

# Ageing in the Caribbean: Exploring Some Major Concerns for Family and Society

By

Dr. Joan Rawlins  
Senior Lecturer/ Health Sociologist  
Public Health and Primary Care Unit  
Department of Paraclinical Sciences  
Faculty of Medical Sciences  
The University of the West Indies  
Trinidad

Tel: (868): 645-6741  
(868): 342-3564

Email [rawlinsjm@yahoo.com](mailto:rawlinsjm@yahoo.com)

Paper prepared for the SALISES Conference “Turmoil and Turbulence in Small  
Developing States: Going Beyond Survival”, March 24-26, 2010, Hyatt Hotel and  
Conference Centre, Port of Spain, Trinidad.

# **Ageing in the Caribbean: Exploring some Major Concerns for Family and Society**

by

Joan Rawlins Ph. D

## **ABSTRACT**

The issues of the increased life expectancy in the Caribbean over the past fifty years and the implications of this longevity for persons 60 years and over, their families and the society are examined. The paper draws upon data from several countries of the region and most particularly from recent research in Trinidad and Tobago. It provides information on issues such as the state of health of older persons and notes the importance of chronic conditions such as heart disease, diabetes and hypertension. The response of the health care services to the chronic health needs of these older persons is explored. Some aspects of the relationship between older persons and their offspring are examined and recognition is given to the economic role of these offspring. The paper argues that older persons are an especially vulnerable economic group and makes mention of some of the financial provisions that are available to such persons. Questions are asked about the readiness of the region for this increased population of older persons and recommendations are made for a closer collaboration between governmental agencies and non- governmental agencies, to ensure that the needs of persons sixty years and older are determined and met.

# Ageing in The Caribbean: Exploring Some Major Concerns For Family And Society

## Introduction

At the start of the 21<sup>st</sup> century, the Caribbean population of older persons, that is those 60 years and older was larger than ever before in the history of the region. To those who have been following the demographic transition and its implications, this expanded elder population would not have been a surprise, as world wide, the ageing of the world's population had been predicted as the most certain reality of the 21<sup>st</sup> century.

The reference to the demographic transition speaks to the issue of that process which leads to an increased number and proportion of the elderly in the population. This increase is determined by a series of events, namely:

- (1) significant decline in mortality leading to an increase in population
- (2) fertility rate decline which leads to a decrease in the younger population and a trend towards an increased population of older age groups and
- (3) increased life expectancy

One hundred years ago the population in terms of life expectancy would have been similar to that which is shown for Trinidad in Table 1.

Table 1: Expectation of Life at Birth (Average Length of Life) for Trinidad and Tobago during the years 1911-1960

YEAR	Males	Females
1911	38.99	40.95
1921	37.48	40.11
1931	44.51	46.95
1946	52.98	56.03
1960	62.15	66.03

Source: Harewood (1974) The population of Trinidad and Tobago (pg. 34).

Currently the situation is remarkably different and we see this reflected in the average life expectancy across the region.

Table 2: Average Life Expectancy (1960, 1990, 2007)

	1960	1990	2007
Barbados	62	75.6	77.5
Jamaica	62	73.6	72.7
Trinidad	62	71.6	70.1
Haiti			61.3

Source: Harewood (1976) for 1960 data and PAHO 1991 and 2008 for other data.

Lewis (1995) noted that life expectancy in the Caribbean rose from an average of 50 in the late 40's to an average of 70 for men and 73 for women in most of the English Speaking Caribbean, with the population of those over 65 years rising from around 4 to 10 % over the period 1950 – 90.

Throughout the English Speaking Caribbean, the elderly now represents 10-13 percent, being 10% in Jamaica, 11% in Trinidad and Tobago and 13% in Barbados. In very few countries would we find the elderly population being as low as 7.5% as we see for Guyana (CAREC, 2010).

The population 60 years and over, has now grown so large that unlike in the past, their concerns and those of their families can no longer be ignored; the numbers are too large. These older persons are our parents and grand parents who for the most part have contributed to the building of our nations. Their contributions and commitment are still needed by many (Rawlins, 2008). They too need to have their interest protected and their needs met.

