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**THE PHENOMENON OF AGEING AND
THE SITUATION OF OLDER PERSONS IN THE CARIBBEAN**

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THE PHENOMENON OF AGEING AND THE SITUATION OF OLDER PERSONS IN THE CARIBBEAN

1. Background

In its resolution 47/5 of 16 October 1992, the General Assembly decided to observe the year 1999 as the International Year of Older Persons¹ and to take note of the conceptual framework of a programme for the preparation and observance of the International Year of Older Persons in 1999, as contained in the report of the Secretary-General (A/50/114). In resolution 50/141 entitled "International Year of Older Persons: Towards a society for all ages", the General Assembly, inter alia, invited the regional commissions, within the existing mandates, to bear in mind the goals of the Year when convening regional meetings in 1998 and 1999 at which to mark the Year and formulate action plans on ageing for the twenty-first century.

Recognizing ageing as one of the major achievements and, at the same time, challenges of the twentieth century, the United Nations convened the World Assembly on Ageing in 1982 and, in the same year, the General Assembly endorsed the International Plan of Action on Ageing (resolution 37/51). In 1990, the Assembly designated 1 October as the International Day for the Elderly (resolution 45/106) and one year later, in 1991 it adopted the United Nations Principles for Older Persons (resolutions 46/91). In 1992, the Assembly adopted a practical strategy for the decade 1992-2001 entitled "Global targets on ageing for the year 2001" (resolution 47/86).

In elaborating the conceptual framework of a programme for the Year, four dimensions emerged which are discussed below.

The objective of the Year of Older persons was the promotion of the United Nations Principles for Older Persons, their translation into policy, as well as practical programmes and actions.

¹ The term older persons rather than elderly is being used in the present report, as it was in General Assembly resolutions 47/5 and 48/98. In the fiftieth session of the Assembly by resolution 50/141 the term elderly was replaced with the term older persons.

2. Introduction

A. The framework

The four facets of the conceptual framework are:

- (a) The situation of older persons;
- (b) Lifelong individual development;
- (c) Multigenerational relationships; and
- (d) Development and the ageing populations

A review and appraisal of the **situation of older persons** includes a review of sectoral arrangements for health, housing, education, employment, income security and welfare. Among the many dimensions of the “situation of older persons”, two are emerging to pre-eminence - active ageing and care giving strategies. The terms “active” or “productive” ageing are currently used in two ways: first, to describe, and thereby to support, the importance of the many socially and economically productive roles open to ageing individuals in developing countries and, secondly, as an attempt to reverse the phenomenon in developed countries whereby retirement from the formal economic sector automatically negates the formal acknowledgment of the unpaid productive roles of many older persons.

Lifelong individual development is being addressed in terms of changing life maps. For example the life map of the industrial age, which comprised three successive stages – schooling youth, work in adulthood and retirement in old age - is inadequate in an era requiring continuing education, work flexibility and an active as well as independent or self-supporting old age. A new life map is emerging, made up of periods of education, work and leisure mixed or blended in different proportions at different times in the individual’s lifespan, giving rise to new policies and programmes.

A consideration of **multigenerational relations** hinges on the concept of “interdependence” and how this can be maintained in family and society as the proportions of old and young change. Where once there was a pyramid of many children and increasingly fewer adults and older persons, now the inverse pyramid family is possible, consisting of one child, two parents, four grandparents and possibly, eight great-grandparents. The practical implications of individual and population ageing for the family rest mainly in care giving and, for society, in the provision of social services and income security.

Considering **ageing and development** requires an “integrated approach” within the framework of overall economic and social planning. Such an approach has proceeded more slowly than separate sectoral approaches which target health, housing, etc. The lifelong approach has only just entered the debate. Macro-level concerns have been mainly in terms of social security costs, usually calculated in terms of rising old-age dependency ratios. Lively debates have been sparked on the relative role of saving, redistribution and insurance components in old age security programmes, as well as the role of government in their development and management. In recent years, the search has intensified for new social security systems, including those incorporating traditional systems, and the importance of lifelong preparation for later years has grown.

