

Psychosocial Issues of Disasters and the Aftermath: A Second Victimisation

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The article presents a summary analysis of the secondary psychosocial stressors and impact in the four-year aftermath of the Marathwada Earthquake Rehabilitation Project. The analysis reflects upon the day-to-day relations and experiences with villagers from the 52 core affected villages from 1993-1997. This paper seeks to trace the relationship between the change in psychological perspective as brought from the actual impact of the earthquake and then the ongoing relief and rehabilitation process. It focuses particularly on the impact of the 'rehabilitation package' and identifies eight key stages/milestones of the rehabilitation process and analyses the specific psychosocial consequences and impact of each stage.

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DISASTER MANAGEMENT AND PSYCHOSOCIAL IMPACT

A World Health Organisation (WHO) Report (1992) highlights the key activities of coping with disasters as essentially 'national preparedness, preventative and mitigation measures'. It reflects that the aspects of coping with disasters should include consideration of psychosocial components as: 'these can have an impact on people's behaviour before, during and after a disaster occurs, as well as being important in influencing the overall patterns of post-disaster morbidity' (WHO, 1992: 1).

This article seeks to examine this relationship further, in specific relation to the impact of the disaster rehabilitation measures and the secondary psychosocial stressors. Secondary psychosocial stressors are defined in the WHO Report (1992: 9) as

certain specific stresses that can arise in the wake of disasters, consequent upon social changes. These include the displacement of individuals to other geographic areas, housing people in camps, unemployment,

inactivity and lack of recreational possibilities, the fostering of dependency in survivors, general disruption of the social fabric and the breakdown of traditional forms of social support. Temporary camps providing inadequate facilities are known to house victims for years. Disruption of families can also have important psychosocial consequences upon the members and particularly on small children with no accompanying adults.

Such 'stressors' were vividly present in the post-Marathwada earthquake. Further, this study of the Marathwada earthquake relief and rehabilitation indicates that the physical intervention has a direct and causative impact of the later termed 'secondary psychosocial stressors'. The study indicates that primary emotions experienced immediately after the earthquake such as fear, grief, loss of control, helplessness and anger have been reinforced in the rehabilitation process. According to our independent personal experience of the Marathwada earthquake rehabilitation, this study will indicate the importance of applying the understanding of psychosocial impact of disasters to the psychosocial consequences of the 'rehabilitation process'.

The Marathwada Earthquake of September 30, 1993, affected 13 districts, causing damage to over 200,000 houses, destruction of 90 villages and death of over 9,000 people. The devastation caused by the earthquake led to the relocation and reconstruction of 52 villages of Latur and Osmanabad districts. The implementation of the Maharashtra Emergency Earthquake Rehabilitation Policy (MEERP) has provided a contemporary and succinct example of a period of defined external intervention, which sought to 'reconstruct' the area according to its own political objectives of economic development and growth.

The 1992 WHO Report states:

the tendency in the past to consider that the basic needs of the populations affected by a disaster were to be met essentially in terms of providing shelter, food, sanitation and immunisation against epidemics. Their psychosocial needs were seen as something too secondary to attract the attention of relief agencies and relief workers.

In such a situation it is clear that not only are psychosocial needs secondary, but their integral impact on the success of the rehabilitation policy is disregarded.

With reference to international psychosocial analysis, the WHO Report (1992) presents an epidemiology and description of psychosocial reactions to disasters, which traces emotional reactions,

psychological disorders, and specific psychosocial consequences following the disaster. The extensive study conducted of the Marathwada earthquake affected individuals by PRO-LIFE (Mumbai, 1994) of 2,152 earthquake affected individuals concludes that 60 per cent of the study population suffered from post-traumatic stress disorder as compared to 0.2 per cent of the control population. However, negligible psychosocial support was present.

SELF-SUSTAINING COMMUNITIES: THE TRADITIONAL STRENGTHS OF THE COMMUNITY

Ausa and Omerga Talukas were the key affected areas of Latur and Osmanabad Districts. These comprise remote rural villages situated approximately one hour from the township of Latur. The roads were of rough standard and other than an infrequent bus service, the interior villages are difficult to access particularly in the rainy seasons when the villages are cut off completely. The villages were, therefore, accustomed to an insular and highly self-sufficient lifestyle.