Not only has the population aged, but the group over 80 years is the fastest growing group (Eldemire, 2008). We are told that in the case of Barbados (PAHO, 2005) over 10% of the population will be the “oldest- old”, that is, those 85 years and older. This unrelenting ageing of our Caribbean population brings to the fore a number of concerns for the individual, the family and the society.

The older individual now has to live in a world in which people are just beginning to come to grips with the increased number of older persons. Within the Caribbean society, the reverence that previously was automatic for older persons is no longer the case as we see from the daily newspapers reports of older people being robbed, abused and in other ways violated. Worse still, society had earlier designated a number of negative stereotypes to the elderly and their way of life, which makes life sometimes very frustrating and extremely difficult for older people. This has not changed much despite the growing numbers of older persons. Therefore, for many older persons especially the less financially able and the more vulnerable, growing older can be especially challenging. Gender issues are important when the ageing of our population is discussed. Life expectancy has increased all around, but women have an added 4-5 years over men in all

the Caribbean countries. Therefore women make up a significant majority of the 60 and population of the Caribbean.

Table 3: Total Population 60 years and over in a four Caribbean countries

Country	Males	Females
Barbados	17,770	24,485
Grenada	5,770	7,373
Guyana	27,976	32,566
Trinidad (2005)	64,379	76,497

Source: Website: [www.carec.org](http://www.carec.org) (January, 2010).

Eldemire-Shearer (1997) notes for Jamaica, that the needs of older persons differ according to gender. The same could be said for the needs of older persons throughout the region, where anecdotally men often have social needs and females more financial needs. For Trinidad, the study (Rawlins et al 2008) showed 36% of the men in receipt of private pensions or government pensions while only 12% of the women were in receipt of such pensions. This relates to the fact that women of this age group would have spent much less time in full time employment, than would their male counterparts.

This paper seeks to address, some of the main concerns which occupy the minds of older individuals, their families and the NGOs that cater to the needs of older persons and the government ministries and agencies which are charged with the specific responsibility of treating with issues relating to older persons in the society.

The concerns which individual have vary depending on the country in which they live, their level of integration into the society, their relationship with children and other family members and their general socio-economic situation. However high on the list of concerns for older persons are issues such as: family interaction, intergenerational cooperation, living arrangements, financial security, savings, pension, homelessness and poverty. Other important concerns for the individual would relate to health issues such as ill health, health care cost, long-term hospitalization and the need for reliable family care givers and efficient care givers in the institutional setting.

The concerns that would engage the minds of family-members, would also vary in relation to the country in which they live, the services which are available to older persons and their socio-economic situation. These concerns would include many already noted for the individual plus additional care-giving issues and end of life decisions.

State agencies and NGO throughout the region also have concerns in relation to the older population that they are seeking to address. In this regard various Government agencies (mainly Social Development, Social Services and Ministries of Health) are charged with the responsibility of addressing matters which impact or have the potential to impact

upon the lives of older persons. They are also charged with the responsibility to initiate activities and work with NGOs and others for the benefit of our older citizens.

Despite the efforts of these state agencies the questions are still asked: Are we as a society ready to cope with the concerns of our ageing population? What is being done to ensure that added life expectancy does not leave large numbers of people in a significantly more disadvantaged state than had been their situation in their younger years?

This paper also seeks to highlight some of the concerns that confront the elderly, their families and the society and examines what is being done in Trinidad and some other parts of the region to address the concerns and needs of persons over the age of 60 years. Because the issues are numerous, the paper looks mainly at family, health and economic issues.

### **Family and the Older Person**

Older people in Trinidad and the Caribbean face many issues where their relatives are concerned. In many situations, family size is smaller than in years past. Family members except for some of the East Indian group in Trinidad and Guyana, for the most part do not live in large family-groups as was the case with the extended families in earlier years.

### **Living arrangement of older persons**

One way to better understand the importance of family to the elderly is to look at the living arrangements of older persons. The SABE study (PAHO, 2005), reported for Barbados that just over one-fifth of elderly Barbadians live alone and that among the elderly with children 23.1% women and 16.3 of men lived with at least offspring.

