

Problems of dual vulnerability in nutrition; A case study of older carers in post-disaster Haiti

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Abstract

Situation;

Undernutrition plays a significant role in under-5 mortality rates following disasters. As such there is a need for an effective humanitarian response; in keeping with the social and cultural context. Older people play an important role in childcare in non-western societies, which often increases in displacement contexts. Until now policy in general, and nutrition programmes in particular, have focused on the mother-child dyad neglecting children not cared for principally by their mother.

Objective;

To gather information on possible barriers to older carers accessing nutritional services/support for the children they care for and explore ways to overcome these obstacles.

Method;

A qualitative approach was taken which aimed to explore the experiences of the carers themselves. Focus Group Discussions and semi-structured Interviews provided data which was analysed using grounded theory approach.

Findings;

Data collected showed that older people have similar needs to other caregivers in emergency settings, needs which are often amplified by age. Moreover, many barriers to accessing services were elicited, including issues with targeting and physical and psychosocial barriers. Participants suggested potential solutions as well as highlighting a vital need to address overall attitudes to older carers within INGOs and other service providers.

Conclusion;

As older people in Haiti were often the sole carers of under-5s, there is a need to recognise their importance in this role and support them within it. More generally, in any emergency setting, organisations need take into account all stakeholders in child nutrition when planning and implementing programmes.

Introduction

The fundamental principle of impartiality¹ within humanitarian aid affirms that older people should have access to humanitarian support on the basis of need, without discrimination. They are a particularly vulnerable group², often disproportionately affected by disasters^{3,4,5} and yet can be excluded from the aid response. Although a very important group in their own right, this research focuses on the concept of dual vulnerability of older people as carers for under fives^{4,6,7} within the context of nutrition.

Dual vulnerability

Vulnerability is defined as 'the diminished capacity of an individual or group to anticipate, cope with, resist and recover from the impact of a natural or man-made hazard'⁸. At an individual level, social status, marginalisation, or lack of education increase vulnerability⁹. Worldwide poverty is one of the leading causes of vulnerability^{2,4}. The concept is situation-specific and relative; a person may be vulnerable in certain contexts but not others. Nevertheless, children and older people are frequently among the vulnerable populations in emergency situations because of their physical and social limitations.

In households where over 60 year olds provide the main income and care for children this vulnerability is accentuated⁷, creating a dual vulnerability that may have a negative effect on the health and nutritional status of the children and older carers alike⁴.

Older people are defined by the United Nations (UN) as being those 60 years of age and over¹⁰. It should be remembered that local cultural factors affect perceptions of age therefore the meaning of 'older' varies in different contexts¹¹. Taking 60 as a guide, we must explore the concept of the 'older carer' with cultural perceptions in mind.

As undernutrition plays such a significant role in under-5 mortality rates following crises^{12,13,14,15,16} there is a need for an effective humanitarian response¹⁷. Existing research, tells us that older people play a substantial role in childcare in non-western societies, a role often increased in displacement contexts¹⁸. Although research exists noting the importance of the role of older carers, policy and programmes still focused on the mother-child dyad¹⁹. Research from South Africa has showed that increasing pensions for grandmothers has a direct effect on the nutritional status of her grandchildren²⁰ but the same body of evidence does not exist for 'cash transfer' schemes or cash for work schemes that include older carers/grandparents.

Attempts are made throughout the humanitarian field to include older carers²¹ in the aid responses but research around the effectiveness of this is scarce and there is a distinct lack of literature from the perspective of carers themselves. This research sought to address this gap, looking from the standpoint of older people caring for children, to find ways of better including them in the humanitarian response.

With the above in mind the objective of this research is:

- To identify the possible barriers to the inclusion of older carers in nutrition programmes for under-fives and families in post earth-quake Haiti.
- To examine potential methods or techniques to over-come these barriers.

Method

The researcher was a British female, completing an MSc in Humanitarian Studies who had studied qualitative research techniques as part of the MSc course. A potential limitation in the study quality is her limited field experience.

Purposive sampling and snowballing techniques²² were used; potential participants were approached face-to-face by community leaders or older carers associations because of their relevant experiences. A variety of different avenues were explored in order to access a suitable study population, which consisted of older carers themselves and community members in general, to gain a variety of perspectives for triangulation of data²³.

1)Old Person Associations were key in recruiting older carers from the area. Participants were approached by the president of each association, who understood the research topic and the variety of participants required.

2)HelpAge's list of beneficiaries was used in order to select some participants for interview. The database included details of the beneficiary's age as well as children in their care.

It was felt empirically that data saturation was reached after 4 Focused Group Discussions (FGDs) and several one to one interviews, at final study sample size of 45; 12 male 33 female, 29 older cares, 16 community members.

All participants were briefed as to the aims of the study and that it was being completed as part of a MSc with the support of HelpAge International and Save the Children. Participants awareness of the collaborative nature of the research with INGOs could have introduced an element of bias by potentially affecting their responses to questions. This was addressed by stressing the anonymity of the data collected and using snowball sampling to collect data from participants not involved with project by the INGOs. Interviews were held in private at the Old Peoples Associations, with one to ones interviews in people's homes in order to distance the research from the INGOs to encourage honest responses.