In summary, the Year 1999 presents an opportunity to review and update traditional concepts of ageing. Each new cohort of older persons arrives at the age of 60 with its own particular expectations, capabilities and needs, as conditioned by earlier opportunities and obstacles. A broadening of education, work and leisure opportunities is changing not only old age but the entire life course which, in turn, gives rise to new intergenerational relationships and roles. As the proportion of those over age 60 changes from approximately 1 in 14 to 1 in 4 (sooner in developed countries but faster in developing countries), the interrelationship of ageing and development will become evident in economic, social, political and cultural areas.

B. The principles

Eighteen United Nations Principles for Older Persons are outlined in the General Assembly document A/50/114 22 March 1995. The document indicates that the translation of the Principles into reality would require both initiatives by older persons and the establishment of an enabling environment by the rest of the society.

The Principles were organized into five clusters: independence, participation, care, self-fulfilment and dignity. They are discussed below.

The Independence Principles state that older persons need access to basic services and care, opportunities to work or make income, ability to influence the pace of withdrawal from the labour force, access to education and training opportunities, safe living environments and support to reside at home for as long as possible.

The Participation Principles address decision-making, dissemination of knowledge, community service and the formation of movements or associations of older persons.

The Care Principles address issues of family and community care, access to health, social and legal services, and matters pertaining to institutional care.

The Self-fulfilment Principles call for older persons to have opportunities for full development of their potential and access to educational, cultural, spiritual and recreational resources of society.

The Dignity Principles address issues related to exploitation, physical or mental abuse, fair treatment, being valued independently and economic contribution.

The translation of the Principles into reality will require both initiatives by older persons and the establishment of an enabling environment by the rest of society.

Promotion of those principles is the overall objective of the Year.

3. The situation of older persons in the Caribbean

Ageing

The term ageing is applied to both populations and individuals. The ageing of populations became noticeable in Caribbean countries since the 1960s. The phenomenon has implications for a country's social development, particularly in such areas as health, education, the economy and labour force participation.

Individual ageing is both a biological process and a social process and can be defined in terms of the physiological, behavioural, sociological or chronological. (Eldemire, D.,1997).

The social process is determined by the culture of the individual and his/her society of which he/she is a member. This process finds expression in beliefs, attitudes, expectations and the traditions of the society. The role society defines for older persons is the result of socially constructed beliefs and attitudes, which may or may not be prejudicial.

Demographic

The segment of the population comprising "older persons" as defined by the United Nations, contains those persons aged 60 and over. Official estimates indicate that the Caribbean has experienced and will continue to experience considerable absolute and relative increases in this segment of the population in the period 1950-2050 (see Tables 1A and 1B). At the global level, the population aged 60 or over will increase from the average 10 per cent to 22 per cent in 2050, while the percentage aged less than 15 will decrease from 30 per cent to 20 per cent. By the year 2050, there will be more older persons than children in the world², the majority of whom will be female and widowed or without a partner. The Caribbean is likely to mirror this phenomenon.

Since 1950, the total population of the region has grown from 16 to 34 million (see Table 1A), an increase of a little over 50 per cent. The total number of older persons almost tripled during the same period from 1.2 million to 3.4 million (see Table 2).

2 World Population Prospect 1998 Review Volume 1. United Nations Department of Economic and Social Affairs, Population Division.

Table 1a: Total population of selected ECLAC/CDCC member countries**Estimates: 1950-1995**

Major area, region and country	Population (thousands)										
	1950	1955	1960	1965	1970	1975	1980	1985	1990	1995	1950-1995
Caribbean	16600	18130	19873	22046	24201	25488	27500	29657	31971	34038	
% increase (10 year period)			19.7		21.8		13.6		16.3	6.5	105.0
Anguilla	5	5	6	6	6	6	7	7	7	8	
Antigua and Barbuda	46	52	55	56	57	59	61	62	64	66	
Aruba	57	58	59	60	61	62	60	63	64	82	
Bahamas	79	89	110	140	170	189	210	232	255	280	
Barbados	211	227	231	235	239	246	249	253	257	264	
British Virgin Islands	6	7	7	9	10	11	12	14	16	19	
Cuba	5850	6417	6985	7754	8520	9306	9710	10115	10628	10964	
Dominica	51	57	60	66	70	72	74	72	71	71	
Dominican Republic	2353	2737	3231	3806	4423	5048	5697	6376	7110	7823	
Grenada	76	85	90	97	94	92	89	90	91	92	
Haiti	3261	3508	3804	4143	4520	4920	5454	6126	6916	7560	
Jamaica	1403	1542	1629	1760	1869	2013	2133	2297	2369	2473	
Montserrat	14	13	12	12	11	12	12	11	11	11	
Netherlands Antilles	112	123	135	146	159	166	174	182	188	205	
Puerto Rico	2218	2250	2360	2583	2716	2939	3197	3378	3528	3715	
Saint Kitts and Nevis	44	50	51	49	47	45	44	44	42	40	
Saint Lucia	79	83	86	94	101	108	115	125	134	144	
Saint Vincent & the Grenadines	67	73	80	84	87	93	98	102	106	110	
Trinidad & Tobago	636	721	843	896	971	1 012	1 082	1 178	1 215		1 262
Turks & Caicos Islands	5	5	6	6	6	6	7	9	12	14	
US Virgin Islands	27	28	33	44	64	95	97	99	102	97	

