UNIVERSITY OF WEST LONDON
The Career University

UWL REPOSITORY

repository.uwl.ac.uk

Elderly Rohingya Refugee Crisis: Issues and Challenges

Khan, Hafiz T.A. ORCID logoORCID: https://orcid.org/0000-0002-1817-3730 (2023) Elderly Rohingya Refugee Crisis: Issues and Challenges. In: I. International Geriatrics and Gerontology Meetings Symposium: Disaster Gerontology Collaboration of Gerontologists and Geriatricians in Disasters, 5-6 June 2023, Turkey. (Unpublished)

This is the Presentation of the final output.

UWL repository link: https://repository.uwl.ac.uk/id/eprint/10036/

Alternative formats: If you require this document in an alternative format, please contact: open.research@uwl.ac.uk

Copyright:

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy: If you believe that this document breaches copyright, please contact us at open.research@uwl.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.

Rights Retention Statement:

Elderly Rohingya Refugee Crisis: *Issues and Challenges*

Professor Hafiz T.A. Khan, PhD

Professor of Public Health & Statistics

Public Health Group, College of Nursing, Midwifery and Healthcare

University of West London, UK

International Geriatrics and Gerontology Meetings Symposium
Malatya Turgut Ozal University, Turkey, 5-6 June 2023

Outline

- Population ageing
- Demand for elderly care in changing socio-demographic situations
- A historical overview of elder care in family
- Situation of elderly in humanitarian crisis i.e., displacement or disaster
- Support provision for elderly in a humanitarian crisis
- Issues and challenges elderly face during the humanitarian crisis
- Research on disaster gerontology
- Conclusion

Demographic ageing

Demographic trend is towards an older population. With declining fertility rates and improvement in life expectancy. The aged population is currently at its highest level in human history.

Globally, there were 703 million older persons aged 65 or over in 2019, the global number of older persons is projected to more than double, reaching over 1.5 billion persons in 2050 (United Nations - Department of Economic and Social Affairs, 2019).

The Sub-Saharan region with the smallest proportion of the elderly is projected to see the size of the elderly grow by 2.3 times between 2000 and 2030 (UNDESA, 2015).

Demand and supply for elderly care in changing socio-demographic situations

- Based on projected figures of the elderly in the society, demand for elderly care is outstripping supply.

- This brings us to the question of formal and informal supply for elderly care in developing societies during humanitarian crisis.

A historical overview of elderly care in family

Unlike developed nations that operate formally when it comes to elderly care, developing nations rely greatly on the support of family members to care for their loved ones who are aged and need care.

Subsequently, this dynamic role has become more intensive, complex, and long lasting than in the past, due to social changes and the diversity and breakdown of the family. As such breaking down the informal support system.

Increase	Decrease
• Globalisation • Migration • Monetary stresses	• Collective living • Intergenerational support • Reliance on off springs

Situation of elderly in humanitarian crisis

We see elderly sufferings from humanitarian crisis across the globe.

- Rohingya elderly refugees in Bangladesh
- Syrian elderly refugees in Turkey
- Palestinian elderly in Lebanon and Jordan
- Somalian elderly refugees in Kenya
- Turkish and Syrian elderly in recent earthquake.

No accurate statistics is available on such elderly refugees.

- The recent Covid-19 pandemic was a complex emergency under humanitarian crisis. This had created the situation worse due to isolation. Poorer health outcomes and wellbeing's were linked to their restrictions on free movements.
- Psychological wellbeing seems to prevail their rest of the life.

Rohingya refugee migration to Bangladesh

- Ethnic minorities across Myanmar faced military atrocities and were forced to flee their homes.
- More than one million people displaced to camps in Bangladesh as a result of conflict and military abuse.
- Tens of thousands of older men and women are being let down by a humanitarian system that often fails to adequately address their rights and needs (Amnesty International, 2019).
- The humanitarian community has responded admirably to crisis after crisis, saving many lives. But older people are slipping through the cracks, and their specific needs are often overlooked" (Amnesty International, 2019).

