

studies and perspectives

6

Population ageing in the
Caribbean: a four country study

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Abstract

The four countries studied show the classical symptoms of ageing societies in so far as they have experienced a significant decline in fertility and a considerable increase in life-expectancy. Consequently all countries analyzed are well on their way in their transition from young to increasingly older societies. The exercise found considerable gender discrepancies in all aspects, such as health, economic security, educational attainment and living arrangements. While men generally seem to be working longer years and also seem to have easier access to pension schemes, elderly women are more often found dependent on family support and government welfare programmes.

With regard to life expectancy and health, the data confirm with trends observed in other parts of the world in so far as women still tend to live longer but men seem to be suffering less from life-style related chronic diseases. A look at living arrangements of the elderly revealed that elderly men are in their majority still married and live with a spouse whereas most elderly women were often found to be widowed and to be living with family and close relatives.

However, in all countries discussed, the percentage of elderly is still considerably low and the present demographic age-structures of these populations are providing a window of opportunity that offers a unique opportunity for governments and policy makers to take advantage of these presently rather favorable demographic conditions.

Introduction

While the Caribbean is still characterized by a rather young population, a silent revolution has already begun. The success in providing basic social and primary health care to Caribbean peoples has resulted in enhanced life-expectancy and declining numbers of deaths in early life-years. This, along with continuously declining fertility rates, has been leading to one of the world's fastest demographic transitions – a transformation of fairly young societies to populations with an increasing predominance of older persons. More societies, including the less developed regions, have attained older population age structures than have ever been seen in the past. According to the United Nations Population Division (United Nations 2006a), many developing countries have experienced rapid shifts in their relative numbers of children, working age-populations and older persons and it is expected that the proportion of the population aged 60 and older in the less developed regions will rise from 8 per cent in 2005 to close to 20 per cent by 2050.

In a recently published ranking of all 183 United Nations member States (United Nations, 2006c) according to their percentage of populations aged 60 years and over, two Caribbean countries, the United States Virgin Islands and Puerto Rico both with 17 per cent, are among the first 25 per cent of the countries with the highest percentage of older persons. Another eight countries, Cuba (16 per cent), the Netherlands Antilles (14 per cent), Barbados (13 per cent), Trinidad and Tobago (11 per cent), Jamaica and Saint Lucia (10 per cent) and Suriname and St Vincent and the Grenadines (10 per cent) are among the first 50 per cent of the world's countries with regard to ageing. Worldwide, Japan takes the lead with almost one third of its population in this age-group, whereas the United Arab Emirates is ranked last with only a mere two per cent of its population over age 60.

In many countries, the changing age structure of their populations is becoming a major concern and the focus of heated political debate, as governments struggle to reign in the rapid growth of ageing-related expenditures. Policies on pensions, employment, health care and international migration, for example, are being shaped by the changing age structure.

This study will present the major findings of a statistical analysis of population census data sets (2000 census round) for four countries in the Caribbean subregion, Antigua and Barbuda, Saint Lucia, St Vincent and the Grenadines and Trinidad and Tobago¹. This study is the first comprehensive attempt to analyze national census data with a specific view at the elderly population, their health and well-being, inclusive of a discussion of their living arrangements and economic security. It is hoped that these empirical findings will help governments and other critical stakeholders to more efficiently and effectively address the needs of their present elderly population, but also become aware of the increasing need to include population ageing into national development plans.

¹ These four countries were selected for the analysis since their census data were available at the time of the data analysis.

I. Antigua and Barbuda

A. Demographic overview

Antigua and Barbuda, an island nation located in the eastern Caribbean Sea in the middle of the Leeward Islands on the boundary with the Atlantic Ocean, is composed of two major islands.

1. Age and sex composition

The most recent population census conducted in 2001 counted a total population of 63,816 persons, composed of 47 per cent men and 53 per cent women. A review of the age-composition shows that the economically active age-groups between 15 and 59 years of age are the strongest generations, followed by the young under age 15 and finally the elderly over age 60 (table 1). Thus, Antigua and Barbuda's population is still considerably young with a median age² of 27 years. A look at the sex-structure of the population points at an interesting, but rather characteristic, phenomenon for the Caribbean, while the younger age-groups reveal a reasonably well balanced sex-ratio, an almost an equal number of men per women, this is not the case for the older age-groups where women seem to considerably outnumber men. While female immigration explains the surplus of women in younger age-groups, higher life-expectancy for women is the general reason for the bias in the sex-ratio towards women in older age-groups (see figure 1).

² Age that divides the population in two parts of equal size, that is, there are as many persons with ages above the median as there are with ages below the median.

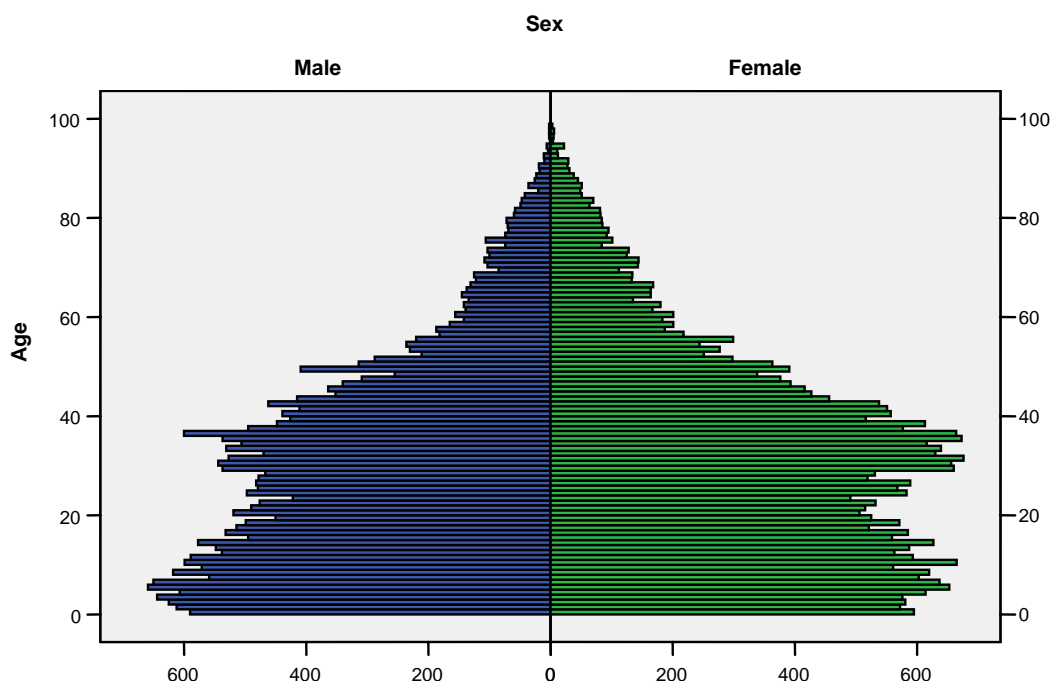
TABLE 1
ANTIGUA & BARBUDA'S AGE-SEX STRUCTURE,
SELECTED AGE GROUPS

	Male	Female	Total	Percentage	Sex Ratio
				Total	Men per 100 women
0-14	8 986	9 047	18 033	28.3%	99
15-59	18 352	21 479	39 831	62.4%	85
60+	2 631	3 321	5 952	9.3%	79
Total	29 969	33 847	63 816	100%	89

Source: 2001 Census, ECLAC analysis.

The population pyramid (figure 1) below illustrates these dynamics in more detail. A first glance at this pyramid suggests rather high population growth rates in the age-groups between 20 and 40. This difference in the sizes of this age-group and older generations over age 40 is probably only minimally the result of natural population growth³ and is possibly caused by two major demographic trends: (a) the missing numbers of persons over age 40 who have left the region in their younger years in search of greener pastures abroad; and (b) the considerable share of foreign-born population (in their majority women) between ages 20 and 40 years residing in the country.

FIGURE 1
POPULATION STRUCTURE OF ANTIGUA & BARBUDA, 2001 CENSUS

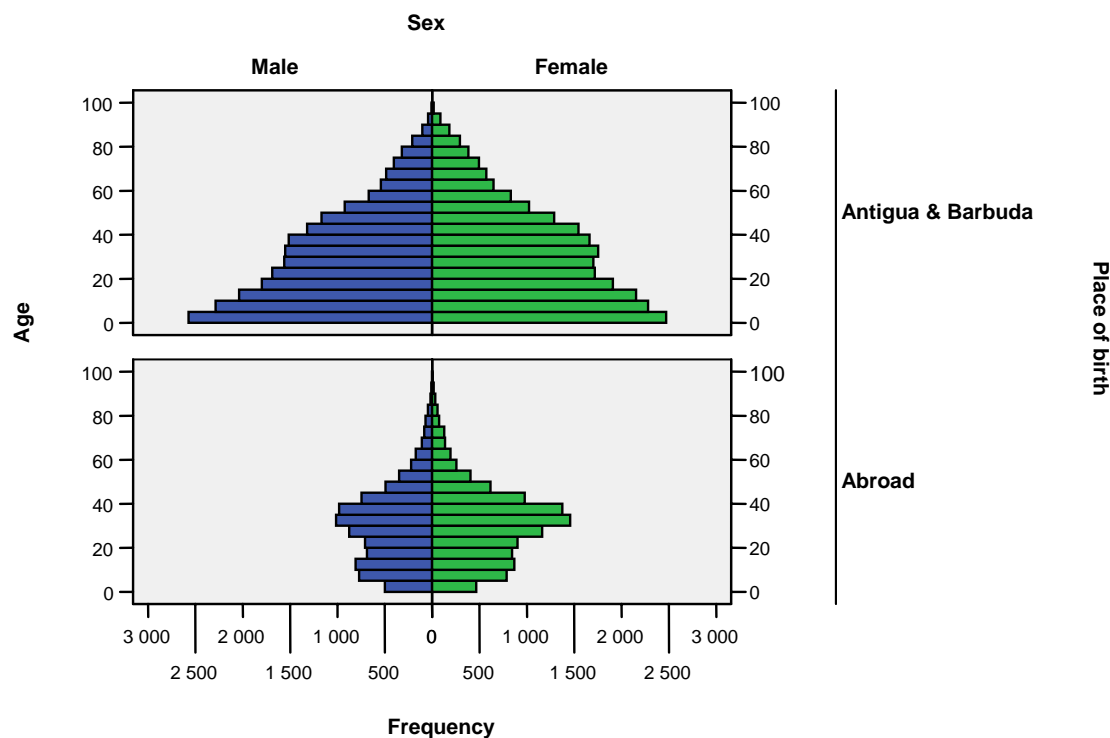


Source: 2001 Census, ECLAC analysis.

³ The natural growth is a demographic increase as a result of vital processes, that is, the difference between the number of births and the number of deaths. However, since with the absence of major fatal diseases and wars, in growing populations, consecutive age-groups are expected to be larger than previous generations.

A closer look at the total population of the country with regard to their place of birth (figure 2) shows the overall impact of immigration on the age- and sex-structure of the population. According to the data available, about one third of the population of the country is foreign born, with a concentration in the female working population (15–59), which explains the gender-bias in the sex-structure of this age-group discussed earlier.

FIGURE 2
POPULATION STRUCTURE BY PLACE OF BIRTH,
ANTIGUA & BARBUDA, 2001 CENSUS



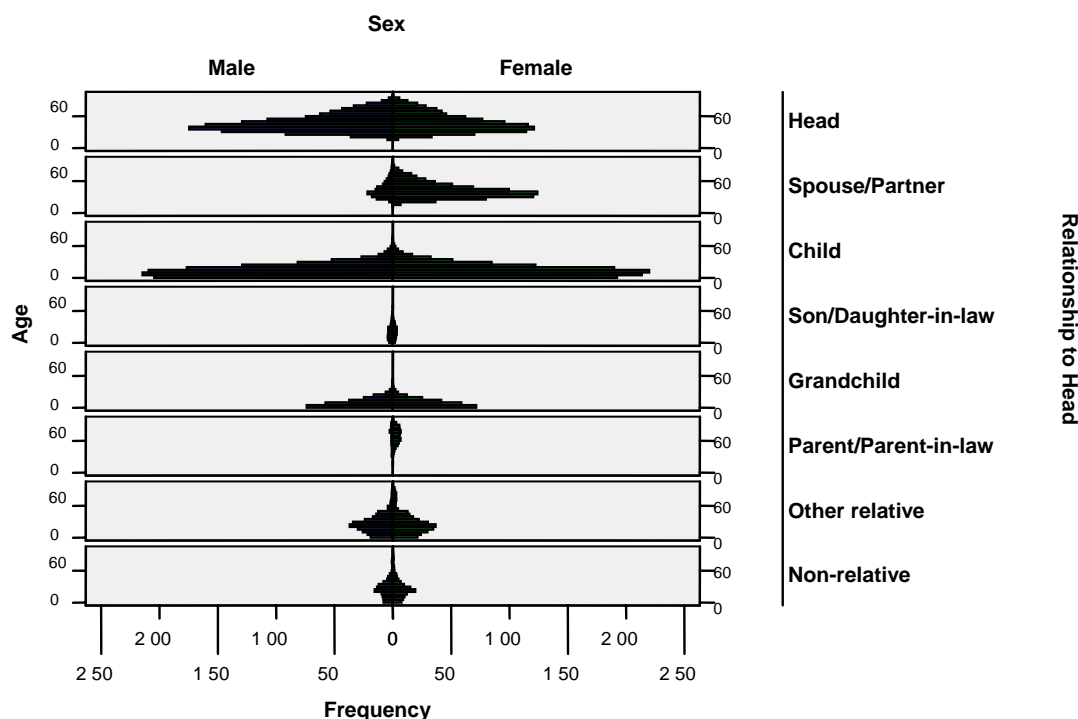
Source: 2001 Census, ECLAC analysis.

2. Household composition and living arrangements

With regard to household headship (figure 3), the data show that the majority of heads of households are men (57 per cent) with a female partner. The fact that the spouse/partner category is predominantly female leads to the conclusion that the majority of female heads of households do not have a partner. Children in households account for more than one third of the population, evenly gender-distributed. Of importance is that fact that a notable proportion of youth seem to be living with their grandparents. This could be partly due to the emigration of parents who left their children in the care of grandparents, and partly a reflection of the fact that young mothers and their child/children live with their parents. Noteworthy is the fact that some households also encompass other relatives and persons that are not related to the head of household. Co-residing parents or in-laws seem to be in the majority elderly women over age 60⁴.

⁴ Section D, p.9, the Elderly, discusses living arrangements of the elderly in more detail.

FIGURE 3
POPULATION STRUCTURE BY THE RELATIONSHIP TO THE
HEAD OF HOUSEHOLD, ANTIGUA & BARBUDA, 2001 CENSUS



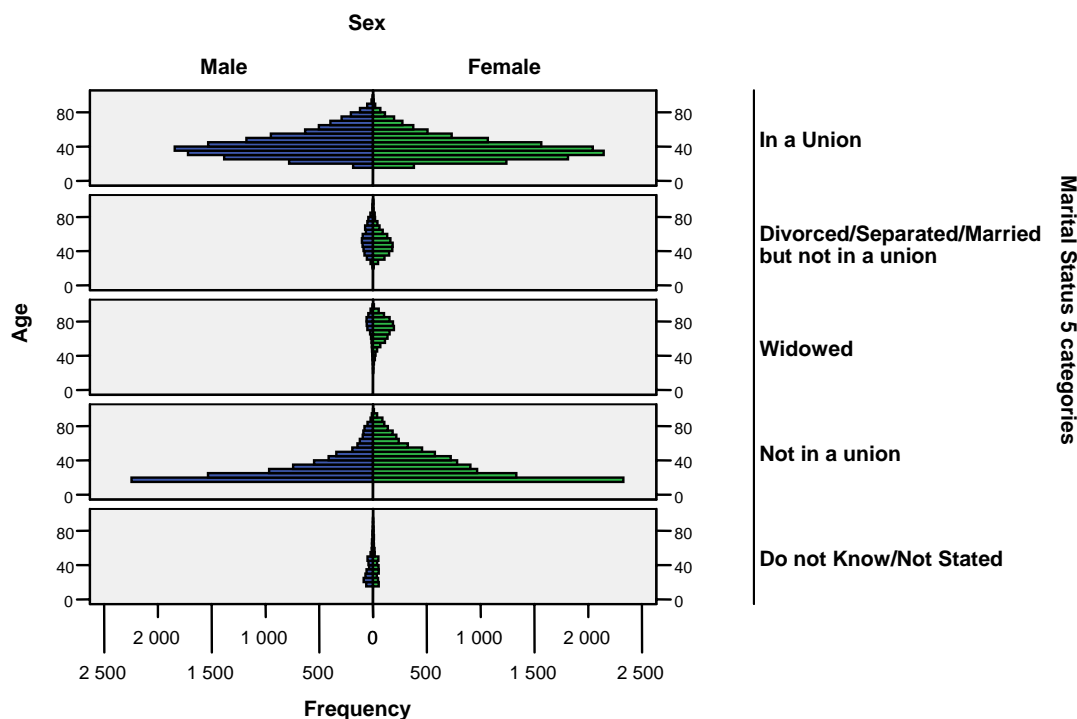
Source: 2001 Census, ECLAC analysis.

3. Marital status

As can be derived from the data, the majority of the population report being in a formal relationship. A closer look at the data suggests that more women than men are without a partner, a consequence of the surplus of women over age 15. Such a gender imbalance is called a marriage squeeze⁵, an imbalance on the marriage market, where the strong bias towards one sex can considerably impact on chances for the other sex to find a partner. However, the fact the single women seem to continue to outnumber men also in older ages is a cumulative effect of female biased immigration, generally longer life-expectancy for women and the fact that women tend marry older men, who then die earlier as a consequences of their shorter life-expectancy. The latter is confirmed by the census data that show that the average age of women in a union tends to be lower than that of her male counterpart (United Nations Population Division, World Marriage Patterns, 2000). Research on gender specific marriage patterns shows worldwide that women seem to generally remarry to a far lesser extent than men in case of separation or death of their partner (Ken R. Smith et. Al.; Remarriage patterns among widows and widowers, in: Demography, Vol. 28, No. 3, August 1991). These trends are confirmed by the figures presented that show that with increasing age the majority of women are widowed, divorced and/or separated and not in a union.

⁵ A marriage squeeze is the effect on marriage of an imbalance between the numbers of males and females; in this case there are significantly more women than men within the population.

FIGURE 4
POPULATION STRUCTURE BY MARITAL STATUS,
ANTIGUA & BARBUDA, 2001 CENSUS



Source: 2001 Census, ECLAC analysis.

B. Health and chronic conditions

A first glance at the self-reported⁶ health status (tables 2 and 3) suggest that the population of Antigua and Barbuda is quite healthy. In total only less than 5 per cent of the entire population report suffering from any kind of long-term disease⁷. Out of the 15 categories of illness listed in the census questionnaire, the leading ill-health conditions were hypertension, arthritis, asthma and diabetes⁸. The data further show that these chronic conditions are more prominent in women than in men. With regard to the age-distribution of the affected population, the findings point to the well-known fact that the elderly are generally more affected by such illnesses than the younger population, which seems to be suffering more from consequences of congenital disorders, such as sickle cell anemia.

