ABSTRACT

Disasters disrupt the physical and social environments that shape health and social problems. Post disaster issues related to the distribution of emergency aid have not been studied systematically but are likely to affect communities after a disaster. The common issues that elderly people face post disaster situations are financial issues, sexual health issues, emotional concerns, physical abuse and related issues. Social isolation puts people in a situation where they are predisposed to be more vulnerable to the risks of a disaster. Here the author specifically elaborates on the various issues of the senior citizens associated with disasters. The example from recent natural disasters in India such as Tsunami disaster in 2004, Uttarakhand disaster in 2013, landslide disasters in various parts of the Kerala and other states in the last few years, and the recent Chennai floods clearly show the significance of the issue that needs to be addressed. Community networks and programmes that addressed abuse and related issues before the disaster should be identified, revitalized and strengthened through training and support. A strong network working from neighbourhood groups can go a long way in formulating, and implementing care group activity. The Government too should pass laws against the abuse of elderly and abusers punishable with stiff punishments. Already, there are laws in place which protect senior citizens, if their children abandon them. These laws need to be strictly implemented. Also, newer laws which give more comprehensive protection to senior citizens need to be enacted especially suitable to the pre and post disaster context.

Keywords: emergency aid, campaigns, community education, post disaster context.

Introduction

Disasters like tsunamis and earthquakes, which have been the most destructive, along with the floods and droughts that arise from extreme weather conditions, are expected to get worse due to adverse impact of climate change. India has also experienced some of the worst industrial and infrastructure related disasters in the past, including the Bhopal gas leak disaster in December, 1984 caused by the leakage of methyl isocyanate gas which resulted in numerous casualties. In recent years, the intensity of the occurrence of natural disasters has increased manifold. The situation in India is not better since 55 per cent of India's landmass is prone to earthquakes; 28 per cent is vulnerable to drought; 12 per cent to floods; and 8 per cent to cyclones apart from the heat waves, and severe storms. Addressing and managing disasters nowadays require massive collaboration and partnership with the active involvement of various stakeholders.

Statistics reveals that disasters commonly disturb the life of the elderly people. Information from Louisiana that about 71 percent of those who died as a result of Hurricane Katrina were older than 60, and nearly half were older than 75, according to a 2006 federal report. About two weeks after Hurricane Sandy hit in 2012, the New York Times reported that close to half of those who died in the storm were 65 or older. Many of these elderly victims drowned at home; others died from storm-related injuries, hypothermia and other causes (Wynne Parry, 2013). For senior citizens in India’s megacities, natural disasters, are a near certain death warrant. For the poor, across age groups this is true. But for the upper middle class families- the Chennai floods were a rude awakening (Vidy Krishnan, 2015).

The “vulnerability” perspective in disasters, which is rapidly emerging as a dominant view in the field, assumes that a real disaster occurs when it strikes an underprivileged population (Ben Wisner et al., 2014). Population growth and distribution, especially increased population density and urbanization, increases vulnerability to disasters (Charles Perrow, 2007). The socio-political, economic and ecological context defines the vulnerability of different groups of people to negative impacts from natural and human-made events. In any type of disasters we could notice that the worst affected are the poor and marginalized sections and communities. The lack of facilities for emergency care and non-availability of regular medications are also contributory to worsening of chronic illnesses that the elderly adult may be suffering from (Aldrich & Benson, 2008). Vulnerability to disasters is visibly a function of poverty- social and economic disframpowerment, which in turn exacerbated by disasters. In the process of aggravating already existing vulnerabilities, disasters create new ones. A study conducted among the coastal areas of Tamil Nadu in India one year after the tsunami confirms that issues of Elderly people (Mudur, 2005) were either forgotten or neglected during the post tsunami relief and reconstruction phase. The current study intends to bring some crucial issues and challenges faced by the elderly people in the wake of natural disasters in India.

Background of the Study

While the overall impact of the tsunami has been extensively documented, there appears to be one very important issue that has not been examined. In reviewing all that has been written- and in talking with a number of organizations that have taken a lead in responding to this situation – our assessment indicates that virtually no attention has been paid to identifying and addressing the ways in which this disaster has affected the elderly people in the reported places including rights violations and various forms of abuses.

