</td>
</tr>
<tr>
<td>1954</td>
<td>Viet Nam War – Guerre du Viet Nam</td>
<td>880 000</td>
</tr>
<tr>
<td>1956</td>
<td>Hungarian Revolt – Soulevement en Hongrie</td>
<td>6 000</td>
</tr>
<tr>
<td>1960</td>
<td>Cuban Revolution – Révolution cubaine</td>
<td>17 000</td>
</tr>
<tr>
<td>1970</td>
<td>Nigerian Civil War – Guerre civile au Nigéria</td>
<td>100 000</td>
</tr>
<tr>
<td>1970</td>
<td>Bangladesh cyclone and tidal wave – Cyclone et raz de marée au Bangladesh</td>
<td>7 000</td>
</tr>
<tr>
<td>1970</td>
<td>Bangladesh War of Independence – Guerre d’indépendance du Bangladesh</td>
<td>400 000</td>
</tr>
<tr>
<td>1972</td>
<td>Famine in Ethiopia – Famine en Éthiopie</td>
<td>2 000</td>
</tr>
<tr>
<td>1975</td>
<td>Viet Nam refugee exodus – Exode des réfugiés du Viet Nam</td>
<td>22 000</td>
</tr>
<tr>
<td>1975</td>
<td>Laotian refugees – Réfugiés laotiens</td>
<td>2 000</td>
</tr>
<tr>
<td>1979</td>
<td>Cambodian crises – Crises cambodgiennes</td>
<td>11 000</td>
</tr>
</tbody>
</table>

Wid hith statist. quart., 46 (1993)
or recruited into the war effort. Ressler et al.
estimated that unaccompanied children number in
the millions and cited 13 million orphaned or
abandoned children during the Second World
War and about 100 000 each during the civil wars
in Spain, Korea and Nigeria (12). While most often
the unaccompanied children are older, in some
cases, such as the Korean War or Nigerian Civil
War, large proportions have been infants. Child
abandonment figures from the Korean War show
that two-thirds of the children abandoned in the
first two years of the war (61.3 and 66.5%) were
less than one year of age. Of these, the majority were
girls.

Studies of children’s response to extreme vio­
ience, death, abuse, and hunger indicate that they
are able to resist emotional stress and physical
hardship as long as they remain with their families
and parents (13). Emergencies become significant
as soon as separations occur and the child’s pri­
mary attachments are disrupted. In general, chil­
dren are most often separated from families in
which a death has occurred, the parents are sepa­
rated, or where there is a continuing threat to
safety, abject poverty or displacement. These con­
ditions mostly occur in armed conflicts, refugee
situations or famines. Acute natural disasters such
as earthquakes or cyclones are less likely to present
such conditions.

Sexual violence against women (and, apparent­
ly, men and children) (14), consequent pregnan­
cies and their care have been thrown into the lime­
light in the recent conflict in Bosnia, although it is
far from a rare occurrence in mass conflicts. Wom­
en are often forced to provide sex in exchange for
food and shelter for themselves or their children
and the implications for sexually transmitted dis­
cases, unwanted pregnancies and their termina­
tion are significant. While data are extremely limit­
ed on all issues related to sexual violence against
women, high rates of pregnancy, sexually transmit­t
ed diseases and HIV are recognized as common in
these situations and are considered indicative of
the levels of desired or undesired sexual practice.
Apart from a brief period of media attention in
early 1993 along with or in the wake of the UN
Expert Team Report on allegations of rape in the
former territory of Yugoslavia (E/CN.4/1993/50),
there have been no discernible signs of follow up
within the large humanitarian programmes operat­
ing in the conflict zone. The exemplary effort of
family planning offered to Khmer refugees in Thai­
lnd (Editorial, Lancet, April 10, 1993) does not
seem to have been replicated elsewhere.