⁶ All health-related information is self-reported and not based on medical evaluation.

⁷ The diseases listed were: Sickle cell Anemia, Arthritis, Asthma, Diabetes, Hypertension, Heart Disease, Stroke, Kidney disease, Cancer, HIV, AIDS, Lupus and Carpal Tunnel Syndrome (multiple responses).

⁸ More on health in old age in section D, the Elderly.

TABLE 2
PREVALENCE OF SELECTED CHRONIC DISEASES WITHIN THE
TOTAL POPULATION OF ANTIGUA AND BARBUDA, BY SEX

	Male	Female	Total
Arthritis	820	1 871	2 691
Asthma	1 130	1 220	2 350
Diabetes	806	1 437	2 243
Hypertension	1 438	3 132	4 570
Other ⁹	1 484	2 044	3 528
Total responses ¹⁰	5 678	9 704	15 382
	37%	63%	100%
Total population	29 969	3 3847	63 816

Source: 2001 Census (multiple responses).

TABLE 3
PROPORTION OF THE POPULATION WITH SELECTED,
SELF-REPORTED CHRONIC DISEASES, BY SEX

	Male	Female	Total
Arthritis	3%	6%	4%
Asthma	4%	4%	4%
Diabetes	3%	4%	4%
Hypertension	5%	9%	7%
Other ⁶	5%	6%	6%

Source: 2001 Census (multiple responses).

C. Disability in Antigua and Barbuda

As is the case for the prevalence of illnesses, only a small proportion (5.1 per cent) of the total population reported suffering from a disability¹¹ (table 4). However, age- and gender-related discrepancies are considerable. As is the case for health-related impediments, older persons, and amongst them women, are much more affected by disabilities¹². In the case of the younger generation, behavioral, learning, and speech disabilities took the lead.

⁹ The category “Other” comprises a merge of the following categories: “Sickle”, “Heart”, “Stroke”, “Kidney”, “Cancer”, “HIV”, “AIDS”, “Lupus”, “Carpal”, “Other” and “Not Stated”.

¹⁰ The counts in the table represent responses and not cases. Indeed, the question allowed multiple responses in case an individual suffered from more than one disease.

¹¹ The Yes/No question was asked as the following: “Does <CASE> suffer from any long-standing illness, disability or infirmity?”

¹² Disabilities among the elderly will be discussed in more detail in section D, the Elderly.

TABLE 4
ANTIGUA & BARBUDA'S POPULATION BY DISABILITY
STATUS AND SEX, SELECTED AGE GROUPS

	Disability		Total
	Yes	No	
Male			
0-4 Years	0.6%	99.4%	100%
5-19 Years	2.1%	97.9%	100%
20-39 Years	2.7%	97.3%	100%
40-59 Years	5.6%	94.4%	100%
60 Years and over	20%	80%	100%
Total	4.4%	95.6%	100%
Female			
0-4 Years	0.8%	99.2%	100%
5-19 Years	2.2%	97.8%	100%
20-39 Years	3%	97%	100%
40-59 Years	8.1%	91.9%	100%
60 Years and over	23.6%	76.4%	100%
Total	5.7%	94.3%	100%

Source: 2001 Census, ECLAC analysis.

The majority of the causes of disabilities in the country seems to be a consequence of illness and only to a limited extent congenital or related to an accident (table 5); the latter two slightly more common in men than in women.

TABLE 5
ANTIGUA & BARBUDA'S DISABLED POPULATION
ACCORDING TO THE ORIGIN OF DISABILITY, BY SEX

Origin of Disability	Male	Female	Total	Male	Female	Total
Illness	618	1 027	1 645	47%	53%	51%
From birth	230	254	484	17%	13%	15%
Accident	237	127	364	18%	7%	11%
Other	244	516	760	18%	27%	23%
Total	1 329	1 924	3 253	100%	100%	100%

Source: 2001 Census, ECLAC analysis.

Rates for those afflicted with disability from the time of birth decreased dramatically after age 40 for both males and females, presumably due to higher mortality for persons with genetic disorders¹³.

¹³ Possibly footnote with remarks on genetic differences between men and women, which impact morbidity and mortality.

D. The elderly

1. Age- and sex-structure

Persons over age 60 constitute almost 10 per cent of the population of Antigua and Barbuda, with two thirds of the elderly found in the young older age-groups (60 – 74 years). Taking into consideration the demographic composition of the population (see figure 1), it can be expected that with the coming to age of the present considerably larger working age-groups, the share of elderly in the country will increase rapidly, particularly taking into consideration the larger cohorts of foreign-born residents (if they stay), without whom the percentage of elderly in the country would be already noticeably higher. Also, possible return migration of nationals to retire back home could add to the weight of elderly living on the island. Because women generally tend to outlive men, older age-groups are biased towards women. Also the fact that more younger men than women have left the region contributes to this gender-bias in adulthood and older age at present. Actually, in 2001, the sex-ratio was 89 men per 100 women for the entire population (table 1), it was only 79 in the case of all persons over age 60 (table 6) and even less favorable for all elderly over age 75.

TABLE 6
ELDERLY POPULATION AGE-SEX STRUCTURE,
SELECTED AGE GROUPS

	Male	Female	Total	Percentage	Sex Ratio
				Total	men per 100 women
60-74	1 804	2 182	3 986	67%	83
75+	827	1 139	1 966	33%	73
Total Elderly	2 631	3 321	5 952	100%	79

Source: 2001 Census, ECLAC analysis.

2. Marital status and living arrangements of the elderly

The majority of the elderly persons in Antigua and Barbuda report living in a union¹⁴, each third person over age 60 is not in a union and each fourth person reports to be a widow or a widower.

Because women generally marry men older than themselves and men tend to have lower life-expectancies, older women are more likely to be widowed and not in a union than older men (table 9). With consequently better chances to have and to find a partner, more men than women are found in unions and only very few men are widowed. These gender differences in marital status become even more significant after splitting the elderly population into two age groups, the young old (60 – 74) and the older old (75+). In comparison to only 20 per cent of all women over age 75, 50 per cent of all men in the same age-group report living in a union. While widowhood is increasing with age for both sexes, almost four times more younger women than younger men are widows and still twice as many women than men are likely to be in that status over age 75.

¹⁴ 'In a union' is a category that was created in the course of the analysis which is comprised of those legally married, involved in a common law union or have a visiting partner. While we are aware of the fact that the legal basis of the arrangements differ, our aim was to pool those within a relationship into one group and also use this group later as an indicator for potential support available. The second group consists of person 'ever, but not at present, in a union' (married, legally separated or divorced but not in a union) and widowed and not in a union and the last category comprises of persons 'never in a union'.

TABLE 7
MARITAL STATUS OF THE ELDERLY, BY SEX

	Male		Female		Total
	60-74	75+	60-74	75+	
In a Union	66%	48%	39%	18%	44%
Widowed	5%	23%	22%	44%	21%
Not in a union	27%	29%	38%	37%	33%
Do not Know/Not Stated	1%	1%	1%	1%	1%
Total	100%	100%	100%	100%	100%
	1 804	827	2 182	1 139	5 952

Source: 2001 Census, ECLAC analysis.

As can be expected from the age- and gender-specific analysis of marriage patterns of the elderly, significant differences could also be observed with regard to household composition and living arrangements (table 8). An interesting finding is that while more elderly men seem to be living with a partner and more elderly women seem to be either widowed or not in a union, more men than women tend to live alone. On the other hand, women without a partner are more often found to live with family or other relatives in larger households (three persons and more). Also more women than men live alone as a consequence of widowhood, whereas in the case of men who live alone, most are either separated or divorced (not in a union). Further, a closer look at gender-specific living arrangements shows that men in two or three-person households generally live with a partner, whereas this is to a far lesser degree the case for women who tend to live more often with children and/or other relatives.

TABLE 8
HOUSEHOLD SIZE OF THE ELDERLY PEOPLE
ACCORDING TO THEIR MARITAL STATUS, BY SEX

	Number of members within the household			Total
	1	2	3+	
Male				
In a Union	18%	80%	76%	60%
Widowed	16%	7%	10%	11%
Not in a union	64%	12%	14%	28%
Do not Know/Not Stated	2%	1%	1%	1%
Total	100%	100%	100%	100%
Female				
In a Union	5%	49%	33%	32%
Widowed	40%	24%	29%	30%
Not in a union	54%	26%	37%	38%
Do not Know/Not Stated	1%	0%	1%	1%
Total	100%	100%	100%	100%
Total				
Male	29%	28%	43%	100%
	765	740	1 126	2 631
Female	22%	29%	50%	100%
	715	949	1 657	3 321

Source: 2001 Census, ECLAC analysis.

3. Educational level

The level of educational attainment among the elderly population is quite low (table 9) with the majority of elderly people only having accomplished four to six years of primary education or less. There are proportionally more women than men with only primary and secondary education and the percentage of individuals with a post-secondary degree is considerably higher for men than for women.

TABLE 9
HIGHEST LEVEL OF EDUCATION,¹⁵
PEOPLE AGED 60 YEARS AND OVER, BY SEX

	Male		Female		Total
	60-74	75+	60-74	75+	
None or Pre-School	2%	2%	0%	0%	1%
Primary (1-3 years)	5%	9%	5%	8%	6%
Primary (4-6 years)	51%	56%	58%	71%	58%
Secondary	15%	10%	21%	12%	16%
College	13%	14%	8%	6%	10%
University	14%	9%	7%	3%	9%
Other or Not Stated	0%	0%	0%	0%	0%
Total	100%	100%	100%	100%	100%
	1 804	827	2 182	1 139	5 952

Source: 2001 Census, ECLAC analysis.

Comparing educational levels between the younger and the oldest old, a slight improvement in educational attainment levels can be noted. The share of persons with secondary education rose and the gender-gap seems to have narrowed.

Given that fact that since the early 1960s, the Caribbean as a region has lost a considerable percentage of their higher qualified nationals to emigration, the present data are reflecting a selection bias and it can be assumed that the actual educational levels attained by these age-cohorts are indeed higher than reflected in the data (since those who have left were not included into the census enumeration).

4. Health and disability

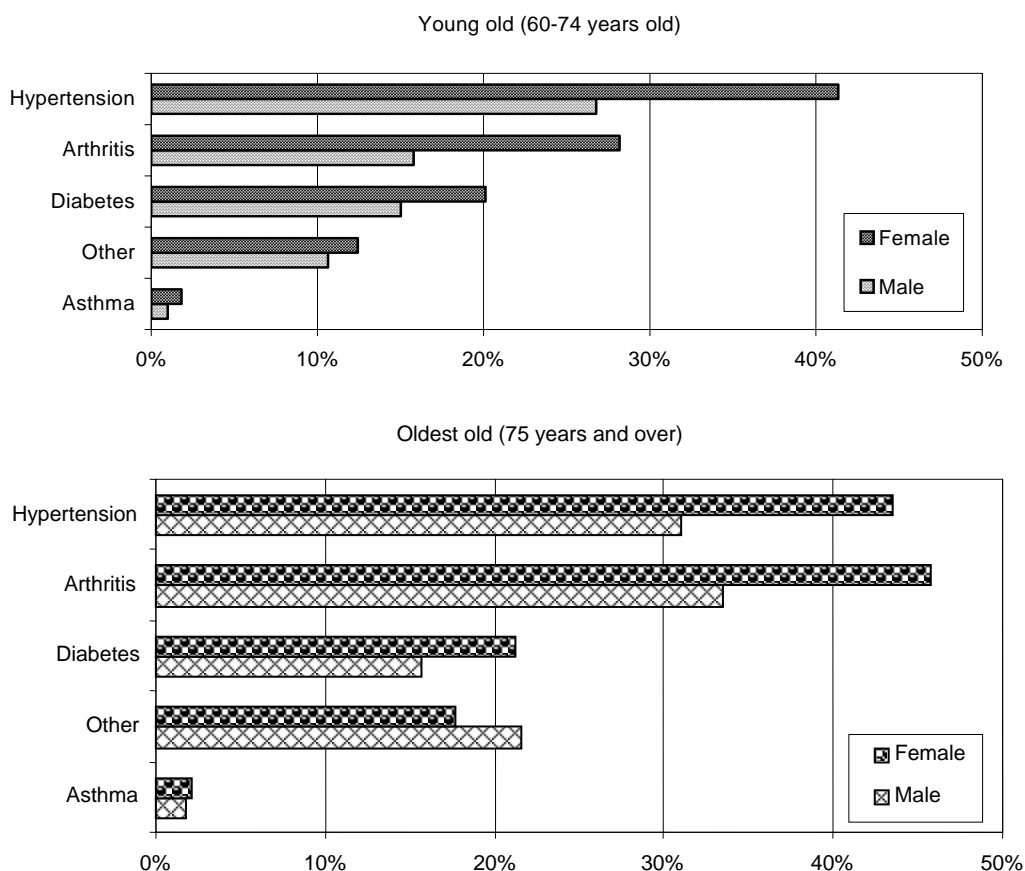
Physical and mental well-being are critical to maintaining a high quality of life in old age. However, as in many other parts of the world, changes in life-styles, unhealthy diets and lack of exercise have contributed considerably to the rise in chronic diseases and related disabilities in the Caribbean. As already mentioned, these ailments seem to be the major health concerns for the elderly, with chronic ailments such as hypertension, arthritis and diabetes seemingly more common in women than in men (figure 5). Quite often the elderly, and particularly women, suffer from more than one ailment, with severe consequences for the individuals concerned. For example, hypertension often comes along with type 2 diabetes and obesity and carries a higher risk of heart attack or stroke. In the case of older men, the census data point out that they had higher rates of strokes, cancer and kidney diseases than women of the same age-group¹⁶.

¹⁵ The original categories of the education variable were grouped into fewer categories. The original categories were merged as following:

- "Daycare", "Pre-school", "Infant" and "None" into "None or Pre-School";
- "Pre-University/Post-Secondary/College" was simply renamed "College";
- "Other" and "Not Stated" into "Other or Not Stated";
- "Primary (1-3)", "Primary (4-6)", "Secondary" and "University" were left unchanged.

¹⁶ The rate of strokes is probably higher, since the census data only capture survivors of heart attacks and strokes.

FIGURE 5
PROPORTION OF ELDERLY WITH SELECTED, SELF-REPORTED CHRONIC
DISEASES, BY SEX, ANTIGUA AND BARBUDA 2001 CENSUS

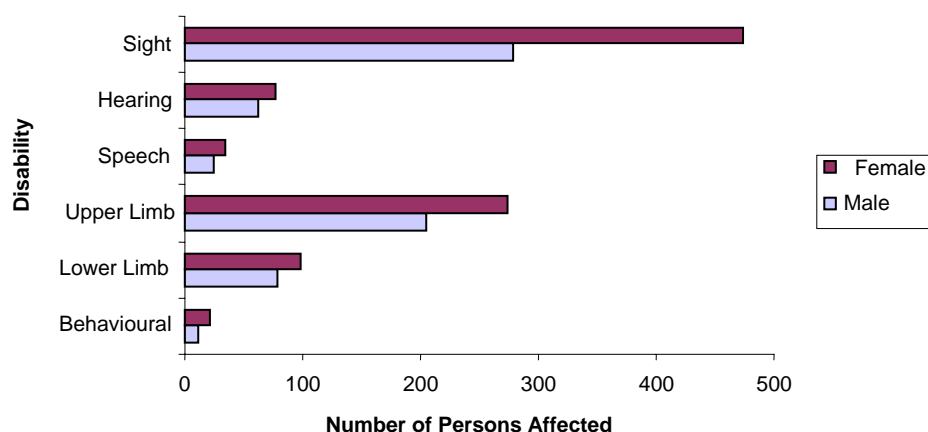


Source: 2001 Census, ECLAC analysis.

5. Disability

The majority of disabilities reported by older persons seem to be caused by the chronic health conditions mentioned earlier, while behavioral disorders and loss of hearing seem to be of minor importance. Of all elderly in Antigua and Barbuda, 24 per cent of all women and 20 per cent of all men report suffering from disabilities. Two chronic conditions, arthritis and diabetes, are among the leading causes of disability in persons over age 65 worldwide, and are also the main cause of disability in this age-group in this part of the world. Unhealthy life-styles, overweight and obesity, along with the lack of, or insufficient physical exercise, are one of the main contributors to these ailments. Since women are over-proportionally affected by these ailments, they are also to a much larger extent affected by disabilities resulting from these diseases. According to the census data, more than 10 per cent of all elderly women are affected by amputations and about 15 per cent report suffering from vision impediments. In the case of men, less than 8 per cent suffer from both conditions. Of importance is that since many persons seem to suffer from a combination of chronic diseases, they also quite often suffer from more than one handicap. Further, older women also reported having more behavioral problems than men of the same age group (figure 6). This could be as a result of the generally high incidence of anxiety disorders and senile dementia among elderly women (WHO, Department of Mental Health and Substance Dependence, Gender Disparities in Mental Health, 2007).

FIGURE 6
PREVALENCE OF DISABILITIES AMONG THOSE AGED SIXTY AND OLDER



Source: 2001 Census, ECLAC analysis.

6. Activity and participation among the disabled

With higher prevalence rates for handicaps in the case of women, more women also experienced problems with basic activities, such as learning, remembering and concentrating, getting dressed, going out and working. Consequently women seem to own more assistive devices, mainly canes, but also to a lesser extent wheelchairs and walkers. Astonishingly, less than one per cent of the entire disabled population of Antigua and Barbuda reported owning more sophisticated devices, such as prostheses and other orthopedic devices, **baillers** or even adapted cars.

7. Income and economic security

As stated in the regional strategy for the implementation of the Madrid Plan of Action on Ageing in Latin America and Caribbean, ‘a fundamental component of older persons’ quality of life is their economic security’ (ECLAC, Regional Strategy for the Implementation of the Madrid Plan of Action on Ageing, Santiago, Chile, p.10, para. II, 11, CEPAL, 2004). While the census data available for the analysis do not provide information on the amount of financial resources at hand, they present some insight into the main sources¹⁷ of economic support.

