A study has recently been published on nutritional risk factors for older refugees. One rationale for the study was, given that older people have diminished ability to regain weight (without extra nutritional support) after experiencing a stressful situation, it is important to prevent deterioration in their nutritional status in the first place.

The research took place between October 1995 and July 1996 in a Rwandan refugee camp (Chabalisa 11) in the Karagwe district of Tanzania. The camp was established in October 1994. Based on HelpAge International’s camp register, a random stratified sample of 1000 households was taken. An 85% response rate generated 826 subjects for analysis. An extensive, structured questionnaire was developed with questions addressing demography, history of movements, socio-economic status, customary physical activities and support. Frequency of consumption of 13 food groups available to the refugees was recorded in the questionnaire. Twelve case studies, involving four or five home visits and lasting several hours, were conducted by a team of two interviewers who had received special training. The same two interviewers also conducted group interviews to collect other qualitative information.

Specific groups were formed with separate sexes - very old (mean age 80 years), widows, elderly labourers and home visitors. Discussion topics included food availability during the year, typical daily diets, firewood, the concept of vulnerability, and waged labour by the elderly.

The study identified the following important areas of nutritional risk for older refugees:

This woman is a widow and has nine people in her household to help provide for.

This man is 85 years old, and lives with his disabled wife, daughter, and her seven children.
physical ability and mobility
income and access to land
appropriate food rations
meeting basic needs such as water, fuel, shelter
equal access to essential services (food distribution, health services, mills, feeding programmes)
psycho-social trauma.

A number of recommendations are made by the study authors to reduce nutritional risk of older refugees. These include awareness raising amongst refugees themselves and humanitarian organisations, and risk assessment and interventions to improve access to an adequate and appropriate diet. In terms of assessment and analysis, age and sex-segregated data should be collected to provide a picture of the nature and magnitude of the problems, as well as for monitoring and evaluation purposes. In an emergency situation, older refugees at risk should be systematically identified as early as possible. In addition to physical criteria, social, economic and psychological criteria are useful.

The study authors also recommend that in order to strengthen social networks, effort should be made to trace family members or friends of lone older refugees. Involvement of older refugees in community activities should be encouraged by making use of their skills, for example in productive activities, passing on knowledge and looking after other elderly, children, or anyone else in need.

Special needs of vulnerable older people should be recognised and, as much as possible, be addressed in the family or community. If special services for older people are desirable, they should be integrated within general assistance programmes to prevent isolation resulting from visibly targeted interventions.


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