Participants were unfamiliar to the researcher prior to the commitment of the study and were recruited from five different areas in order to increase the reproducibility of the results; the Ouest and Sud-est regions of Haiti were used in order for the study to represent the population receiving humanitarian aid. The study examined both rural and urban communities in order to increase transferability and to compare the needs of older carers in different situations. FGD consisted of participants currently living in the same areas; however, due to the nature of displacement they may have originally been from different communities and often had experienced various different IDP camps. Older carers living in camps and those living in houses were sampled in almost equal proportion (13vs16) in order to get a more overall view of displacement but due to the disproportional number of women taking responsibility for children, females were more strongly represented.

Research techniques

A qualitative approach was taken as the aim was to explore experiences and perception²⁴. Interview techniques are effective in this context, giving participants an opportunity to express their own interpretations²⁵. Interviews conducted in Creole with an experienced translator who was thoroughly briefed on the nature of the research and ethical issues surrounding the research.

A basic structure for the interviews was written by the author and submitted for guidance by experienced researchers at the LSTM. Interviews lasted between 1.5 to 3 hours and were audio recorded with brief field notes made during the the FGDs and extensive notes made immediately after.

Throughout all interviews, a conscious effort was made to ensure the researcher fully understood the messages that participants were conveying²⁶. This involved clarification of terms and meaning in order to adapt to the personal and cultural frame of reference used by each participant. Repeat interviewed were not carried out and due to high levels of illiteracy the transcribed were not disseminated to all participants but were reviewed with the translator and selected individuals from the old persons association in order to increase reliability of data collected.

Analysis

A grounded theory approach was used for analysis of the generated data²⁷. Interviews were transcribed as soon as possible to increase accuracy and the translator was on hand to discuss any comments

where the meaning was unclear. Emerging themes were divided from the data collected and used to guide future interviews, as is the nature of the iterative approach. Once the researcher was familiar with the data, NVivo was used to enable coding of the data, noting key themes, outliers and relationships between comments.

Ethics

Ethics committee approval was sought from the Liverpool School of Tropical Medicine prior to the research, whilst Save the Children and HelpAge both provided in-country ethical guidance and a 'Code of Conduct'. Voluntary informed consent was attained from all participants and the importance of confidentiality was upheld at all stages of the research; in particular FGD and translators were briefed on the importance of maintaining confidentiality.

Results

Overall, the results confirmed that in Haiti, as in many other developing world settings, older people play an important role in childcare and thus nutrition. Multiple participants mentioned the role of older people as advisors to mothers, with others explaining the role of older people as the primary or sole carer of children under five, a state that can be transient or permanent. Two key reasons for grandparents being the primary carer(s) of young children emerged; firstly, the death of a member of the family, and secondly the economic migration of mothers to urban areas, leaving the grandparents behind to care for the children:

"I have children who are my responsibility; my son died, and leaving two children as my responsibility. The situation is very hard to feed them." - FGD 3

The study also showed that older people in Haiti frequently face many difficulties with daily tasks and for those caring for children these difficulties are amplified. The burden of dual vulnerabilities was evident throughout the research, and participants felt that there was an obvious need to focus on the inclusion of older people in humanitarian efforts. It was noted that:

"Those who have a responsibility to children their problem is amplified... it becomes bigger and bigger. Their situation is more complicated when they have children to look after." -FGD 1

Problems faced by older carers

1) Economic

There was obvious and severe poverty amongst many of the older people interviewed who found it harder to get work than their younger counterparts. This economic hardship directly played into the nutrition of the children in their care with many struggling to feed children in their care as well as themselves;

"I just used to sell whatever I had to feed the children. I had a mattress that I used to sleep on, but the day before yesterday I sold it, I had a cell phone but because we were hungry I was obliged to sell it for money." - FGD 3

2) Health

Health needs of older carers emerged as a theme, with many interviewees stating that their own deteriorating health affected their abilities as carers and played into the cycle of poverty;

"I have stopped sewing because I have a problem with my eyes. I lost my way of making money." - FGD1

3) Education

The theme of nutritional education was often very divisive within focus groups with the majority of participants believing it was a much lesser issue compared to poverty whilst a few as demonstrated in the quote below expressed its importance;

"It is not a question of money, more of education because the oldest people miss education and it is very important to them to know how to feeding the children." - FGD3

Barriers to assessing nutritional services with suggested solutions

1) Targeting

Participants' experience, almost without exception, was that malnutrition programmes for children were aimed at pregnant or lactating women. For example many major nutritional projects in Haiti provided services through 'mother's groups' or via 'mother leaders'. Large numbers of interventions surrounding malnutrition looked at encouraging breast feeding as a technique to prevent malnutrition by creating breast feeding friendly spaces where mothers could meet and socialise. Whilst this was acknowledged as important these services added to the social isolation of older carers who were not given access to those spaces and thus the associated support networks.