Generally it can be stated that a mixture of employment, pensions, support from children and social welfare seem to be the main sources of income for persons over age 60 in Antigua and Barbuda (figure 7). However, disaggregating the data by age and sex shows gender- and age-specific differences. With reference to age-specific disparities it can be stated that in the case of

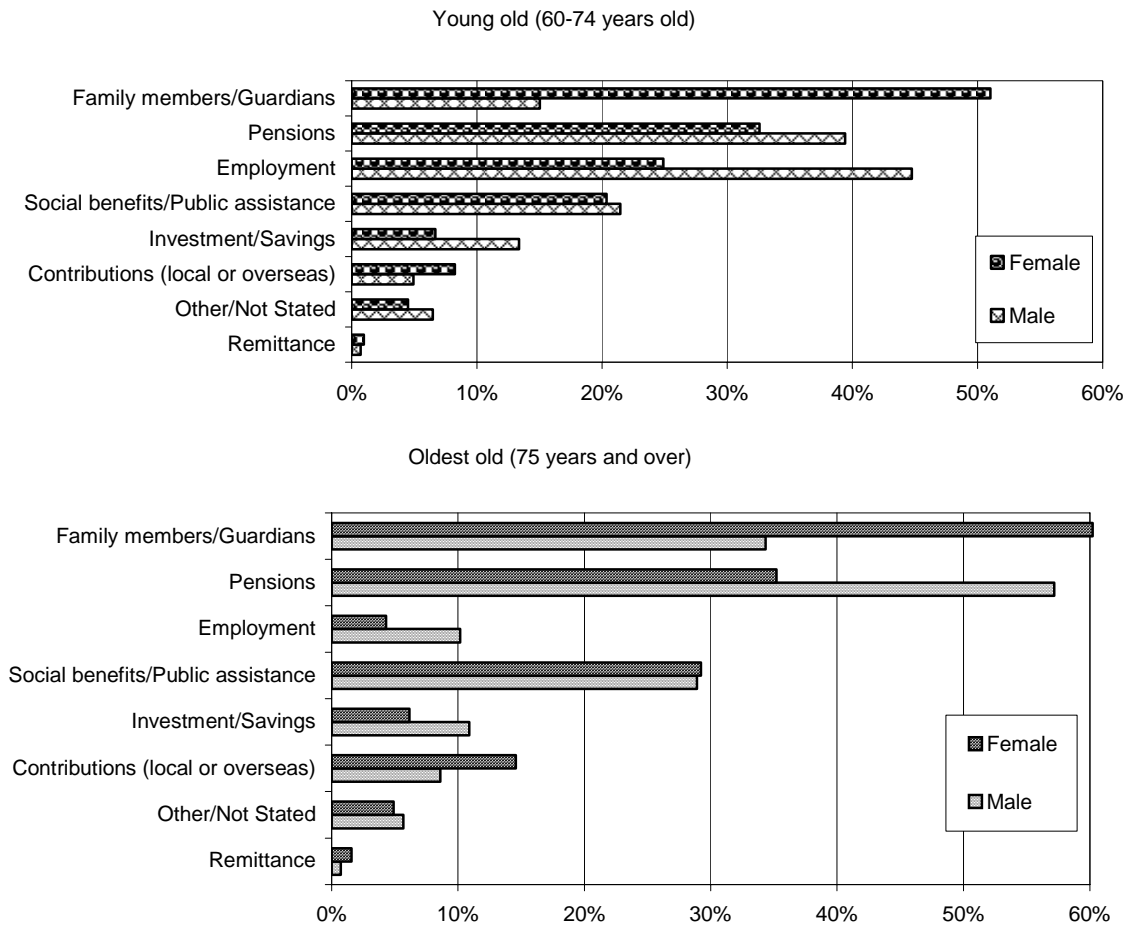
¹⁷ The income variables were grouped into fewer categories:
 - “Spouse”, “Children”, Parents and “Guardians” into “Family members/Guardians”;
 - “Pension” and “Pension Overseas” into “Pension”;
 - “Disability Benefits”, “Unemployment Benefits”, “Social Security Payments” and “Public Assistance” into “Social benefits/Public assistance”;
 - “Investment” and “Savings” into “Investment/Savings”;
 - “Local Contributions” and “Overseas Contributions” into “Contributions (local or overseas)”;
 - “Other” and “Not Stated” into “Other/Not Stated”;
 - “Employment” and “Remittance” were left unchanged.

older men, generally pensions (45 per cent) and employment (34 per cent) and, to a lesser extent, social security (22.8 per cent) and support from children (18.2 per cent) are the main providers of economic resources. In the case of women, the ranking of sources is rather different, with support from children taking the lead (42.6), followed by pensions (33.5 per cent) and to an almost similar extent as in the case of men, social security and far less, own economic activity (18 per cent). The latter might be underreported since many women work until oldest age quite often in small-scale businesses, such as street vending and provision of small services, which are not considered as employment by them or by society. The generally larger share of women in the informal sector also explains the smaller number of women benefiting from pension payments. Another important finding is the rather small contribution remittances¹⁸ seem to make, since less than one per cent of all elderly indicate receiving support from family overseas. Also, the data show a slight gender-gap in the recipients of these resources with slightly more women than men benefiting from this source of income. Also, investments and savings along with support from other local sources seem to only benefit a rather small number of elderly in the country.

A closer look at age and gender differences within the younger and the older elderly reveals further striking differences. While own work and pensions seem to be the main sources of income for younger old men (60 – 74), older men (75+) indicate deriving their financial means mainly from pensions and family support and, to a far lesser extent, from public assistance and investments and savings. Entirely different is the situation for women who generally seem to be mainly dependent on their children for support and who can only draw to a far lesser extent from formal sources, such as pensions or public assistance. It is worth mentioning that investments or savings do not play any role as a financial resource for older women. This is probably due to the fact that generally women earn less, work more often in the informal sector, and quite often are single heads of households who have to provide for their elderly and children and thus have generally less resources left to save.

¹⁸ Remittances as such seem to be rather low. However, it can be assumed that income from such sources is higher since the questionnaire also collected information on overseas contributions from family and friends and it can be assumed that in some instances remittances were reported under this category. Also, quite often, remittances are sent in kind and thus are not counted as financial contributions.

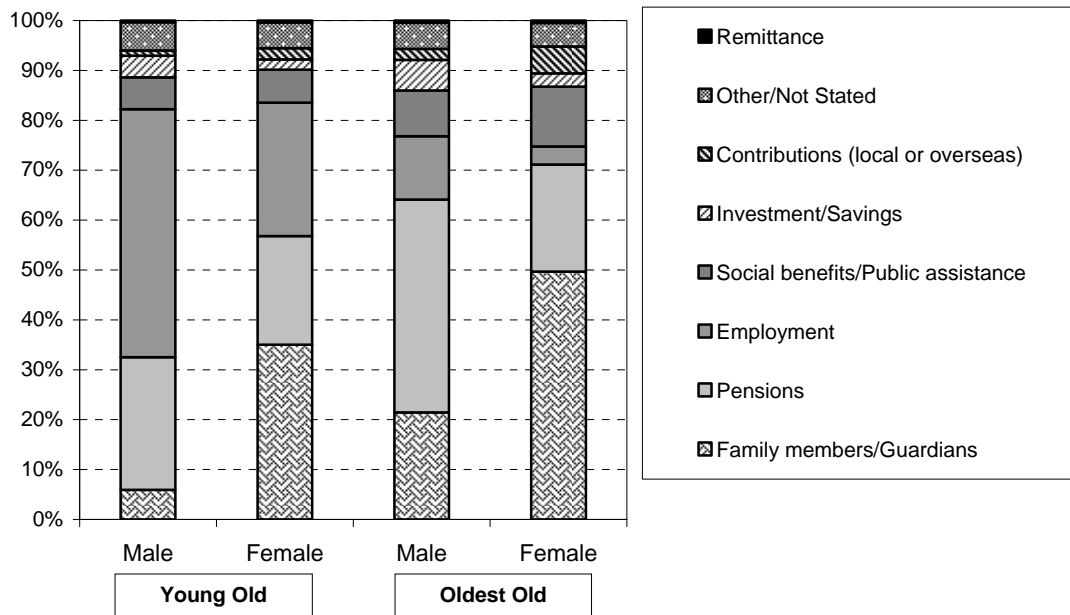
FIGURE 7
PROPORTION OF ELDERLY RECEIVING INCOME
FROM SELF REPORTED SOURCES, BY SEX,
ANTIGUA AND BARBUDA 2001 CENSUS



Source: 2001 Census, ECLAC analysis.

With regard to the number of sources of income, a further interesting finding is that almost two thirds of the elderly, both men and women, seem to be mainly dependent on only one source of income and another third can derive some sort of support from two suppliers. The rankings (figure 8) of income sources for the elderly with only one access to one source shows that in the case of younger elderly men, employment seems to be the main source of income followed by pensions and social security, whereas older elderly men seem to be mainly living from pension payments and family support. The situation is again different for older women, since family support seems to be the number one resource for economic security for the younger and older elderly women. Employment and pensions seem to be playing a far less important role as in the case of men.

FIGURE 8
SOURCE OF INCOME OF THE ELDERLY PEOPLE RECEIVING INCOME FROM
ONE SOURCE ONLY, BY SEX AND SELECTED AGE GROUPS,
ANTIGUA AND BARBUDA, 2001 CENSUS



Source: 2001 Census, ECLAC analysis.

II. Saint Lucia

A. Country overview

Saint Lucia is an island nation in the eastern Caribbean Sea on the boundary with the Atlantic Ocean. Part of the Lesser Antilles, it is located north of the islands of St. Vincent and the Grenadines, north-west of Barbados and south of Martinique.

B. Socio-demographic analysis

The most recent population census in Saint Lucia, conducted in 2001, counted a total population of 156,730 persons. The gender-balance for the entire population is somewhat even with 48.9 per cent men and 51.1 per cent women. The population is relatively young with a median age of 25 years with almost three times as many young (under age 14) than old persons (60 +) (table 10). With regard to its age-specific sex-structure, Saint Lucia follows global trends with women outnumbering men with increasing age. Male dominated out-migration in younger years and higher life-expectancy for women are the main determinants of this imbalance.

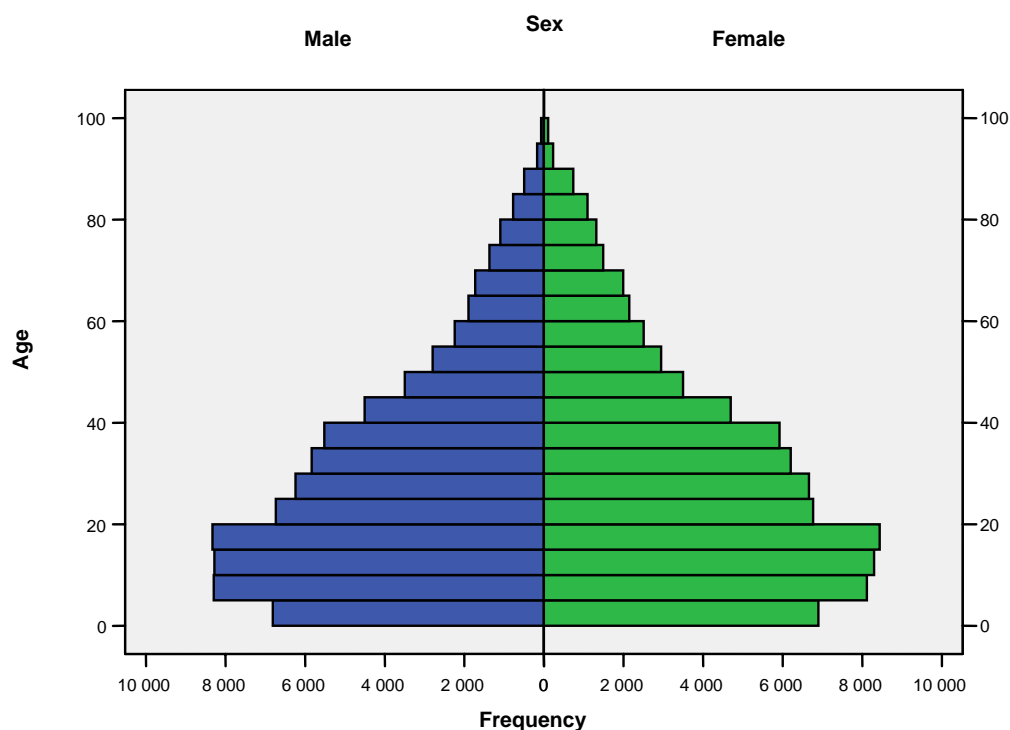
TABLE 10
SAINT LUCIA'S AGE-SEX STRUCTURE,
SELECTED AGE GROUPS, 2001 CENSUS

	Male	Female	Total	Percentage	Sex Ratio
				Total	men per 100 women
0-14	23 390	23 312	46 702	29.8%	100
15-59	45 696	47 625	93 321	59.5%	96
60+	7 595	9 112	16 707	10.7%	83
Total	76 681	80 049	156 730	100%	96

Source: 2001 Census, ECLAC analysis.

The population pyramid for Saint Lucia (figure 9) illustrates these dynamics. It also makes visible the onset of the demographic transition with increasing fertility rates until the 1980s (age-groups 5–15), followed by an ongoing fertility decline over the last five years before the census enumerations.

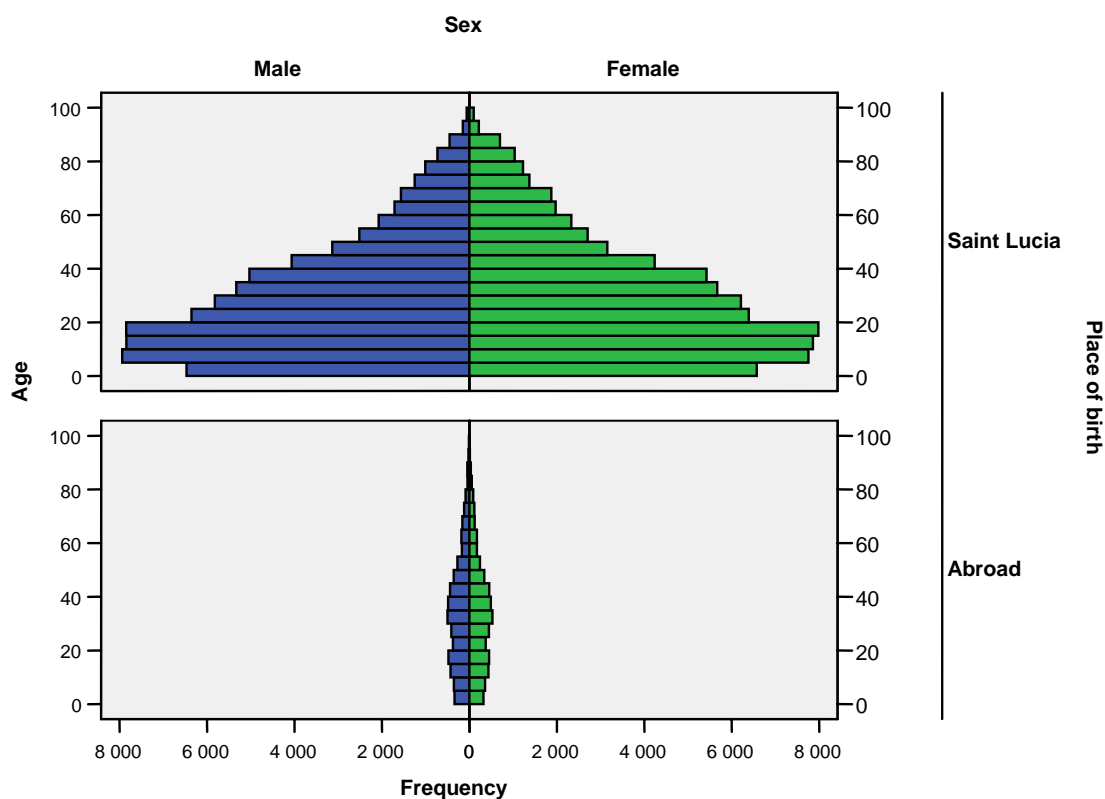
FIGURE 9
POPULATION STRUCTURE OF SAINT LUCIA, 2001 CENSUS



Source: 2001 Census, ECLAC analysis.

The foreign born population in Saint Lucia accounts for less than seven per cent, considerably lower than Antigua and Barbuda. Also the migrants' gender-balance seems to be more even, but also with a concentration of migrants in the economically active age-groups, as in the case of Antigua and Barbuda.

FIGURE 10
POPULATION STRUCTURE BY PLACE OF BIRTH, SAINT LUCIA, 2001 CENSUS



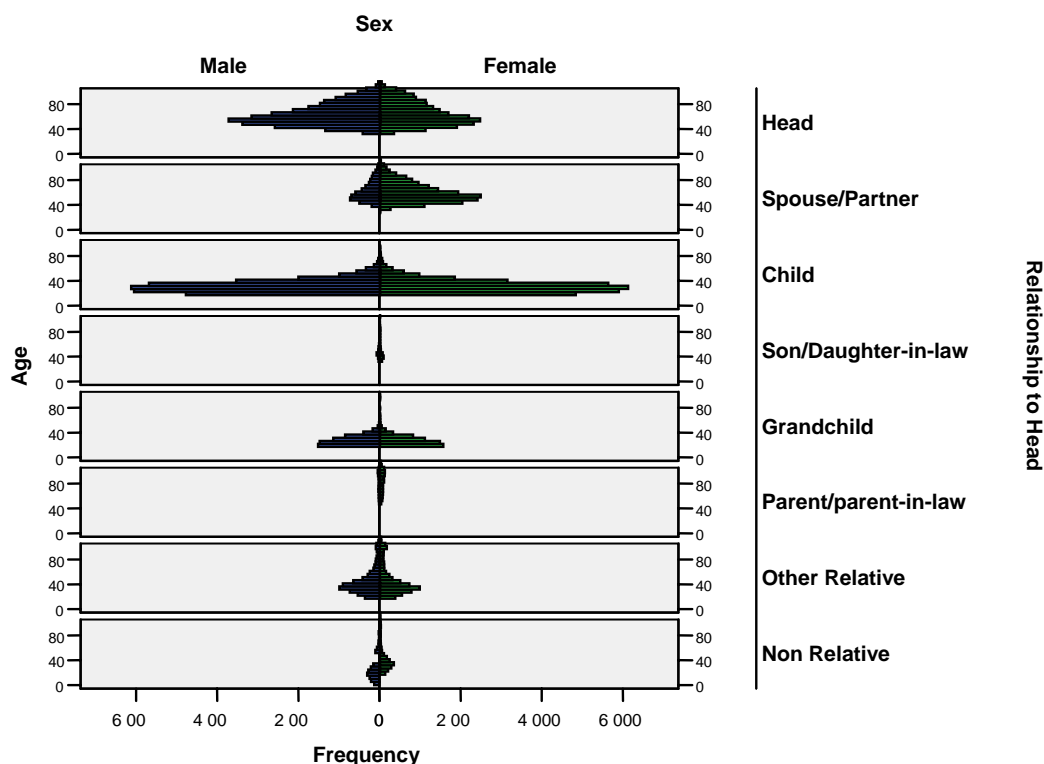
Source: Census 2001, ECLAC analysis.

1. Household composition and living arrangements

With regard to household headship (figure 11) the data show that the majority of heads of households are men (58 per cent) who live with a female partner. The fact that the spouse/partner category is predominantly female leads to the conclusion that the majority of female heads of households are single women. The data further show that a noteworthy proportion of youth seem to be living with their grandparents. This could be due to emigration of parents who left their children with grandparents and/or young mothers who live with their offspring with their mothers and/or parents. Noteworthy is the fact that some households also encompass other relatives and persons who are not related to the head of household. The number of co-residing parents or in-laws seems to be rather small and they are mainly elderly women over age 60¹⁹.

¹⁹ Section E, the Elderly, on living arrangements for the elderly.