Differential risks for mortality and morbidity
among women and children in emergencies
It seems obvious that children and women are
particularly vulnerable in disaster situations. How­
ever, until recently, natural disasters were thought
to affect people in an non-discriminatory fashion.
This notion has not been borne out, at least with
regard to sex discrimination, as reported by Rivers
and Sen in relation to famines (8,15) and the work
of Beinin (16) on earthquakes. Rivers has made a
convincing case regarding differential mortality
among girls and women in disaster situations. Al­
though most of his case is based on famines, the
conclusions are generalizable across other situa­
tions of extreme social and environmental stress.
Table 3 displays sex differences in the prevalence of
malnutrition in two African famines and that in
Bangladesh, which, Rivers argues, contradicts exist­
ing evidence pointing to greater physiological re­
sistance of females compared to males, all other
things being equal.

Among the health effects of man-made disas­
ters on children, mental illness is a much neglected
but important aspect, particularly in violent social
disruptions, refugee situations or displacement.
The impact on children is especially serious as they
are less able to resist the psychological and physical
aggression that surrounds them. For example, in
the Philippines, there are over one million inter­
ally displaced persons, 60% of whom are chil­
dren. Although figures are not available, reports
from the agencies working in the evacuation and
drop-in centres of the “militarized zones” indicate
that the prevalence of children who arrive at these
centres in states of apathy and mental derange­
ment is alarmingly high. The local health system,
including the non-governmental agencies, are bad­
ly prepared to handle these children and in most
cases, mental diseases in children are left to degener­
ate until death.

With regard to children in situations of war, a
Harvard study team visited paediatric wards of sev­
eral hospitals in Iraq following the Gulf crisis in
1990 (17). They reported high mortality and high prev­
ance rates of preventable diseases which they
attributed to the war and trade sanctions. Gastro­
enteritis and severe malnutrition featured high
among the causes of children’s admission to hos­
pital. Reduction in breastfeeding, based on a
UNICEF survey in 1990, was suggested as a contrib­
utory factor by the Harvard authors for both mal­
nutrition and gastroenteritis. The authors also cit­
ed reports of mothers who substituted other, inad­
quate foods (e.g., rice water or sugar solutions)
for infant formula which was prohibitively priced.

Local studies in Somalia with small samples
have reported astonishingly high crude death rates
of children under 5 years of age. A study done in
the Baidoa camps (18) reported that 75% of the
children under 5 years of age had died in an 8­
month period. Risk factors reported included dis­
placement and mortality from preventable diseases
as the main cause of death. In another study of the
displaced population in Merca and Qorioley (19),
south of Mogadishu, reported a mortality of 25%
among children less than 5 years of age in the year preceding the study. They cited malnutrition as the main cause followed by war casualties. A study in famine-struck areas of Chad in 1985, compared households which had moved out of their villages in search of food to those which had remained in place (20). They found children from displaced families to have lower vaccination rates and nutritional status than those who remained in their villages (Table 4). Malnutrition was associated not only with displacement from villages, but also with woman-headed families. The men had typically left earlier in search of food and revenue. Following a long absence of the main income-earner and finally, total destitution of the village, the family moved to an urban centre with the mother as head of household.

Studies in the Thai-Kampuchea camps (21) report highest risks of death in children from acute respiratory infections, diarrhoeal diseases, malaria and malnutrition, but diarrhoea remains the most significant killer in most instances. The extreme vulnerability of under-fives is reflected by mortality rates that ranged from 5 to 8 times the normal rates (Table 5).

In terms of direct trauma and vulnerability of children to earthquakes, evidence from a study done in Italy (22) following the 1980 Campania earthquake shows that mortality among older children (5-9 years) was disproportionately higher. Similarly, the mortality data from the Sumpango earthquake in Guatemala and the Managua earthquake in Nicaragua, both in 1976, show excess mortality in the older age-groups of children.

In conclusion, most of these studies provide much-needed insights into the patterns and trends in mortality and morbidity in these special situations. But in general, knowledge of the diseases or health risks to which children are especially exposed in these conditions remains limited. It is hard to draw convincing conclusions from these studies and generalize for policy change. Further confirmation and support for better studies are required. It is true that the chaotic nature of civil wars and disasters makes systematic evaluation of health effects on civilian populations very difficult. But a better understanding of these aspects of the impact of disasters on children would greatly improve response planning and public health services.