"I feel bad when I remember about our land. Any day I may die, and I would never again see the soil where I was born" - Zokir Ahmad, 73, one of the Rohingya refugees said

(Story Collected by Age international)

Finding safe haven in Bangladesh

Hundreds of thousands of Rohingya have left their ethnic homeland of Rakhine State for the district of Cox's Bazar in Chittagong, Bangladesh.

CC BY NC SA

Photos on forced migration

Older Rohingyas in Bangladesh become vulnerable due to displacement or disaster

- Loss of family members, friends, and relatives
- Left all financial resources such agricultural land, home and business.
- Many older Rohingya report being unable to access latrines and having to use a pan in their shelters – a major loss of dignity. Mawlawi Harun, an ethnic Rohingya man in his 90s, said, while sitting in his shelter in Camp #15 in Bangladesh: “I go to the latrine here, I eat and sleep here. I have become like a cow or goat. What more can I say? Cows defecate and urinate in the same place where they eat… Now I’m sleeping in a latrine.” (Amnesty International, 2019).
- Due to the distance and terrain, older women and men also struggle to access health facilities. Even when they can, they find that some clinics cannot treat even common chronic diseases – such as high blood pressure and chronic respiratory illness – disproportionately affect older people. Many older people are forced to buy medication from market stalls which should be part of the health response.
- Despite the acute and chronic harm, very little psychosocial care is targeted at, or even inclusive of, older people.
- Yet, life is unsafe due to Rohingya camp violence: Elderly killed, 1 injured in clash over establishing supremacy (The Business Standard, 01 April 2023).

Older Rohingyas become vulnerable due to displacement or disaster (Challenges)

- Overall, one-third of the older adults reported difficulties in accessing medicine and routine medical care.
- Key factors influencing access were distance to healthcare facilities, loneliness and perceived vulnerability of older people.
- Rohingya Camp areas are situated on the hill top, undulating topography, far distance from service center and steep terrain.
- Limited long-term clinical care facilities for older individuals, limited/unavailability of medicines, inadequate knowledge about available services and healthcare system, inadequate 'cultural competence of the healthcare providers, age-related self-stigma and financial constraints were the primary reasons that refugees experienced difficulties in accessing medical services.
- Older Rohingya adults' feelings of loneliness may be due to the challenges the COVID-19 pandemic brought to refugees, including lockdowns, self-isolation/quarantine, limited social networks, inadequate connection with family members and limited social and psychological support.
- The living conditions inside the camps are catastrophic: they are overcrowded, poorly lit, and lack of adequate sanitation.
- Existing services and initiatives are limited and periodic or operated in specific camps areas.

Older Rohingyas become vulnerable due to displacement or disaster (YPSA - AFS)

- Many both national and international development organizations established age-friendly spaces and provide sanctuary and support to older people who have fled Myanmar.
- YPSA Age-Friendly space (AFS) in Bangladesh's Cox's Bazar, the world's biggest refugee camp, are a lifeline for older Rohingya refugees (Age International, 2023).
- The AFS provides healthcare, psychological support and a safe space. When the pandemic hit, the spaces were used to help older people protect themselves from the virus and prevent its spread through information and support (Age International, 2023).
- Jubeda one of Rohingya Refugees women, 63 said "every day I feel fear. We are already living vulnerably. There is little support for elderly people like us. This is the only space we have here now. When I visit this place, I feel relief, I feel secure. The caregiver provider behaves nicely with us and listens to our needs. Everywhere I see, I find people of my age. I am worried about the coming days, and what would happen to us as the outbreak of this disease is so frightening" (Story collected by Age International).