FIGURE 11
POPULATION STRUCTURE BY THE RELATIONSHIP TO THE
HEAD OF HOUSEHOLD, SAINT LUCIA, 2001 CENSUS

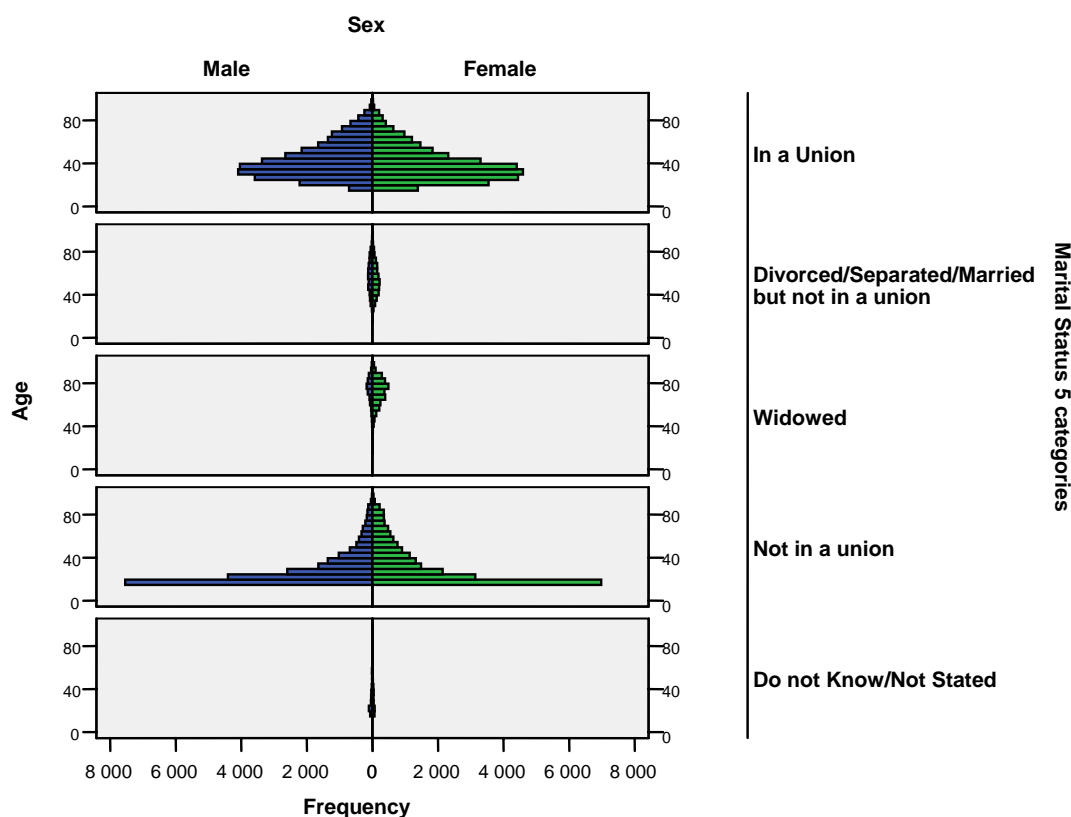


Source: Census 2001, ECLAC analysis.

2. Marital status

According to the last population census, the majority of the adult population in Saint Lucia seems to be in a formal relationship. Yet, with rising age, slightly more women than men report to be without a partner as a consequence of divorce, separation or death of a spouse. Further, the findings show that men are generally older than women when entering a union and single women seem to continue to outnumber men in older ages. The main reasons for these dynamics are that women generally live longer than men and also tend to marry older men, who then die earlier as a consequence of their shorter life-expectancy.

FIGURE 12
POPULATION STRUCTURE BY MARITAL STATUS, SAINT LUCIA, 2001 CENSUS



Source: 2001 Census, ECLAC analysis

C. Health and chronic conditions

Generally, data on the self-reported²⁰ health status (table 12) suggest that the population of Saint Lucia is quite healthy. In total only less than five per cent of the entire population indicates suffering from any kind of chronic disease.²¹ Of the 15 categories of illness listed in the census questionnaire, the four leading ill-health conditions in the country were hypertension, asthma, arthritis and diabetes.²² The data further show that these chronic conditions affect more women than men. With regard to the age-distribution of the affected population, the findings show, as already discussed in the case of Antigua and Barbuda, that the elderly are generally more affected by such illnesses than the younger population, who seem to be suffering more from congenital and genetic disorders.

²⁰ All health-related information is self-reported and not based on medical evaluation.

²¹ The diseases listed were: Sickle cell Anemia, Arthritis, Asthma, Diabetes, Hypertension, Heart Disease, Stroke, Kidney disease, Cancer, HIV, AIDS, Lupus and Carpal Tunnel Syndrome (multiple responses).

²² More on health in old age in section E, the Elderly.

TABLE 11
PREVALENCE OF SELECTED CHRONIC DISEASES
WITHIN THE TOTAL POPULATION OF SAINT LUCIA, BY SEX

	Male	Female	Total
Arthritis	2 368	4 392	6 760
Asthma	2 642	2 566	5 208
Diabetes	1 529	2 629	4 158
Hypertension	2 548	6 045	8 593
Other	1 575	2 081	3 656
Total responses	10 662	17 713	28 375
	38%	62%	100%
Total population	76 681	80 049	156 730

Source: 2001 Census, ECLAC analysis.

TABLE 12
PROPORTION OF THE POPULATION WITH SELECTED,
SELF-REPORTED CHRONIC DISEASES, BY SEX

	Male	Female	Total
Arthritis	3%	5%	4%
Asthma	3%	3%	3%
Diabetes	2%	3%	3%
Hypertension	3%	8%	5%
Other	2%	3%	2%

Source: 2001 Census, ECLAC analysis.

D. The disabled

As is the case for the prevalence of chronic illnesses, only a rather small proportion (5.0 per cent) of the total population reported suffering from a disability²³ (table 13). However, age- and gender related discrepancies are considerable. As is the case for health-related impediments, older persons, and amongst them women, are much more affected by disabilities²⁴ than men. In the case of the younger generation, very small numbers of cases were reported and amongst those behavioral, learning, and speech disabilities appear to be predominant.

²³ The Yes/No question was asked as the following: "Does <CASE> suffer from any long-standing illness, disability or infirmity?"

²⁴ Disabilities among the elderly will be discussed in more detail in section E, the Elderly.

TABLE 13
SAINT LUCIA'S POPULATION BY DISABILITY STATUS AND SEX,
SELECTED AGE GROUPS

	Disability		Total
	Yes	No	
Male			
0-4 Years	1.4%	98.6%	100%
5-19 Years	2.6%	97.4%	100%
20-39 Years	3.1%	96.9%	100%
40-59 Years	6.0%	94.0%	100%
60 Years and over	17.5%	82.5%	100%
Total	4.7%	95.3%	100%
Female			
0-4 Years	1.5%	98.5%	100%
5-19 Years	2.3%	97.7%	100%
20-39 Years	2.9%	97.1%	100%
40-59 Years	6.3%	93.7%	100%
60 Years and over	19.9%	80.1%	100%
Total	5.1%	94.9%	100%

Source: 2001 Census, ECLAC analysis.

With reference to the origin of chronic ailments in the country, most seem to be as a consequence of illness, and only to a rather limited extent congenital or accident related, the latter slightly more prominent in men than in women. Since life-expectancy for bearers of congenital diseases is generally short, these diseases mainly occur in the age-groups under 40.

E. The elderly

1. Age- and sex-structure

Persons over age 60 constitute a little more than 10 per cent of the population of the island, with almost two thirds of the elderly found in the younger older age-groups (60 – 74 years). As already pointed out in the case of Antigua and Barbuda, it can be expected that with the ageing of the present large working age-groups, the portion of persons over age 60 in the country will increase considerably over the next decades. Also, possible return migration of nationals to retire back home could add to a number of senior citizens living on the island. Because women generally tend to outlive men, the sex-composition of older age-groups tends to be biased towards women, a fact reflected in the sex-ratios for the younger and older elderly (table 14). Actually, in 2001, the sex-ratio was almost even with 96 men per 100 women for the entire population (table 10). However, it was only 83 in the case of all persons over age 60 (table 10) and even less favorable for all elderly over age 75 (table 14).

TABLE 14
ELDERLY POPULATION AGE-SEX STRUCTURE, SELECTED AGE GROUPS

	Male	Female	Total	Percentage	Sex Ratio
				Total	men per 100 women
60-74	4 990	5 630	10 620	63.6%	89
75+	2 607	3 484	6 091	36.4%	75
Total Elderly	7 597	9 114	16 711	100%	83

Source: 2001 Census, ECLAC analysis.

2. Marital status and living arrangements of the elderly

More than half of all elderly persons in Saint Lucia report to be living in a union,²⁵ each third person over age 60 is not in a union and each fifth person is widowed.

Because women of all ages generally marry older men and men tend to have lower life-expectancies than women, older women more often than older men are found to be widowed and/or not in a union (table 15). With consequently better chances to have and to find a partner, more men than women report being in a union and considerably less men than women are widowed. This gender-gap in marital status becomes even more significant comparing younger (60 – 74) and older elderly (over 75) since significantly more women than men are found without a partner as a consequence of either widowhood or separation from a former partner.

TABLE 15
MARITAL STATUS OF THE ELDERLY, BY SEX, SAINT LUCIA 2001 CENSUS

	Male		Female		Total
	60-74	75+	60-74	75+	
In a Union	70%	55%	50%	29%	53%
Widowed	6%	19%	18%	38%	19%
Not in a union	24%	25%	32%	33%	29%
Do not Know/Not Stated	0%	0%	0%	0%	0%
Total	100%	100%	100%	100%	100%
	4 990	2 607	5 630	3 484	16 711

Source: 2001 Census, ECLAC analysis.

As can be expected from the age- and gender specific analysis of marriage patterns of the elderly, significant differences can also be observed with regard to household composition and living arrangements (table 16). An interesting finding is that while more elderly men seem to be living with a partner and more women seem to be either widowed or not in a union, slightly more men than women tend to live alone. Also, women without a partner are more often found to live with family or other relatives in larger households (three persons and more). Further, more women than men live alone as a consequence of widowhood, whereas in the case of men, most of those in single-households are either separated or divorced. Further, a closer look at gender-specific living arrangements shows that men in two or three-person households generally live with a partner whereas this is to a far lesser degree the case for women who then live with children and/or other relatives.

²⁵ 'In a union' is a category that was created in the course of the analysis which is comprised of those legally married, involved in a common law union or have a visiting partner. While we are aware of the fact that the legal basis of the arrangements differ, our aim was to pool those within a relationship into one group and also use this group later as an indicator for potential support available. The second group consists of persons 'ever, but not at present, in a union' (married, legally separated or divorced but not in a union) and widowed and not in a union and the last category comprises persons 'never in a union'.

TABLE 16
HOUSEHOLD SIZE OF THE ELDERLY PEOPLE ACCORDING TO THEIR MARITAL STATUS,
BY SEX, SAINT LUCIA 2001 CENSUS

	Number of members within the household			
	1	2	3+	Total
Male				
In a Union	18%	81%	77%	65%
Widowed	21%	6%	8%	10%
Not in a union	60%	13%	15	24%
Do not Know/Not Stated	0%	0%	0%	0%
Total	100%	100%	100%	100%
Female				
In a Union	11%	55%	46%	42%
Widowed	42%	19%	23%	25%
Not in a union	47%	26%	31%	33%
Do not Know/Not Stated	1%	0%	0%	0%
Total	100%	100%	100%	100%
Total				
Male	22%	26%	52%	100%
	1 651	1 989	3 958	7 598
Female	18%	27%	55%	100%
	1 649	2 451	5 013	9 113

Source: 2001 Census, ECLAC analysis.

3. Educational attainment

The level of educational attainment among the elderly population is quite low (table 17) with the majority only having accomplished a maximum of six years of primary education (83 per cent). In comparison to Antigua and Barbuda, the data do not show any age- or gender- specific differences.

TABLE 17
HIGHEST LEVEL OF EDUCATION,
PEOPLE AGED 60 YEARS AND OVER, BY SEX

	Male		Female		Total
	60-74	75+	60-74	75+	
None or Pre-School	19%	21%	16%	22%	19%
Primary (1-3)	11%	12%	11%	11%	11%
Primary (4-6)	52%	50%	58%	50%	53%
Secondary	5%	6%	5%	7%	5%
College	3%	3%	3%	2%	3%
University	4%	2%	2%	1%	2%
Other or Not Stated	6%	7%	5%	7%	6%
Total	100%	100%	100%	100%	100%
	4 990	2 607	5 630	3 483	16 710

Source: 2001 Census, ECLAC analysis.

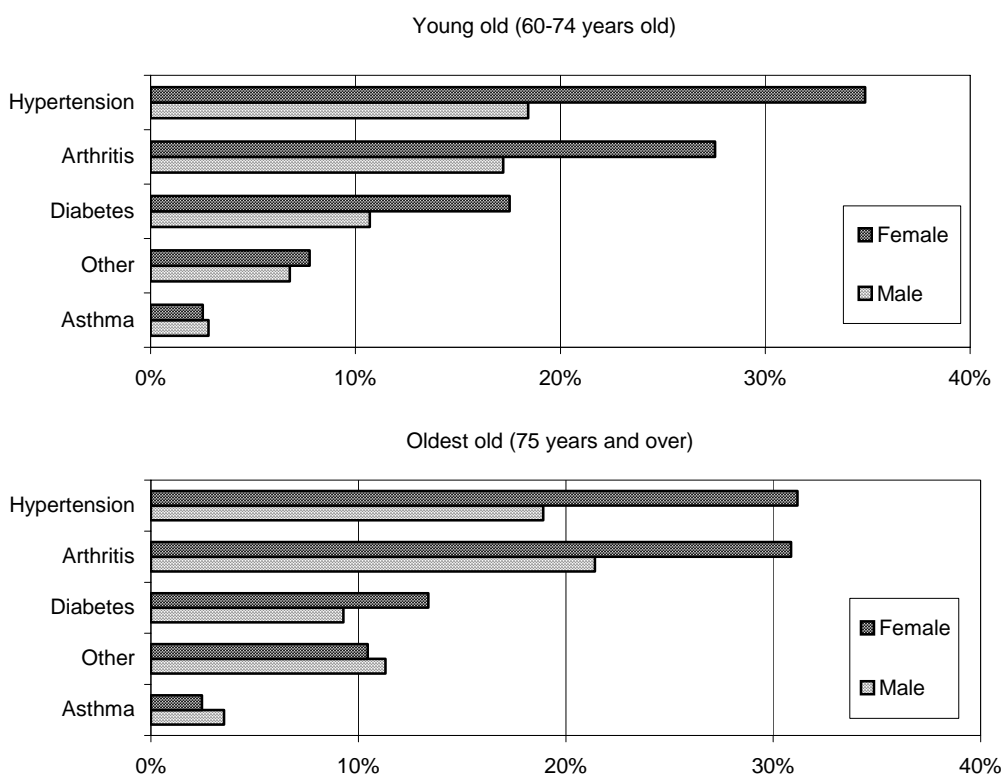
However, it needs to be kept in mind that Saint Lucia is also one of the Caribbean countries that has been experiencing massive emigration of skilled labor over the past decades, and thus the

educational levels reflected in the data are a result of this negative selection bias. While no data are available on the educational levels of those who migrated, it can be assumed that the majority of those who left had attained higher educational levels. Consequently the census data only provide a reflection of the levels of educational formation of the older generation living in the country when the census was conducted.

4. Health and disability

As indicated earlier, chronic conditions and related disabilities seem to affect mainly the elderly population of the island. On average, a little more than 40 per cent of the elderly population of Saint Lucia reports suffering from at least one long-term disease, such as hypertension, arthritis, diabetes and asthma. With regard to age and gender differences in the occurrence of these ailments, the country follows global trends with higher incidence rates in advanced age and women disproportionately affected (figure 13). As in Antigua and Barbuda, most of these chronic ailments occur jointly, as is the case for hypertension that often occurs in persons with type 2 diabetes and obesity and carries a higher risk of coronary heart disease or stroke. The census data analysis further shows that elderly men had higher rates of stroke, cancer, and kidney diseases than women of the same age group²⁶.

FIGURE 13
PROPORTION OF ELDERLY WITH SELECTED, SELF-REPORTED
CHRONIC DISEASES, BY SEX, SAINT LUCIA 2001 CENSUS



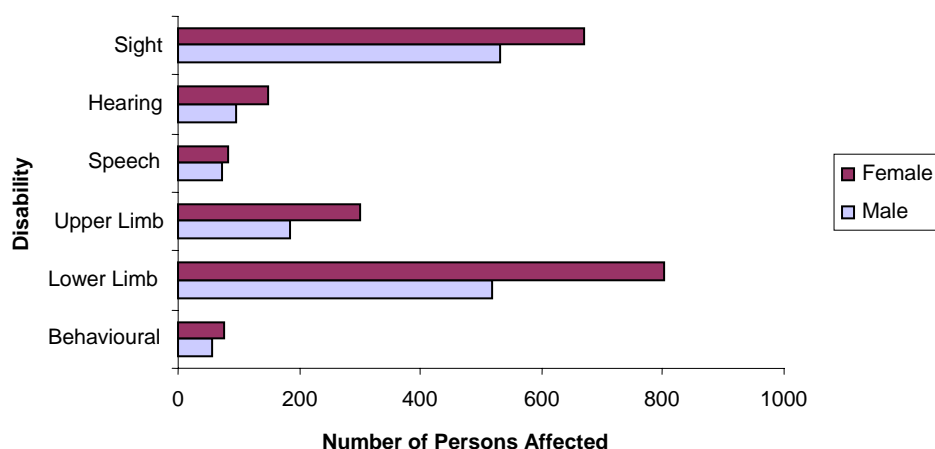
Source: 2001 Census, ECLAC analysis.

²⁶ The rate of strokes is probably higher, since census data only report on survivors.

5. Disability

The majority of disabilities reported by older persons in the country seem to be caused by the life-style related chronic health conditions and behavioral disorders discussed above, while loss of hearing and other ailments seem to be only of minor importance. According to the census data, of all elderly in Saint Lucia, 20 per cent of all women and 18 per cent of all men report suffering from at least one type of disability. According to the census data, about 12 per cent of all elderly women undergo amputations and about 7 per cent report suffering from vision impediments. In the case of men, less than 7 per cent suffer from both conditions. Of importance is the fact that since many persons seem to suffer from a combination of chronic diseases, they also quite often suffer more than one handicap. Further, older women also reported enduring more behavioral problems than men of the same age group. This could be a result of the generally elevated incidence of anxiety disorders and senile dementia among elderly women (figure 14).

