

Impact of the Chernobyl Disaster Perceptions on the Reproductive Health of Ukrainian Women

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Background: This study examines perceptions of the Chernobyl nuclear accident and reproductive health decisions among two populations in Ukraine: women who lived in the relatively non-contaminated city of Lviv (Control Group) and women relocated to Lviv from the contamination zone surrounding Chernobyl (Evacuee Group). The association between the women's exposure to the accident and their psychological and physical health also was investigated.

Methods: A survey was administered to the Control Group (n = 69) and the Evacuee Group (n = 28), and included measures of: background and socioeconomic status, knowledge and attitudes of the Chernobyl disaster, reproductive-making factors, psychological and physical health, and reproductive history. The surveys contained investigator-created questions and well-established scales (e.g., Brief Symptom Inventory etc.).

Results: Overall, the Evacuee Group exhibited greater levels of stress reactions after Chernobyl, less trust in the information provided by the authorities and greater health anxiety than exhibited by the Control Group. The psychological and perceived physical health measures of the Evacuee Group also were lower than those of the Control Group. Evacuees reported that Chernobyl had a significant impact on their reproductive decisions. This was supported by a greater decrease in live births and an increase in the number of abortions after the accident in comparison to the Control Group.

Conclusions: These findings reveal that over nineteen years later, women evacuated from Chernobyl following the nuclear disaster, reported significantly poorer psychological and physical health. Evacuees also continued to manifest health anxiety and stress reactions. The impact of the event and subsequent evacuation documented in this study on life course decisions and psychological status suggests that additional attention should be paid to the socio-psychological aftermath of major disasters.

Keywords: Chernobyl; disaster; reproductive health; Ukraine; women

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Session 3: After Care

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Establishing Permanent Mental Health Programs Post-Hurricane Katrina: Lessons Learned and Recommendations for Practice in Underserved Communities Impacted by Mass Trauma

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Operation Assist, a joint initiative of Columbia University's National Center for Disaster Preparedness and the Children's Health Fund was formed after Hurricane Katrina hit the Gulf Coast of the United States in August 2005. Mental health, medical, and public health professionals have spent one year addressing the needs of victims through direct work and research programs, which have resulted in findings relevant to disaster preparedness, resilience, and the creation of child-focused mental health programs post-disaster. While the immediate impact of a disaster is ubiquitous and widespread, children are most likely to require mental health intervention following a disaster. It also is important to care for families and service providers who also are at risk. Operation Assist staff have worked closely with local community leaders as well as with key health and mental health officials to develop relevant programs to meet the mental health needs of children and families. The proposed presentation will describe one year's work with children and families affected by Hurricane Katrina. Program findings, recommendations for future work and implications for policy, delivery and practice that are applicable to underserved communities impacted by mass trauma around the world will be discussed. **Keywords:** children; disaster; Hurricane Katrina; mental health; public health

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Assessing Mental Health Disability and Its Psychosocial Correlates in a Cohort of Displaced and Residents from the Hurricane Katrina-Affected Gulf Coast

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A number of clinical and social psychologists have described acute traumatic stress as a normative response to disasters, much of which may be time-limited. However, other individuals exposed to disasters and major traumas experience varying degrees of significant mental health disability which may require clinical or social interventions. The field of disaster mental health has categorized patients in to one of three broad categories: (1) individuals with pre-existing psychiatric disorders who need ongoing, continuous care and treatment; (2) individuals with significant mental health disability subsequent to a disaster that might be related to post-traumatic stress disorder or other clinical