Source: United Nations Secretariat, Department of Economic and Social Affairs, Population Division. World Population Prospects, The 1998 Revision, Volume 1.

**Table 1b: Projected population of selected countries of the Caribbean
2000-2050: Medium Variant**

Major area, region & country	Population (thousands)										
	2000	2005	2010	2015	2020	2025	2030	2035	2040	2045	2050
Caribbean	37251	39135	40999	42828	44553	46190	47612	48804	49758	50421	52026
% increase(10 year period)	16.5		10.1		8.7		6.9		4.5		4.6
Anguilla	8	9	9	10	10	11	11	12	12	13	13
Antigua & Barbuda	68	69	71	72	74	75	76	77	78	79	79
Aruba	103	127	155	185	217	250	281	308	329	342	347
Bahamas	307	331	354	375	395	415	433	449	463	475	485
Barbados	270	276	282	288	293	297	299	299	297	293	288
British Virgin Islands	21	24	27	30	34	37	40	42	44	45	46
Cuba	11201	11372	11516	11646	11744	11798	11791	11714	11587	11369	11095
Dominica	71	71	71	72	72	73	75	76	77	78	79
Dominican Republic	8495	9123	9708	10251	10740	11164	11522	11819	12041	12187	12265
Grenada	94	95	97	100	102	105	107	109	111	113	115
Haiti	8222	8923	9669	10440	11202	11988	12730	13421	14059	14633	15174
Jamaica	2583	2697	2816	2945	3089	3245	3389	3519	3631	3725	3 801
Montserrat	11	11	11	11	11	11	11	11	11	11	11
Netherlands Antilles	217	227	237	245	253	258	263	265	267	267	267
Puerto Rico	3869	4020	4159	4279	4383	4478	4560	4626	4672	4699	4710
Saint Kitts & Nevis	38	37	36	36	35	35	35	35	35	36	36
Saint Lucia	154	165	176	186	197	208	218	226	233	238	242
Saint Vincent & the Grenadines	114	118	121	125	128	131	133	136	138	139	140
Trinidad & Tobago	1295	1330	1374	1420	1460	1493	1518	1537	1547	1550	1543
Turks & Caicos Islands	17	20	23	27	30	34	37	40	42	44	44
US Virgin Islands	93	90	87	85	84	84	83	83	84	85	86

Source: United Nations Secretariat, Department of Economic and Social Affairs, Population Division. World Population Prospects, The 1998 Revision, Volume 1.

**Table 2a: Cumulative sex and age distribution
of selected countries of the Caribbean**

***** ESTIMATES *****

AGE	1950			% of Total		
GROUP	Both sexes	Males	Females	Both sexes	Males	Females
60-64	410	211	199	35.0	36.1	34.0
65-69	314	160	154	26.8	27.4	26.3
70-74	222	110	112	19.0	18.8	19.1
75-79	141	67	74	12.0	11.5	12.6
80+	84	37	47	7.2	6.3	8.0
Total	1171	585	586	100.0	100.0	100.2
% increase						

AGE	1955			% of Total		
GROUP	Both sexes	Males	Females	Both sexes	Males	Females
60-64	458	236	222	35.2	36.1	34.3
65-69	347	175	172	26.7	26.8	26.6
70-74	245	123	122	18.8	18.8	18.9
75-79	145	72	73	11.2	11.0	11.3
80+	105	47	58	8.1	7.2	9.0
Total	1300	653	647	100.0	100.0	100.0
% increase	11.0	11.6	10.4			

AGE	1960			% of Total		
GROUP	Both sexes	Male	Females	Both sexes	Males	Females
60-64	518	268	250	35.3	36.3	34.3
65-69	389	197	192	26.5	26.7	26.4
70-74	273	136	137	18.6	18.4	18.8
75-79	168	83	85	11.5	11.2	11.7
80+	118	54	64	8.0	7.3	8.8
Total	1466	738	728	100.0	100.0	100.0
% increase	12.8	13.0	12.5			

Source: The sex and age distribution of the world populations, the 1996 revision.