FIGURE 14
PREVALENCE OF SELECT DISABILITIES
AMONG THOSE AGED 60 AND OLDER IN SAINT LUCIA

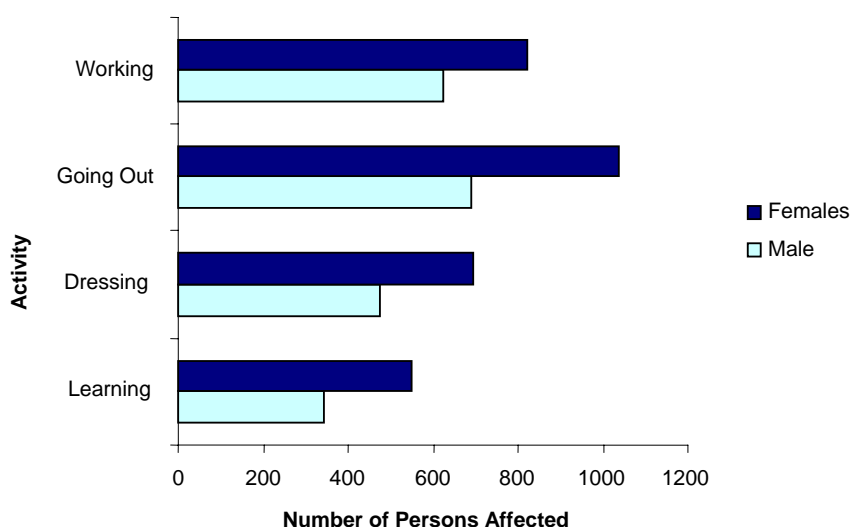


Source: 2001 Census, ECLAC analysis.

6. Activity and participation among the disabled

As might be expected, the higher disability prevalence rates for women also suggest that they feel more restricted with partaking in activities and participating in their communities. Women seem to experience to a much greater extent impediments with regard to leaving their homes and going out to work and they also report difficulties in completing daily routines such as getting dressed (figure 15). To facilitate mobility, canes seem to be the most common assistive device, followed by wheelchairs, crutches and walkers. More sophisticated devices, such as prosthesis, adapted cars or brailers are only available to a few of those in need.

FIGURE 15
PROBLEMS WITH ACTIVITY AND PARTICIPATION
AMONGTHOSE AGED 60 AND OLDER IN SAINT LUCIA



Source: 2001 Census, ECLAC analysis.

7. Income security

The census data regarding source of income cannot be used for further analysis, since a first analysis of the data showed considerable inconsistencies that did not comply with the trends observed in the other countries studied. Since the analysis of all other variables shows consistent trends for all countries considered and there are no obvious reasons why Saint Lucia should differ with regard to source of income from the other islands, it was decided to consider the available information as erroneous and invalid and thus not to further discuss the available data material.

III. St. Vincent and the Grenadines

A. Country overview

St. Vincent and the Grenadines is an island nation in the Lesser Antilles chain of the Caribbean Sea. Its 389-km² territory consists of the main island of St. Vincent and the northern two thirds of the Grenadines, a chain of small islands stretching south from St. Vincent to Grenada.

B. Socio-demographic analysis

The last population census conducted in St. Vincent and the Grenadines counted a total of 106,253 persons in the country. In comparison to Antigua and Barbuda as well as Saint Lucia, the population of St. Vincent and the Grenadines is rather young with a median age of 25 years. Almost one third of the population is under age 15 and about 10 per cent belongs to the group of the elderly, while the majority of the population is found in the economically active age-groups 15 – 59 (table 18). Concerning the sex-structure of the population, St. Vincent and the Grenadines seems to be standing out with a surplus of men in the group 15 – 59 year olds. A possible explanation for this might be the fact that more women than men have left the island in younger years. However, the country follows global trends with a shift in the gender balance towards an excess of women in the over 60 year old age-cohorts.

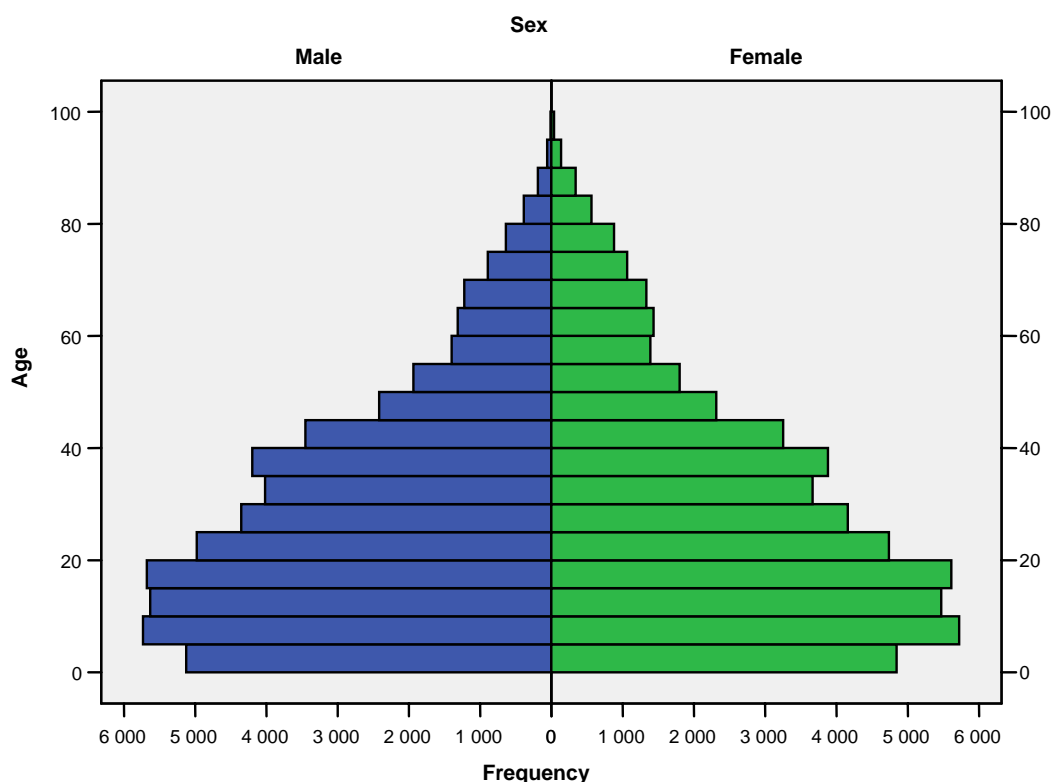
TABLE 18
ST. VINCENT AND THE GRENADINES AGE-SEX STRUCTURE,
SELECTED AGE GROUPS

	Male	Female	Total	Percentage	Sex Ratio
				Total	men per 100 women
0-14	16 487	16 036	32 523	30.6%	103
15-59	32 429	30 802	63 231	59.5%	105
60+	4 715	5 784	10 499	9.9%	82
Total	53 631	52 622	106 253	100%	102

Source: 2000 Census, ECLAC analysis.

The population pyramid for St. Vincent and the Grenadines (figure 16) displays these dynamics in more detail. At first glance this population seems to have experienced continued positive growth rates and only the last five years show the beginning of a decline in birth-rates. Furthermore, in comparison to the younger cohorts, a possible explanation for the considerably smaller age-groups over age 45 is the emigration of a notable portion of these generations in their younger years. As already found in Saint Lucia, the share of foreign born residents in St. Vincent and the Grenadines is rather small with less than five per cent.

FIGURE 16
POPULATION STRUCTURE OF ST. VINCENT AND THE GRENADINES, 2001
CENSUS

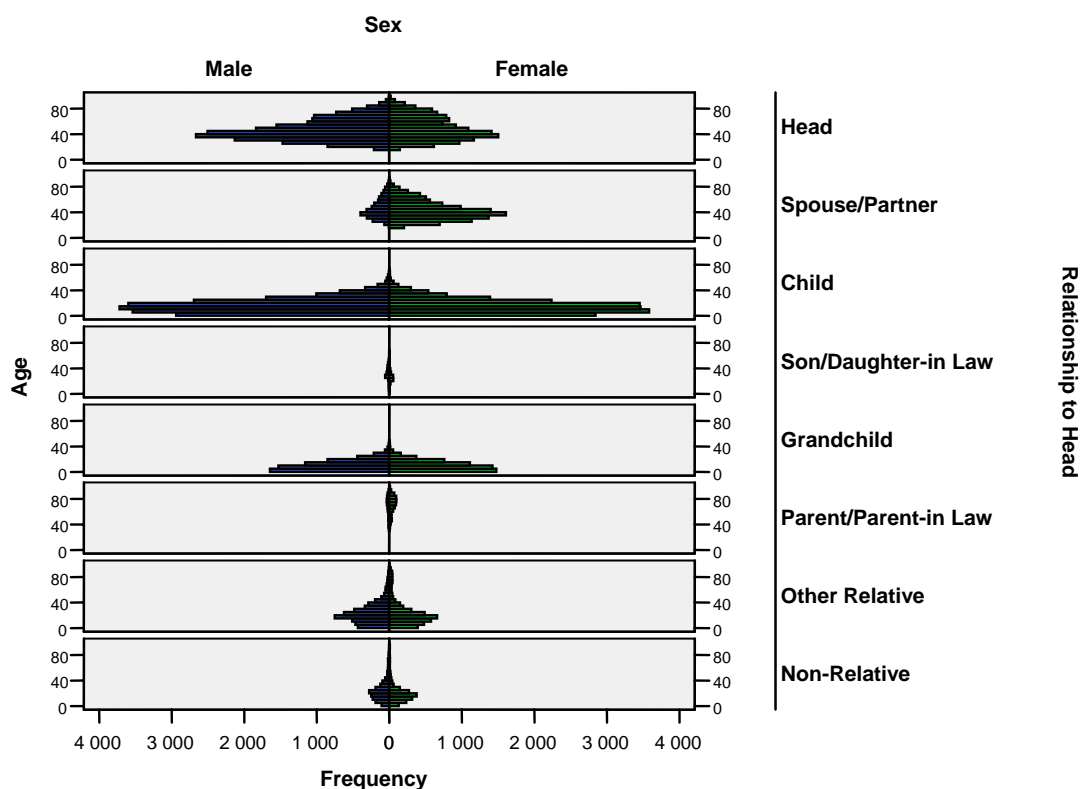


Source: 2001 Census, ECLAC analysis.

1. Household composition and living arrangements

With regard to household composition, similar trends as earlier seen in Antigua and Barbuda and in Saint Lucia can be observed in St. Vincent and the Grenadines. The majority of households are headed by men (60 per cent) who live with a partner, whereas female heads of households tend to be generally women without a partner (figure 17). The data further show that a large proportion of youth appear to live with their grandparents. This could possibly be a consequence of emigration of parents who left their children with their grandparents; and/or young mothers who live with their offspring with their mothers and/or parents. As already seen in Saint Lucia, some households also comprise other relatives and persons who are not related to the head of household. The number of co-residing parents or in-laws seems to be very small and they are in their majority elderly women over age 60²⁷.

FIGURE 17
POPULATION STRUCTURE BY THE RELATIONSHIP TO THE HEAD OF HOUSEHOLD,
ST. VINCENT AND THE GRENADINES, 2001 CENSUS



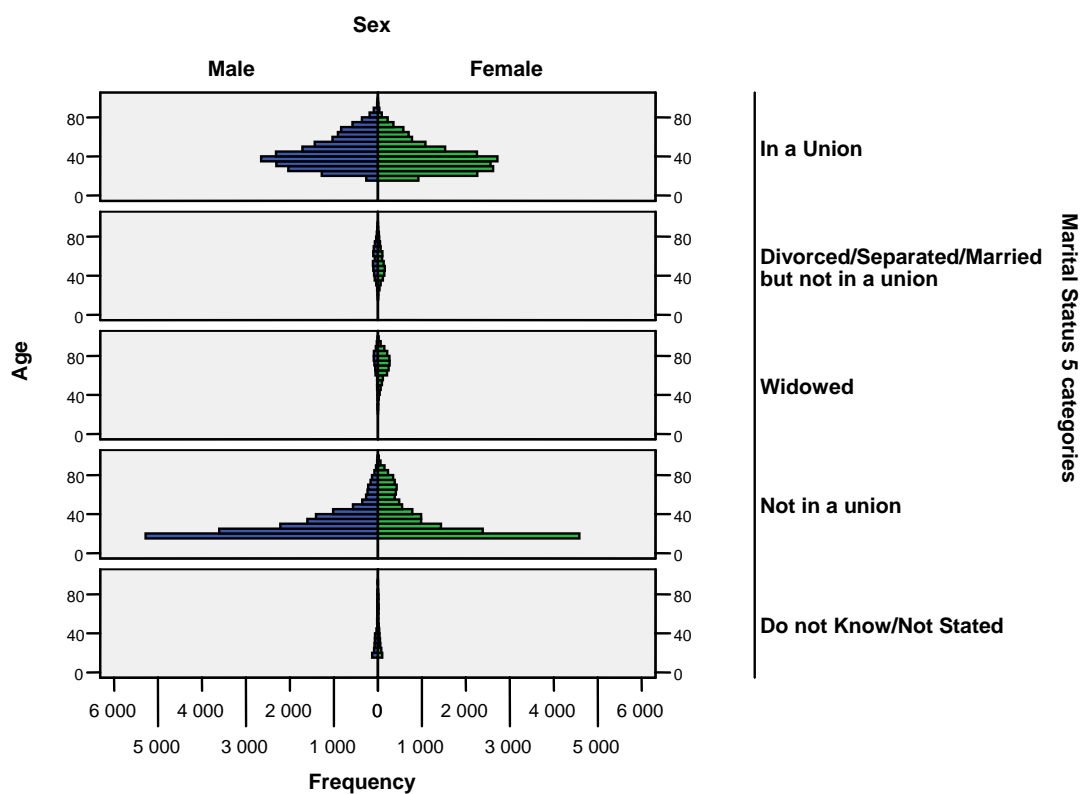
Source: 2001 Census, ECLAC analysis.

²⁷ Section E, the Elderly, provides more information on living arrangements of the elderly.

2. Marital status

According to the last population census, the majority of the adult population in St. Vincent and the Grenadines seems to live with a partner in a union. Yet, with rising age, slightly more women than men are found to be divorced, separated or widowed. Further, men in a union seem to be generally older than their partners. The main reasons for these dynamics are women live generally longer than men; and women tend to marry older men, who then die earlier as a consequence of their shorter life-expectancy.

FIGURE 18
POPULATION STRUCTURE BY MARITAL STATUS, ST. VINCENT AND THE GRENADINES,
2001 CENSUS



Source: 2001 Census, ECLAC analysis.

C. Health and chronic conditions

Generally data on the self reported²⁸ health status (table 19) suggest that the population of St. Vincent and the Grenadines is healthy. In total only less than seven per cent (table 20) of the entire population indicates suffering from any kind of chronic disease²⁹. Of the 15 categories of illnesses listed in the census questionnaire, the five leading ill-health conditions in the country were

²⁸ All health-related information is self-reported and not based on medical evaluation.

²⁹ The diseases listed were: Sickle cell Anemia, Arthritis, Asthma, Diabetes, Hypertension, Heart Disease, Stroke, Kidney disease, Cancer, HIV, AIDS, Lupus and Carpal Tunnel Syndrome (multiple responses).

hypertension, asthma, arthritis and diabetes³⁰. The data further show that these chronic conditions affect more women than men. While globally such chronic diseases affect the elderly population more, the younger generations seem to be suffering more from congenital disorders. In comparison to the situation in both neighboring islands, Antigua and Barbuda and Saint Lucia, women in St. Vincent and the Grenadines report slightly higher incidences for all chronic diseases analyzed.

TABLE 19
PREVALENCE OF SELECTED CHRONIC DISEASES
WITHIN THE TOTAL POPULATION, BY SEX

	Male	Female	Total
Arthritis	1 811	3 587	5 398
Asthma	2 200	2 430	4 630
Diabetes	1 231	2 432	3 663
Hypertension	2 324	5 237	7 561
Other	2 472	3 361	5 833
	10 038	17 047	27 085
Total responses	37%	63%	100%
Total population	53 631	52 622	106 253

Source: 2000 Census, ECLAC analysis.

TABLE 20
PROPORTION OF THE POPULATION WITH SELECTED,
SELF-REPORTED CHRONIC DISEASES, BY SEX

	Male	Female	Total
Arthritis	3%	7%	5%
Asthma	4%	5%	4%
Diabetes	2%	5%	3%
Hypertension	4%	10%	7%
Other	5%	6%	5%

Source: 2000 Census (multiple responses), ECLAC analysis.

D. Disability in St. Vincent and the Grenadines

As is generally the case with chronic diseases, also in the case of disability only a small percentage of the population is affected (table 20). However, while this issue does not seem to be a matter of concern for the entire population, a closer look at age- and gender-specific aspects provides a different picture. The earlier finding that mainly the elderly, and among them older women, are suffering from life-style related chronic long-term ailments applies also to St. Vincent and the Grenadines. In the case of the younger generation, males generally reported higher rates of disability, particularly with regard to behavioral, learning, and speech disabilities. They were also the group most likely to be affected by genetic diseases and asthma.

³⁰ More on health in old age in section E, the Elderly.

TABLE 21
POPULATION BY DISABILITY STATUS AND SEX,
SELECTED AGE GROUPS

	Disability		Total
	Yes	No	
Male			
0-4 Years	0.8%	99.2%	100%
5-19 Years	2.3%	97.7%	100%
20-39 Years	3.2%	96.8%	100%
40-59 Years	6.0%	94.0%	100%
60 Years and over	15.7%	84.3%	100%
Total	4.3%	95.7%	100%
Female			
0-4 Years	0.7%	99.3%	100%
5-19 Years	2.0%	98.0%	100%
20-39 Years	2.5%	97.5%	100%
40-59 Years	6.1%	93.9%	100%
60 Years and over	19.2%	80.8%	100%
Total	4.6%	95.4%	100%

Source: 2001 Census, ECLAC analysis.

With regard to the origin of these disabilities, the majority seems to be as a consequence of lifestyle-related diseases and illnesses and are only to a very limited extent congenital or accident related (table 22), the latter two slightly more responsible for disability in men than in women. Presumably due to the fact that carriers of genetic disorders quite often do not survive to old age, the majority of those reporting such diseases are young persons under age 20.

TABLE 22
DISABLED POPULATION ACCORDING TO THE ORIGIN OF DISABILITY, BY SEX

Origin of Disability	Male	Female	Total	Male	Female	Total
Illness	859	1 227	2 086	38%	50%	44%
From birth	571	445	1 016	25%	18%	22%
Accident	435	239	674	19%	10%	14%
Other	420	521	941	18%	21%	20%
Total	2 285	2 432	4 717	100%	100%	100%

Source: 2001 Census, ECLAC analysis.

E. The elderly

1. Age- and sex-structure

Persons over age 60 constitute almost 10 per cent of the population of the island, with more than two thirds in the younger older age-groups (60 – 74 years) and less than one third in the age-groups beyond age 75. As already pointed out, in the case of the other islands discussed, it can be expected that with the ageing of the presently considerably larger working age-groups the portion of persons over age 60 in the country will increase notably over the next decades. Also, possible return migration of nationals to retire back home could add to the number of elderly living on the island. Because women generally tend to outlive men, older age-groups tend to be biased towards women, a fact that is reflected in the sex-ratios for the younger and older elderly (table 23). Actually, in 2001, the sex-ratio was found to be somewhat more in favor of men for the younger old, and to show a stronger bias towards women in the case of the older elderly (66 men/100 women).