Interviewees explained that many services provided by the humanitarian responders were advertised through word of mouth. This method utilises pre-existing social networks which older carers were less likely to be a part of and thus disseminating information in this way involuntarily excludes older carers.

Suggested Solution; The key suggestion from interviewees was for agencies to ensure they research who the main actors in children's nutrition are within a population, and target programmes appropriately. Participants felt that INGOs in particular should move away from the focus on mothers and acknowledge the importance of the wider family.

2) Location of services

Participants expressed many times that services provided by humanitarian responders in general were not very accessible for older generations due to two key factors; Firstly many of the services were located in urban areas. Rural populations are disproportionately made up of older people and children, particularly in the day time when the more physically able inhabitants travelled to local markets. Secondly, due to poorer health many older people struggle to travel long distances. Centralised services for child nutrition therefore, by default, discriminate against those children primarily cared for by older people who are less mobile.

Suggested Solutions; Decentralising programmes, providing transport or varying the location of services week to week.

3) Physical vulnerabilities

Food distributions were a common example given by older carers of where their physical ability prevented them from being able to access NGO services. Although participants were aware of food distributions in their camps or communities, they were reluctant to utilise them. There were multiple reasons for this including long waits in the heat and concerns about mobility and carrying heavy items. The most common and striking reason was fear of fighting and the physical nature of the distributions;

"At the distribution there is always fighting. They always fights in the line and I don't feel strong enough to be part of the line" - FGD4

Furthermore, many participants described the vulnerability of older people to being attacked by younger fitter 'men' in order to steal the food they carried home following food distributions. Fear of attack was discussed in 3 out of 4 FGDs:

"They used to kick me or hit me in the head and then take the food" – FGD3

Suggested Solutions; The solutions provided by participants included: separate distribution queues for older or disabled people; security to ensure they return home safely from distributions; and decentralisation of projects to reduce travelling distance.

4) Economic schemes

Physical barriers were also discussed with regards to the livelihood schemes provided by NGOs. Cash for work schemes, set up with the aim of providing money for food whilst positively affecting the local economy, were viewed by some interviewees as being too physically demanding. However, some older participants felt that they were able to participate. This discrepancy in opinion reflected the personal experiences of cash for work schemes, particularly the type of labor required, as well as the physical health of the interviewee.

Suggested Solutions; In response to Cash for Work projects, schemes that involved less physically demanding activities were held up by older people as being potential solutions; however, it was acknowledged that these would still be unsuitable for a proportion of the older generation. Most frequently, focus groups agreed that provision of something to sell was the best livelihood solution for older people whose income was needed for dependants.

Discussion

Throughout the research process, the prerequisite to fully understand the needs of older generations as caregivers emerged in order to predict and prevent potential barriers to accessing appropriate services. The results demonstrated that the general principles of nutritional support for under-5s remained the same, independent of the primary caregiver's age. This equates to caregivers requiring support in the form of livelihood, education and disaster resilience. However, the way in which these needs are met can require adaptation with regard to the age of the intended recipients.

Financial concerns arose spontaneously in all discussions, unlike other topics such as education, which tended to be broached initially by the interviewer. A large proportion of the time was spent discussing financial solutions for older people. This reflected the importance of money in providing childcare/nutrition and was illustrative of the complexity of providing livelihoods in a context of extreme poverty, with Haiti's lack of economic opportunity. This complexity was exacerbated by the age of the population, as skills-based solutions and cash for work schemes²⁸ were often deemed inappropriate by the participants who felt re-training, or physical labour was not necessarily feasible at their age.

The majority of older participants felt that the best livelihood solution was small scale commerce. However, given the economic climate of Haiti at the time of research, with only 10% of people formally em-

ployed²⁹, this suggestion must be looked at critically; with so many of the population looking to petty trade and a distinct lack of buyers, market saturation would be likely.

Cash transfers³⁰ were a frequent topic of debate within interviews; overall, the response of participants was very positive with regards to cash transfers and they felt that money provided to older people supported entire families, in particular children and therefore their nutrition. This finding is in agreement with Duflo study²⁰ which shows that in families where older women are provided with pensions, the nutritional status of their dependants, particularly females, increases.

Targeting of pregnant and lactating women, as well as women of re-productive age, is known to be effective^{14,31,32}, however, NGO targeting was a commonly reported barrier to older carers accessing nutritional services on behalf of their dependants. Recommendations for change involved researching who the main actors in childcare are in any particular population prior to instigating projects. In some cases this will be mothers, in others it will be older generations or wider families¹⁹, moving the programming away from the Western focus on the mother-child dyad to the reality on the ground.

INGO targeting and programming was found often to be inappropriate for older generations, in recruitment, activity type and distance to services. Suggestions from participants tended to centre around small adaptations to services in order to make them more accessible.

The general principle drawn out by this research is that programming needs to be culturally and socially appropriate. In this case this translates into ensuring that the main stakeholders in childcare are taken into account when planning and implementing programmes. Pragmatic changes need to occur in order to include older carers in NGO services. The adaptations and recommendations generated by the participants have relevance beyond their specific situation and may help to influence and improve aid programmes going forward.

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