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Sustainable Development Goal (SDG) One and Older Persons' Disaster Preparedness in Kenya: A Conceptual Framework

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Abstract:

'Ending poverty in all its forms everywhere' is the current United Nations clarion call priority number one. The general appeal to carry everyone on board in the quest to end poverty and empower all human populations regardless of age, gender, economic or social status means that older persons must also be given an important space in this debate. Yet, this group still remains largely isolated, especially on the face of disasters such as floods. For example, following the current heavy rains in Kenya which have led to a lot of human suffering as a result of devastating floods, no special attention appears to be given to older persons. Despite the media highlights of the daunting effects of the floods, nothing has been featured specifically on older persons notwithstanding this group's high susceptibility to these consequences. Tied to this is the bigger problem of poverty as the floods cause untold suffering to the people including sweeping away crops in the farms and destroying other household possessions. As the floods leave a trail of destructions, older persons-headed households are dealt bigger blows both in the short and long runs. This paper is a conceptual framework on the disaster preparedness of older people in the context of poverty among senior citizens in Kenya. The paper narrows down to issues related to floods in the country, and is guided by the following research questions: how do older persons respond to floods in Kenya? What kind of assistance do older persons faced with floods in Kenya receive from family and friends? What humanitarian assistance is there for older persons faced with floods in Kenya? The paper gives a critical analysis of how these questions are addressed with the aim of giving older floods victims a sense of hope in the short-term and help them deal with poverty and hunger in the long-run. As much as older persons seek for and expect assistance from individuals and organizations to deal with the effects of floods, they do not usually receive the help. Not even humanitarian organizations give them first priority. Post-industrial dynamics where their adult children stay away in cities or elsewhere has led older persons to stay in loneliness hence increasing their psychological suffering. Conversely, they are left with grandchildren to care for due to migrations or deaths of the middle generation. The end result is chronic poverty hence giving them very little chance to be prepared for the effects of floods or any other disasters. Despite several dynamics jeopardizing older persons' lives especially during floods and other forms of disaster, there are still chances that family and friends as well as humanitarian organizations could help them cope during and after emergencies. Yet, this still remains untenable especially given the country's weaker policies on older persons and ageing, failing to give a clear roadmap on how to assist senior citizens during disasters. They end up being treated like everybody else despite their disadvantaged situations and their unique needs that call for special attention. This study gives several recommendations on how to address poverty and hunger among older persons, especially to those faced with floods and other disasters. Professionals, disaster handlers and all stakeholders must be guided by certain principles for maximum effect. These include: giving quick assistance with recovery of material possessions, paying special attention to suitable housing relocations, and insurance service providers having service policies targeting older persons and age-related ailments. Disaster management staff should also be trained on how to empathize with older disaster victims and give them proper guidance. Efforts should also be made to guarantee them access to food distribution points while at the same time humanitarian aid agencies ensuring that older disaster victims' nutritional requirements are met in terms of micronutrient content, palatability, and digestibility. Older flood victims should also be prioritized for health checks at the evacuation or reception centres. Where necessary, there should be facilitation for their access to age-friendly mobile clinics, including having consultation rooms at ground floors or where the rooms are accessible through ramps. In addition, the services should be free or subsidized and good quality drugs be availed, especially those for chronic diseases to guarantee continuity of treatment.

Keywords: Disaster, humanitarian assistance, older persons, poverty, sustainable development

1. Background

'Ending poverty in all its forms everywhere' is the current United Nations clarion call priority number one. Otherwise known as Sustainable Development Goal (SDG 1), this is meant to bolster the general appeal for not leaving anyone behind in our quest to transform the world into a better place to live by 2030 (UNDESA, 2015; HelpAge, 2013). While the overall idea is to bring everyone on board regardless of age, gender, economic or social status, older persons still remain largely isolated in this debate. Population ageing is increasingly becoming a worldwide concern, with the World Health Organization (WHO) contending that soon people aged 65+ years will surpass children under the age of 5 (WHO, 2011). Buttressed by improved

medical care services and improved life expectancy, most of the increase of the ageing population is expected to be witnessed in developing countries. It is estimated that between 2010 and 2050 the number of older people in Sub-Saharan countries will rise tremendously, compared with the scenario in developed world (HelpAge, 2016). In Kenya for instance, according to the Centre for International Research (CIR), it is projected that by 2020 there will be more than 4 million of its people aged 55+ years, which is almost double the current number (GoK, 2014). No doubt this development will pose a huge challenge to the country given that among other sub-Saharan countries, Kenya is not well grounded in addressing the concerns of older persons and the population ageing phenomenon in general (Age UK, 2016).