Table 2a: The sex and age distribution***** MEDIUM VARIANT *****

AGE	1995					
GROUP	Both sexes	Males	Females	Both sexes	Males	Females
60-64	978	471	507	29.2	29.7	28.7
65-69	824	394	430	24.6	24.9	24.3
70-74	611	290	321	18.2	18.3	18.1
75-79	467	217	250	13.9	13.7	14.1
80+	474	213	261	14.1	13.4	14.8
Total	3354	1585	1769	100.0	100.0	100.0
% increase	128.8	114.8	143.0			

AGE	2000					
GROUP	Both sexes	Males	Females	Both sexes	Males	Females
60-64	1133	547	586	30.3	31.2	29.5
65-69	878	416	462	23.5	23.7	23.2
70-74	707	330	377	18.9	18.8	19.0
75-79	487	224	263	13.0	12.8	13.2
80+	538	237	301	14.4	13.5	15.1
Total	3743	1754	1989	100.0	100.0	100.0
% increase	11.6	10.7	12.4			

AGE	2005					
GROUP	Both sexes	Male	Females	Both sexes	Males	Females
60-64	1285	617	668	30.4	31.4	29.5
65-69	1026	487	539	24.2	24.7	23.8
70-74	760	351	409	18.0	17.8	18.1
75-79	570	257	313	13.5	13.1	13.8
80+	592	256	336	14.0	13.0	14.8
Total	4233	1968	2265	100.0	100.0	100.0
% increase	13.1	12.2	13.9			

Source: The sex and age distribution of the world populations, the 1996 revision.

Table 2B provides an overview of the growth of older persons as a proportion of the population in the Caribbean subregion. That segment of the population which was approximately 6.9 per cent in 1950 is expected to comprise 10.6 per cent of the population by 2005.

Table 2b: Growth of older person in the Caribbean subregion

	1950	1955	1960	1995	2000	2005
Total 60+ population	1171	1300	1466	3354	3743	4233
Total Regional Population	17039	18616	20437	36136	38139	40073
60+/Total Regional	6.9	7.0	7.2	9.3	9.8	10.6
% increase		9.3	9.8	76.8	5.5	5.1

Source: The sex and age distribution of the world populations, the 1996 revision

Countries have arrived at their present stages in the demographic transition by different routes. For example, Barbados has aged due to reductions in fertility and emigration of young people in the 1950s and 1960s, whereas Montserrat has aged as the adults who migrated in search of work return home at age 60. These differences require different policy prescriptions.

When discussing population ageing, it is important to be mindful of the degree of heterogeneity within the older population. One aspect of heterogeneity is that of the age structure. This population group has been divided into the younger elderly, 60 to 74 and the older elderly, 75 and over.

The persons aged 75 and over are a group whose needs for physical, social and economic support are likely to be somewhat greater than those of the younger elderly (Eldemire, D.1995). In 1995, it was estimated that 28 per cent of the older population consisted of the older elderly, whereas in 1950 this group comprised only 19.2 per cent. (See Table 2A).

A significant demographic trend in the Caribbean is the increase in the older elderly (75+), which is actually the fastest growing portion of the over -60 population. This is in keeping with world trends, especially in the developed countries.

While smaller member States, such as St. Kitts and Nevis and Montserrat, which have relatively large shares of elderly within their respective populations do in fact also display relatively large numbers of older-old persons, it is Barbados which stands apart from the remainder of the region with a current share of 35 per cent of its older citizens who have reached their 75th birthday. At the other end of the spectrum, it is the comparatively youthful Guyana which also has a

much lower share of older-old persons than any other Commonwealth Caribbean State. (Serow, W.J., 1998).