The community operates according to traditional caste structures with 80 per cent of the population engaged in agriculture. The area is rich with black cotton fertile soil in which a variety of standard crops like *jowari*, and *udad*, and *toor* dals are grown for home consumption. In recent times, the commercialisation of agriculture has led to rich farmers concentrating their crops on sunflower, groundnut, sugarcane, grapes, pomegranates and mangoes as cash crops.

Majority of the housing stock was constructed in stone, white mud and timber. Materials were available locally and transported from village to village by bullock carts. The stone and mud had excellent thermal qualities keeping the house cool and the timber/earthen roof insulated the house further from the heat and rains.

The houses were designed by the head of the household according to the needs of the joint family. Every household had a high thick stone boundary wall creating a secure open space within the compound and serving as an outer back wall and side wall for the rooms constructed. The front of the area opened to a courtyard with a roof above for the cattle or sheep. This courtyard provided the main living area for summer, food preparations, cleaning and drying grains, a play area for the children, and a general cool, protected area for general family living area which was comfortable for women to meet.

The villages were designed in a royal fashion, with an outer village wall having an arched entrance gate. In Nandurga village, the houses

were built on raised ground for defence reasons around an ornate village temple dating back as far as 400 years.

Though the village layout was often segregated according to caste, villages such as Gubal had Muslim and Hindu families living side by side as neighbours. In every village, community life had evolved in a harmonious way, with minimal migratory practice. Essentially the villages had lived as one 'family' over generations, sharing the same history and experiences. All religious festivals were celebrated together and marriages were conducted according to the traditional village practice with each family participating in the preparations. An annual prayer festival was held for a period of seven days for which the villages contributed to prepare food for the entire village to partake of together.

The Gram Panchayat functioned in the village to manage local water supply and basic amenities. Primary schools were present in most villages with secondary schooling provided only in the larger villages. Gram Panchayat schemes operated from the Taluka Block Development Office, including DRDA. Employment schemes for uneducated youth and a literacy scheme, which had been in operation for two years prior to the earthquake, were also in operation. Hence the area had a wealth of traditional resources and through its organisational structure had evolved its own efforts towards rural development.

COMMUNITY AND RELIEF INTERVENTION

The Marathwada Earthquake was a horrifying experience — in a matter of minutes thousands of people were killed and thousands more injured over a small and concise homogenous rural geographic area. The 1992 WHO Report presents an epidemiology and description of psychosocial reactions to disaster. This includes severe physical injury, exposure to extreme danger, witnessing death of close ones and mass deaths, combined with the traumatic experience of helplessness, hopelessness, separation and the need to choose between helping others or fighting for one's own survival. The specific behavioural pattern characterised by a stunned, dazed and apparently disengaged behaviour called 'disaster syndrome' has been described as a response to impact and the immediate aftermath. If the reactions such as flashbacks, intrusions and frightening memories, anxiety, numbness are maintained for more than a few weeks, they represent a 'post-traumatic stress disorder' (WHO, 1992: 8).

The experience of Latur and Osmanabad demonstrates the difference in the psychological consequences of this immediate post-disaster phase according to the ability of the community to draw on its own strengths and resources in comparison to adopt an attitude of dependency on external relief agents. The immediate post-disaster phase is often overwhelmed by a sense of helplessness and victimisation. However, due to the isolation of the area, survivors began their own rescue operations immediately after the shock of the earthquake by attempting to rescue those trapped under the rubble. The disaster was also a time for witnessing tremendous caring for others, such as in the case of Balagi of Nandurga, who spent the entire night and the next day in rescuing victims from the first earthquake-hit village Killari, before finally reaching his village to tend to his own family members. Such a time also demonstrated the strength of the community. The focus of energies into the rescue effort brought forth a determination in the survivors where their inner strengths brought about heroic acts and saving of lives. This was observed through the narration of the survivors of the earthquake. Those who had engaged in rescue activities of some sort and came together to assist, reflected on the positive aspects of how they had rescued and saved lives, and had also survived. Stories such as the little three-year old girl who was found alive under the wreckage in Mungrul, brought glimmers of hope and psychological encouragement of the importance of those still alive, rather than the feelings of hopelessness in being unable to save lives. In villages where there was partial damage, that is Bet Jawalgar and Koral, the households which had suffered less damage, proudly related stories of how they had prepared food for the entire village. This brought a clear indication of the psychological impact, as in villages where they were able to draw resources together they experienced a feeling of community strength and survival.