The national sample studied in Trinidad (Rawlins, et al 2008) noted that 16% of the elderly sampled lived alone. In another study of older women in Trinidad (Rawlins 2009) noted that 18.5 % lived alone and 79% owned their own home but had relatives living in their home with them. This introduces the issue of the older person with a valued resource. This is important, as it has been shown (Peil, 1991) that help when given to older persons, was dependent on the resources available to the giver. When the older person owns a home, this has the potential to change the interaction with relatives, in favour of the older person.

The issue of the education of women is important in the family dynamics as they concern the older person as with the increased educational opportunities for women in the past 40-50 years, more women are now employed outside the home. This means that there are fewer female family members available to take care of elderly relatives.

Migration of family members, which is very common in the Caribbean is also an important issue as it leaves some older persons without relatives to provide the necessary care and oversight.

In the Trinidad study (Rawlins et al 2008), the older persons reported that loneliness for them was one of the most significant concerns. In that study 33% of the sample of 845 elderly males and females, reported feelings of loneliness. What also was significant in the study was that although, many individuals were lonely, only 16% lived alone. This high level of “loneliness” speaks to the need to examine the relationship between older persons and those with whom they live, with a view to improving intergenerational interactions. The majority (70%) of those who reported that they were lonely stated that their family and friends were too busy to spend time with them.

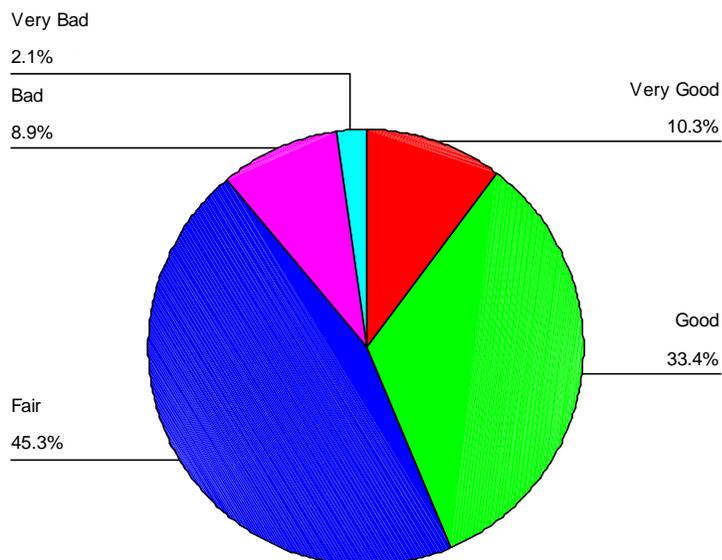
Interestingly enough, more men than women in that study reported “feeling lonely.” Not only were these older people lonely, but some also stated that they were especially unhappy because they had to ‘eat alone’. Eating alone, some stated felt ‘like punishment’. More than a third of the sample (35%) ‘ate alone.’ The differences were significant by gender  $p < 0.001$ .

The “young old” (those 60-74 years) and those in reasonable good health and the truly economically independent elderly will have more options as to their living arrangement and their interaction with family. However older years will invariably bring changes to the individual’s life, increasing the need to depend on relatives. The situation of relatives caring for the chronically ill older person is so complex, that it requires its own discussions.

### **Health of the Older Person**

Health and health care are issues that assume critical proportions for older persons and their family. To be older does not automatically infer ill health as we see from the self-reported health Status, (Rawlins et al 2008) for Trinidad.

Figure 1: Health in general



Source: Rawlins et al 2008, p.592

Despite reasonably good health reported by older persons, the probability of ill health cannot be overlooked as people grow older. For some older persons the need for additional health care will invariably arise.

The main causes of morbidity and mortality in the region are the chronic diseases. In the Trinidad Study (Rawlins et al 2008) the illness leading to seeking treatment and hospitalization that were reported are shown below in Table 4.