TABLE 23
ELDERLY POPULATION AGE-SEX STRUCTURE, SELECTED AGE GROUPS

			Total	Percentage	Sex Ratio
	Male	Female		Total	men per 100 women
60-74	3 427	3 828	7 255	69.1%	90
75+	1 288	1 956	3 244	30.9%	66
Total Elderly	4 715	5 784	10 499	100%	82

Source: 2001 Census, ECLAC analysis.

2. Marital status and living arrangements of the elderly

Generally speaking, chances to not have a partner increase with rising age for both sexes, with stronger odds against women (table 24). Two thirds of all men between 60 and 74 years of age report to live in a union and still more than 50 per cent seems to be with a partner at age 75 years and over. The situation is far less favorable for women with less than half of the women in the younger old age groups living with a partner and barely only each fifth in this situation of oldest age. Two facts account for this, first, women tend to marry older men and second, men tend to have lower life-expectancies, with the consequence that women outlive their partners and spouses.³¹

TABLE 24
MARITAL STATUS OF THE ELDERLY, BY SEX

	Male		Female		Total
	60-74	75+	60-74	75+	
In a Union	68%	52%	43%	18%	47%
Widowed	6%	20%	19%	36%	18%
Not in a union	26%	27%	38%	44%	34%
Do not Know/Not Stated	1%	1%	1%	1%	1%
Total	100%	100%	100%	100%	100%
	3 427	1 288	3 828	1 956	10 499

Source: 2001 Census, ECLAC analysis.

3. Educational attainment

With almost all elderly only having accomplished primary education (table 25), the level of educational attainment among the elderly in St. Vincent and the Grenadines is the lowest among the four countries studied. Slight differences can be observed with regard to gender and age to the effect that the older generation has a lower educational level and older women are generally less educated than younger women.

³¹ Data on Household sizes and living arrangements for the elderly are not available for St. Vincent and the Grenadines.

TABLE 25
HIGHEST LEVEL OF EDUCATION,
PEOPLE AGED 60 YEARS AND OVER, BY SEX

	Male		Female		Total
	60-74	75+	60-74	75+	
None or Pre-School	2%	4%	2%	4%	3%
Primary (1-3)	16%	19%	16%	19%	17%
Primary (4-6)	66%	67%	71%	69%	68%
Secondary	6%	4%	5%	4%	5%
College	4%	2%	3%	1%	3%
University	4%	1%	2%	1%	2%
Other or Not Stated	2%	2%	1%	2%	2%
TOTAL	100%	100%	100%	100%	100%
	3 427	1 288	3 828	1 956	10 499

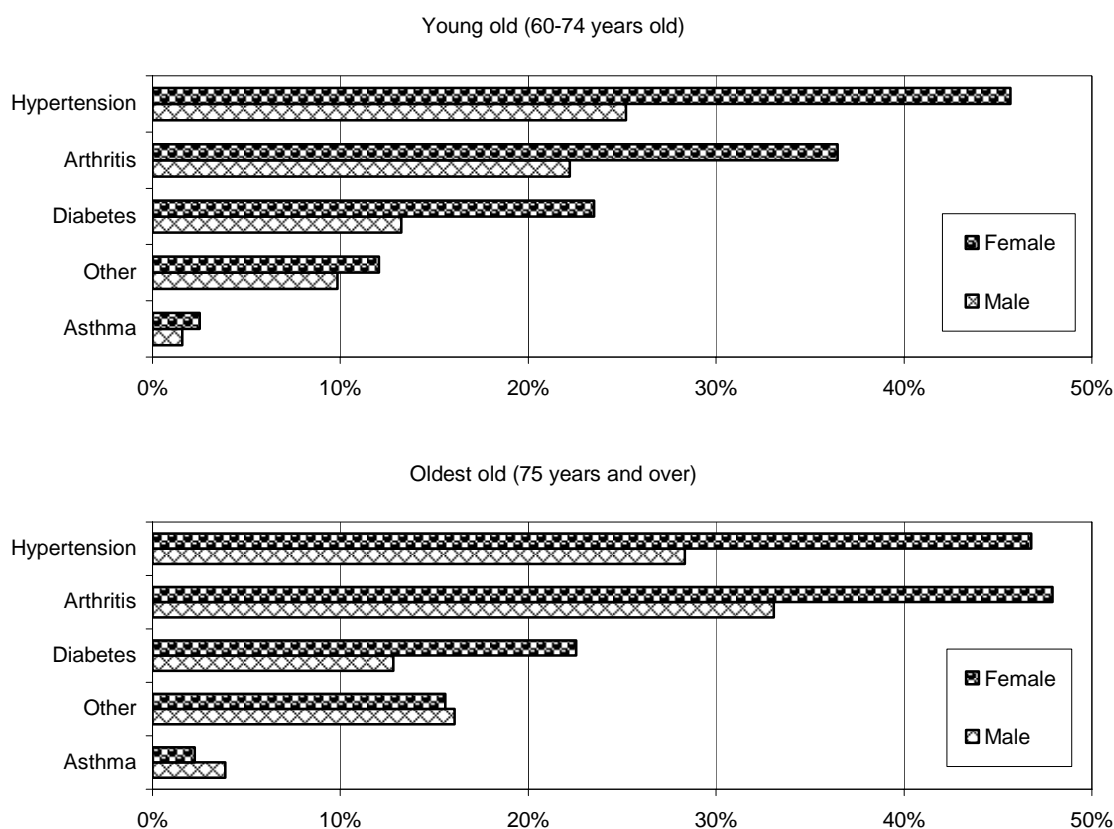
Source: 2001 Census, ECLAC analysis.

4. Health and disability

As indicated earlier, chronic conditions and related disabilities seem to affect mainly the elderly population in the country, with more than 45 per cent of the elderly report suffering from at least one long-term disease, such as hypertension, arthritis, diabetes and asthma. With regard to age and gender differences in the occurrence of these ailments, the country follows global trends also observed in other countries of the Caribbean with characteristically higher incidence rates in advanced age and women disproportionately affected (figure 19). As already observed in Antigua and Barbuda and Saint Lucia, many of these chronic ailments occur jointly, as is particularly the case for hypertension, diabetes and coronary heart diseases. The census data analysis further shows that elderly men suffered higher rates of stroke, cancer and kidney diseases than women of the same age.³² The most frequent ailments observed in women are hypertension and arthritis followed by diabetes and other diseases. While similar disease patterns can be observed for older men, a noticeable gender-gap is obvious when it comes to prevalence rates with men being to a far lesser extent affected by these diseases than women.

³² The rate of strokes is probably higher, since census data do only report on survivors.

FIGURE 19
PROPORTION OF ELDERLY WITH SELECTED, SELF-REPORTED CHRONIC DISEASES,
BY SEX, ST. VINCENT AND THE GRENADINES 2001 CENSUS

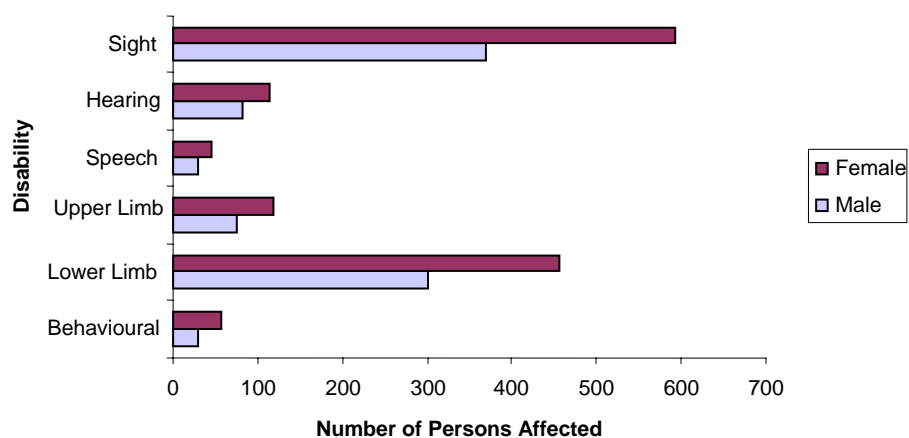


Source: 2001 Census, ECLAC analysis.

5. Disability

The majority of disabilities reported by older persons in the country seem to be caused by the lifestyle-related chronic health conditions and behavioral disorders discussed above and loss of hearing and other ailments seem to be of minor importance. Of all elderly in St. Vincent and the Grenadines, almost 20 per cent of all women and 16 per cent of all men report suffering from at least one type of disability (figure 20). According to the census data, amputations of parts of the lower limbs are the most outstanding causes of disabilities with about 12 per cent of all elderly women and 6 per cent of all men affected. Of importance is the fact that many chronic diseases and their disabling effects occur synchronically, often with a tremendous cumulative negative impact on the quality of life of the individuals affected. Further, the findings show that older women are much more affected by all other chronic illnesses than men.

FIGURE 20
PREVALENCE OF DISABILITIES AMONG THOSE AGED 60 AND OLDER
IN ST. VINCENT AND THE GRENADINES

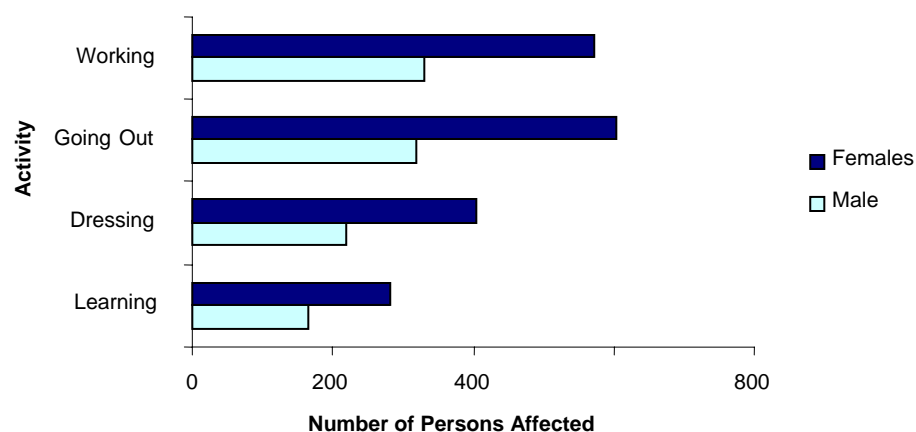


Source: 2001 Census, ECLAC analysis.

6. Activity and participation among the disabled

As elderly women represented the majority of those affected by disabilities in St. Vincent and the Grenadines, they were also the group that were most impeded in their levels of activity and participation in community life. As can be seen in figure 21 older women experienced more mobility impediments and learning obstructions than their male peers. The trends regarding the use of assistive device in St. Vincent and the Grenadines comply with those observed in the other countries examined. With the majority of the disabled in St. Vincent and the Grenadines being older women, they also used the majority of assistive devices. More than 50 per cent of all users of wheelchairs, walkers, and other devices were older women, while men had more access to crutches and prostheses. Very few people reported using orthopedic devices, brailers or adapted cars.

FIGURE 21
PREVALENCE OF ACTIVITY AND PARTICIPATION DIFFICULTIES
AMONG THOSE AGED 60 AND OLDER



Source: 2001 Census, ECLAC analysis.

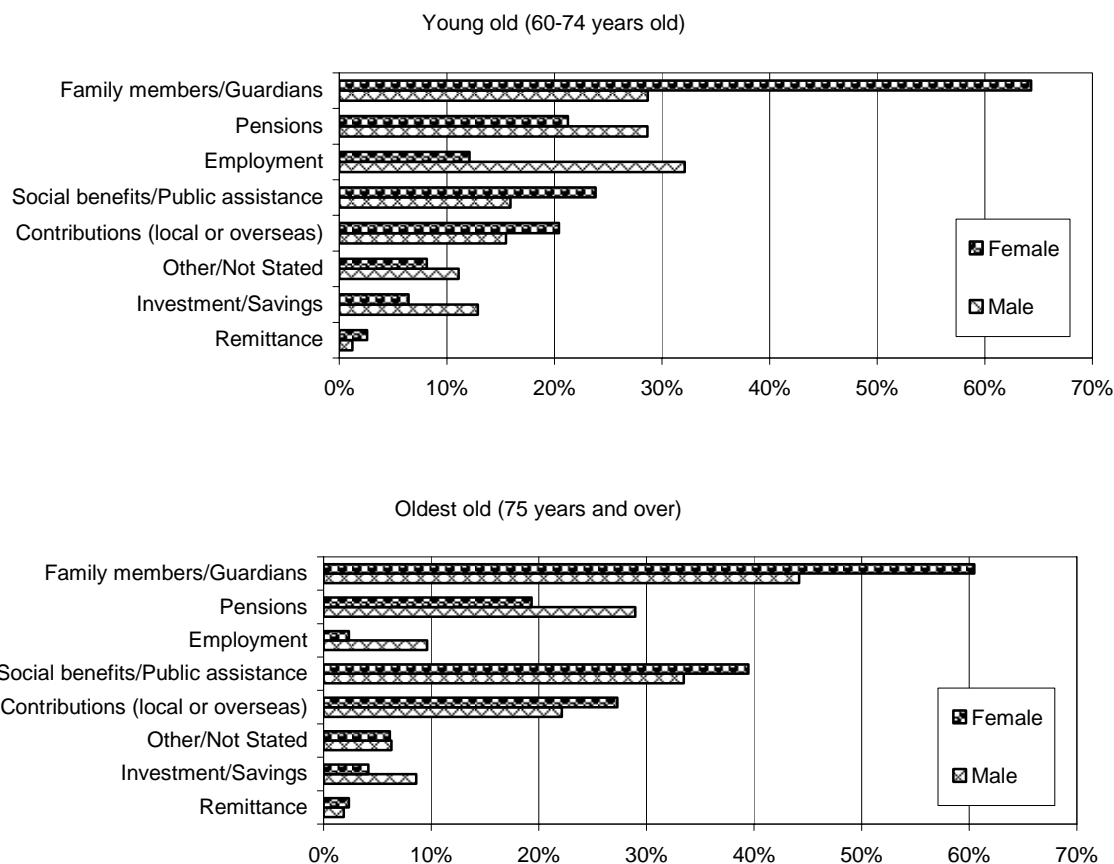
7. Income security

While the census data for the country do not provide information on the financial resources available, the data provide a thorough insight into the sources of income for the elderly.

As is the case in the other Caribbean countries analyzed, the elderly in St. Vincent and the Grenadines seem to rely on several sources of income, mainly employment, support from family, pensions and other forms of social welfare. Surprisingly very little support seems to be derived from remittances³³ from family members living abroad (figure 22). A closer look at the gender- and age-differences reveals remarkable gaps. While in the case of older men, particularly for the younger old, employment and pensions are the main sources of income, elderly women report to be mainly dependent on family support and only a small percentage indicates having access to income through pensions and social welfare. However, bearing in the mind the considerable high levels of employment in the informal sector in the Caribbean, particularly in small-scale enterprises, such as street vending of fruits and vegetables and provision of small services which are quite often not considered work as such, it can be assumed that the level of own employment of elderly is much higher than the figures reveal. Further, the data show that in the case of men, the importance of employment decreases with rising age and other sources, such as family support, pensions and public assistance seem to increase in their significance. Also, generally, older men report having more access to own savings and investments than elderly women. With respect to elderly women, family support and income from pensions seem to decrease while benefits from other sources, such as public assistance and other informal contributions from extended family and friends, appear to increase in their importance. The data on remittances show a gender disparity in so far as slightly more women than men seem to receive financial support from this source.

³³ Remittances as such seem to be rather low. However, it can be assumed that income from such sources is higher since the questionnaire also collected information on overseas contributions from family and friends and it can be assumed that in some instances remittances were reported under this category. Also, quite often, remittances are sent in kind and thus are not counted as financial contributions.

FIGURE 22
PROPORTION OF ELDERLY RECEIVING INCOME FROM SELF REPORTED SOURCES,
BY SEX, ST. VINCENT AND THE GRENADINES 2001 CENSUS



Source: 2001 Census, ECLAC analysis.

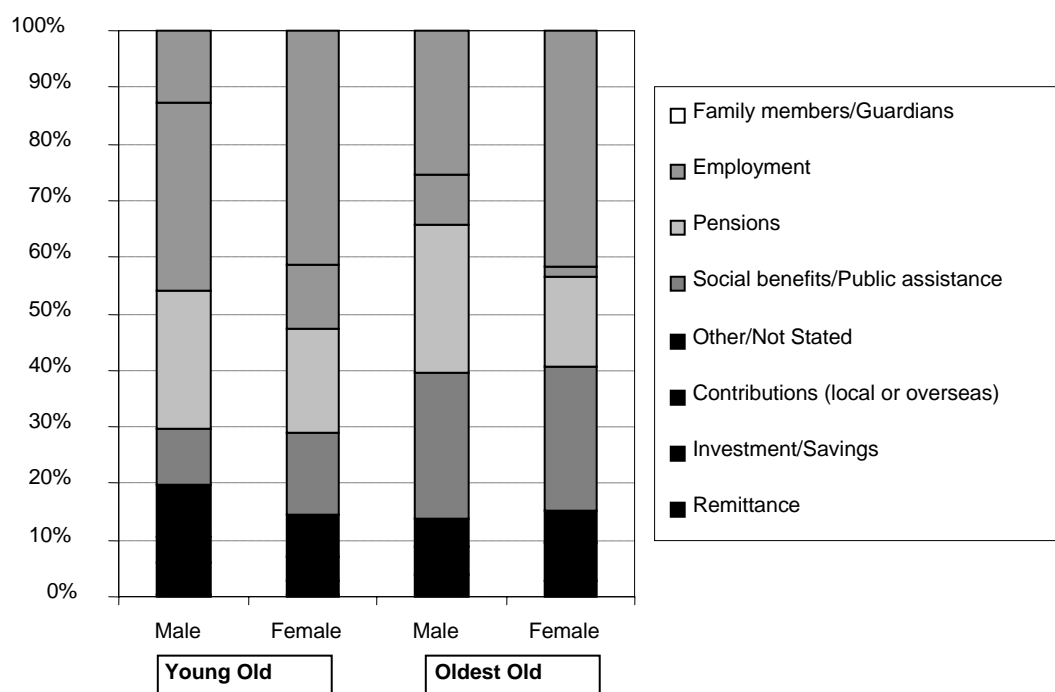
TABLE 26
SOURCE OF INCOME DIVERSIFICATION INDICATOR,
ELDERLY PEOPLE, BY SEX

	Male	Female	Total	
			N	%
No Income	0	0	0	0%
1 Source	2 903	3 099	6 002	57%
2 Sources	1 423	2 034	3 457	33%
3 Sources	318	543	861	8%
4 Sources	60	96	156	1%
5 Sources	9	10	19	0%
6+ Sources	2	2	4	0%
Total	4 715	5 784	10 499	100%

Source: 2001 Census, ECLAC analysis.

