

Disasters are ageist, is DRRM too?

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Older persons (OPs) are more vulnerable to disasters compared to other population groups. As population ageing dominates global demographic phenomenon, disaster risk reduction and management (DRRM) strategies have to be age-sensitive and inclusive. Thus, there is a need to understand the Philippine ageing phenomenon, explore the vulnerabilities of Filipino OPs, and identify key entry points for age-friendly DRRM strategies.

While the Philippine population is still considered relatively young, its increasing median age is indicative of a slowly ageing population (Abalos, 2018). Moreover, the ratio of older adults aged 60 years and over to persons aged under 15 is increasing. From 1.6 million Filipino OPs or 4.5% of the total population in 1970, the Philippine Statistics Authority (PSA) reported 7.5 million Filipino OPs or 7.5% of the country's total population in 2015. PSA also projected that Filipino OPs aged 60 and over will comprise 9.93% of the population in 2025 and 12.76% in 2035. Once the proportion of people aged 60 years and above reaches 10% or more, the population will be considered an ageing population (UNDESA, Population Division, 2015b in Cruz, Cruz, & Saito, 2019).

In addition to the foreseeable ageing phenomenon, Filipinos face an average of 20 tropical cyclones per year. More typhoons enter the Philippines compared to other countries around the world. As the country and its people struggled amid the 2019 coronavirus disease (COVID-19) pandemic, the Philippines was hit by Super Typhoon Goni and Typhoon Vamco in November 2020 (OCHA, 2020). Both typhoons affected millions of Filipinos leaving thousands of people displaced and almost a hundred dead (OCHA, 2020).

Natural disasters impact the general population most recognizably through morbidity, mortality, destruction of property, and overall decreased quality of life (Ngo, 2001). OPs suffer disproportionately from the impacts of disasters, more so when they live in a vulnerable country with poor social safety nets like the Philippines. The Philippine Disaster Risk Reduction and Management Act of 2010 recognizes OPs as part of the "vulnerable and marginalized groups" who face higher exposure to disaster. However, mere recognition of the vulnerable and marginalized is barely scratching the surface. It is imperative to understand the vulnerability of OPs to disasters and identify key entry points for developing resilience among older person population.

Disasters primarily increase the susceptibility of OPs to health consequences. OPs are already at a higher risk for both communicable and non-communicable diseases because of senescence or biological aging (Schneider, 1983) (Jin, Simpkins, Ji, Leis, & Stambler, 2015). The risks to these diseases especially increase amid disasters. Literature suggests that non-communicable diseases like cardiovascular disease (CVD) abruptly increase among OPs post-disaster (Becquart, Naumova, Singh, & Chui, 2018) (Aoki, et al., 2012). Similarly, communicable diseases were found to be prevalent after natural disasters (Salazar, Pesigan, Law, & Winkler, 2016). Incidences of mental health outcomes such as post-traumatic stress disorder, depression, and anxiety also increase among OPs during and after disasters (Parker, et al., 2016).

Disasters also have immediate socio-economic impacts that exacerbate the conditions of those living in poverty and derail poverty alleviation efforts (Shepherd, et al., 2013). Unfortunately,

Filipino OPs have “poor overall economic well-being” with many of them living in poverty throughout their entire life course and a quarter having accumulated debts (Cruz, Cruz, & Saito, 2019). While some OPs own their house, they have low income and only a few have income-generating assets (Cruz, Cruz, & Saito, 2019). OPs barely have financial resources and often depend on transfers from their children and pension benefits that are below subsistence level (Cruz, Cruz, & Saito, 2019). These circumstances reduce the capacity of OPs for disaster preparation including stockpiling of food and water supply (Hartog, 2014). Meanwhile, frail and poor OPs who live alone and isolated from family live in poorly constructed houses and are less likely to evacuate their homes during disasters (Hartog, 2014).

The adverse socio-economic conditions coupled with the lack of provision of adequate social services heightens the vulnerability of OPs amid disaster situations. Presently, Filipino OPs are entitled to discounts on medicine purchases, transportations, recreational facilities, funeral services, and individual tax exemption as well as the right to long-term and palliative care, social security, and social protection (Paguirigan, 2019). Despite awareness on these programs, there exists a policy-implementation translation gap particularly among the poorest and neediest OPs because of their low purchasing power and inability to meet strict criteria for social pension (Paguirigan, 2019). Consequently, this will lead to heightened vulnerabilities of indigent OPs and increased inequalities especially during disasters.

Filipino OPs’ vulnerability to disasters is closely linked to health, socio-economic, and institutional factors. Nevertheless, these are also the key entry points for age-sensitive and inclusive DRRM. In addition to calls for improvement in the public health system, it is also necessary to advocate for improved disease surveillance especially during disasters and crises. In 2011, the country’s Health Emergency Management Bureau (HEMB) created the Surveillance for Post Extreme Emergencies and Disasters (SPEED) which is a real-time surveillance system that detects and monitors post-disaster disease patterns (Salazar, Pesigan, Law, & Winkler, 2016). However, the last available data on post-disaster diseases obtained through SPEED were those from the 2013 Typhoon Haiyan (Salazar, Pesigan, Law, & Winkler, 2016). This surveillance system would have revolutionized an evidence-based program and policy response to the intersectionality in health and DRRM especially in addressing the needs of the most vulnerable sectors including the OPs.

Aside from health-related concerns, Filipino OPs have poor socio-economic conditions and inadequate social protection that put them in an unfavorable position during disasters. Unfortunately, the country’s social welfare and DRRM strategy to address this dilemma is to merely provide relief and recovery assistance through the Emergency Cash Transfer (ECT) program. While provision of cash assists in the recuperation post-disasters, the country has to have programs and policies that institutionalize and implement the active role OPs can play for an inclusive DRRM. Such policies and programs should not just focus on relief and recovery operations but all dimensions of DRRM – preparation, response, mitigation, and resilience-building.