Older Rohingyas become vulnerable due to displacement or disaster

Elderly related activities of YPSA, Bangladesh

Under the financial support of different international development organizations, YPSA has scaled up different activities relevant to elderly people in the Rohingya Camp areas since 2017. Such as

- ❑ **Health Service**
- ❑ **WASH Service**
- ❑ **Protection Service**
- ❑ **Advocacy and Capacity Building**
- ❑ **Livelihood**
- ❑ **Severe Acute Malnutrition (SAM) Management of Older People**

- **Through these development activities**
  - Reduced mortality and morbidity amongst older men and women of the refugee population through increased access to integrated health services.
  - Exposure of older men and women to communicable diseases is reduced by the provision of access to safe, appropriate and dignified WASH services at AFS.
  - Older men and women have access to safe and dignified spaces in which to access to Protection services and recreational activities via AFS and Community Based Protection services.
  - Both government and nongovernmental humanitarian actors have knowledge, capacity and willingness to provide inclusive services for older men and women.

Photos on Rohingya camps in Ukhyia

Photos on Rohingya camps in Ukhyia

Photos on Rohingya camps in Ukhyia

Photos on Rohingya camps in Ukhyia

Support provision for elderly in humanitarian crisis

Elderly care has emerged as a critical issue (Spillman and Long, 2009). With the growth of the older population, there have been dramatic increases in the number of people needing care and assistance during humanitarian crisis.

Unfortunately, elderly care is ignored, with not much attention given to it in many places. Whereas this population is listed as vulnerable in the society.

The responsibility for care typically falls on families as they continue to be the primary providers of care to older adults. They appear to be the backbone of health care system worldwide (Spillman and Black, 2005).

Although, NGOs might be seen as having a stake in humanitarian issues, and possibly make efforts to play a role in elderly care, it has not been the case.

Issues and challenges elderly face during humanitarian crisis

- Older people are overlooked in humanitarian response (Friedrich, 2018).
- Older people face specific vulnerability in physical, mental and social well-being during crises.
- They are likely to experience socio-economic marginalization, isolation, inaccessible information and lack of relevant post emergency support services during humanitarian crisis.

Research is needed in the area

- This presentation discusses the crisis-related health risks of older people in developing countries and present key policy recommendations for better protection of this vulnerable group.

- With older people making up a larger proportion of the world population, coupled with the disproportionate impact of humanitarian crisis on the older people, health needs for elderly should be addressed to ensure their survival. An understanding of older people’s health risks and vulnerabilities in emergencies and crisis would be important.

Conclusion

- There is no specific recognition of the roles and the needs of older people in crisis planning and response in developing countries. Policy actions to mainstream the crisis-related health needs of older people, are recommended.

- Older people issues are of growing importance for the 21st century. Health, rights and protection are all important dimensions to be considered and included in crisis management.

- Psychological stress and uncertainty may increase cognitive disorder like dementia and Alzheimer diseases.

Conclusion

- Emergency preparedness plans should be revised, incorporating strategies to ensure adequate access to routine medical services, particularly for vulnerable people like older adults.

- Relevant stakeholders, policy-makers and development partners need to provide distant and targeted strategies to improve the access of older refugees, who are lonely or needs healthcare services.

Acknowledgement

Morshed Hossan Molla
Research & MEAL Officer
Young Power Social Action (YPSA)
Bangladesh

References

Chan, E., Hung, H. and Chan, G. (2017) *'Policy implications for managing older people in disaster'*. http://www.ccouc.ox.ac.uk/_asset/file/policy-brief-4.pdf

Friedrich, M.J. (2018) 'Older People With Disabilities Overlooked in Humanitarian Response', *Jama,* 320(3), pp. 227.

Hutton, D. (2008) *Older people in emergencies: considerations for action and policy development.* World Health Organization.

Spillman, B.C. and Black, K.J. (2005) *Staying the course: Trends in family caregiving*. AARP, Public Policy Institute.

Spillman, B.C. and Long, S.K. (2009) 'Does high caregiver stress predict nursing home entry?', *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, 46(2), pp. 140-161.