With regard to the number of sources of income, an interesting finding is the fact that almost two thirds of the elderly in the country seem to be mainly dependent on only one source of income and another third can derive some sort of support from two suppliers. A closer look at the data reveals a slight gender gap with women showing a tendency to depend on more sources of income than their male peers. The rankings (figure 23) of income sources for the elderly with only access to one source shows that in the case of younger elderly men, employment seems to be the main source of income followed by pensions and family, whereas older men seem to be mainly living from pension payments and family support. The situation is different for older women, again, family support seems to be the number one resource for economic security for younger and older elderly women and own employment and pensions seem to be playing a far less important role than in the case of men.

FIGURE 23
SOURCE OF INCOME OF THE ELDERLY PEOPLE RECEIVING
INCOME FROM ONE SOURCE ONLY, BY SEX AND SELECTED AGE GROUPS,
ST. VINCENT AND THE GRENADINES 2001 CENSUS



Source: 2001 Census, ECLAC analysis.

IV. Trinidad and Tobago

A. Socio-demographic overview

The Republic of Trinidad and Tobago is an archipelagic State in the southern Caribbean, lying northeast of the South American nation of Venezuela and south of Grenada in the Lesser Antilles. It also shares maritime boundaries with Barbados to the northeast and Guyana to the southeast. The country consists of two main islands, Trinidad and Tobago, and 21 smaller islands. Trinidad is the larger and more populous of the main islands; Tobago is much smaller, comprising about 6 per cent of the total area and 4 per cent of the population.

According to the last population census, Trinidad and Tobago has a population of 1,114,772 persons and thus the most populous island in the English-speaking Caribbean. With a median age of 28 years the population is reasonably young. This is also reflected in the age-structure (table 27) that finds a quarter of the population under age 15 and two thirds in the economically active age-groups between 15 and 59 years of age. As of now, only 10 per cent of the population is 60 years and older. Concerning the sex-structure, a similar reasonably balanced sex-ratio as in St. Vincent and the Grenadines can be observed in Trinidad and Tobago with an almost equal number of men and women in the total population. Yet, disaggregation of age-groups finds similar trends observed in the other data-sets discussed, in so far as with progressing age women tend to outnumber men in their birth-cohorts.

TABLE 27
TRINIDAD AND TOBAGO'S AGE-SEX STRUCTURE, SELECTED AGE GROUPS

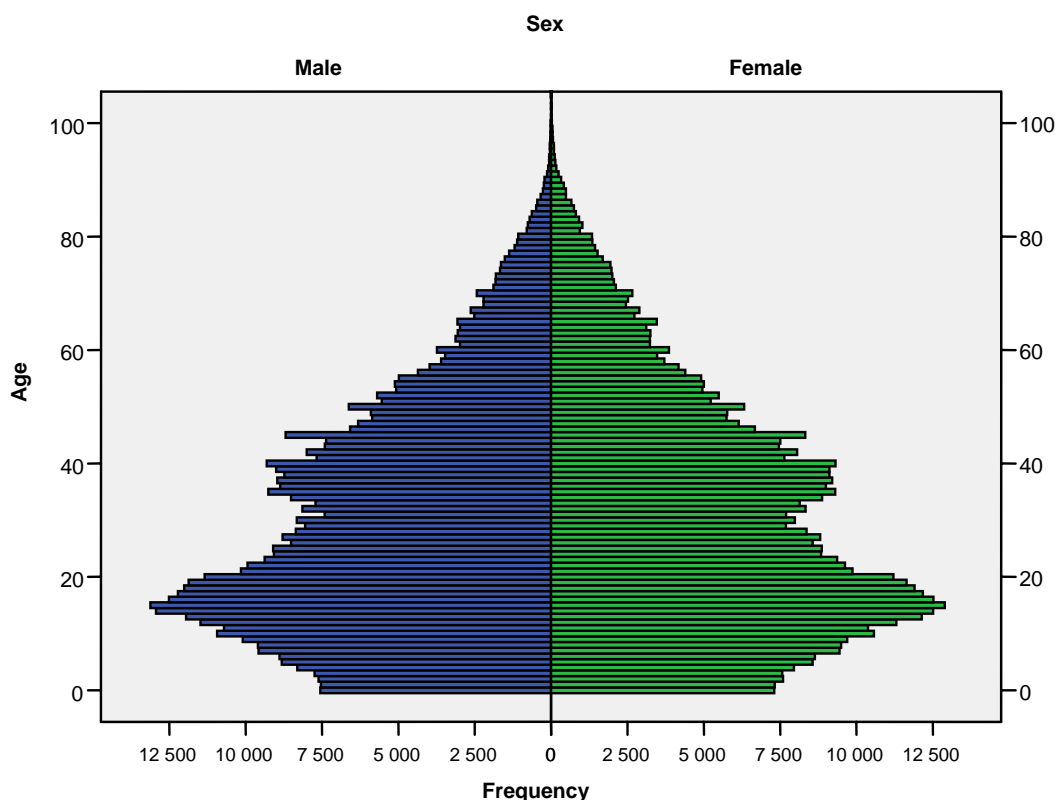
	Male	Female	Total	Percentage	Sex Ratio
				Total	men per 100 women
0-14	143 752	140 494	284246	25.5%	102
15-59	360 905	359 391	720 296	64.6%	100
60+	51 453	58 777	110 230	9.9%	88
Total	556 110	558 662	1 114 772	100%	100

Source: 2000 Census, ECLAC analysis.

More details regarding past population dynamics can be derived from the population pyramid (figure 24). The population structure has been characterized by positive population growth rates until the mid-1980s (consecutively larger birth cohorts until age 16), followed by a constant decline in the absolute size of the consecutive birth cohorts. Emigration of persons between ages 20 and 40 accounts for the gaps in the age groups between 20 and 40 years. Further, as is the case for the other islands analyzed, the older age-groups seem to be smaller than expected and, again, emigration among these age-groups (in their younger years) might be the most plausible explanation for this phenomenon.

According to the census data, the percentage of foreign-born persons residing on the island is small and the sex ratio of the migrants seems to be balanced.

FIGURE 24
POPULATION STRUCTURE OF TRINIDAD AND TOBAGO, 2000 CENSUS

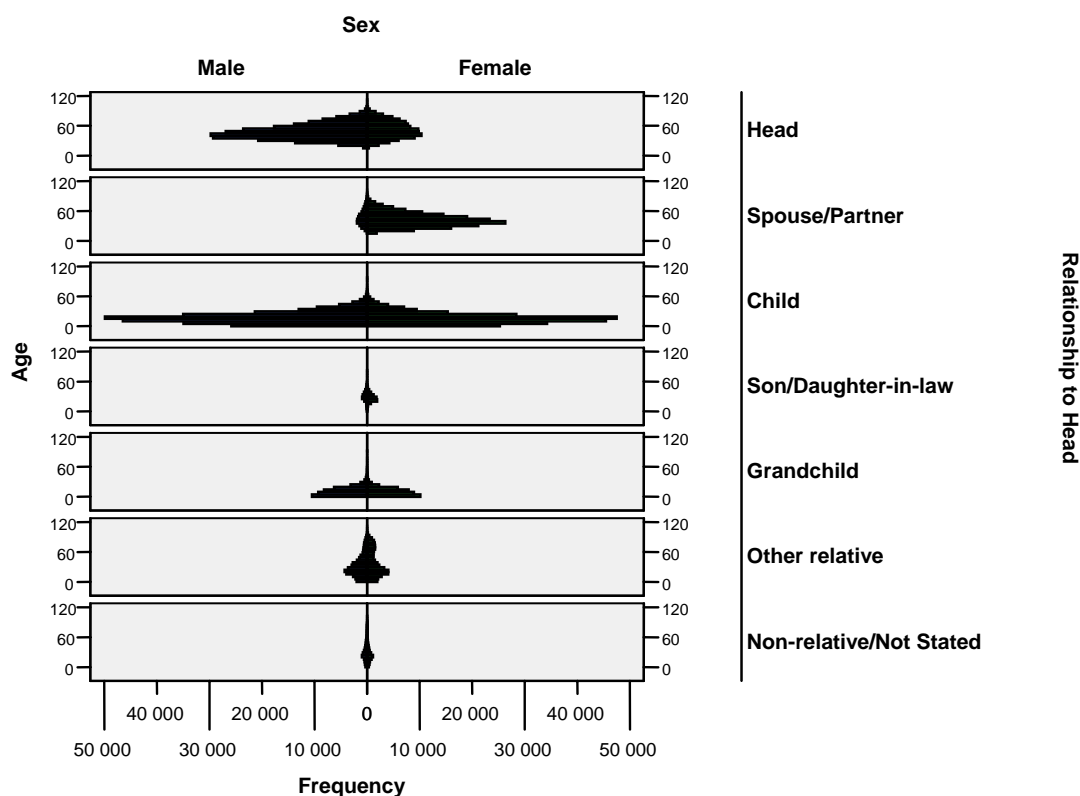


Source: 2000 Census, ECLAC analysis.

1. Household composition and living arrangements

With regard to household headship (figure 25), the data show that the majority of heads of households are men living with a partner. Since the spouse/partner category is in the main female, it can be concluded that the majority of female heads of households obviously do not have a partner. According to the data, children account for a quarter of the population, evenly gender-distributed. Of importance is the fact that in comparison to the other countries discussed, a smaller share of grandchildren seems to be living with their grandparents. However, since the specific reasons for these arrangements are not known, it can be assumed that either these children were left behind by migrating parents, or young parents and their children cohabit with their parents. This could be partly due to emigration of parents who left their children in the care of their grandparents and/or young mothers who live with their mothers and/or parents. Worthwhile noting is the fact that some households also encompass other relatives and persons that are not related to the head of household. The number of co-residing parents or in-laws seems to be rather small in comparison to the observations made in the other countries³⁴.

FIGURE 25
POPULATION STRUCTURE BY THE RELATIONSHIP TO THE
HEAD OF HOUSEHOLD, TRINIDAD AND TOBAGO, 2000 CENSUS



Source: 2000 Census, ECLAC analysis.

2. Marital status

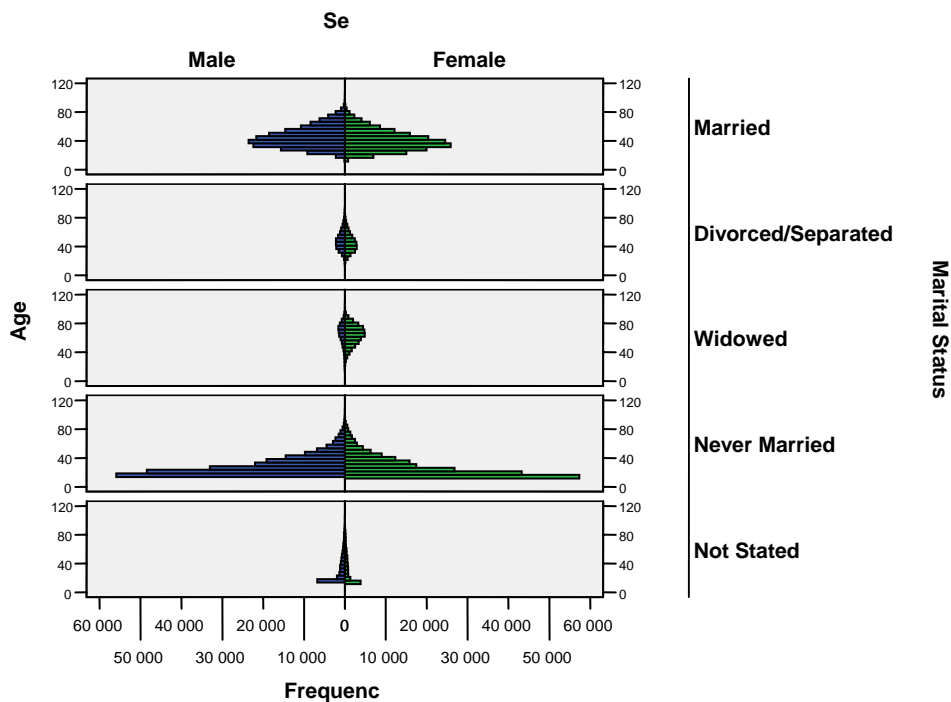
The census questions regarding marital status for Trinidad and Tobago differs considerably from those used in the other countries assessed in so far as the questionnaire, contrary to the questionnaires for the other countries discussed, does not offer categories such as ‘common-law

³⁴ Section D, the Elderly, on living arrangements for the elderly.

partner' and 'visiting partner'. Consequently, it can be assumed that respondents that fall under these categories are found in the 'never married' category, while in the case of the other three countries these fall under the category 'in a union'. It can be assumed that the category 'not in a union' in the case of the other countries overlaps to some extent with the category 'never married' in the case of Trinidad and Tobago. However, in the case of the other three countries, common-law and visiting partnerships were subsumed under the category 'in a union'. The underlying intention is to collate all those with a partner (regardless of their formal legal arrangements) into one group, and to use this variable as an indicator for potential support through a partner/spouse available, and to distinguish this group from the group indicating not in a relationship/union and, thus, without a partner. This needs to be kept in mind for further comparative analysis. Consequently it can be assumed that the data appropriately reflect the situation in the country.

Bearing in mind the differences in the survey instrument regarding the classification of marital status, the results of the analysis for Trinidad and Tobago can only to a certain extent be compared to those prevalent in the previously studied countries which share a common survey instrument. The data for Trinidad and Tobago, contrary to the findings in the other countries, point at a considerable difference between the percentages of persons married and never married. This is probably due to the fact that the questionnaire excluded partnership arrangements considered in the other countries, such as 'common law' unions and 'visiting partner' arrangements. Since the focus of the study is not only on formal relationships, such as marriage, but more on the availability of support, these categories were in the case of the previously studied countries included in the 'in a union' category; whereas since persons living in such arrangements in Trinidad and Tobago report that they are not married, they are thus counted as living alone. Regarding widowhood and divorces, similar trends than in other countries can be observed with generally more women than men to be found in these categories.

FIGURE 26
POPULATION STRUCTURE BY MARITAL STATUS,
TRINIDAD AND TOBAGO, 2000 CENSUS



Source: 2000 Census, ECLAC analysis.

B. Health and chronic conditions

A first look at the results of the analysis shows that only a rather small percentage of the population seems to be affected by long-term chronic conditions such as arthritis, asthma, diabetes and hypertension. The data also show that women are more affected by these diseases than men. However, it is noticeable that this gender-gap appears to be comparably narrower than in the other countries studied.

TABLE 28
PREVALENCE OF SELECTED CHRONIC DISEASES
WITHIN THE TOTAL POPULATION, BY SEX

	Male	Female	Total
Arthritis	15 161	29 283	44 444
Asthma	17 640	19 173	36 813
Diabetes	17 277	22 046	39 323
Hypertension	14 509	29 004	43 513
Other	20 993	25 489	46 482
Total responses	85 580	124 995	210 575
	41%	59%	100%
Total population	556 110	558 662	1 114 772

Source: 2000 Census, ECLAC analysis.

TABLE 29
PROPORTION OF THE POPULATION WITH SELECTED,
SELF-REPORTED CHRONIC DISEASES, BY SEX

	Male	Female	Total
Arthritis	3%	5%	4%
Asthma	3%	3%	3%
Diabetes	3%	4%	4%
Hypertension	3%	5%	4%
Other	4%	5%	4%

Source: 2000 Census, ECLAC analysis.

C. Disability

With disability prevalence rates of less than 5 per cent for the entire population, the country conforms to similar trends observed in other countries in the region (table 30). However, while there seem to be only slight gender-gaps, the age-differences are quite high, with one fifth of the elderly population indicating suffering from at least one disability³⁵.

³⁵ The census questionnaire for Trinidad and Tobago did not collect information on the origin of disabilities.

TABLE 30
POPULATION BY DISABILITY STATUS AND SEX, SELECTED AGE GROUPS

	Disability		Total
	Yes	No	
Male			
0-4 Years	0.7%	99.3%	100%
5-19 Years	1.7%	98.3%	100%
20-39 Years	2.6%	97.4%	100%
40-59 Years	5.4%	94.6%	100%
60 Years and over	15.6%	84.4%	100%
Total	4.0%	96.0%	100%
Female			
0-4 Years	0.6%	99.4%	100%
5-19 Years	1.4%	98.6%	100%
20-39 Years	2.1%	97.9%	100%
40-59 Years	5.4%	94.6%	100%
60 Years and over	17.7%	82.3%	100%
Total	4.2%	95.8%	100%

Source: 2000 Census, ECLAC analysis.

D. The elderly

Ten per cent of the population of Trinidad and Tobago is, according to the most recent census figures available, 60 years and older, with more than two thirds of the elderly under 75 years of age (table 31). Yet, considering the large cohorts in the economically active age groups, it can be expected that the group of those over age 60 will grow considerably in the near future. While there are no exact statistics available, there is some indication that earlier migrants who have spent their economically active lives overseas tend to return to their countries of origin in the Caribbean. Rising numbers of such return-migrants might also contribute to the growing number of elderly residing in the country. The fact that women outlive men is also reflected in the data for Trinidad and Tobago; however, the country seems to have, with 88 men per 100 women, the most balanced sex-ratio for the elderly of all countries reviewed in this study, with the now well-known increasing bias towards women in the older age-groups.

TABLE 31
ELDERLY POPULATION AGE-SEX STRUCTURE, SELECTED AGE GROUPS

	Male	Female	Total	Percentage	Sex Ratio
				Total	men per 100 women
60-74	38 136	41 572	79 708	72.3%	92
75+	13 317	17 205	30 522	27.7%	77
Total Elderly	51 453	58 777	110 230	100%	88

Source: 2000 Census, ECLAC analysis.

1. Marital status and living arrangements of the elderly

Almost half of all elderly in the country report living with a partner, one third indicates living without a partner and one third indicates being widowed. As already observed in the case of the other countries studied earlier, the data show considerable gender and age differences. While more than 60 per cent of the men of the younger age-groups are married, this is only the case for a little more than 40 per cent of women of the same age-group (table 32). The percentage of those married

decreases considerably with age for both sexes with twice as many women than men being widowed, in the older age-groups. Longer life-expectancies for women and the fact that men tend to marry younger women, as in other parts of the world, explain this phenomenon.

TABLE 32
MARITAL STATUS OF THE ELDERLY, BY SEX

	Male		Female		Total
	60-74	75+	60-74	75+	
Married	63%	50%	42%	20%	47%
Divorced/Separated	7%	4%	6%	3%	6%
Widowed	11%	29%	34%	58%	29%
Never Married	17%	14%	16%	16%	16%
Not Stated	3%	3%	2%	3%	3%
Total	100%	100%	100%	100%	100%
	38 136	13 317	41 572	17 205	11 0230

Source: 2000 Census, ECLAC analysis.

With regard to living arrangements, a first glance at the data reveals that the majority of the elderly indicates living in households of three or more persons and also, slightly more men than women tend to live alone (table 33). An interesting finding is that men in two- and three- person households tend to be married while the majority of women seem not to have a partner and presumably live with other family members or relatives. Further, while more women than men are widowed, widowers seem to live more often alone than widows, who after the loss of their partner often decide to live with family or other relatives.