The United Nations in 1991 stated that the greatest impact population ageing has had on the family was the addition of a fourth generation.

Life expectancy

The United Nations population data has indicated that by the end of the century, 20 years will have been added to the average life, and that in the course of a few generations, the proportion of older persons, those aged 60 and above, is increasing from approximately one in 14 to one in four.

The data suggest that, for the Caribbean, it is not much different. Overall life expectancy at birth across the subregion has risen from 52.1 in 1950 to 68.6 in 1995.

In the Caribbean, as in the other subregions of the Americas, females have a longer life expectancy than males. Life expectancy for males increased from 50.7 in 1950 to 66.3 years in 1995. For females, from 53.5 to 71.0 over the same period. (See Table 3.)

There is a slight excess of females over males at age 60, but it increases with age, especially after age 75. Projections are for female dominance of the older age group to increase over the next several decades.

Data on life expectancy arising out of the last census round indicates that there is a considerable degree of variation in current estimates of life expectancy with values ranging from more than 74 years for men and more than 80 years for women (both in Dominica) to only 58 and 64 in Guyana. Antigua and Barbuda, Barbados, Saint Vincent and the Grenadines and Jamaica also have relatively high levels of life expectancy. For women, projected life expectancy reaches 80-85 years everywhere, save Guyana. It is expected that as the demographic picture unfolds in the region the effect on the age structure will be towards an increase in "absolute" ageing, that is, increases in the numbers aged 60 and over.

The greater longevity of women has led to the term the "feminization of old age" which not only describes the female nature of the aged population, but signals the greater prevalence of health concerns specific to females in old age and emphasizes the need for a gender approach, which analyzes how the physiological and socially constructed differences between men and women determine different health needs and outcomes (Eldimire D. 1997). Such an approach is particularly important in addressing issues pertaining to the family and care of the older

members.

The issue of care giving has another dimension as the Human Development Report for 1999 indicates. It suggests that globalization is putting a squeeze on care and care giving labour, as it reduces the time use of the traditional care giver for caring services, increases the fiscal pressures on care-giving services and increases the wage gap between the tradable and non tradable sectors of the economy. These processes all have clear implications for gender equity.

Table 3: Life expectancy at birth (in years)

Major area, region a& country	1950-1955	1955-1960	1960-1965	1965-1970	1970-1975	1975-1980	1980-1985	1985-1990	1990-1995		
Both sexes	52.1	55.4	58.5	61.1	63.1	64.5	65.5	66.9	67.9		
Males	50.7	53.9	56.9	59.5	61.4	62.7	63.7	64.9	65.7		
Females	53.5	56.9	60.1	62.7	64.9	66.4	67.5	69.0	70.2		
Major area, region & country	1995-2000	2000-2005	2005-2010	2010-2015	2015-2020	2020-2025	2025-2030	2030-2035	2035-2040	2040-2045	2045-2050
Both sexes	68.6	69.5	70.5	71.7	72.8	73.9	74.7	77.9	76.3	76.8	77.4
Males	66.3	67.1	68.1	69.3	70.5	71.5	72.4	73.2	73.9	74.5	75.0
Females	71.0	72.0	73.0	74.1	75.2	76.2	77.1	77.9	78.6	79.2	79.8

Source: United Nations Secretariat, Department of Economic and social Affairs, Population Division. World Population Prospects, The 1998 Revision, Volume 1.

Dependency ratio

One of the conventional means employed to depict the economic consequences of population ageing is the so-called dependency ratio, which describes the shifts in the balance between probable workers and probable non-workers in any population.

Calculating the dependency ratio by age group gives important information. In the Caribbean subregion, while the overall dependency ratio is falling in relation to the segment of the population over 60, the ratio is actually increasing (see Table 5). In 1950 the total ratio was 75.3 and this had declined to 63.1 in 1990-1995.

For the population 65+ it was 7.8 in 1950 and currently stands at 10.4 in the 1990-1995 period. The average dependency ratio for this segment of the population is 11 for developing countries and 25 for developed.