With industrialization and modernization disrupting household living arrangements where there are common skipped-generation family households, older persons are even experiencing rougher times raising grandchildren whose parents have either died or migrated to cities in search of better jobs. This scenario makes it harder for the government and humanitarian agencies to address issues related to poverty among older citizens. The current heavy rainfalls which were preceded by prolonged droughts in Kenya are causing more harm than good especially to families living in lowlands where they are likely to be swept away by raging floods. This often becomes most critical to older members of the family who are least prepared to run to their safety and whose low immune systems make them even more vulnerable to water-borne diseases such as typhoid, cholera, and diarrhoea among others.

Although extreme weather conditions affect all people regardless of age, older persons are at greater risks. Majority live in poor health – both physical and mental – hence making them more vulnerable to disaster such as floods. Their unique living arrangements where majority may be living alone makes them less prepared to deal with emergencies and recover as quickly as possible when disaster strikes. Furthermore, majority of older persons live in rural areas which are at higher risk of flooding and where it may take long for them to access humanitarian assistance in the event that they are faced with emergency needs. Like many other forms of disasters, floods disrupt older persons' lives especially given their already disadvantaged positions. Among other effects, the overflow may threaten their health, access to safe drinking water, nutritious foods, and safe and warm shelter. Poor sanitation and contaminated water were particularly a precursor for gastrointestinal illnesses more so in rural areas where households generally rarely treat their drinking water.

Several cases are currently being highlighted by the media where older people in Kenya are facing the full brunt of the heavy rains, with the latest having occurred in Central Kenya where an old couple was covered in a mudslide together with their children. This then raises the question as to how much prepared older persons are in dealing with the broader subject of disaster, and specifically floods in the current climatic conditions in Kenya. Tied to this is the bigger question of poverty as the floods are sweeping away crops in the farms and destroying other household possessions hence dealing a blow to the older persons-headed households both in the short and long runs.

2. Objectives

This paper is a conceptual framework on the disaster preparedness of older people in the context of poverty among senior citizens in Kenya. The paper narrows down to issues related to floods in the country, and is guided by the following research questions:

- (i) How do older persons respond to floods in Kenya?
- (ii) What kind of assistance do older persons faced with floods in Kenya receive from family and friends?
- (iii) What humanitarian assistance are there for older persons faced with floods in Kenya?

The paper intends to give a critical analysis of how these questions are addressed with the aim of giving older floods victims a sense of hope in the short-term and help them deal with poverty and hunger in the long-run.

3. Literature Review

In light of rapid demographic changes where more people are now living to their old age, governments and the international community are struggling to institute policy guidelines on how to deal with this newly emerging socio-economic situation. In the centre of this is how to mainstream the concepts of aging and life-course so that older individuals are not left behind in the global quest of eradicating poverty from the midst of all human populations. Yet, these efforts have faced numerous challenges. These include emergencies such as floods which often occur amidst an environment where stakeholders in disaster management are ill-prepared to handle them.

In many parts of the world where floods have occurred, older persons have been affected severely. For instance, in 1996 floods occurred in Saguenay, Canada and left a trail of destructions where over four hundred homes were destroyed and about 16,000 people evacuated by the municipalities. Among the evacuated people, about 2,000 (12.5%) of them were older persons (Maltais, 2006a). Furthermore, according to Maltais (2006b), two years later the same experience was witnessed in Quebec where a one-week period rain rendered 4.8 million residents affected, with about 11 percent of the victims being individuals aged 65+ years. In the latter case, 30 deaths were reported, with 50% being older people aged over 65 years. In terms of the effect the floods had on the older people, majority of them were displaced and left traumatized.

Studies reveal that older persons are more vulnerable than other categories of people during emergencies and disasters such as floods (Age UK, 2016). During the Japanese Tsunami in 2011 for example, statistics show that more than 65% of those who died were aged at least 65 years yet older residents only made about 23% of the total population in Japan (HelpAge, 2011). Similarly, during the Hurricane Katrina in 2005, despite older people constituting only 16 percent of the total

population, majority (75%) of those who died were actually older persons. Similar evidence has emerged in Malawi where older persons are more vulnerable than others due to varied dynamics associated with old age. According to the World Health Organization (2011), poverty and loneliness are the most common susceptibilities of older individuals. The situation becomes worse when viewed against the predominant crumbling family structures occasioned by common movements of adult children to urban areas in search of better living. Results on poverty inquiries in Malawi for example indicate that there is prevalent and deep-seated paucity among older persons in Malawi. This was being aggravated by the common isolation being experienced by the county's senior citizens due to their adult children's moving to cities in pursuit of white collar jobs (UN, 2011). Ironically, the older parents end up being forgotten completely or at best isolated for long. Other afflictions making older persons more vulnerable to disasters include disability and mobility limitations, psychosomatic problems, dietary deficits, and the burden of caregiving among others (Lopez, Mathers, Ezzati, Jarnison, and Murray (2006).