TABLE 33
HOUSEHOLD SIZE OF THE ELDERLY PEOPLE
ACCORDING TO THEIR MARITAL STATUS, BY SEX

	Number of members within the household			Total
	1	2	3+	
Male				
Married	20%	67%	67%	60%
Divorced/Separated	16%	5%	4%	6%
Widowed	27%	12%	14%	15%
Never Married	33%	13%	12%	16%
Not Stated	3%	2%	3%	3%
Total	100%	100%	100%	100%
Female				
Married	8%	44%	39%	36%
Divorced/Separated	9%	5%	4%	5%
Widowed	58%	34%	39%	41%
Never Married	23%	16%	15%	16%
Not Stated	2%	2%	3%	2%
Total	100%	100%	100%	100%
Total				
Male	16%	24%	61%	100%
	8 004	12 113	31 336	51 453
Female	14%	25%	61%	100%
	8 313	14 707	35 757	58 777

Source: 2000 Census, ECLAC analysis.

2. Educational attainment

As is the case for the countries examined earlier, the level of education of the elderly residing in the country is considerably low with only about one fifth of all elderly having gone beyond primary education (table 34). The data reveal slight gender and age differences with lower educational attainment in the older generation and negative gender bias towards women. As already stated in the analysis of the other countries, these data do not reflect the true level of education achieved by these age-cohorts, since the educational levels attained by skilled nationals who have left the country for greener pastures are not reflected in the data.

TABLE 34
HIGHEST LEVEL OF EDUCATION,
PEOPLE AGED 60 YEARS AND OVER, BY SEX

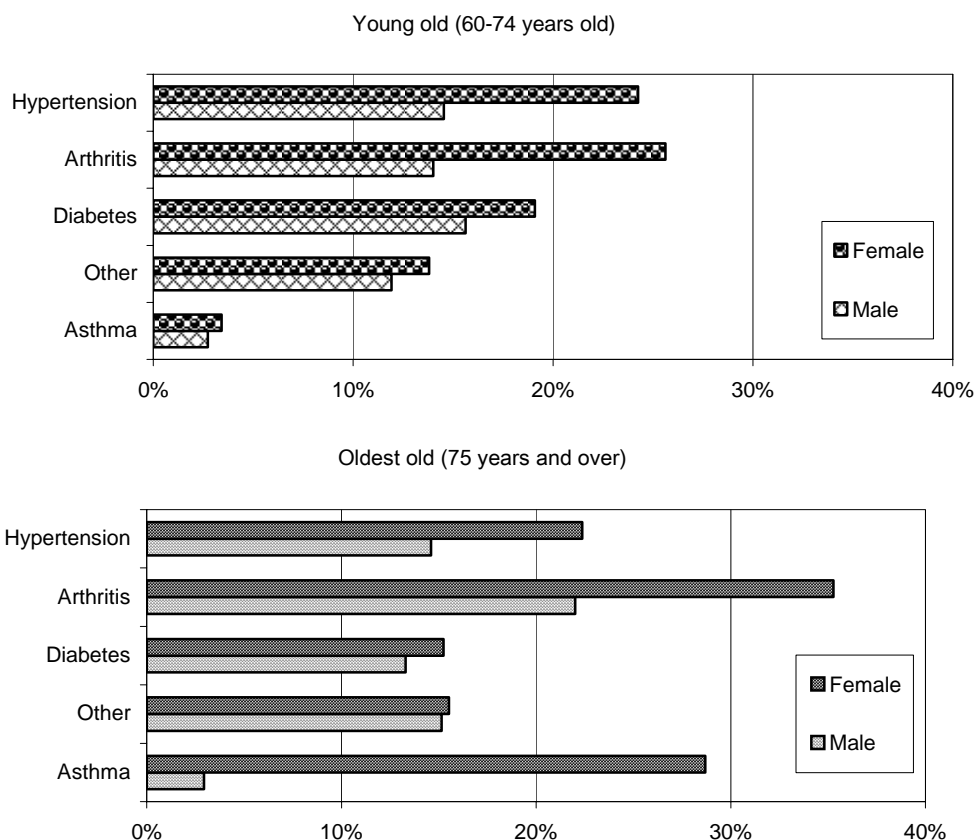
	Male		Female		Total
	60-74	75+	60-74	75+	
None or Pre-School	5%	10%	11%	17%	10%
Primary	67%	71%	66%	66%	67%
Secondary	17%	11%	16%	10%	15%
University	5%	2%	2%	1%	3%
Other or Not Stated	6%	6%	5%	7%	6%
Total	100%	100%	100%	100%	100%
	38 136	13 317	41 572	17205	110 230

Source: 2000 Census, ECLAC analysis.

3. Health and disability

As in other countries in the Caribbean, chronic health conditions are the major impediment to quality of life for the elderly in Trinidad and Tobago. Outstanding among these chronic diseases are arthritis, hypertension and diabetes, however with slight age and gender differences. It can be observed that with growing age, health conditions deteriorate (figure 27) with the older elderly being much more affected by these diseases than their younger peers. Also, with regard to gender, by far more women are affected by a combination of chronic diseases that severely impact on their physical and mental well-being. However, in comparison to the other countries of the Caribbean studied in this report, Trinidad and Tobago seems to have somewhat lower prevalence rates of chronic diseases. Also, while in all other countries hypertension seems to be the major health threat, in Trinidad and Tobago, arthritis seems to be the dominant impediment to health and well-being.

FIGURE 27
PROPORTION OF ELDERLY WITH SELECTED, SELF-REPORTED CHRONIC DISEASES,
BY SEX, TRINIDAD AND TOBAGO 2001 CENSUS



Source: 2000 Census, ECLAC analysis.

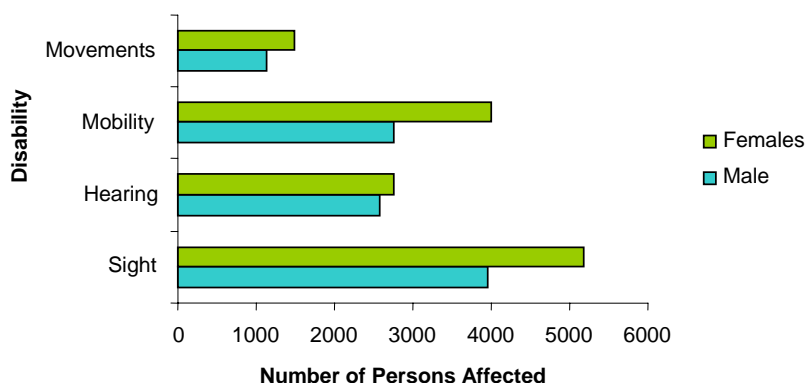
4. Disability

Far less information on disability than in the other countries analysed was collected in the 2000 census round for Trinidad and Tobago. Trinidad and Tobago only posed one question on disability, which focuses on the impact of various types of disability rather than also assessing the types of disabilities, such as loss of upper and lower limbs or neck and spine impediments. Therefore no information was collected either on the origin of the disability or on the availability of assistive devices. However, unlike the other censuses, the census included questions regarding mobility³⁶, movement³⁷ and gripping (figure 28). While the assessment for Trinidad and Tobago is not directly comparable to those used in the countries of the Organisation of Eastern Caribbean States (OECS), the general level of disability in the group of the elderly (17 per cent), with slightly higher rates for women (18 per cent) than for men (16 per cent) seems to concur with the earlier observed findings for the other countries. Loss of vision seems to be the most widespread disability for both sexes, followed by impediments to carrying out basic body movements (mobility category), such as walking, standing or climbing stairs. Yet, even without information on the cause of these impediments, it can be assumed, based on the prevailing disease-patterns, that the cause of the majority of these ailments are chronic, life-style related diseases.

³⁶ Defined in census as “walking, standing, and climbing stairs”.

³⁷ Defined in census as “reaching, crouching and kneeling”.

FIGURE 28
PREVALENCE OF SELECT DISABILITIES AMONG THOSE AGED 60 AND OLDER



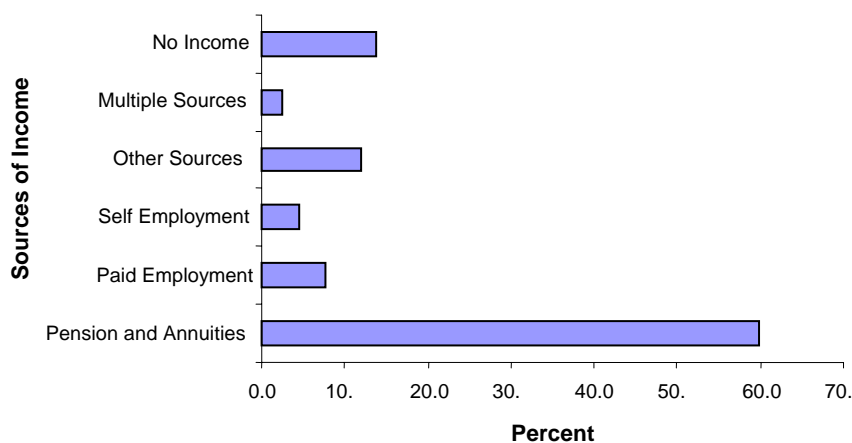
Source: 2000 Census, ECLAC analysis.

5. Income security

The information on income collected in the census for Trinidad and Tobago differs to some extent from the information gathered in the case of the OECS countries. While information on the monthly income was available for Trinidad and Tobago, this information was not available for the other countries studied. While the OECS questionnaire collects detailed information on the sources of income (such as family, social assistance, pensions and others), the questionnaire for Trinidad and Tobago only distinguishes between four categories (paid employment, self-employment, pension and annuities and other).

Regarding the sources of income, the majority of the elderly in Trinidad and Tobago seems to be living of pensions and annuities, whereas self- and paid employment seem to be of much lesser importance than in the other countries studied. A matter of concern should be the fact the a little more than every tenth elderly indicates having no financial income (figure 29).

FIGURE 29
SOURCES OF INCOME AMONG THE ELDERLY



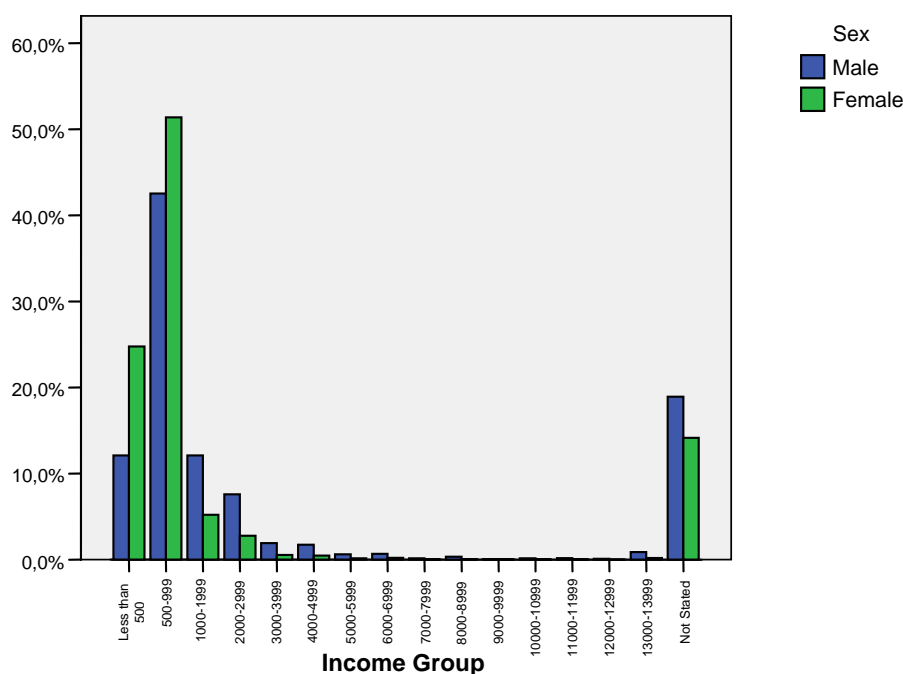
Source: 2000 Census, ECLAC analysis.

Note: Multiple sources: income derived from more than one source listed (self employment, paid employment, pension and annuities).

The findings of a comparison between both sexes regarding their sources of income conform to the trends observed for the other countries in the study. Men, particularly those in their early 60s tend to derive their income mainly from paid and self-employment and become only later in life more dependent on pensions and annuities. The situation for women is rather different with many of them being entirely dependent on other sources. Since the census did not collect more details on the ‘other sources’, it can only be assumed that these consist of family, relatives and other well-meaning supporters. However, contrary to the findings in the other countries surveyed, pensions and annuities seem to be playing a more vital role for women in Trinidad and Tobago than elsewhere in the region.

A look at the monthly income (figure 30) finds that about three quarters of all elderly in the country have less than TT \$999 at their disposal, with more than half of them in the TT\$500 – 999 income group. The available income data also reveal gender differences with generally men having access to higher incomes than women. In total, three quarters of all elderly women report living on less than TT \$1000/month (approximately US\$170) and one quarter of all women seem to be even more destitute with less than TT \$500 (which is less than US \$100) per month. In the case of elderly men, a little more than half live on less than TT\$1000 whereas about 10 per cent seem to have less than TT\$500 at their disposal. Interesting also is the fact that about 20 per cent of all respondents have not stated their level of income. This might be partly due to the sensitivity of the issue, but this might also point to the fact that some elderly do not receive any form of financial income and live entirely on in-kind contributions from family, friends and other supportive groups.

FIGURE 30
ELDERLY POPULATION ACCORDING TO THEIR MONTHLY INCOME, BY SEX,
TRINIDAD AND TOBAGO, 2000 CENSUS



Source: 2000 Census, ECLAC analysis.

V. Summary and conclusions

The present analysis of four Caribbean population censuses has shown that the countries studied are all well on their way in the transition from young to increasingly older societies. Over the past two decades they have experienced a significant decline in birthrates and a rise in the percentage of older persons over age 60. While the majority of the elderly is still to be found in the younger older age groups (60 – 75), the data show clearly that, given the present rather promising life expectancy at age 60 for the region (19 years for men and 22 years for women), the percentage of persons over age 75 will grow considerably in the years to come.

The data also show that the countries studied could now benefit from the so-called ‘demographic window of opportunity’, a unique situation where the majority of the population is in an economically active age (15 – 59) with small shares of younger and older populations that need to be sustained. With on average two thirds of their population in the economically active ages, governments should now undertake all efforts to create employment, ensure payments to pension and social security mechanisms and, if possible, encourage their nationals to establish private pension schemes. Also, with large shares of the population in the informal sector, more needs to be done to increase the contributions of those in the above-mentioned government and/or private schemes.

The study also found that the majority of the elderly seem to be deriving their income from own work, thus more such employment would need to be created to cushion the effects of rapid ageing and to secure income security for the future generations of elderly in the region.

The detailed analysis of the elderly in the four countries has revealed considerable gender differences with regard to all aspects of life of this age-group. A closer look at living arrangements revealed that generally more elderly women than men are widowed, but more elderly men than women seemed to be living alone. Elderly women who are not married or living in a union tend to live more often with family members and/or relatives than men.

Gender gaps were also obvious with regard to educational attainment. While educational levels seem to be considerably low for all elderly across the countries studied, it needs to be borne in mind that the high rates of emigration of skilled persons from the region in the early 1960s has caused a selection bias that is now reflected in the data. Therefore it can be assumed that the educational attainment of this age-group should indeed be higher than reflected in the data that only reflect the educational levels of those in the country at the time of the census enumeration. In spite of the selection bias, the data show gaps in educational levels between women and men in the older age groups with at some point considerable lower attainments in the case of women.

With regard to income security the data show that the majority of the elderly, and among them particularly older men, seem to be relying on own work as long as possible and only later in life draw on other sources. While men generally seem to have better access to public social security and pension schemes, women, who in their majority have not had a chance to contribute to such schemes during their economically active years, draw mainly on family support and government welfare programmes.

With regard to the health status of the elderly, the analysis shows that this age-group seems to be reasonably healthy. However, lifestyle-related chronic diseases, such as hypertension, arthritis and diabetes seem to be on the rise and affect almost half the elderly population according to the information provided. Of course, it needs to be noted that these figures reflect self-reported incidences of these diseases and not medically certified diagnoses. However, since these chronic diseases call for medical attention particularly in the advanced stages, it can be assumed that this is a true reflection of the prevalence of such ailments in the countries observed. Again, a gender bias became very obvious, with significantly more women than men suffering from such ailments.

Disability rates in the entire population of the countries are reasonably low, however, in the group of the elderly every fifth person on average reports suffering from a disability that considerably impedes participation in various activities inside and outside the home. Again, older women report considerably higher proportions of disabilities than men, with vision impediments and losses of lower limbs. The data also reveal that the majority of the disabled elderly does not have access to assistive devices, apart from canes and walkers, to a certain extent. While the majority of the lifestyle-related disabilities cause severe strains on the lives of those affected, the good news is that these ailments could be prevented through the advocacy of healthy lifestyles, supported by educational programmes for the younger generation that focus on healthy foods and non-sedentary leisure time activities.

The summary of the analysis highlights the major challenges ahead for the governments concerned. Since the results of this analysis pretty much also speak for other countries in the region, particularly for the English- and Dutch-speaking Caribbean, the following recommendations could also be of interest for other governments in the region.

A matter of priority for governments should be to take advantage of the unique opportunity the present demographic situation presents as discussed above. Failure to take preventive measures now will definitely lead to rising costs in pension, welfare and health schemes that could grow to an insurmountable challenge for the future generations. Employment creation, a thorough overhaul of the present pension schemes and the establishment of private contributory pension schemes are urgently needed, along with the means to ensure contributions from the considerably large informal sector that characterizes the economies of the countries in the Caribbean. Further, early education

needs to focus on creating awareness of the need to save for a ‘rainy day’. On the other hand, those elderly who wish to continue to work either in the public or private sector should be given an opportunity to do so.

The burden of chronic ailments and resulting disabilities needs to be addressed with the promotion of healthy lifestyles to avoid future generations of elderly suffering from such preventable illnesses and impediments. Also, those suffering from such disabilities need to be given a better chance to be integrated into mainstream society by providing access to the necessary assistive devices and rehabilitation.

In conclusion it can be said that the four countries studied show the classical symptoms of ageing societies in some of the developed countries and more so in the developing world. However, if the major challenges outlined are addressed appropriately and in a timely manner, Caribbean countries will be in a position to ensure that their people will not only live longer but will enjoy their ‘golden years’ as happy and healthy as possible.

Bibliography

- ECLAC, Regional Strategy for the Implementation of the Madrid Plan of Action on Ageing, Santiago, Chile.
- United Nations Population Division, World Marriage Patterns, 2000.
- Ken R. Smith et. Al.; Remarriage patterns among widows and widowers, in: Demography, Vol. 28, No. 3, August 1991.
- United Nations (2006a). Department of Economic and Social Affairs, Population Division; World Population Policies 2005, STA/ESA/SER.A/254. New York.
- ___ (2006b), Population estimates and projections, downloaded from www.unpopulation.org
- WHO, Department of Mental Health and Substance Dependence, Gender Disparities in Mental Health, 2007.



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