However, in the larger villages of Killari, and Gubal, the families related how they almost starved for two days until the relief trucks arrived and at that point how they had felt at being 'reduced to beggars' and the consequent recurring feelings of shame, helplessness and loss of dignity.

The Marathwada earthquake was reported as a mass area of destruction. However, the earthquake had actually struck a specific area of Latur and Osmanabad Districts. The intensity of damage and destruction was attributed largely to the poor quality of construction in the rural areas. Only 40 minutes away from the core area, the *pukka*

small townships of AUSA and Omerga Talukas were untouched and local government departments and colleges immediately rushed to the disaster area to provide aid and assistance. Latur Town is a well-developed area, having been a model of development and the constituency of Shivaraj Patil (ex-Speaker of the Lok Sabha). Local industry and business were able to respond immediately to the disaster with financial help and distributions. Shou College, a leading Degree college in Maharashtra, immediately deputed teams of students to the area and over the initial weeks conducted comprehensive community education programmes on health, sanitation and earthquake information. Morale was lifted by the local response in that once again narratives of the earthquake reflected the fact that people cared for them. Though the influx of volunteers is often discouraged as it complicates and obstructs the rescue and relief effort, volunteers can actually provide tremendous psychological strength as the villagers can reflect on the 'good people' who had come and shared their sorrows.

From October 1, 1993, onwards the government's response was marked by the actual presence of the Chief Minister of Maharashtra who camped in the villages to oversee the relief efforts. Convoys of relief trucks entered the core-affected area distributing milk, grains, clothes, cooking vessels, blankets, and so on. The government response was phenomenal and the public response staggering. Within 10 days basic amenities were provided. The government announced a ration scheme of 7 kilograms *jowari*, 1 kilogram wheat flour, rice, sugar, groundnut oil, onions and potatoes. Water was supplied by government tankers and repair of bore-wells was undertaken by the Public Works Department. In less than 2 months, 60 per cent of the construction of the temporary shelters for the 52 recognised 'A' category villages were complete. Some villagers also constructed makeshift huts from salvaged materials and within a week of the earthquake, a number of families had begun their own reconstruction. At Jawalga Pomedevi, a farmer put up his hut near his field and was ploughing the field to sow the second crop — sunflower. Such self-motivated and community action brought an immediate lift to the lives of people towards a sense of normalcy.

In addition to response at the village, local and state levels, non-governmental organisations (NGOs) rallied to the area to provide both immediate relief and long-term support. A larger number of NGOs reached the area to conduct relief work. However, there was

general confusion as to what to do and how. Most NGO initiatives, which largely focussed on distribution and income-generation activities (such as distribution of tailoring machines, livestock, and so on), created congestion and confusion. This was exacerbated by troops of funding agencies invading the place, all trying to sell their funds. The high profile nature of the earthquake had led to huge international fundraising activities. 'Given high publicity and relatively small area of relief distribution, territorial squabbles are to be expected' (Oxfam Field Report, 1993). An NGO Coordination Committee was formed in order to coordinate the efforts of 120 volunteers working in six villages. These volunteers helped the villages in rescue operations, set up temporary sheds, cooked and distributed food and set up distribution system for relief supplies, and so on.

SECONDARY VICTIMISATION: EXCESS OF RELIEF AND EXTENSION OF TEMPORARY PHASE

Excess Relief

The Marathwada earthquake witnessed a tremendous relief effort, launched immediately after the earthquake. However, in the long-term, the often uncoordinated and unplanned nature of this intervention can lead to an increasing severity of psychosocial impact. After a period of time, the prolonged relief effort saturated the affected area and adverse consequences were felt as market prices rose, farm labourers awaited distributions rather than returning to the fields and the politicised promises brought confusion and uncertainties. In Nandurga, the villagers requested the local NGO to stop the distributions so as to allow the villagers to return to their daily tasks. Such distributions were considered unnecessary, time consuming and aggravated the village relations as they were always marked by people 'fighting' for things they did not need. In the core villages, different distributions from the government and the NGOs arrived at the same time causing total confusion. Many of the items distributed were unfamiliar to the local people and fast distribution methods, such as dropping items from helicopters gave no understanding as to what and how to use items. A 'Boots Medical Kit' complete with disposable syringes, aspirin, bandages and tissue paper was found in a shed locked and used as a table. Water purification tablets were used directly in glasses of water. The most horrific was an imported milk powder, distributed one year after the expiry date.