Variations on the dependency ratio

There are a number of variations of the dependency ratio, based more on social than economic criteria, which will be useful to planners and could be used in conjunction with the traditional ratios. These variations take into account the different contributions of males and females. The caring ratio relates the 60+ population to the female population 15-59 and recognizes the role of females in care giving. The economic ratio similarly recognizes that males generally have the primary economic responsibility and relates the 60+ population to the male population 15-59. The parent support ratio (PSR), which relates the oldest old (80 and over) to their children/carers (aged 50-59), is a rough indicator of the need for support of the frail elderly. As females are the main carers, the PSR by females is often calculated. It is also useful to calculate these ratios by geographic location, especially urban and rural.

Denise Eldemire, "Health and the Elderly", 1997, in Health Conditions in the Caribbean, PAHO/WHO publication #566.

4. The needs of the older person

The level of education attained, is a critical factor in the ability of the older persons to meet their basic needs and to maintain a fair standard of well-being. It has been found that education plays an important role with regards to the life security of the older persons. Studies suggest that those persons who obtained secondary school education had smaller economic problems. Their health problems were at a minimum and the housing problem was virtually non-existent³.

Findings from the 1990-1991 Population and Housing Census of the Commonwealth Caribbean indicated that overall more than 80 per cent of the youngest elderly in the region had no more than a primary education; this share rises to nearly 90 per cent when considering those aged 65 or more years. However, the future looks a little better, as the data pattern suggests that each succeeding generation will bring with them approximately twice the extent of post primary education as was the case for their parents.⁴

The most important type of care in old age is informal care - that provided by friends, neighbours, and family. In the Caribbean, the majority of the elderly surveyed (70 – 90 per cent) reported having someone to help if necessary.⁵

3 Survey of the Elderly 1985-1986. Republic of Trinidad and Tobago, Office of the Prime Minister, Central Statistical Office, PAHO/WHO.

4 William J. Serow, Ph.D. Ageing in the Commonwealth Caribbean. 1990-1991 Population and Housing Census of the Commonwealth Caribbean. CARICOM 1998.

5 Denise Eldemire, "Health of the Elderly" in Health Conditions in the Caribbean, Pan American Health Organization. Scientific Publication No. 561, Washington D.C. 1997

The study found males were more likely to have spouses to look after them and that in three of the four countries surveyed, the majority of the elderly (50-75 per cent) lived with their family in multigenerational households, the exception being in Barbados.

Table 4: Dependency ratios: 1950-1995 and 1995-2050

Dependency ratio (per 100)											
Major area	1950-1955	1955-1960	1960-1965	1965-1970	1970-1975	1975-1980	1980-1985	1985-1990	1990-1995		
Caribbean											
Total	75.3	77.1	79.4	82.3	84.9	82.6	74.0	67.1	63.1		
Age 0 – 14	67.4	69.1	71.1	73.5	75.3	72.7	63.6	56.7	52.7		
Age 65+	7.8	8.0	8.3	8.8	9.6	9.9	10.4	10.4	10.4		
Dependency ratio (per 100)											
Major area	1995-2000	2000-2005	2005-2010	2010-2015	2015-2020	2020-2025	2025-2030	2030-2035	2035-2040	2040-2045	2045-2050
Caribbean	60.6	57.1	53.1	51.3	50.7	50.8	51.0	53.0	55.2	57.4	58.2
Age 0 – 14	50.0	46.3	41.8	39.1	37.2	35.7	34.2	33.1	32.2	31.5	30.7
Age 65+	10.6	10.8	11.3	12.2	13.5	15.1	16.8	19.9	23.1	25.9	27.5

Source: United Nations Secretariat, Department of Economic and social Affairs, Population Division. World Population Prospects, The 1998 Revision, Volume 1.

The study in Trinidad and Tobago also found that over 90 per cent of the respondents needed someone to assist them with the household chores. In most relationships, the sons or daughters were the ones to assist the elderly and, in fact, 38 per cent of all household assistance came from the sons and daughters and approximately 2 per cent came from companions or friends.

It has been suggested that this finding contradicts the suggestion that the extended family is breaking down and identifies the need for more research to investigate the importance of the family in providing support for elderly members (Eldemire, D. 1997). There is a concern: family size is declining, taxing the ability of children - particularly daughters - to help ageing relatives. As well, the economic pressures driven by the globalization processes may diminish the available time of care givers as more are forced into income earning activity to assist in meeting the economic needs of the family and others are forced to engage in longer hours in income earning activity.