Furthermore, Lopez et al (2006) posit that older persons are more severely affected by common afflictions due to challenges they experience based on their advanced age and possible deterioration of their health conditions. This would make it difficult for them to flee when disasters such as floods strike. In any case, due to their emotional attachment to their social environment and experienced difficulties in mobility, majority of older persons are reluctant to leave their homes and abandon their possessions even in the midst of catastrophes (Oxley, 2009; Lafortune & Balestat, 2007). When it comes to decision making, older persons' opinions are rarely sought even when those decisions directly touch on their welfare. Studies have shown that they are even hardly prioritized within the humanitarian response arrangements (Christensen, Doblhammer, Rau, & Vaupel, 2009). What's more, many are unable to travel to health facilities, withstand long queues for food supplies, carry heavy loads of food and water rations, or generally favourably compete with younger and energetic people for relief deliveries.

3.1. Floods in Kenya and Their Effects on Older Persons

The effect of floods caused by El Niño rains experienced in Kenya between October 1997 and February 1998 will forever remain in Kenya's history. Indeed, the adverse effects of floods to human life in Kenya come only second to epidemics, among common hazards (DMCN, 2004; Mutua, 2001). Usually occurring due to natural factors such as flash floods, river floods, and coastal floods, downpours generally cause a lot of damage whenever they are experienced in the country. Torrential rainfall is the main reason for floods in Kenya, and many people especially those living in lowlands are normally affected. According to government statistics, commonly affected regions include Nyanza, Western, and the Coast but it is not always predictable which areas in the country are going to be affected and to what extent (GoK, 2003). For example, the current rains are affecting almost all parts of the country though in varied degrees.

The general effect of floods in Kenya is destruction of property and infrastructure, injuries, and loss of lives. This later cost the government millions of money for reconstruction, recovery, and humanitarian assistance (UNDP, 2003b). According to the UNDP (2003a), common consequences of floods include structural damage to buildings, transport and communication networks; massive soil erosions, death of people and animals, and outbreak of diseases such as malaria, cholera, and dysentery. In addition, floods lead to contamination of drinking water sources for most rural communities such as wells and underground water. They also result into destruction of farm crops, loss of harvests and food stocks, and displacement of families.

With regard to older persons, floods lead to loss of their livelihoods including damage to their farm produce and animals (UNDP, 2003b). They also cause destruction to their houses and settlement areas as well as infrastructure such as roads, telecommunication and power connections. Sleeping under leaking roofs, cold floors or in camps due to such destructions could only portend too much for the older individuals to bear. In addition, erosion of productive layers of the soil means farm fields are rendered infertile hence threatening older persons' main source of livelihood in the long run and paving the way for poverty to set in. While more capable members of the society are able to recover from the effects of floods relatively more quickly than older persons, the latter may take a very long time to resume normal lives. For instance, given their less financial endowments, inability to access credit facilities to recoup their losses, and their physical frailty that renders them less energetic, older persons are more often than not unable to ever lead a normal life after disasters such as floods (UNDP, WMO, GoK, IGAD, and DMCN, 2002).

Studies also indicate that psychologically, the death and injury of both relatives and their animals may cause older persons mental anguish. Death of breadwinners and loss of property and security through floods easily cause anxiety and depression among older persons hence triggering their health-related problems (WHO, 2004). Furthermore, destruction of farm produce and food reserves by floods means exacerbating older persons' nutritional problems and putting them into life threatening situations. Contamination of drinking water sources due to floods also leads to increased outbreaks of water-borne diseases such as cholera, diarrhoea, typhoid and dysentery (ISDR, 2003). This becomes more devastating to older persons due to their weak immune systems. For the families living in lowlands, they easily become victims to landslides and mudslides hence potentially losing lives and property. This has frequently been witnessed in areas surrounding the Mount Kenya region, Kisii, and Mombasa Island with annual rainfall of over 1200 mm (GoK, 1999). In all this, it is the older persons that bear the heaviest brunt.