The volunteers created an uplifting presence in the villages and though inexperienced, provided effective counselling to affected families in their sheer numbers and ability to visit families on a house-to-house basis. However, the volunteers also became tired and unsure of the manner and form to help after a period of time. Most volunteers felt that, being outsiders, their capacity was limited and decided to do whatever they could until early November and then resume their normal duties.

Anxiety and Abandonment

Both professional and voluntary efforts made an impact on the community, which was elated with the presence of dedicated and enthusiastic volunteers who initiated house to house counselling, medical camps, street plays, community groups, and so on. At a time when government intervention is minimal, such voluntary action is indeed lifesaving. However, in Latur the influx of volunteers was random and unsustainable. Just six months after the earthquake, there was an almost evacuation-like process of the area by the large number of volunteers and professionals, and a feeling of abandonment, disillusionment and perhaps a rude awakening to the reality that the people faced before them. In our camp alone, from the initial strength of 70 volunteers for 10 villages, there were just six volunteers left by February to care for the same number of villages. This led to a very physical sense of desertion among the people, as well as a feeling of individual loss of the social and health workers who had become so close (perhaps too close) to the families and their grief.

Six months after the earthquake marked a time of change, where the people deputed for relief and rehabilitation from the government and voluntary sector had to return to their permanent duties and commitments. The government and NGOs were busy drawing up funding proposals and accordingly drafting plans. It was also a point in time where terrific expectations had been built up on the reassuring words of volunteers that the people would get houses, jobs, proper health care, and so on.

In psychological terms, the seven month cycle is presented in terms of a sequel of emotions of disbelief, loss, anger and grief, and it is understood that it is often months after the death of a loved one that reality sets in. This was the most visual and hard-hitting point in time where the survivors were perhaps at their most vulnerable and were faced with broken promises and false expectations.

THE RECONSTRUCTION PROCESS

From November 1993, the emergency relief phase was 'officially over'. Those government personnel transferred on emergency duties returned to their original posts. Government mobile clinics were withdrawn and the supply of free medicines to NGOs providing service to the area was stopped. Conditions in the temporary shelters became acute and the absence of sanitation facilities in crowded living conditions created outbreaks of diarrhoea and gastroenteritis. Scabies was rampant, as there was no area to wash clothes or indeed get clean water to do so. The deterioration of the 'temporary sheds' became hazardous as the roofs were lifted in storms. People once again faced fear and destruction of their belongings. There was nowhere to store their grains and the frequent rains destroyed their property. 'Temporary' electric connections proved fatal as fires occurred in Lamjana, Gubal and Sarani villages destroying more than 100 sheds, personal property and livestock.

It was at this point in time, and perhaps the only 'breathing space' in the rehabilitation process, that the affected people were left to address the question of how to rebuild their lives. The response was not only positive; it also held out a strengthening and onward direction as villagers could plough their sorrows and loss into hard work and control. However, simultaneously, rehabilitation plans were being drawn up by the authorities. International agencies advocated that if the benefits of this project were to be sustainable, it was important that the project be planned and implemented with the help of the community. Active participation by the different social groups in each village should ensure that the houses were built to a layout, which supported the lifestyle of villagers. The process should also generate a sense of involvement within the community, which will hopefully counteract any feelings of dependency, which may develop as the government is leading the reconstruction effort. However, a senior Overseas Development Agency (now the Department for International Development) official related that 'While the Chief Minister and Chief Secretary carefully listened to our earnest recommendations of community participation, low cost and local designed houses, the telephone lines were buzzing as contracts were issued and trucks and tempos packed full of cement and steel headed out to Latur'.

The reconstruction plan, in fact, presented the largest construction package ever to bidding contractors. The provision of relocated

villages presented open green field sites ready for mass construction projects. The State Government's key objective was to complete the housing within six months and gain the confidence and votes of the people. It, therefore, demanded fast blanket contractor constructions, which had little regard for community participation.