Table 4: Prevalence of chronic disease by gender

Disease	Males		Females		p value
	n	%	N	%	
Chronic Medical Problems	296	73.8	395	85.3	0.000**
Hypertension	104	34.7	194	48.7	0.000**
Diabetes	85	28.3	123	30.9	0.462
Arthritis	163	54.3	269	67.6	0.000**
Heart Disease	66	22	77	19.3	0.444
Stroke	32	10.7	24	6	0.036*

\* Significant at 0.05 level

\*\* Significant at 0.001 level

Source: Rawlins et al WIMJ, Dec. 2008, pg. 592

In that study we reported chronic medical problems for 73.8% of the male and 85.3% of the female. The data showed that 20% of the sample reported (3) or more chronic diseases.

Within the region as a whole the leading causes of morbidity, that is, serious illness leading to hospitalization, in several studies in the region are heart diseases, stroke and diabetes. The high rate of chronic conditions in Trinidad and the wider Caribbean draws attention to the reality that in these developing countries the epidemiologic transition has presented a situation in which there is now demonstrated a shift from infectious to chronic diseases as major causes of death. However this does not work well for our understaffed and over worked health services as within these countries, major problems such as HIV and the return of the previously eradicated disease such as Tuberculosis (TB) have also to be managed.

Table 5: Leading Causes of Mortality (65+ years) CAREC Member Countries (2004)

Cause of Death	n	%
Ischemic heart disease	2179	14.9
Cerebrovascular disease	2088	14.3
Diabetes	1724	11.8
Hypertensive diseases	1111	7.6
Influenza and Pneumonia	618	4.2
Malignant neoplasms	571	4.0

Note: Data for Jamaica is not included

The challenge which countries such as the Caribbean now confront is: how will they manage the huge burden of chronic diseases in the growing elderly population and at the same time provide the resources for the continued management of the infectious and other conditions which have not been eradicated.

The Social Survey of Jamaica (EssJ 2003) reported that 37.2% and 41.1% of new hypertensives and diabetics respectively were 60 plus years and that the age group accounted for 50% of the visits to the primary health care (PHC) curative claims. (United Nations Country Profile Status and Implementations of National Policies on Ageing in Jamaica 2005).

Because older persons in the Caribbean are living longer, it means that they have more time/ years for complications to set in, with for example, their diabetes, heart disease and hypertension. These conditions often lead to their disability, resulting in the need for more intensive interaction with the health care sources, expensive treatments and hospitalization.

Chronic conditions such as Alzheimer's disease and other dementias need to be recognized as of significance among the health concerns. As the population of older persons age even further, we will undoubtedly see more Alzheimer's Disease, vascular dementia and other dementias. Alzheimer's disease is a slowly progressive disease of the brain. It is not a normal part of ageing but is more likely to be seen in persons over the age of 65 years. Vascular dementia is related to hypertension, strokes and high cholesterol, and these are common conditions in our populations 60 years and older. The important issue with these dementias is that they are extremely disruptive to the lives of the affected individuals and can be a great strain on caregivers especially those who have not been provided with adequate financial and other support.

With regard to the chronic diseases issues of the elderly, the various governments of the region, recognize their roles and efforts have been made to address specific conditions such as hypertension, diabetics and heart disease. In relation to the health of older persons and their families, the ideal is to encourage healthy ageing, that is to keep the individual in as “good health” as is possible. This is what I believe all of us who care about our older population would like to see. With this kind of issues in mind in the “Health Agenda for the Americas 2008-17”, the Ministers of Health of the Region made the following recommendation “Maintaining the quality of life of elderly people should be part of health programme geared specifically to this age group. Combining economic and food subsidies to accompany these health interventions is key to ensuring that older adults participate in health programmes. Educating health care workers about elder care technologies should be a priority and the focus of specific primary care training programme” (PAHO/WHO, 2009 pg. 4).

The PAHO Report (2009), notes that the region still lacks a comprehensive vision of health for older persons. “Knowledge about their health needs and care is not uniformed, and most health systems lack indicators to permit monitoring and analysis of the impact of health activities (pg.4). The same paper also argued that knowledge about the current situation in cities of Latin America and the Caribbean (LAC) is incomplete. Some of the SABE data however show that: 40% of older persons with hypertension had not had a primary care consultation in the last 12 month and only 27% of women had had a mammogram in the last two years and 80% reported dental need which remained unmet. (PAHO, 2005).