Because of the importance of the family in the provision of care to the elderly, maintaining the integrity of the family should be of concern to social and economic and not viewed simply as part of the changing social structure.

The same study conducted by the Pan American Health Organization/World Health Organization (PAHO/WHO) found that the percentage of older persons

living alone was generally low: 11.6 per cent in Guyana, 13.6 per cent in Trinidad and Tobago, and 16.5 per cent in Jamaica. It was highest in Barbados, at 25.4 per cent. One advantage enjoyed by the elderly in the surveys was that the majority owned their own house and felt that their housing needs were being satisfied. However a significant percentage of the old elderly develop housing needs, as they become less functionally capable. The figure ranges from 10 per cent to 15 per cent and points to the need for long-term care facilities.

In a study conducted in Antigua and Barbuda, the data revealed that women in this age bracket identified their needs mainly in terms of assistance with domestic work and in receiving medical attention. A few women required assistance in meal preparation. Since medical attention was obtained mainly outside the home through visits to the doctor, this implied assistance with transportation and finance. The identified sources of financial support were social security benefits, children, personal savings, overseas remittances and others. Most women listed other means followed by children, social security and personal savings in descending order. Those who depended on other means, children and social security, in that order, seemed to have the greatest need.

Income

Data indicated that participation in the formal work force by the population 60 and over was low and even less after age 65. The proportion of women working (5 to 25 per cent) was lower than that of males (10 to 55 per cent), and the percentage of older persons looking for work was very low.

In light of the low labour force participation rates of the older person, pensions are an important form of income support. In the Caribbean, it has been noted that pensions are not indexed to cost of living and, therefore, generally fall below the minimum wage. Other sources of support are important and in all countries the family - specifically children, both sons and daughters - is identified as a major source of economic support. A study conducted in Trinidad and Tobago⁶ found that when older persons were in receipt of money from children, their economic problems were substantially lower as were their health and housing problems.

This study on Trinidad and Tobago, although somewhat dated, provided a picture of some income of older persons. In the 65-69 year age group, the National Insurance Pension Scheme was the main source of income. Those respondents in the 70-74 year age group received incomes mainly from other sources. The majority of the respondents in the 75-79 year age group received income from non-relatives and 66 per cent of the persons 80 years and over

6 Survey of the Elderly 1985-1986. Op cit.

received their income from private charities.

The majority of the respondents (53.2 per cent) had a monthly income of less than \$500 dollars and supported one person on this income. An astonishing note, however, was that approximately 5 per cent of the respondents with the same monthly income of less than \$500 were supporting seven or more persons on that income. Although the study is dated, recent poverty studies have concluded that among the poorest poor were single headed households headed by older persons with dependants. (Henry, R.)

Over 60 per cent of the respondents were receiving less than \$500 a month; 4.1 per cent \$500-\$599; 19 per cent \$600-\$1,999 and 2.4 per cent \$2000- \$2999 a month. All these persons had heavy commitments to dependants.

Of the respondents who reportedly had no education, 68.8 percent received an income of less than \$500 a month. Of those who had received a secondary school education, 38.6 percent did not even receive an income of \$500 a month, and 35per cent obtained an income of between \$600 and \$2,999 a month.

Economic status and health problems were the two main problems that affected the daily living of the older person. These problems also affected persons who were not so old, but they became more difficult to control as old age increased.

Among persons aged 60-69, economic problems predominated; among those 70-79, health became more important; and in persons 80 and over, health concerns dominated. The latter finding suggests that there are deficiencies in health services for the older elderly or in their ability to access them, owing to cost and transportation problems. For countries with limited resources, the older age group should be a target group for services⁷.

When the low coverage and value of pensions is taken into consideration around the subregion, it is not surprising that a large proportion of older persons reported that their basic needs were not being met. In Guyana, 62.1 per cent said their basic needs were "very poorly" or "poorly" met, 34.1 per cent said the same in Trinidad and Tobago and 44.0 per cent in Barbados.

Housing

The Trinidad and Tobago study found that within the 75-79 year age group 70.8 per cent of the respondents owned and occupied their own homes; 8 per cent rented and 21.2 per cent used a house free-of-charge. In the 80-84 year age

7 Denise Eldemire. "Health of the Elderly" op cit

group, 49 per cent owned their own homes; 13.2 per cent rent and 37.7 per cent had use of a rent-free home. We can say generally that the majority of the older respondents in Trinidad and Tobago owned their own homes, and that an average of 27 per cent of the population have use of a rent free home⁸.

