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Population Ageing and the Rights of Older Persons

The populations of Caribbean countries are entering a new phase in the ageing of their populations.

Between 1990 and 2010 the number of persons aged 60 and over in the Caribbean subregion increased from 1.13 million to 1.62 million. From now onwards the number (and proportion) of older persons in national populations will start to increase more rapidly and between 2010 and 2030 the number of persons aged 60 and over in the Caribbean will increase to 2.76 million.

This change in population structures should be seen in a positive light: it is the result of higher life expectancies. Population ageing presents a challenge because the rapidly increasing number of older persons will place huge demands on pension and social security systems, health systems, residential and non-residential care services, and families. However, it should also be seen as an opportunity: to take advantage of the skills and experience that older persons have to offer in public, professional, community and family life, thereby enhancing inter-generational equity and solidarity.

Changing population structures and their implications have been addressed at various global, regional and subregional conferences called by the United Nations. There have been two World Assemblies on ageing in Vienna in 1982 and in Madrid in 2002. At this latter conference governments agreed to the Madrid International Plan of Action on Ageing in which they committed to address the implications of changing age-

structures and to meet the needs of the growing number of older persons.

A Regional Intergovernmental Conference on Ageing in Latin America and the Caribbean, in Santiago in 2003, reinforced commitment to the Madrid plan and focused attention on regional priorities. At a second regional conference in Brasilia in 2007, The Brasilia Declaration was agreed which sought to emphasize the human rights of older persons and called for rights-based social protection, where it is the existence of rights which place an obligation on the state and the rest of society to provide social protection.

A 10-year global review of the Madrid plan of action is currently underway and is an opportunity to review and evaluate progress in the implementation of both the Madrid and Brasilia agreements. In support of this process the ECLAC Subregional Headquarters recently coordinated the compilation of national reports on ageing for eleven countries in the region. These reports were produced by independent consultants working in collaboration with national governments and provided national assessments of progress towards the implementation of the Madrid and Brasilia agreements. The government of Trinidad and Tobago also produced a national report. Based on these reports a subregional review and evaluation of progress was presented to the Third Regional Intergovernmental Conference on Ageing in Latin America and the Caribbean held in Costa Rica in May 2012. The national reports are available on the conference website.

All Caribbean governments have implemented actions in response to the Brasilia Declaration and the Madrid plan of action. There have been important extensions of free access to health care for older persons in The Bahamas, Dominica and Jamaica. Across the Caribbean there are also a growing number of home care and home nursing schemes as well as day care and activity centres for senior citizens. Many countries provide education services to senior citizens, for example courses in computer literacy. Participation in decision making is crucial to the full realization of rights and good examples of this include the advocacy of the Barbados Association of Retired Persons and the Senior Citizens Parliament in Trinidad and Tobago.

Of course, progress has not been uniform and many challenges remain. Social security systems remain inadequate particularly in terms of the coverage of those working in informal employment and the self-employed, and the low level of public assistance for older persons. While there has been progress in the provision of residential and non-residential care services for older persons, the coverage and quality of schemes is still variable. The increasing number of older persons is likely to place an increasing strain on health care systems and in this context improving equitability of access will be a major challenge. Legislation to protect the human rights of older people, including protection from discrimination and abuse, should also be a priority for the next five years. ■

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Developing indicators on Violence Against Women

In the Caribbean, a great deal of attention has focused on the issue of gender based violence (GBV) and its impact on society.

Background

GBV is seen as one of the major obstacles to the full realization of gender equality and the empowerment of women. At the root of gender is power and at its core GBV is the abuse of power. Violence against women is therefore viewed as a direct manifestation of the unequal power dynamics in the relations between women and men, because it stems from the perceived social inferiority and subordination of women.

In its efforts to eliminate all forms of violence against women, the United Nations General Assembly in Resolution 61/143 (2006), requested the United Nations Statistical Commission to work in consultation with the Commission on the Status of Women to develop and propose a set of indicators on violence against women to assist Member States in assessing the scope, prevalence and incidence of violence against women.