Inclusive disaster preparation and response significantly reduce the impact of disasters among OPs and other vulnerable populations. Effective preparation and response include OPs in risk assessment, early warning systems, stockpiling of resources, evacuation planning, and emergency training (Hartog, 2014). It is important to have OPs involved in these processes to better understand

their needs and respond to these needs especially amid disasters and crises. Mitigation and resilience-building, on the other hand, should entail an understanding of economic, social, environmental, and physical causes of vulnerabilities of OPs. In doing so, there is a need to address the needs and mobilize the capacities of OPs in their livelihoods, financial literacy, and social protection before, during, and after disasters (Hartog, 2014).

The Philippine ageing phenomenon is in a slow but steady growth. Additionally, the country's geographic location made it highly vulnerable to natural disasters. With the imminent ageing phenomenon and the inevitable threat of natural disasters, OPs' vulnerability and resilience to disasters should make it to the public discourse on DRRM in the country. Likewise, the glaring consequences of ageing and disasters should alert policymakers and program planners for an age-sensitive and inclusive DRRM.

Disasters are ageist but DRRM is not and should not be.

References

- Abalos, J. (2018). Older Persons in the Philippines: a Demographic, Socioeconomic and Health Profile. *Ageing International*.
- Aoki, T., Fukumoto, Y., Yasuda, S., Sakata, Y., Ito, K., Takahashi, J., . . . Shimokawa, H. (2012). The Great East Japan Earthquake Disaster and cardiovascular diseases. *European Heart Journal*.
- Becquart, N., Naumova, E., Singh, G., & Chui, K. (2018). Cardiovascular Disease Hospitalizations in Louisiana Parishes' Elderly before, during and after Hurricane Katrina. *International Journal of Environmental Research and Public Health*.
- Cruz, G., Cruz, C. J., & Saito, Y. (2019). *Ageing and Health in the Philipines*. Jakarta: Economic Research Institute for ASEAN and East Asia (ERIA).
- Department of Social Welfare and Development (DSWD). (2019). *Guidelines in the Implementation of the Emergency Cash Transfer (ECT) During Disasters*. Retrieved from Issuances: https://www.dswd.gov.ph/issuances/MCs/MC_2019-017.pdf
- Evans, J. (2010). Mapping the vulnerability of older persons to disasters. *International Journal of Older People Nursing*, 63-70.
- Gavrilov, L., & Heuveline, P. (2003). Aging of Population. In P. Demeny, & G. McNicoll, *The Encyclopedia of Population*. New York: Mcmillan Reference USA.
- Hartog, J. (2014). *Disaster resilience in an ageing world: How to make policies and programmes inclusive of older people*. London: HelpAge International.
- Jin, K., Simpkins, J., Ji, X., Leis, M., & Stambler, I. (2015). The Critical Need to Promote Research of Aging and Aging-related Diseases to Improve Health and Longevity of the Elderly Population. *Aging and Disease*, 1-5.
- Ngo, E. (2001). When Disasters and Age Collide: Reviewing Vulnerability of the Elderly. *Natural Hazards Review*, 80-89.
- OCHA. (2020, December 3). *Philippines: Typhoon Vamco and Super Typhoon Goni impact and response, as of 3 December 2020*. Retrieved from <https://reliefweb.int/report/philippines/philippines-typhoon-vamco-and-super-typhoon-goni-impact-and-response-3-december#:~:text=On%201%20November%202020%2C%20Super,and%20storm%20surges%20to%20Luzon.&text=Typhoon%20Goni%20was%20quickly%20followed,from%205>
- PAGASA. (n.d.). *Tropical Cyclone Information*. Retrieved from Department of Science and Technology (DOST) - Philippine Atmospheric, Geophysical and Astronomical Services Administration (PAGASA): <http://bagong.pagasa.dost.gov.ph/climate/tropical-cyclone-information>

- Paguirigan, M. R. (2019). Services for the Older Persons. In G. Cruz, C. J. Cruz, & Y. Saito, *Ageing and Health in the Philippines*. Jakarta, Indonesia: Economic Research Institute for ASEAN and East Asia.
- Parker, G., Lie, D., Siskind, D., Martin-Khan, M., Raphael, B., Crompton, D., & Kisely, S. (2016). Mental health implications for older adults after natural disasters – a systematic review and meta-analysis. *International Psychogeriatrics*, 11-20.
- Philippine Statistics Authority (PSA). (2017, June 30). *Philippine Population Surpassed the 100 Million Mark (Results from the 2015 Census of Population)*. Retrieved from Census of Population and Housing : <https://psa.gov.ph/population-and-housing/node/120080#:~:text=Median%20age%20increased%20to%2024.3,was%20below%2024.3%20years%20old>.
- Philippine Statistics Authority (PSA). (2018). *Updated 2015 and 2018 Full Year Poverty Statistics*. Retrieved from Tables and Thematic Maps: <https://psa.gov.ph/poverty-press-releases/data>
- Salazar, M. A., Pesigan, A., Law, R., & Winkler, V. (2016). Post-disaster health impact of natural hazards in the Philippines in 2013. *Global Health Action*.
- Schneider, E. (1983). Infectious diseases in the elderly. *Ann Intern Med*, 395-400.
- Shepherd, A., Mitchell, T., Lewis, K., Lenhardt, A., Jones, L., Scott, L., & Muir-Wood, R. (2013). *The geography of poverty, disasters and climate extremes in 2030*.