### **Economic Issues and the Older Person**

Financing one’s self in old age is often one of the greatest concerns of the older person. Theodore, (2004) notes that even person who have been most prudent in their 30’s and 40’s find that “the previously made provisions will be inadequate”. Inflation over the years renders savings of little value to large numbers in their old age.

The available data for Trinidad, Barbados and Jamaica show the elderly to be financed by five (5) main types of persons: national insurance schemes, private retirement schemes, government retirement schemes, old age pensions and public welfare.

Coos 2008, in his six (6) country study provides qualitative data which show older people confirming the above five as main sources of income, but also mentions other sources such as church and family. Rawlins et al (2008) also made reference to relatives and savings as important sources of income for older people (Table 6).

The available data in this regard, suggest that even older persons who have made careful plans for the future will find that they face economic challenges, more so if ill health befalls them and they need to be treated within private health care facilities; where in 2009 rates were as high as TT \$1800 (US 300) per night.

Table 6: Sources of Income

	Males (n = 401)		Females (n = 463)	
	n	%	n	%
Old Age Pension	236	59	392	85
Private/ government pension	145	36	54	12
Relatives	26	7	51	11
Business	8	2	6	1
Savings	73	18	56	12
National Insurance	159	40	68	15
None	4	1	3	0.6
Other	6	1	6	1

Source: Rawlins et al 2008, pg.593. (N.B. Some individuals had more than one source of income).

Unfortunately there are other older persons who because of unfortunate life experiences, family problems or other reasons, made no plans for their general care and health care in their old age. Some older persons will find themselves homeless because of these and other family reasons. With the above in mind I have summarized one of the cases from the Working Paper “Ageing: The Reality of Older Women,” (Rawlins, 2009).

### Case

Mrs. F. was a 63 year-old woman of “Mixed” descent living in South Trinidad. She had lived in a common law relationship and had never married. She has three (3) children and they all reside in Trinidad.

With regards to her health, she stated that she suffers from diabetes and arthritis, high cholesterol, acid reflux and leaking heart valves.

She was not currently employed, but had worked as a store clerk for most of her life. She was in receipt of Public Assistance and also received \$200 periodically from her church. She said that she did not like the conditions in which she was living. She lived in a one-room shack (10ft x 10 ft). “Everything” was done in that room, including storing of clothes and cooking. She had no stove or refrigerator.

She said that her children did not support her, and that she experienced emotional abuse from them, She had earlier in her life lived with a man for 10 years, but when he died the owners of the property had evicted her.

She lamented that every month, she had to do without necessities. Quite often she was not able to pay her bills.

The Government should help poor people with their “basics” and not wait for election time, for them to come around. The pension, public assistance and disability need to be increased.

This is the appropriate point at which the issue of social security and the elderly showed to be developed.

In Latin America and the Caribbean, undoubtedly all populations are ageing, but unfortunately, the demographic transition has not been associated with a favourable economic situation, as it has in the more economically developed regions. LAC is ageing demographically but is still poor (PAHO, 2005). Almost 50% of the people interviewed in that SABE study said that they did not have the financial means to meet their daily needs and one-third did not have a pension or a paying job. Their education level is lower than of the general public and they have a very high illiteracy rate. (CEPAL, October, 2003).

### **Social Security Issues**

Economic security is defined as “the capacity to independently have and use an adequate quantity of economic resources on a sustained basis to live with dignity and achieve quality of life in old age” (ECLAC, 2003).

Poverty, we know is fairly widespread in the Caribbean, among the elderly population. The Caribbean Ageing Project (CHRC, 2008) identified economic insecurity as the most important problem among the elderly in the six countries (Barbados, Bahamas, Guyana, Jamaica, Trinidad and Tobago and Suriname) that participated in the study and contributed to the focus group discussions.