This led to the establishment in 2008 of a working group the Friends of the Chair, by the thirty-ninth session of the Statistical Commission. The first report of the Group was submitted to the fortieth session of the Statistical Commission in 2009. The report requested the Statistics Division to initiate and conduct work on developing a set of Guidelines for Producing Statistics on Violence Against Women, to provide full methodological guidance regarding the selection of core and additional topics, identification of data sources, relevant statistical classifications, outputs, wording of questions and other pertinent issues.

Definition

The Friends of the Chair defined physical violence as an act that inflicts physical harm to the body of a woman. It also identified different violent acts/behaviors, such as hitting, biting, kicking, slapping, pushing, shoving, grabbing, beating, choking and assault with objects and weapons. These

concepts and definitions are very similar to those contained in the CARICOM model legislation on domestic violence – adopted and adapted by many Caribbean member states to develop national legislation.

Sexual violence is defined as an act aimed to force the woman to engage in sexual acts against her will (or without her consent). Different acts and/or behaviors were identified, such as forcing the woman to perform undesired sexual acts or performing sexual activity that the female finds degrading and humiliating. These include attempted rape, rape and aggravated rape, being forced into sexual activity with someone else or for money or goods.

Indicators

The Friends of the Chair developed eight strategic indicators to address physical violence; sexual violence; intimate partner violence; and Harmful practices. The indicators are based on two criteria, namely (1) the availability of data at national level; and (2) the seriousness of the violence itself. They

recommended that all indicators should be disaggregated further by severity (moderate or severe); the perpetrator (intimate/other relative/ other known person/stranger/state authority); and frequency (one/few/many time(s)).

The indicators are as follows:

Physical Violence:

The percentage of women (over the total number of women), who have experienced physical violence during the last year; or during their lifetime.

The relationship of the perpetrator was identified as a key component of statistical measurement of violence against women and as such it was recommend that data identify the relationship of the perpetrator to the victim, viz: (intimate/ other relative/ other known person/ stranger/state authority); and frequency (one/few/many time(s)).

Sexual Violence:

The percentage of women (over the total number of women), who have experienced rape and/or sexual assault during the last year; or during their lifetime.

Intimate Partner Violence:

The percentage of women (over the total number of women), who have ever had an intimate partner) who have experienced physical or sexual violence by current or former partner during the last year; or during their lifetime.

Harmful Practices:

The percentage of women (over the total number of women) subjected to female genital mutilation/cutting. (This indicator should be disaggregated further by age)

Early Marriage:

The percentage of women (over the total number of women) whose age at marriage is below 18 years.

Conclusion

The lack of data on gender based violence in the Caribbean makes it difficult to develop evidence based policies to address the problem. In response to this dearth of data ECLAC established the Gender Equality Observatory in 2008, which aims to systematize the production of gender statistics and public policies for promoting gender equality. The Observatory established a set of indicators. For example, the indicator for measuring physical autonomy is “Women’s deaths at the hands of their intimate partner or former partner” however in the Caribbean there is a persistent absence of data on deaths at the hands of intimate partners or former partners.

Gender based violence impacts the lives of the victims and perpetrators including families, friends, the community and larger society and undermines social and economic development. Initiatives such those of the Friends of the Chair, CARICOM and ECLAC should be at the forefront of policies to eradicate violence against women. ■

“GBV is seen as one of the major obstacles to the full realization of gender equality and the empowerment of women.”

Population and housing censuses – a valuable source of statistical data

“CARICOM countries have had a very long and rich history of census taking and continue to be one of the best models of a coordinated approach to this very important exercise”

The United Nations actively supports all Member States to conduct Population and Housing Censuses (PHCs) every ten years. The benefits of this decennial exercise are immeasurable.

The current round of censuses is for the 2010 decade and it is expected that by the year 2014 all Member States of the United Nations will have completed this major national activity.

Modern PHCs is arguably the most comprehensive data gathering exercise for most countries. For developing countries specifically, PHCs may be the main source of statistical data for planning purposes during an entire decade. The reality is that in most of these countries the decennial census may be the only statistical exercise that can be afforded.