Summary

Since 1980, over 2 million people have died as an immediate result of natural and man-made disasters and by 1992, the refugee population registered nearly 16 million people. This article reviews the human impact of disasters as a composite of two elements: the catastrophic event itself and the vulnerability of people. It

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**Table 3**

Sex differences in the prevalence of malnutrition in children in famines in Africa and Bangladesh

**Tableau 3**

Différences selon le sexe dans la prévalence de la malnutrition chez les enfants lors de famines en Afrique et au Bangladesh

<table>
<thead>
<tr>
<th></th>
<th>Males Sex masculin</th>
<th>Females Sex féminin</th>
<th>F:M ratio Rapport F:M</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bangladesh</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean energy intake</td>
<td>809</td>
<td>694</td>
<td>86</td>
</tr>
<tr>
<td>Mean protein intake</td>
<td>23.0</td>
<td>20.2</td>
<td>88</td>
</tr>
<tr>
<td>Number of visits</td>
<td>136</td>
<td>20.2</td>
<td>60</td>
</tr>
<tr>
<td>for diarrhoea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>treatment/1 000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>population</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;60% W/A - P/A</td>
<td>5.1</td>
<td>14.4</td>
<td>282</td>
</tr>
<tr>
<td>&lt;75% W/A - P/A</td>
<td>54.8</td>
<td>59.6</td>
<td>109</td>
</tr>
<tr>
<td>&lt;85% H/A - T/A</td>
<td>16.7</td>
<td>34.8</td>
<td>208</td>
</tr>
<tr>
<td>&lt;90% H/A - T/A</td>
<td>26.2</td>
<td>32.7</td>
<td>125</td>
</tr>
<tr>
<td><strong>Burkina Faso</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;80% W/H - P/T</td>
<td>12.1</td>
<td>18.9</td>
<td>163</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ethiopia - Ethiopia</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;80% W/H - P/T</td>
<td>3.8</td>
<td>6.1</td>
<td>138</td>
</tr>
</tbody>
</table>

Adapted from – D’après: Ref. – Réf. (8).

W/A: Weight for age. – P/A: poids selon l’âge.
H/A: Height for age. – T/A: taille selon l’âge.
WH: Weight for height. – P/T: poids selon la taille.
Table 4
Comparative mortality rates of infants and children from studies in situations of civil strife and famine

<table>
<thead>
<tr>
<th></th>
<th>Sample size</th>
<th>&lt;1</th>
<th>1-4</th>
<th>&lt;5</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Taille de</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;éméchantillon</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mozambique</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gaza</td>
<td>329</td>
<td>40.0</td>
<td>90.0</td>
<td></td>
<td>(6)a</td>
</tr>
<tr>
<td>Inhambane</td>
<td>358</td>
<td>233.0</td>
<td>125.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manica</td>
<td>210</td>
<td>83.0</td>
<td>80.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tete</td>
<td>972</td>
<td>172.0</td>
<td>95.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thailand - Thaïlande</td>
<td>NA/So</td>
<td>10.7</td>
<td>7.6</td>
<td></td>
<td>(21)b</td>
</tr>
<tr>
<td>Sudan - Soudan</td>
<td>NA/So</td>
<td>5.6</td>
<td>23.8</td>
<td></td>
<td>(21)b</td>
</tr>
<tr>
<td>Somalia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(21)b</td>
</tr>
<tr>
<td>NW Camps, Sept. 1980</td>
<td>NA/So</td>
<td>27.0</td>
<td>14.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baidoa, Apr-Nov 1992</td>
<td>62</td>
<td></td>
<td></td>
<td></td>
<td>(18)b</td>
</tr>
<tr>
<td>Afgoi (urban) Apr-Nov 1992</td>
<td>211</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Afgoi (rural) 1989</td>
<td>NA/So</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Merca/Qorioly April 1992</td>
<td>(19)a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident</td>
<td>442</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Displaced in camps</td>
<td>586</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Displaced in towns</td>
<td>232</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a Rates expressed as deaths per 1 000 per year. - Taux exprimés en décès pour 1 000 par an.

b Rates expressed as deaths per 10 000 per day. - Taux exprimés en décès pour 10 000 par jour.