Throughout the region there are two main types of pensions: contributory and non-contributory. For example, in TRINIDAD, a non-contributory old age pension (Citizens Grant of \$ 1350 is paid to eligible persons over the age of 65 years. There is also a National Insurance Pension, which is based on contributions (pay as you earn. On retirement citizens receive payments based on their contributions and other issues of eligibility. Those who had worked for government and private companies would also be eligible for pensions from such institutions. However the Caribbean Ageing project (2008) which reported on the social and economic situations of older persons in six (6) Caribbean countries, in this regard noted (pg.10) “ The non-contributive system consist of

old age pension, provided by the government as means tested social assistance or as universal pensions, to satisfy the basic needs of those who do not have contributive persons. A large share of elderly people in the Caribbean had worked in the informal sector or had never contributed to any pension scheme. Women are most likely to be excluded from pension schemes since they have worked either at home or in the informal sector” (CHRC, 2008 pg.10). The study above concluded that “Contributive Pensions are often insufficient and Old Age Pensions and Social Assistance are barely at or below poverty line” (pg.11).

Undoubtedly family networks are important to the economic security of older person, but for these, the situation of older person would no doubt be more dire. Data from the Barbados study (PAHO 2005), noted for example, that “more than half of the elderly receive help from their adult children” and in Trinidad (Rawlins 2009) reporting on the in “The Reality of Older Women”, stated that 41% reported family as an important source of income.

### **Discussion and conclusions: As a region are we prepared for our older population?**

In 1982 when the first World Assembly on Ageing was held in Vienna, world leaders recognized that significant changes were taking place with the populations of older persons, and that the increasing numbers was already impacting , not only on the developed world , but also in less developed countries (ECLAC, 2003). In 1991, with these issues in mind the UN General Assembly on Ageing adopted a set of principles, that governments were encouraged to take into consideration, in their national policies and programmes intended for older persons. These principles were: independence, participation, care, self -fulfillment and dignity.

The year 1999, was then declared the UN Year of the Older Person. World- wide a great deal of activities, monthly in some places, happened in celebration o of the year. Here too in Trinidad, there were activities. The Public Health and Primary Care Unit of the Department of Paraclinical Sciences in the Faculty of Medical Sciences, along with the Ministry of Community Development, Culture and Gender Affairs and the then Ministry of Social Development, organized a two-day conference, which sought to examine at the local level what was happening in the lives of older persons in the Caribbean and more specifically in Trinidad and Tobago. The theme of the conference was “Maturing at a Healthy Pace: Appreciating the Older Years.”

The main thrust of the International Year was to see older persons as “ equal subjects of their development and participants in all spheres of social life and not just as objects of public policies” (Schmid , 2004). In some instances, this is how elder persons might have been viewed previously”.

The second World Assembly on Ageing , held in Madrid in 2002 sought to break new ground for the elderly by going beyond protection of the elderly as was the key point of the 1982 Assembly in Vienna, towards “empowerment and the call to the mainstreaming of an ageing perspective into National Development agendas” (Scmhid, 2004).

After 1999, in Trinidad, an inter-ministerial Commission was established to examine the concerns and needs of those 60 years and older and make recommendations. After years of work, the committee developed a Draft National Policy on Ageing. Further to this a Division of Ageing was established in 2003. The National Policy became Law in 2006/7. The overall goal of the National Policy is stated as follows: “to promote the well-being of older persons in a sustainable manner and provide older persons with the opportunity to be integrated into the mainstream of the society. In Trinidad the Division of Ageing has been very proactive and several initiatives have been introduced to attempt to improve the lives of some older persons.

### Programmes and Initiatives

Throughout the region initiatives have been undertaken which seek to address the concerns of older populations. The Caribbean Ageing study (2008), notes for example that healthcare for the elderly seems more developed in the Bahamas, than in the other five (5) countries that were studied, although important programmes exist in Jamaica and Trinidad. Programmes to supply medication for the chronic conditions were present in Barbados, Jamaica and Trinidad. The Barbados Drug Service (BDS) makes available free drugs to all patients over 65 years. The JADEP (Jamaica Drug for the Elderly), since 1997 provides a limited range of drugs for 15 chronic diseases at a discount and the CDAP (Chronic Disease Assistance Programme) was introduced in 2003 in Trinidad. It provides medication for elders suffering chronic diseases such as hypertension, diabetes, arthritis, glaucoma, heart disease, prostate problems, depression and asthma.