The conduct of PHCs dates back to biblical times when a census was restricted to a mere headcount of the population. The conduct of censuses was then broadened to include the collection of data for variables such as the sex and age of persons. With the passage of time census questionnaires prominently featured other demographic characteristics and in more recent times, in response to demands by users for a more comprehensive set of statistics from this very expensive national activity, modern censuses now include a variety of questions which yield rich databases on economic, social, environmental and demographic phenomena.

The uses of the results of a PHC are therefore widespread and comprehensive. They serve to guide interventions to promote

development in all sectors. Additionally, they provide technical inputs into other statistical activities.

By far, the most widespread use of the results of PHCs are to positively impact intervention in every sector of development. In the economic sphere, some of the uses of a census include information which can guide business decisions. For example, the success of a business depends critically on the availability of primary statistics on population size and its geographic distribution, individual and household income levels and income distribution, education and training levels, labour force size and structure, as well as the structure of occupations and industries with which the population is engaged. Using these primary data, secondary indicators such as per capita incomes, productivity levels, as well as industrial profiles and potential can be generated for further use in economic analysis and interventions.

The social sector also benefits richly from the results of PHCs and more recently, many important environmental indicators which form the basis for important environmental decisions and interventions are also being generated from population and housing censuses. For example PHCs generate primary data which are key inputs into education and health indicators such as the Gender Parity Index, Infant and Child Mortality Rates and Maternal Mortality Ratios.

In addition, census results provide the denominators for several incidence and prevalence rates and ratios that are crucial in assessing the health conditions of the population and in identifying the critical population at risk to epidemic diseases. Further, the availability of and accessibility to census data has proved to be of paramount importance in assessing natural disasters. Since a census provides data at the village or settlement level good estimates of the affected population can be updated on a regular basis which forms an invaluable tool in disaster assessment.

The results of PHCs are also extremely useful in planning other statistical activities such as an inter-censal household survey. The census exercise forms the basis for a random and representative sample of households to be generated which can then be surveyed to collect more detailed infor-

mation on key characteristics of the population. Good examples of such follow up or inter-censal household surveys which some countries conduct in the interim between censuses, include surveys of Poverty, Crime, Disability, as well as survey of Income and Expenditure.

The census provides the sampling frame for these surveys but at times basic questions are also included on the decennial PHC itself. Often however, it is strongly recommended that detailed questions on any specific issue be excluded from the census questionnaire mainly because of the intensive demands of managing the census exercise.

CARICOM countries have had a very long and rich history of census taking and continue to be one of the best models of a coordinated approach to this very important exercise.

Since the 1960 round, the CARICOM Secretariat has been coordinating PHCs of the Caribbean subregion and even though all countries do not conduct their fieldwork simultaneously as would be desired, this coordinated approach has proven to be very cost effective.

For the 2010 round, Barbados, the Bahamas, Belize, Saint Lucia and the British Virgin Islands conducted their PHCs in 2010 and all other Member States and Associate Members of CARICOM, with the exception of Guyana, Suriname and the Turks and Caicos Islands conducted their censuses in 2011. The latter three countries will carry out their PHCs during 2012. Very shortly therefore, the CARICOM subregion will have a goldmine of statistical data that will satisfy a variety of uses. ■

“The conduct of PHCs dates back to biblical times when a census was restricted to a mere headcount of the population.”

ICPD Beyond 2014

ICPD

Beyond 2014 is the global review of the Programme of Action agreed at the International Conference on Population and Development (ICPD) held in Cairo in 1994.

At the conference 179 nations committed to address a range of population, economic and social development challenges. The Cairo conference represented an important landmark because it created a global agenda for action which for the first time integrated population and development issues.

Building on the work of previous population conferences, it consolidated an international consensus that population growth, sustainable economic and social development, and human rights were so closely interconnected that none of them could be addressed in isolation. Thus the Programme of Action agreed at the 1994 conference integrates objectives relating to, inter alia, poverty, gender, the family, sexual and reproductive rights and health, education, migration and sustainability.

Key objectives for the Caribbean include the eradication of poverty, gender equality, ensuring universal access to reproductive health care and family planning services, the prevention of sexually transmitted infections including HIV/AIDS, and the sustainable use of resources.

While there has been much progress towards these objectives since 1994, the reality is that much still remains to be done in order to more fully implement this ambitious programme.