3.2. Older Persons' Response to Floods

According to the National Institute of Mental Health (NIMH), older persons react to disasters in a unique way. Based on their already vulnerable situations, during floods for instance majority of them may exhibit manifestations of disorientation, anxiety and resentment, depression, withdrawal, indifference, and frustration. In addition, older persons were likely to feel disoriented and confused. The overall effect would be accelerated health decline that may lead to experiencing fatigue, insomnia, memory loss, and physical immobility (NIHM, 1990). Due to age-related slowing of cognitive and motor activity, studies indicate that older persons experience complexity in comprehending media broadcast messages hence delaying in their response to disasters such as floods (Sanders, 1996). A fitting example is the 1977 Kansas City floods where rescue centers were to be kept open for extended period of time so as to accommodate older persons thought to have been affected by the disaster.

Due to chronic illnesses such as arthritis and heart ailments, older persons were unable to withstand long queues during relief supplies (WHO, 2014). Besides, mental problems common to the aged impeded clear and effective communication thus making it impossible for them to express their feelings and needs. This would be even more complicated where an older person had special needs such as nutritional considerations and yet cannot communicate that well. For instance, emergency food rations for older adults suffering from hypertension need to have low sodium components yet this may be difficult to enforce especially where the affected older individual has a health condition such as memory disorder hindering him or her to express that clearly (WHO, 2014). On the other hand, studies also show that some older persons are reluctant to reveal that they have a mental problem for fear of stigma, and the fact that they may be transferred to nursing homes.

Multiple effect loss is another complication for seniors when it comes to responding to disasters including floods. Having lost their spouse, home, income, and/or physical capabilities compounded by deep attachment to specific lost items may complicate disaster recovery even more (UNFPA & HelpAge, 2012). Depending on the older individual's social status, accepting assistance from humanitarian agencies or well-wishers is sometimes viewed with a lot of suspicion hence hampering emergency recovery strategies.

Transfer trauma has also been reported among older persons who are moved from disaster-prone locations to safer grounds. Moving older flood victims to new and unfamiliar neighbourhoods may cause them disorientation, anguish and possible death. This includes evacuating older persons from their own homes where they are forced to leave behind their cherished assets. Studies have reported that more than 70 percent nursing home dwellers have been diagnosed with psychiatric or behavioural disorder, confirming the kind of harm transfers of older disaster victims can cause to them (UN, 2011). As reported by Associated Press, illustrating this further is a Minnesota incident where 15 out of 47 older evacuated residents died barely seven months after they were moved from flooded areas. Based on the aforementioned arguments, older flood victims tend to resist any attempt to relocate them to new territories notwithstanding the serious dangers this move poses to them.

Language and cultural barriers among older persons have also been reported to cause uncertainty and frustration in relief centers. This forces disaster management agencies to seek assistance from bilingual and bicultural interpreters to make communication possible. Yet, this move seldom accommodates the needs of older disaster victims as there may be no special care for them.

3.3. Family and Humanitarian Assistance for Older Floods Victims

According to the National Institute on Ageing (NIA), despite the common assumption that family forms the common foundation upon which older persons should rely for care during emergencies, this does not always happen (NIA, 2007). Driven by the growing nuclear family-centred approach to life and other competing modern life interests, many of the adult children are slowly but steadily isolating their older parents from their mainstream life equation. Many are the cases where aged parents are living alone in the villages very far from their grownup children who live in cities with their immediate families - the wife and children (Chatterji, Kowal, Mathers, Naidoo, Verdes, Smith, and Suzman, 2008). Empirical evidence for example shows that half of the internally displaced older persons residing in camps in Darfur, Sudan live alone. Similarly, about 10 percent of the older population in Pakistan was living without family support during the 2010 floods (HelpAge, 2014).

During emergencies such as floods, older persons become susceptible to abuse, exploitation and other forms of maltreatment. This is the time they need assistance from friends, family and well-wishers to help them ward off any compromised situation, including poverty, isolation, or inability to meet their health and dietary needs. Yet, often the help does not always materialize from presumed sources in good time. According to HelpAge (2014), about 80 percent of older persons in Sub-Saharan Africa have no regular income or social protection such as universal pensions. This situation presents them with more serious risks in terms of preparedness for and response to emergencies such as floods (Hutton, 2008). Contrary to common expectation that older persons should anticipate help from their family and community members during disasters, poverty has contributed to their neglect and abandonment. Given their delicate care needs, older persons are sometimes viewed by family and friends as a burden hence eventually left in more destitution. Weiner (2006) further states that this can lead to added intolerance and marginalization of older persons thus escalating their vulnerability.

