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# Midlife and Older Women Family Life, Work and Health in Jamaica

*By Joan Rawlins  
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"I have not remarried because I am more independent than most of the men I meet" (127). So asserts one of the women in this study of widowhood in Jamaica, and attendant issues such as family life, work and health. Originally carried out for her PhD dissertation, this important piece of research by Joan Rawlins is based on the complex lives of midlife and older women from the working-class community of August Town and the middle-class suburb of Hope Pastures in Kingston, Jamaica.

The book is divided into five main chapters which address issues such as family life and power relations; the work the women do in and out of the home; lack of concern about their health; ambivalent feelings about their sexuality; and how they perceive widowhood. The study, carried out between 1990 and 1991, and focusing on women between the ages 50 and 74, seeks to disrupt the dominant discourses, the prevailing sentiments expressed in mainstream society on this cohort, and expose alternative ones that the women themselves raise with the researcher.

Rawlins uses case studies as part of the research methodology. Each case evolves with clarity and underscores the lived realities of the women interviewed. From these, she draws out theoretical arguments about women and the process of ageing. She specifically defines women in midlife as those who are essentially no longer able to bear children. Women in ‘midlife’ are those between 50 and 59 years old, while ‘older’ ones are 60 to 74 years old. Principally concerned with the biased perceptions that predominate in society about women of these age groups, Rawlins raises a few feminist concerns. She points out that older women and those in midlife are perceived as having very little power, if any at all, over their lives and that they are affected by the gendered division of labour, which automatically allocates them certain ‘female’ jobs, such as childrearing. Rawlins also finds that women in this age group are seen as non-sexual beings and are presumed by family and society to be ‘dependent.’

An overview of the work situation of the women and the power relations influencing their work in and outside of the home reveal that they are still seen as the dominant carers in the society, performing active nurturing roles as either mothers or grandmothers. The reason the women willingly adopt these roles may be the hope that someone will care for them when they can no longer do so themselves; yet, they often find themselves “between a rock and a hard place” having to choose between caring for their families and receiving no financial reward, or participating in paid employment outside of the home where they can realize other forms of independence, including financial security.

Work, especially hard, unrewarding work, can take a toll on most people’s health. Rawlins contends that some of the women in midlife behaved as if they were in perfect health, when they were not. They believed that as long as they were able to ‘function,’ they were well. They recognized that they are not perceived as a ‘special group’ and argued that the government needed to do more to improve health services and to pay more attention to the medical issues affecting them. Women would then be encouraged to be more responsible for their health and also challenge the belief that “their health was of no particular concern to anyone but themselves” (100).

Widowhood, for some women in the study, was an enabling experience. They grew more resourceful with their finances and their time. Nonetheless, most of the women complained about loneliness, with one respondent saying that she often felt lonely in a crowd. On the other hand, nearly all were not interested in remarrying, one admitting her fear that, “maybe he would be worse than my first husband” (132). Often the bereaved widows offset loneliness by sharing their homes with relatives or by taking in boarders. *Midlife and Older Women* successfully refutes myths that women “cannot do without men” and cannot cope with dramatic changes in their lives. The women in August Town and Hope Pastures related that after they had grieved for their husbands, they simply got on with their lives. Some returned to hobbies and jobs that they had had before marriage, such as the piano teacher who began giving lessons again and the woman who was able to go to church whenever she liked. Their stories indicate that marriage answers only some of a woman’s needs. As long as systems are put in place to help them cope with different phases of their lives, women manage quite well.

Research on ageing in the Caribbean is limited despite the fact that in 2005 the United Nations projected that by the year 2025 there will be more than 1 billion people aged 60 years and over globally, 75% of whom will be living in developing countries. This anomaly can be easily explained: human beings are understandably afraid to face their mortality and talking to them about topics such as ageing, the need to write wills, to take out life insurance, to make funeral arrangements beforehand and so on, makes them uncomfortable, especially when they want to see themselves as healthy and young. Few come to terms with the fact that ageing is as much a part of life as adolescence, and needs to be confronted.

This scholarly work by Rawlins, a senior lecturer and head of the Public Health and Primary Care Unit at the University of the West Indies in St. Augustine, makes uncomfortable reading. It forces you to contemplate your own impending old age. It made me recognize that we live in a culture where growing older is not seen an achievement, but as a burden to families, friends and particularly to the state, which seems unaware that it has a central role to play in the care and protection of its older citizens. The elderly should be given the care, love, attention and respect they deserve, having, for the most part, spent their lives giving these to others. At the same time, old age does not necessarily have to be equated with sickness, disease, loneliness or misery. Many of today's seniors are healthy, happy persons who are enjoying their lives immensely.

The value of this book lies in the disconcerting questions it raises, and the way it moves the reader to contemplate how societies might devise more humane ways to provide a decent quality of life, at every stage, for both men and women.