Local politics thrived on the reconstruction effort, as it was suddenly endowed with money and muscle-power. The traditional forum of the Gram Panchayat, which was to be responsible to the Gram Sabha, was side stepped by the new village level committees (VLCs). The VLC was set up as an independent body by the World Bank to select the donor agency, contractor, site selection and house allocations. The VLC, although on paper included the Gram Panchayat, women and backward caste representatives, was dominated by local leaders who were entitled to take all the key decisions without village consent. The World Bank time frame for community consultation to take place within two weeks also gave no time to educate or prepare the villagers to partake in the process. The agencies exercised the same pressure regarding time and our village reports indicate the hand-in-hand relationships between the village leaders, NGOs and government officials. Though separate NGO efforts were made to empower the disadvantaged groups, they were conducted as an independent long-term strategy which did not directly monitor or influence the central VLC.

The move from the advocated 'community-led' reconstruction process to the contractor-based reconstruction caused a 'humiliation' of the local people. From a position of self-sufficiency, the people became absolutely dependent on the outsiders 'rehabilitating them'. The WHO Report (1992) notes that the response to the challenge of the disaster appears to show greater strengths and coping, which leads to enhanced social and community functioning. However, feelings of redundancy, uselessness, weakness and alienation often leads to dependency, alcoholism and social withdrawal. In Latur, the community's own inner strengths, traditional skills and craftsmanship and local natural resources were made redundant by the alien and urban style rehabilitation programme. In essence, they were literally displaced from their own land and identity.

HOUSE DESIGN: BUILDING MATERIALS AND TECHNOLOGIES

Traditionally, the construction of a house was a very personal endeavour in which the house-owner had total direction and control.

The traditional houses had been designed by the head of the household to accommodate the family's working and living needs. This created a personal design, which was incorporated in the house according to individual characteristics. Shepherds would have a large compound area to safely enclose their sheep and goats. A cattle shed was built adjoining the house. Farmers had a specific area earmarked in their houses for storing their grains. Carpenters and craftsmen had large courtyards which served as their working area. Senior members of the village would have traditional reception areas or a hallway for guests.

Despite tremendous lobbying, research, and a firm commitment in the preamble of the State Government's Maharashtra Earthquake Rehabilitation Project, of the 52 villages which were relocated, not one house was constructed using local materials or design. The Donor Agency Programme originally set the scene with technological experiments such as the geometric design. The government housing was dominated by the initial Maharashtra Housing Agency and Development Authority design, a modified version of Mumbai slum housing projects. Such houses, in no way, accommodate the lifestyle of villagers. The new house design was a uniform box structure in which there was no provision for keeping livestock, storing grains, an open living area, or a separate cooking area. Further:

1. Land prices rocketed as land was acquired for new sites. Locally available recyclable materials of stone, mud and timber were discarded, while cement, steel and sand were imported to the area. The increased demand of water for construction left the entire area parched of water for domestic and agricultural use.
2. The building materials and technology alienated the people from the reconstruction process. During reconstruction and due to the allocation of houses after completion, a house-owner had no opportunity to monitor, supervise or even observe the construction of his/her own house. This distanced the house-owner both psychologically and practically.
3. The unit housing system could only accommodate a nuclear family. The majority of families had lived as joint families for generations. The housing allocation process was often conducted on a random basis and placed family members at opposite ends of the vast colonies. This disrupted the entire family living system as it forced the introduction of independent cooking, shopping and division of properties leading to family

disputes and, often, total isolation of older family members who had to take care of themselves.

4. The village layout was designed in a 'grid-type' form. Artificial 'open spaces' were provided for 'community activities'. Traditionally, such community gathering places and activities had evolved within the village according to the environment, that is, often the meeting place was under a huge mango tree providing shade. Such an environment was absent from the new 'green-field sites', which had cleared all 'obstructions' in view of the mass reconstruction.

The size of the village was also dramatically increased. Killari village was increased from 50 hectares to 150 hectares. The rationale again was 'development'. Roads of 9 metres were devised to accommodate vehicles, where functionally bullock carts were used on roads of a 4-5 metre stretch. This extension of the village changed the close interaction with villagers. Previously, village meetings were called by sounding the temple bells; now it was impossible to physically call all the households and often separate meetings had to be held in separate areas of the village.