In many countries today, there are experiences of household power dynamics where older persons are increasingly playing the role of looking after grandchildren whose parents have moved to cities or other countries in search of jobs

(Weiner, 2006). Furthermore, older persons play a significant role of protection even to their peers such as a spouse taking care of another where there is some imbalance in terms of physical capabilities. However, erosion of traditional family and community support systems leaves a gap that needs to be filled by the government and other humanitarian agencies but which is not easy to address due to numerous challenges. For instance, while disaster management planning requires sufficient resources in terms of budget and training to sensitize emergency stakeholders to older persons' protection needs, dearth of finances remains the biggest common challenge here (HelpAge, 2012b). This scenario can make it more complicated for older persons when trying to seek assistance during emergencies like when experiencing floods. Moreover, having more other people under their care would likely render inadequate whatever is availed to older persons for their nutritional needs through humanitarian assistance during disasters.

HelpAge (2014) further asserts that in order for emergency response to guarantee older persons' protection and psychosocial support, it is imperative to understand protection issues faced by the older persons and their circumstances. It is also critical to offer protection training to emergency response teams to be able to undertake thorough needs assessment processes. Defining priorities and aspirations for the response team would perhaps be essential for making it clear what will be required for the success of the exercise. For instance, it must be apparent if the older persons are being prevented from looming violations, are being given redress, or a protective environment is being consolidated for them (HelpAge, 2012a). Effective responses would also involve older persons' families and carers so that the process can be all-inclusive, equipping older persons with the knowledge about where to seek relevant information and support during emergencies. For maximization of the effect, provision of psychological support to older persons and families would help them all to know how to cope with the crisis in a better way. This is even likely to take care of situations where older persons have to be relocated to camps. With proper sensitization therefore, older persons should not have to feel separated from their kin; and reunification programmes with family can always be initiated whenever need arises.

According to the United Nations Department for Economic and Social Affairs (UNDESA), the health and nutritional standing of older persons has a bearing on their preparation and response to disasters (UNDESA, 2006). In this sense, humanitarian assistance should be founded on the understanding that older persons must access health and nutritional services which are tailored according to their gender-specific needs. Due to their narrow regenerative chances and high health risks, older persons require special health care services and food rations during disaster responses. High prevalence of non-communicable diseases such as high blood pressure, diabetes, heart diseases, arthritis, cancer, and dementia among other old age common ailments calls for a renewed commitment to offer older persons special attention during floods or any other disaster. Empirical evidence shows that these morbidities curtail older individuals' movements during conflicts or disasters hence increasing cases of mortality (HelpAge, 2014). Furthermore, like during most disasters, older persons find themselves in desperate situations when floods occur. For instance, apart from the effects of chronic diseases which tend to lower older persons' ability to respond to disasters swiftly, floods heighten the likelihood of breakdown of infectious diseases such as cholera, malaria, diarrhea, and pneumonia among others which can be fatal to them especially given their low immunity levels.

According to Weiner (2006), it is common for older persons' immune systems to deteriorate further during floods thus increasing morbidity rates among this group. For instance, a year after Hurricane Katrina, health conditions for 65+ olds declined drastically and morbidity rates rose significantly as compared to older persons who were not affected by the phenomenon. The situation therefore endangered the victims' lives, thus calling for more humanitarian assistance to restore their lives. Both preventive and curative measures were necessary. Those who sustained minor injuries also needed quick and targeted medical attention to prevent their conditions from becoming worse and possibly leading to death. However, these provisions were rarely availed for the older flood victims due to lack of resources and enough commitment by those responsible such as the government and emergency aid agencies (HelpAge and Cordaid, 2011).

In emergency situations, mobile clinics are effective ways through which to reach out to older persons with mobility limitations (HelpAge, 2014). With trained older volunteers as home-based carers, sick or less mobile older persons are visited and helped with basic tasks such as cleaning and cooking as well as psychological support. Humanitarian NGOs and other well-wishers also organize training on healthy ageing and how to handle emergency situations involving older individuals. The bottom-line in all this is financial resources and the willpower by stakeholders to make change happen. Yet, there are numerous challenges that hamper smooth progress towards this direction. This becomes even worse in rural areas where structures are scarce, including trained personnel to handle emergency issues involving older persons (UNDESA, 2006). Under such circumstances, lives for older flood victims are at grave dangers and ultimately remaining in deep-seated poverty.

Chatterji *et al* (2008) argue that older persons involved in disaster situations are often unable to acquire or purchase adequate foodstuff for their households. Owing to their special dietary needs to boost their lower energy intake, older persons may need specific nutritional proportions to maintain good health. Balanced diet therefore becomes a key determinant of older persons' ability to endure and recover from disasters such as floods (HelpAge, 2012a). Due to their poor appetite caused by illnesses, disability or psychosomatic strain, older persons can be faced with nutritional risks. This is likely to be aggravated by a setting in of a disaster. For instance, floods can play a big role in causing outbreaks of contagious diseases such as diarrhea, cholera, and vomiting among others hence complicating health situations for older persons who may already be suffering from non-communicable diseases which are common to this group (Hutton, 2008). At the onset of floods therefore, it becomes critical for the seniors to access safe drinking water and the right food rations so as to guarantee them robustness.