Health

With ageing, the patterns of disease and mortality shift away from the infectious diseases to the chronic diseases, which have longer durations and are more insidious. The incidence of chronic illness in old age is higher because of longer exposure to the factors causing illness, (age dependent and not because of the ageing process per se (age related). Thus, ageing of the population is interconnected with the epidemiological transition, which refers to the long-term change in leading causes of death from infectious and acute to chronic and degenerative.

The assessment of health status in older persons is a complicated issue affected by many variables. Health status is often assessed by looking at morbidity and/or mortality, but, increasingly, functional status is being used as an indicator of health status. Functional status is multidimensional, with physical, mental and social components. Several Caribbean health experts have drawn attention to the increasing importance of chronic disease as the main cause of morbidity and mortality in older populations of the region. Present data show that 70 per cent of the patients with chronic diseases in the Caribbean are older persons. The diseases contributing significantly to morbidity and mortality are cardiovascular disease (including hypertension), neoplasm, and cerebrovascular disease.

Hypertension is the leading reason for primary health care visits by older persons and, therefore, has serious cost implications.

Denise Eldemire, "Health of the Elderly", 1997, health Conditions in the Caribbean, PAHO/WHO publication #566.

5. Conclusions

Growing evidence points to the widening gaps between those who are poor and those who are wealthy or have access to wealth. Wealth and access to wealth often convert to opportunity and access to quality education and services. One of the major challenges facing policy makers is to devise means by which those who are already disadvantaged are not more so by the programmes or policies enacted.

The United Nations Development Programme (UNDP) HDR for 1999 presented the findings of the proportion of the population who were not expected to reach age 65. It is interesting to compare how selected countries of the Caribbean subregion fare in comparison to those countries which have ranked within the highest 10 Human Development Indices. If we examine Table 7 we note that in countries such as Haiti, Guyana and Suriname more than 20 per cent of their population are not expected to reach age 65.

8 Survey of the Elderly, 1985-1986. Op cit

While we explore the development of policies and programmes to improve the quality of life of those whose lives are lengthened by improved health and welfare, we need to ensure that more people are given the opportunity to live long healthy lives.

Table 5: Progress in survival

	HDI Rank	Life	People not expected to survive to age 60 (as a per cent of total population)
Norway	2	78.1	9
United States	3	76.7	13
Japan	4	80.0	8
Belgium	5	77.2	10
Sweden	6	78.5	9
Australia	7	78.2	9
Netherlands	8	77.9	9
Iceland	9	79.0	8
United Kingdom	10	77.2	10
Barbados	29	76.4	12
Bahamas	31	73.8	18
Antigua & Barbuda	38	74.0 ^a	...
Trinidad & Tobago	46	73.8	15
St Kitts/Nevis	51	70.0 ^a	...
Grenada	52	71.0 ^a	...
Dominica	53	72.0 ^a	...
Cuba	58	75.4 ^a	13
Suriname	64	70.1	20
St Vincent & the Grenadines	75	71.0 ^a	...
Saint Lucia	81	72.0 ^a	...
Jamaica	82	74.8	13
Belize	83	74.7	14
Dominican Republic	88	70.6	20
Guyana	99	64.4	28
Haiti	152	53.7	50

Source: Human Development Report 1999 ^a– nearest available year 1993

The challenges

The challenges identified in addressing the phenomenon of ageing and the situation of older persons drawn from the available data include:

(a) The distribution of the costs and burdens of the work of care giving equitably between men and women and between State and family or community, including the private sector;

(b) The development and design of programmes for older persons with the involvement of all social actors – the public and private sectors, voluntary associations and trade unions;

(c) Data collection and analysis. Data is available from governmental sources such as pension systems, hospitals and from non-governmental organizations (NGOs) – but the information needs to be accessed and, in some cases, disaggregated by age and sex. Data that are age and gender specific must be made available;

(d) The involvement of the health, finance and social sectors in a multidimensional approach to deal with the many facets of the issue of ageing; and

(e) The development of an Integrated Plan on the Ageing which takes into account the Caribbean Charter on Health and Ageing and, in particular, the economic security, employment and other productive activities for healthy ageing.