Annual population growth in the Caribbean subregion continues to fall and is now 0.6 per cent per year compared to 1 per cent per year in 1994. With total fertility now at, or around, replacement level in most countries, the rate of population growth is projected to continue declining and in the next twenty years the biggest demographic challenge will not be growth in the size of the population, but rather population aging, that is, the increase in the proportion of older persons.

An explicit objective of the Cairo Programme was to reduce the rate of adolescent pregnancies because early child-bearing is closely related to lack of educational and economic opportunities and the social status of women. Adolescent birth rates have fallen across the

	Selected indicators of progress towards ICPD objectives							
	Population growth ¹		Adolescent fertility ²		Poverty ³		HIV Prevalence ⁴	
	(percentages)		(per thousand)		(percentages)		(percentages)	
	1994	2010	1997	2010	Previous	Latest	2001	2009
The Bahamas	1.7	1.3	62	30	..	9.3	3.1	3.1
Barbados	0.3	0.2	56	42	13.9	19.3	0.5	1.4
Belize	3	2	106	74	34.1	41.3	..	..
Dominica	0.2	-0.2	..	..	39	28.8	..	..
Grenada	1.1	0.4	62	38	32.1	37.7	..	..
Guyana	0.2	0.2	74	60	43.2	36.1	..	..
Jamaica	0.9	0.4	94	73	18.7	16.5	1.9	1.7
Saint Kitts and Nevis	1.5	1.3	..	..	31	21.8	..	..
Saint Lucia	1.2	1	70	58	25.1	28.8	..	..
St. Vincent and the Grenadines	0	0.1	76	56	37.5	30.2	..	..
Suriname	1.3	0.9	51	37	44.2	51.3	..	..
Trinidad and Tobago	0.8	0.4	42	33	24	16.7	1.2	1.5

1. Annual growth in the total population; World Population Prospects 2010, United Nations.
 2. Defined as births per 1,000 women aged 15-19, downloaded from UN data (<http://data.un.org/>) on 06/09/12.
 3. Country Poverty Assessments; Survey of Living Conditions Reports (Bahamas, Barbados, Jamaica and Trinidad and Tobago); MDG Progress Reports (Guyana and Suriname).
 4. Persons aged 15-49 living with HIV; UNAIDS Report on the global AIDS epidemic, 2010.

Caribbean, although they remain too high particularly among persons living in poverty. There is an ongoing need to ensure that family planning services reach young people living in poverty and in remote areas.

Progress in reducing poverty has been slow and out of ten countries for which comparable data are available, poverty has fallen in six countries while it has risen in four. While the objective was “to eradicate poverty through sustained economic growth”, in practice economic growth did not in itself lead to reduced inequalities. It did however contribute to some reductions in the rate of indigence, an absolute measure of poverty which reflects households’ ability to meet their basic nutritional requirements. The rates of indigence in the island states of the Caribbean have fallen to around 5 per cent or lower, although the rates are higher in Belize and Suriname.

The Cairo Programme also contains objectives concerning HIV/AIDS prevention, care and treatment. The Caribbean has rates of prevalence of HIV second only to Sub-Saharan Africa, although the efforts of Caribbean governments to control the epidemic have brought it under some measure of control with prevalence rates stabilizing and the rate of new infections falling.

The recognition that many Governments in the Caribbean and worldwide will not meet all the goals and objectives of the Programme of Action by 2014 led the United Nations General Assembly to extend the ICPD Programme of Action beyond 2014. It is envisaged that the twentieth anniversary will be an opportunity both to reaffirm commitment to the Cairo Programme as well as an opportunity to reassess, identify emerging issues and set the agenda for beyond 2014.

Within the Caribbean, as part of the ICPD Beyond 2014 process and with the support of UNFPA and ECLAC, countries will carry out national reviews on the current status of implementation of the Programme of Action. These national reports, along with a subregional review and appraisal will be presented at a subregional ICPD meeting in early 2013. There will also be a regional conference for Latin America and the Caribbean in June 2013 the outcome of which then contributes to the global review process which concludes with a United Nations General Assembly Special Session on ICPD Beyond 2014 in September of that year. ■