Cultural considerations were not taken into account. This was particularly evident with regard to the tribal villages. In the Banjara community of Nandurga and Limbala Tande, the houses were traditionally arranged to face the sun, their God. The grid-type housing colony did not accommodate such beliefs. Further, the shift from the old village to the new was considered 'damned' by the villagers. This was because the entire village did not shift as a community with the village idol, but rather in an ad hoc way — some before and some after the village idol. This deepened psychological fears and extended the unsettled feelings among the community.

Marathwada custom kept women very much within the home. The open private courtyard in the joint family home allowed for women to sit and chat while busy in household activities and watching over the children at play. The colony style layout obstructed such vital day-to-day interaction as there was no private area to gather. Rather, they would have to sit alongside the roadsides or walk to the 'official' open space, both of which were unacceptable in the traditional village culture and unfamiliar to women. Such elimination of cultural conditions, though perhaps favourable in the eyes of 'development' could not be accepted in such an instant and enforced manner. This caused tremendous upset and disorientation of the people.

RELOCATION

The relocation policy led to a series of divisions among the people and their effective displacement from their lands and livelihoods. The site selection process was dominated by the 'new development approach' of the town city planners who chose that sites should be on the roadsides, yet a distance of up to 8 kilometres away from a villager's fields. Disputes over site selection led to villages being divided according to the landed and landless. A series of new villages arose such as Nandurga I, Nandurga II; Ashiv I, Ashiv II; Killari I, Killari II; and so on. Such divisions essentially created caste conflicts.

Life or Livelihood

In Sarani village, the houses were reconstructed on one site located 6 kilometres away from the fields. The villagers filed a petition stating that such a relocation would essentially lead to loss of livelihood and displacement from their traditional water and land resources. The petition is currently stayed in the High Court. The houses remained unoccupied for 18 months despite the provision of all community facilities; instead the villagers struggled in the temporary shelters facing storms, and electrical fires. Eventually the poorer landless and the lower caste people were forced to shift. The richer, high caste farmers were able to reconstruct houses near their fields. The small-scale farmers are forced to remain stranded between the choice of life or livelihood.

Site Congestion

The traditional sites were located approximately 6 kilometres away from each other. They were positioned on higher grounds for defence purposes and close to a water source for domestic and agricultural needs. They were surrounded by the village fields on which they worked daily and also provided open field space for sanitation purposes. Many villages had 'ladies' and 'gents' areas allocated for morning and evening usage.

Due to availability of land and in accordance with the 'township' approach, new villages were resettled side by side. Within 6 kilometres, Gangekheda, Mungrul, Gubal, Nandurga Tande and Limbala Tanda villages are situated in an urban row. The housing colony stretches back from the roadside as far as the eye can see. The open fields are out of sight, and hence villagers have to walk 4-6 kilometre

for daily needs or instead use the congested roadside. Water is provided through a constructed pipeline, the construction of which is still pending in many sites or under repair. In Hassalgaon, the villagers left the completed houses vacant for more than eight months due to the severe water shortage, their frustration leading to the eventual vandalism of the new houses. This vandalism is reminiscent of the vandalism of the housing societies constructed in England in the fifties and the sixties. Analysis has shown that concrete box structures create an aggressive psychology of frustration and isolation.

URBANISATION OF THE AREA

The rehabilitation package had a specific impact on the economy, as well as on the social, political and cultural aspects of people's lives, all of which had specific psychosocial impact as examined below

The contractor-based construction programme created a superficial economy which generated a tremendous amount of money yet not in the rural economy. This shift from a self-sustaining agricultural community to a cash-based consumerism was a sudden step into urbanisation. Traditional skilled labourers like the *wadars*, *govinde* and *sutars* were discarded from the housing process, while skilled and unskilled labourers were brought in from outside Maharashtra. The construction programme employed the local landless unskilled labourers. The increased income from construction work to the landless came as cash-in-hand without any source for re-investment and hence became 'money-to-burn'. These unskilled labourers also preferred to work on construction sites to agricultural fields as they were paid more in the former. Landed farmers faced an acute shortage of labourers and were forced to abandon crops.