Yet, this is often not very possible owing to lack of proper mechanisms for treating drinking water especially in rural areas where for instance floods wreak more havoc.

4. Conceptual Framework

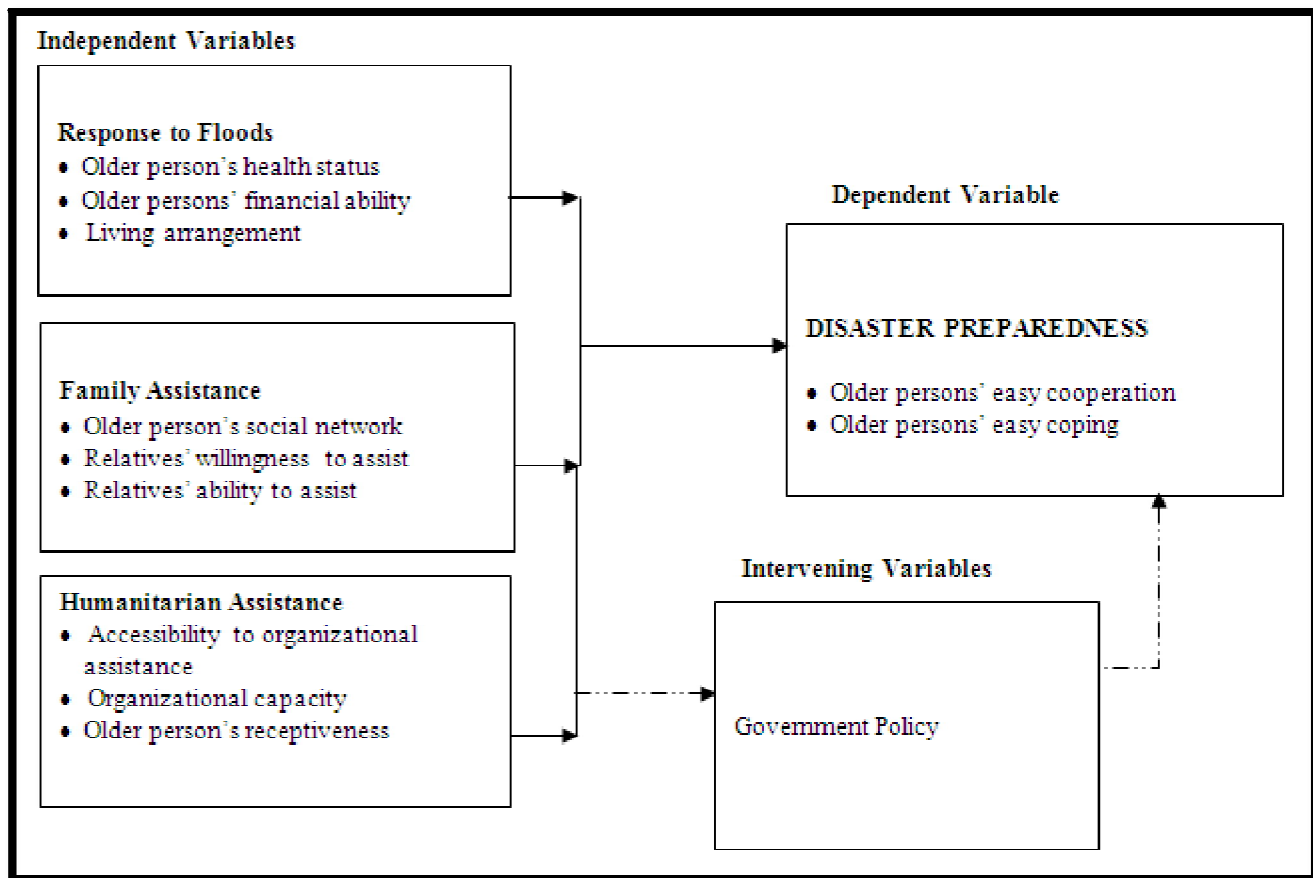


Figure 1: Conceptual Framework

The manner in which older persons respond to floods, availability of family support as well as accessibility to humanitarian assistance are some of the critical factors that are likely to determine how prepared older persons are to deal with floods or any other disaster. This paper examines older persons' preparedness to deal with disaster - especially floods - in the context of poverty. Response to floods may be viewed in terms of an older person's health condition, financial ability, and living arrangement at the time the disaster strikes. Poor health condition during floods implies that the older individual's mobility is restricted thereby unable to respond quickly by running to safety. Besides, good financial stead would assure the older flood victim quick action both in terms of movement and other contingencies such as medication and good nutrition. One's household living arrangement will also play a critical role during floods. For instance, living alone in a household would put the older floods victim in greater danger than if the individual was staying with other younger and more energetic household members who could easily come to the older person's rescue.