Besides Trinidad, one could only wonder how these programmes would be affected by the current down turn in the economy world-wide, which has had such a huge and negative impact on the economy of the Caribbean. One would also wonder what was the situation with older persons in Haiti following the devastating earthquake of January 12<sup>th</sup>, 2010.

Generally in terms of Health Care in the region, Eldemire (2008) informs us that the current initiative is to develop age friendly guidelines to strengthen the Primary Care Approach (WHO, 2004). This is being utilized in some of the countries.

Where gender is concerned, the available data suggest that throughout the region there is still an under underutilization of Primary Health Care Services by males. This reality needs to be addressed, given the chronic problems that men have, which then need to be attended to in the hospital setting. It is noted too (Eldemire, 2008) that earlier use of Primary Health Care setting would reduce deaths from prostate cancer and other conditions.

This paper is written in full recognition that not all older persons are sick or dependent. Whatever the condition of our older population, the region’s people need to be brought up to speed with regard to all the issues that are relevant to the lives of older persons.

Already throughout the region there are educational and training initiatives that are seeking to inform and prepare various segments of the population to be able to engage with older persons, their relatives and their concerns. Foremost among the initiatives, has been the ageing related training activities at UWI, Mona since the 1990's (the Community Care Course) and later the MPH. programme of the Department of Community Health and Psychiatry at Mona. This course has produced a vast array of documents about the lives of older persons. There is also the Social Work Programme at the University of Guyana, which has relevant Social Gerontology input. The Undergraduate Social Gerontology Course at the UWI, St. Augustine, since 2006 and the related summer programme, provides valuable training to community persons interested in the lives of older persons.

The importance of preparing medical doctors to understand the special needs, concerns and lives of older persons was seen as one way to better prepare a large and significant number of persons to better understand "older persons". With this in mind a relevant module on "Ageing" was introduced to the Final Year of the Family Medicine Clerkship of the MBBS programme, of the Public Health and Primary Care Unit (Department of Paraclinical Sciences) in the Faculty of Medical Sciences, The University of the West Indies, Trinidad, in 1996. The theme of the module is "Ageing: Some Ethical and Health Issues". Consequently over the intervening years, hundreds of doctors now practicing in the region have had reason to specifically contemplate some of the concerns of older persons, and hopefully will put what they learnt into practice.

Despite all the efforts, there is yet a great deal to be done. There are still homeless elderly persons and elders who are underserved in terms of health care, housing and pension benefits.

In the Trinidad research, more older people were lonely that would be considered good for the society (Rawlins et al 2008). In the study (Rawlins, 2009) the Working Paper, many elders reported that they were not able to meet their financial obligations and had to make sacrifices each month. This speaks to the inadequacy of the financial arrangements that are available for our older citizens. Elements of financial inadequacy were repeated in segments of the population in each of the six countries studied by the Caribbean Ageing Project (CHRC, 2008).

With the ageing of the population the dependency ratio continues to change. The available data show an increasing number of older persons for each "working" person in the population. However, given the downturn in the Caribbean and related international economies, the persons on whom these elders might depend directly will not be able to provide as generously as they might have done previously.

There is clearly a great deal that still needs to be done in these societies to ensure that our citizens 60 years and older will enjoy the additional years which are now their reality. The governments of the region certainly have many challenges on their hands in this regard and need to see ageing as a natural part of modern society towards which

resources have to be allocated even under circumstances of serious economic challenges to the various countries. Families and older people will themselves also need to be very creative over the next two decades to ensure their livelihood and social and economic comfort. One way will be that older persons should not feel the need to rush out of the workforce at 60 or 65 years, but should consider, along with their employers, how they could contribute further to the society, even if part-time by remaining in the workforce for an additional 4- 5 years beyond what they now consider the age of retirement. This would bestow many economic, social and health benefits for the older persons, and many long-term benefits for the society. The first such benefit which comes to mind would be additional contributions to the shrinking pool of fund which should be available to finance the population of retirees.

## REFERENCES

Cloos, Patrick. (2008). "The Caribbean Aging Study: Focus Group Discussions, 2007-8." Paper presented at the CHRC sponsored Workshop in April 2008 at the Economic Commission on Latin America and the Caribbean (ECLAC), Trinidad.