Such impact had a psychological and social impact as the feeling 'live for the day' ran through the psyche of the earthquake survivors. The extra income provided by the rehabilitation effort in combination with uninformed fears of another earthquake and unpredictable future led to a rash consumerism among the people. Widowers were keen to remarry quickly in order to continue the family line. In contrast, the widows which were still bound by the traditional rules of non-marriage, were almost ostracised from the village. Families were keen to marry their daughters fast in fear they may die in a future earthquake leaving their girl children unprotected. The increase in marriages led to an increase in dowry demands from an average of Rs. 5,000-50,000. The excess money created a black market for

redundant villagers. The loss of control and direction felt by the villagers led to an increase in alcoholism, reaching a peak in the core villages of with at least one member affected in every household.

The influx of migrant workers in the villages led to an abrupt culture shock to the otherwise insular rural area. In Nandurga, the population almost doubled due to the settlement of migrant construction labourers. Cramped living conditions in temporary sheds over a period of five years led to an urban style existence where the girl-child could not always receive due care and protection. Prostitution became more 'commercial' within the villages with the mass of migrant construction workers living alone for months on end. Severe health risks, including the incidence of HIV, became prevalent in the area.

CONCLUSION

Disaster Mitigation

From the outset of the damage assessment reports, the extent and magnitude of damage was attributed, not to the intensity of the earthquake or the type of building construction, but essentially to the poor quality of construction in the area. The reports focussed on the need to educate villagers about the newly discovered earthquake prone nature of the area. The entire reconstruction process was supposed to combine an emergency response with a developmental approach by creating a capacity within the village to construct their own earthquake-resistant housing. Such objectives were sidelined for assumed political and economic reasons.

The lack of effective earthquake awareness and education entrenched a constant fear within the people. Our detailed survey conducted for the Building Material Technology and Promotion Council of the Government of India indicated that a negligible percentage of earthquake-affected people understood how to repair and maintain the basic structure of the house; how to extend such structures using the same technology; knew where to purchase or how to transport the materials; or had access to the infrastructure required in order to construct in such technique and could financially afford to construct in the same fashion. Many of the villagers had already commenced construction of the new houses located in their fields using the local materials of stone and mud in precisely the same technique as that which was responsible for killing their families.

However, though such reports indicate the acute human importance of psychosocial intervention and analysis we witnessed the low priority given to the research, training and infrastructure to attend to the psychosocial consequences of disasters.

National Disaster Management

Since the devastating Marathwada Earthquake in 1993, we have experienced three more severe earthquakes in Jabalpur, Garhwal, and Gujarat. In addition, there have been tremors in seismic zones, including Mumbai. Each of the earthquakes has been the subject of a range of workshops and documentation. Extensive disaster management research and training has been commissioned at the international, governmental and non-government levels.

Yet, to date, there is no national disaster response policy regarding interventions in earthquakes. It is left up to the State Governments to determine its own role in disaster situations. The Central Government provides support in research and provides a limited fund for finance under the aegis of the Department of Agriculture, as Disaster Relief National Fund.

This ad hoc measure has resulted in diverse responses among State Governments, no better realised in the comparative situation of the Marathwada Earthquake, whose Chief Minister led his government into a highly proactive response, and the Jabalpur (Madhya Pradesh) earthquake of equal physical destruction to property, where the dismissive reaction led to the low key passive response of the government.

The Gujarat earthquake of 2001, was the most visual tragedy as television screens presented images of the Republic Day's vibrant processions while thousands of lives were trapped, traumatised and lost under concrete rubble in the so called 'golden hour' of rescue and relief ethics. Though repeated lessons are learnt, it seems that only lives account for the failure in disaster management.

NOTE

This paper is based on the day-to-day field experience of the Marathwada earthquake and its aftermath, which compelled us to stay and work in the affected villages for more than four years. The observations and reflections presented in this article are based on chronological diary entries over a period of four years and must be attributed

to the privileged experience of living and working in the same temporary shelters in the villages. As such, the paper presents a telling trajectory of the psychological and social aftermath of the earthquake and the rehabilitation process from 1993-1997. This paper recounts a living experience of how the immediate psychological impact of the disaster perpetrated into every aspect of the people's lives. More than this, the paper indicates that the psychosocial impact of the actual disaster was reinforced in different stages of an externally planned rehabilitation of the area. It draws upon the initial determination and strengths demonstrated by the people, and analyses the slow deterioration of the self-will and self-determination in the rehabilitation process, as victims were alienated from their lands, natural resources and identities.