Table 5
Mortality-related risk factors among children of famine-affected households by displacement status (Batha province, Chad 1985)

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>Non-displaced</th>
<th>Displaced — Déplacés</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Non-déplacés</td>
<td>Permanent</td>
<td>Temporaires</td>
</tr>
<tr>
<td>Immunization coverage — Couverture vaccinale:</td>
<td></td>
<td>Permanents</td>
<td></td>
</tr>
<tr>
<td>Measles — Rougeole</td>
<td>22.4</td>
<td>4.4</td>
<td>9.6</td>
</tr>
<tr>
<td>BCG</td>
<td>20.1</td>
<td>2.2</td>
<td>10.5</td>
</tr>
<tr>
<td>Wt/Ht &lt;80% of reference population</td>
<td>12.7</td>
<td>20.0</td>
<td>11.9</td>
</tr>
<tr>
<td>P/T &lt;80% of the population de référence</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

also examines the specific case of women and children in the current world emergency context. It identifies four broad policy areas that affect women and children in disaster situations and discusses them with examples and field evidence. The first policy area addresses humanitarian assistance and armed conflicts, and armed conflict and international humanitarian law, the use of food as instrument of war, mines and civilian disability, and rape and sexual violence are discussed within this context. The second problem discussed is the issue of unaccompanied and abandoned children in terms of its magnitude and implications for relief response. Thirdly, the article examines the differential risks in emergencies for mortality and morbidity, specifically for women and children. Finally, it addresses certain policies and approaches to disaster rehabilitation which effectively mirror and reinforce inherent inequities in the affected society.

The article notes that: (i) the largest proportion of disaster victims today arise from civil strife and food crises and that the majority of those killed, wounded and permanently disabled are women and children; and (ii) the ability of any country to respond effectively to disasters depends on the strength of its health and social infrastructure, and its overall developmental status. It
concludes by identifying seven areas where concrete measures could be taken to improve the current situation.

Résumé

Secours et reconstruction en cas de catastrophe: problèmes relatifs aux femmes et aux enfants

Depuis 1980, plus de deux millions de personnes sont mortes des suites immédiates de catastrophes naturelles ou dues à l'homme et le nombre total des réfugiés avoisinait les 16 millions en 1992. Le présent document décrit l'impact sur l'homme des catastrophes, sous deux angles: d'une part l'événement catastrophe et d'autre part la vulnérabilité de la population; il examine aussi en particulier le cas des femmes et des enfants dans le contexte mondial actuel des situations d'urgence. Il recense quatre grands domaines qui affectent les femmes et les enfants en cas de catastrophe et les examine à l'aide d'exemples et de témoignages recueillis sur le terrain. Le premier domaine concerne l'aide humanitaire et les conflits armés et l'auteur examine sous cette rubrique les conflits armés et le droit humanitaire international, l'utilisation des denrées alimentaires en tant qu'instruments de guerre, les mines et les incapacités, le viol et les violences sexuelles dans la population civile. La deuxième partie traite de la question des enfants sans famille ou abandonnés sous l'angle de son ampleur et de ses incidences pour la fourniture des secours. En troisième lieu, le document examine l'écart, en situation d'urgence, entre les risques de mortalité et de morbidité, en particulier pour les femmes et les enfants et, enfin, il aborde la question des politiques et des approches rélatives à la réadaptation à la suite d'une catastrophe qui renforcent en fait et reflètent les inégalités inhérentes à la société affectée.

L'article note que i) ce sont surtout les troubles civils et les situations de pénurie alimentaire qui font aujourd'hui le plus grand nombre de victimes en cas de catastrophe et que la majorité des personnes tuées, blessées ou handicapées à vie sont des femmes et des enfants et ii) que l'aptitude d'un pays à faire face efficacement aux catastrophes dépend de l'état de son infrastructure sanitaire et sociale, ou de son niveau de développement général. Il distingue en conclusion sept domaines où des mesures concrètes aideraient à améliorer la situation.

References - Références