Caribbean Health Research Project (2008). "The Caribbean Ageing Project". Caribbean Health Research Council (CHRC) and The University of the West Indies, Mona and Universit e de Montreal.

ECLAC, (2003) "Towards a regional strategy for the Implementation in Latin America and the Caribbean of the MADRID Introduction Plan of Action on Ageing", Santiago, Chile 19-24 Nov 2003.

Eldemire, Denise (1993) An Epidemiological Survey of the Elderly in Jamaica, Ph.D Thesis, University of the West Indies, Jamaica.

Eldemire Shearer D. (1997) "The Jamaican Elderly: A socio-economic Respective and Policy Implications"; *Social and Economic Studies* 46 (1) 79-93.

Eldemire Denise. (2005). "Ageing the Reality". Chapter 2, in : Owen Morgan (2005) "Health Issues in the Caribbean". UWI Press, Jamaica pp.157-177.

Eldermire, Denise. "Ageing: The Response Yesterday, Today and Tomorrow". *West Indian Medical Journal*, 2008 Vol. 57: 6: 577-588.

Harewood, Jack (1974) *The Population of Trinidad and Tobago*. World Population Year. CICRED Series.

Harewood, Jack (1976). *Caribbean Demography Workbook*. Institute of Social and Economic Research. Trinidad and Tobago: The University of the West Indies.

Lewis M. (1995). "The Caribbean Health Situation". (Unpublished Paper). The Caribbean Epidemiology Centre (CAREC), Trinidad.

PAHO, (1989). "A Profile of the Elderly in Trinidad and Tobago". PAHO Technical Paper No. 22. Pan American Health Org: Washington D.C.

PAHO/WHO, (1991) Health Situation in the Americas: Basic Indicators. Pan America Health Organization, Washington, D.C., USA

PAHO/WHO, (2005) "Health, Welfare and Aging in Bridgetown, Barbados" SABE 2000. PAHO Technical Paper No. 611. Pan American Health Org: Washington D.C.

PAHO/WHO (1991) Health Situation in the Americas: Basic Indicators. Pan American Health Organization, Washington, D.C., USA

PAHO/WHO, (2008) Health Situation in the Americas Basic Indicators. Pan America Health Organization, Washington, D.C., USA

PAHO/WHO (2009 April). "Health of Persons, including Healthy and Active Ageing. Strategy and Plan of Action". (Draft). Pan America Health Organization, Washington, D.C., USA

Peil, M.1991. "Family-Support for the Nigerian Elderly." *Journal of Comparative Family Studies*, 22, no. 1: 85-100.

Rawlins, Joan (2008) "Older Woman, Financial Issues and Health". Paper Presented at the Caribbean Studies Association (CSA) Meeting, June, 2009, Jamaica.

Rawlins, Joan Ed. (2004). *Ageing – Discussing the Issues in Trinidad*. "": The University of the West Indies, School of Continuing Studies Press.

Rawlins, Joan, Simeon DT, Ramdath DD and Chadee DD "The Elderly in Trinidad: Health, Social and Economic status and Issues of Loneliness". *West Indian Medical Journal*, 2008 Vol. 57: 6: 589- 595.

Rawlins, Joan (2009) "The Reality of Older Women in Trinidad and Tobago: Some Social and Economic and Health Concerns". Working Paper. Public Health and Primary Care Unit, Department of Paraclinical Sciences, Faculty of Medical Sciences, UWI, Trinidad.

Schimid Karoline. (2004) "Population Ageing, in the Caribbean. Longevity and Quality of Life. ECLAC. Nov. 2004.

Theodore, Carl (2004). "Financing the Needs of the Elderly". Chapter 6 in: Joan Rawlins, *Ageing : Discussing the Issues in Trinidad*. The University of the West Indies, School of Continuing Studies Press, Trinidad.

United Nation Country Profile. Status and Implementation of National Policies on Ageing in Jamaica (2005). Retrieved January 5<sup>th</sup> 2008 from [Http://www.un.org/esa/socdev/ageing/documents/workshop/venna/jam](http://www.un.org/esa/socdev/ageing/documents/workshop/venna/jam)

February 1, 2010