DISASTERS: HOW TO HANDLE ADOLESCENTS

GERTRUDE’S CHILDREN’S HOSPITAL

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OUTLINE:

- Definitions
- Background
- Why Adolescents?
- Spectrum of Impact
- Management Approach
- Role of Gertrude’s Children’s Hospital

Adolescents in disaster:
DEFINITIONS:

- **Disaster**: A disaster is an occurrence disrupting the normal conditions.

- **Vulnerability**: The predisposition to suffer damage due to external events.

- **Adolescent**: WHO identifies adolescence as the period in human growth and development that occurs after childhood and before adulthood, from ages 10 to 19.
KENYA NATURAL HAZARDS

Adolescents in disaster:

- Drought areas
- Flood prone zones
- Landslide prone zones
- Secure areas
- Drought prone areas
DISASTERS IN OUR SCHOOLS

Kyanguli fire (2001): 68 boys died
Why Adolescents?

• 1 in 5 adolescent girls 15-19yrs is a mother

• 1/3rd of those without education are mothers

• 1 in 3 married adolescent girl experience violence-physical, sexual
Percentage of girls 15-19 yrs who have began childbearing
IMPACTS AND VULNERABILITY:

- Types of losses
- Gender-specific impacts
- Sexual vulnerability
- Mental Health and mental Illness
- Sexual and reproductive health
- Trafficking
- Child soldiers
- Loss of access to education
Losses seen in disaster situation:

- Time for learning/opportunity
- Home/ belonging
- Family and friends
- Order/routine and meaningful activities
- Health and capacity
- Trust in response to personnel/ witnessed experiences of harm or abuse
- Loss of education
GENDER-SPECIFIC IMPACTS:

- Lens through which to consider vulnerability
- Exacerbates existing inequalities (Jean-Charles, 2010)
- The stronger the disaster the greater the gender gap (Neumayer and Plumper, 2007)
- Boys vs Girls
SEXUAL VULNERABILITY:

- Live in camp settings
- Sexual exploitation
- Sexual violence
- Mainly affects the girls
- Associated with serious health problems
MENTAL HEALTH AND MENTAL ILLNESS:

- A dominant focus in research
- Posttraumatic stress disorder (PTSD)
- Other include: depression, Anxiety, conduct-related disorders
- Most children recover within 1 or more years of the traumatic events (*Labreca and Silverman*, 2009)
SEXUAL AND REPRODUCTIVE HEALTH

- Various barrier that prevent adolescents from accessing above services
- Individual, social-economic and structural factors
- Some subgroups have been identified as being particularly at heightened risk during crisis situation
TRAFFICKING:

- Fueled by deepening poverty
- Human trafficking is primarily related to recruitment and use of child soldiers
- Also associated with sexual exploitation, cheap labour
**MANAGEMENT APPROACH:**

- Adolescents preparedness and survival skills
- Adolescents as spontaneous active participants in early recovery phase
- Cultural sensitivity in adolescents programming
- Active participation of young people
- Heath issues: physical, reproductive
MANAGEMENT APPROACH:

- Psychosocial health and mental health interventions
- Education: livelihood education
- Peace education
- Safe spaces
- Reintegration of child soldiers, activities (art, leisure, sports)
- Research, monitoring and education
ROLE OF GERTRUDE'S CHILDREN'S HOSPITAL:

- Training:
  - Institutions like schools
  - Teachers/ school nurse
  - Adolescents

- Empowerment of the adolescents- **YOUTH SEMINAR**

- Has an adolescent clinic – **ALL STARS CLINIC** – has database in place

- Has **SUNSHINE CLINIC**- a good percentage of children attended are adolescents and has already existing peer groups

- Psychosocial support.
Yesenia

“We need to work together for a well-prepared and enterprising country. We need to be valued for who we are and not for what we appear to be.”

José

“I wish my school would receive training on risks in my community.”

Javier

“I wish schools had meeting points and security.”

Pamela

“For adults to listen to us because we can give opinions and solutions. They need to hear our voices.”