Need and Scope of the Study

The Tsunami of December 2004 and the Post –tsunami scenario have necessitated revisiting the history of disasters in India, especially the post disaster relief, rehabilitation and the reconstruction phase. It is very clear that the relief, rehabilitation measures adopted following the previous disasters have not benefited the affected communities to the fullest. Though there might have been an adequate solution on paper, in practice, either too many questions were left unanswered or they were never transformed in to reality. Thus an effort is made through this report to retrospect the situation.

Brief Literature Review

Various studies point out the inability of getting health security among aged people during and post disaster situations (WHO, 2008). Literature increased availability does not guarantee access to health services among the poorest segments of the population. Therefore, the framework focused on health system utilization as a quantifiable measure of access to care for vulnerable disaster populations. Decreases in service use reflect reduced system access, and disparities in accessing precipitate systematic differences in health outcomes across disaster population subgroups. The utilization of health services is likely influenced by demand- and supply-side issues in the delivery system (i.e., system resource and organization) and the corresponding individual (e.g., unmet need) and community characteristics (e.g., provider supply) of the residents who rely on it. We have suggested contextual individual and community level variables that act separately and jointly to influence health disparities for vulnerable populations before and after a disaster.

Framework for understanding long-term primary care utilization for vulnerable populations in disaster recovery

Figure: Jennifer R Runkle, et.al, Am J Public Health.

Keywords: emergency aid, campaigns, community education, post disaster context.

Dr. Rajeev MM
Assistant Professor & Chairperson, Department of Social Work, Amrita School of Arts & Sciences, Amrita Vishwa Vidyaapeetham, Amritapuri, Kollam, India.

Copyright © 2015, IERJ. This open-access article is published under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License which permits Share (copy and redistribute the material in any medium or format) and Adapt (remit, transform, and build upon the material) under the Attribution-NonCommercial terms.
Study Objectives
The study makes an effort to analyze the post disaster impact on elderly people during the relief, rehabilitation and reconstruction phases of a disaster in India. The overall objective is to see to what extent the post disaster process is in conformity with these standards and what could be done to bridge the gap between the standards and practice to pave the way for a comprehensive document for future interventions.

Methods and Materials
Case studies and Focus group discussions were conducted in three different places of India such as Andaman's, Kerala and Tamilnadu. All these are written by the working experience of the author who had spent considerable time in all the three tsunami affected states and the union territories. The experiences and the experiments of the author have remarkably contributed to understand and analyze the post disaster impacts on the most vulnerable group—elderly people in terms of rights violations and in form of abuses.

Research Questions
• What kind of support was received after the event from relatives, friends, relief workers etc?
• How have they have been recovering from the disaster and how they handled the situation?
• How is his/her life and also that of the other family members?
• What further help is needed?
• How is their future visualized?
• List out the crisis, abuses blown up after the disaster with special mention about relocation, health and social security.

Major Findings
The focus group discussions brought to light that in addition to the construction of houses and other support activities carried out by the different agencies and the UT Administration in the post disaster phase, the value of the lives of the aged people regarding their primary concerns and primary rights should also be dealt with. They also said that the local media—especially print and television rarely provided programmes on issues relevant to them. There seemed to be a perception among the aged groups about the value and need for involving them in any meaningful forms of communication and interaction. The group also expressed one of the positive parts observed during post disaster period that there is no partiality of caste, creed and religion. Other important findings are that the aged people failed to receive compensations and even if they received a meager sum, they were forced to give it back to the family. Losing of the ownership of houses, livelihood assets and compensations were reported in the discussions. Many of the respondents expressed that the mental health support received by them is very less, and they also received neglect from the relatives.

Selected case studies carried out in the field emphasized the lack of proper care and support, security issues, lack of financial support and problems related to meeting the day to day needs, lack of recreational facilities, severe health problems and isolation.

Conclusion
Disasters increase vulnerabilities of aged; women and disabled groups and therefore special care and protection during and after disaster is required. Community networks and programmes that address issues before the disaster should be identified, revitalized and strengthened through training and support. A strong network starting from neighborhood groups can go a long way in formulating, and implementing care group activity. The Government too should pass laws which against the abuse of elderly. Already, there are laws in place which protect senior citizens, if their children abandon them. These laws need to be strictly implemented. Also, newer laws which give more comprehensive protection to senior citizens need to be enacted especially suitable to the pre and post disaster context.

REFERENCES