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EMOTIONAL IMPACT FOLLOWING THE TSUNAMI IN ENDOGENOUS PEOPLE AND MAINLAND SETTLERS IN THE ANDAMAN ISLANDS

Sir,

A survey conducted a month after the tsunami in December 2004 in the Andaman islands compared the emotional impact and coping in endogenous people (EP) and second-generation mainland immigrants (ML; from Tamil Nadu, Andhra Pradesh and West Bengal), as the groups differed in (i) social organization (EP constituting close communities under a 'captain', ML having the family as the main (unit), and (ii) religion (EP mainly Christians, ML mainly Hindus). The

groups were comparable with respect to education, socio-economic status, age-range (25 to 55 years), tsunami-related loss and trauma (though this was not directly measured). The immigrants constitute approximately 70% of the population and are well integrated. Out of 1800 persons approached, 500 completed a survey of symptoms and 68 completed an additional survey of coping strategies. Of the 500, 54% were endogenous people. Respondents rated the intensity of four symptoms that are commonly reported by disaster survivors,^[1] viz, fear, anxiety, disturbed sleep, and sadness using a 10 cm analog scale.

The ML group had higher levels for all four indicators ($p < .001$). The mean values and standard deviations for ML versus EP group, respectively were: (i) for fear: 5.7 ± 3.0 cm versus 4.4 ± 2.9 cm; (ii) for anxiety: 6.2 ± 2.9 cm versus 4.4 ± 2.8 cm; (iii) for disturbed sleep: 5.0 ± 3.6 cm versus 3.9 ± 3.0 cm; and (iv) for sadness: 7.2 ± 2.5 cm versus 5.5 ± 2.8 cm.

Following a major disaster the coping strategies used have an important effect on physical and mental health.^[2] An exploratory analysis of coping strategies based on the sub-sample of 68 showed comparable numbers selected specific strategies as first choice, viz. interpersonal contact or using religious practices. The groups differed in their second choice, the largest number of the EP group selecting interpersonal contact while the ML group selected denial strategies, especially alcohol ($p < .001, \chi^2$). These differences may have contributed to the higher levels of distress in the ML

compared to the EP group, as the 'stress buffering' effect of religious beliefs and social support are recognized.^[3] However other factors may also have contributed, such as previous traumatization, education, support received, ways of expressing distress or scoring the analog scales and individual vulnerability.

This study showed that in the Andaman Islands affected by the tsunami, people of different origins had different coping strategies and levels of distress, which may be relevant for their rehabilitation. The ML group may be in particular need of intervention to reduce their distress and improve their coping.

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