Family and community assistance to an older individual is also very critical during and after the floods disaster. This however may depend on the older person's social network. Tied to this is the living arrangement, proximity to caring neighbours, and closeness of the older individual to neighbours in terms of their relationships. Moreover, willingness and ability of the family and relatives to assist is very critical. People living with or close to the older person may sometimes be willing to assist but lack the capacity to offer the kind of help required at the time of the disaster. On the other hand, they may have the ability but lack the willingness to come to the older floods victim's aid.

It is also common for flood victims including older persons to expect or seek assistance from humanitarian organizations. Yet, the success of this approach may largely depend on the ease of access to these agencies, their capacity to address any arising unique needs, and the older disaster victim's willingness to be assisted. Cases sometimes emerge where the floods victims cannot easily access help from humanitarian organizations due to distance and geographical terrain among other dynamics. Such cases are currently being witnessed in many areas such coastal Kenya where even bridges have been destroyed thus making it difficult for the Kenya Red Cross and other humanitarian organizations to supply food and drugs to floods victims. The capacity of a charitable organization to offer a particular form of assistance may also be a stumbling block

thus delaying or denying assistance to the older victims. While the failure to help may often be viewed from organizational lack of ability to assist the disaster victims, there are also cases where the older persons are not receptive to the help being extended to them. For instance, some older persons resist evacuation to safer grounds for fear of losing their property in cases where they foresee being removed from their familiar territories for a long period of time. For fear of the unknown, there are also cases where the older disaster victims refuse to leave their homes hence further remaining in imminent danger.

Although the aforementioned dynamics play a critical role in determining to what extent older persons may be prepared to face and deal with floods and other disasters, there are also what may be termed intervening variables; usually government policy on disaster management. Existing laws may for instance help guide on how to deal with individuals who for whatever reason try to resist help even when there is looming danger. Furthermore, the law may force family and relatives to help older persons who are facing disasters regardless of the former's socio-economic situations such as poor financial status.

5. Discussion

Many of the older persons in developing countries live below poverty line, and this is no exception in Kenya. With no history of formal employment which would guarantee them contributory pension for their retirement, it is clear that not much can be expected of older persons in terms of disaster preparedness at old age. Most of their sorry economic statuses are compounded by the dynamic household power arrangements where adult children have moved to cities and other countries in search of better job opportunities hence in the process leaving them behind to stay alone. Furthermore, the traditional family and community social care systems are slowly eroding and so exposing older persons more to the vagaries of nature. Although under such circumstances employment would be necessary for the older persons so that they can fend for themselves, scarcity of sources of livelihood in developing economies such as Kenya paints a gloomier picture for this group. The government's non-contributory social protection initiatives such as the older persons' cash transfer (OPCT) programme have not fully addressed older persons' wanting socio-economic situations. For instance, more than a decade since the introduction of OPCT programme in 2006, only a handful of older citizens have been its beneficiaries. Older citizens' heightened vulnerabilities therefore leave them in no good stead to face and recover from disasters such as floods. They then remain ever grappling with chronic poverty.

Majority of older persons especially in rural areas have double responsibilities of taking care of themselves and caregiving to their grandchildren whose parents have either died or are absentee parents. The latter has been accentuated by the reality of the middle generation's hustles due to work-related commitments hence leaving their children in the hands of their ageing parents. Forced by the demands of post-industrial lifestyles which keep them away from their village homes most of the time, the absentee parents often fail to strike a balance between looking after their children, taking care of their parents, and minding about their own careers. Furthermore, the effect of HIV/AIDS on the middle generation has increased the burden of care on the older generation as this has further depleted family savings and led to selling of valuables including ancestral land. The strain therefore remains evident on the aging parents who have to once more shoulder the heavy responsibilities of parenting amidst unfavourable socio-economic conditions. Where in the worst-case scenario ancestral land has been disposed off so as to offset other costs such as those related to caregiving, this means that the older person's whole household has been disinherited for an entire lifetime. This would leave the older members of the family more vulnerable, unable to respond appropriately to floods or any other emergencies.

Often the burden of care forces older persons to look for sources of income albeit in an environment where there are very few jobs or business opportunities. Indeed, the United Nations estimates that more than 70 percent and 40 percent of men and women respectively aged 60+ years continue to work (UNDESA, 2012). Nonetheless, in cases where they still have the energy to engage in income generating activities, older persons lack capital to start businesses. This is made worse by the fact that accessing loan facilities remains a herculean task for this group. Empirical evidence has also pointed out that most of the older persons engaged in livelihood activities predominantly deal in agriculture, livestock keeping, fishing, petty trade and small businesses, daily waged labour, domestic labour, and even begging (HelpAge and Cordaid, 2011). Essentially therefore, generally older persons who work are either self-employed or work in the informal sector where they operate without secure contracts or social protection. What's more, older persons in these sectors work long hours for very low and irregular pay thus having no ability to diversify their livelihoods. With little or no savings and inability to access loan facilities, there is no hope for older persons to make any further investments hence ever remaining in a cycle of poverty. This denies them the opportunity to ever be prepared for disasters especially floods which are a precursor to numerous health and environmental conditions detrimental to older persons' lives and livelihoods.

By extension floods may lead to deaths of other family members thereby creating more shocks to the older persons' households. This would call for expending the family's little savings to offset hospital bills or burial costs thus exposing older persons even more to poverty and food insecurity. The situation leaves them ill-equipped to handle shocks, stresses and disasters. Gender dynamics may even see older women more vulnerable than their male counterparts. Older women's caring roles heightens their levels of being disadvantaged. Furthermore, widowed older women in some cases may end up losing their homes and land due to discriminatory property ownership rights and inheritance laws. Many cases have emerged where upon the death of their husband's older women are disinherited by their in-laws especially in cases where they did not have a male child to help them defend their rights.

6. Conclusion

Poverty is like second nature to majority of older persons, especially to those living in sub-Saharan Africa. The picture becomes even gloomier for this group in rural areas where a lot is changing including disruption of traditional caregiving arrangements within the family and community setup. This exposes older persons more hence compromising their ability to withstand the effect of floods and any other disasters. Despite these dynamics that jeopardize older persons' lives, there is still room for the family to help them to cope both during and after the disaster. Families can help in planning ahead of possible emergency, especially in disaster prone areas. For instance, stocking crucial necessities such as food and basic medication among others would help in alleviating anxiety among the seniors hence enabling them cope well.

Counseling services can also help put older persons in the right frame of mind, including persuading them not to resist help whenever they are hit with floods. This may include the possibility of being evacuated to new and unfamiliar grounds for their safety. In cases of possible perceived double stigma – of being old and suffering from age-related ailment – wise counsel could help older disaster victims realize that treatment can help them deal with any sort of illness such as severe mental problems. Accepting their situation therefore was the surest first step towards dealing with their predicament. As effective advocates, family members can create awareness among older individuals of the recommended actions needed and the possible help available during floods or any other disaster.

7. Recommendations

Older persons faced with disasters require close assistance so that they can be able to cope. Government agencies, disaster professionals, and all other stakeholders in emergencies and disaster risk reduction and preparedness must be guided by certain principles for maximum effect. To mention but a few, they must be able to do the following:

- Give clear and relentless oral reassurance and assist in obtaining medical and financial help.
- Offer quick assistance with recovery of material possessions, make repeated home visits, and arrange for reunions in cases of separation during and after disaster.
- Pay special attention to suitable housing relocations, preferably in familiar environs with friends and acquaintances.
- Government should build community-based groups on disaster response and handling of older persons during emergencies.
- Insurance service providers should have service policies targeting older persons and age-related ailments.
- Disaster management staff should be trained in relevant skills, including on how to exercise patience, have a sense of empathy, reassurance, and a knack for older persons' special needs such ground floor rooms for people with mobility challenges. In order to ensure that emergency aid meets older persons' healthcare and nutrition needs, it is imperative to:
- Ensure that older disaster victims have access to food distribution points, either personally or through those closest to them.
- Make certain that humanitarian agencies meet older persons' nutritional requirements in terms of micronutrient content, palatability, and digestibility. Disaster management staff should be trained on monitoring and evaluation participatory skills and equipped with appropriate tools to ensure that the crisis is closely observed.
- Ensure that older persons are prioritized for health checks at the evacuation or reception centres. Where necessary there should be facilitation for their access to age-friendly mobile clinics, including having consultation rooms at ground floors or where the rooms are accessible through ramps. In addition, the services should be free or subsidized and good quality drugs be availed, especially those for chronic diseases to guarantee continuity of treatment.
- Ensure that emergency health services information is packaged in a simple way for older persons to understand. Besides, there should be relevant training for emergency handlers especially on health and nutritional needs of older persons and how to communicate the information.

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