

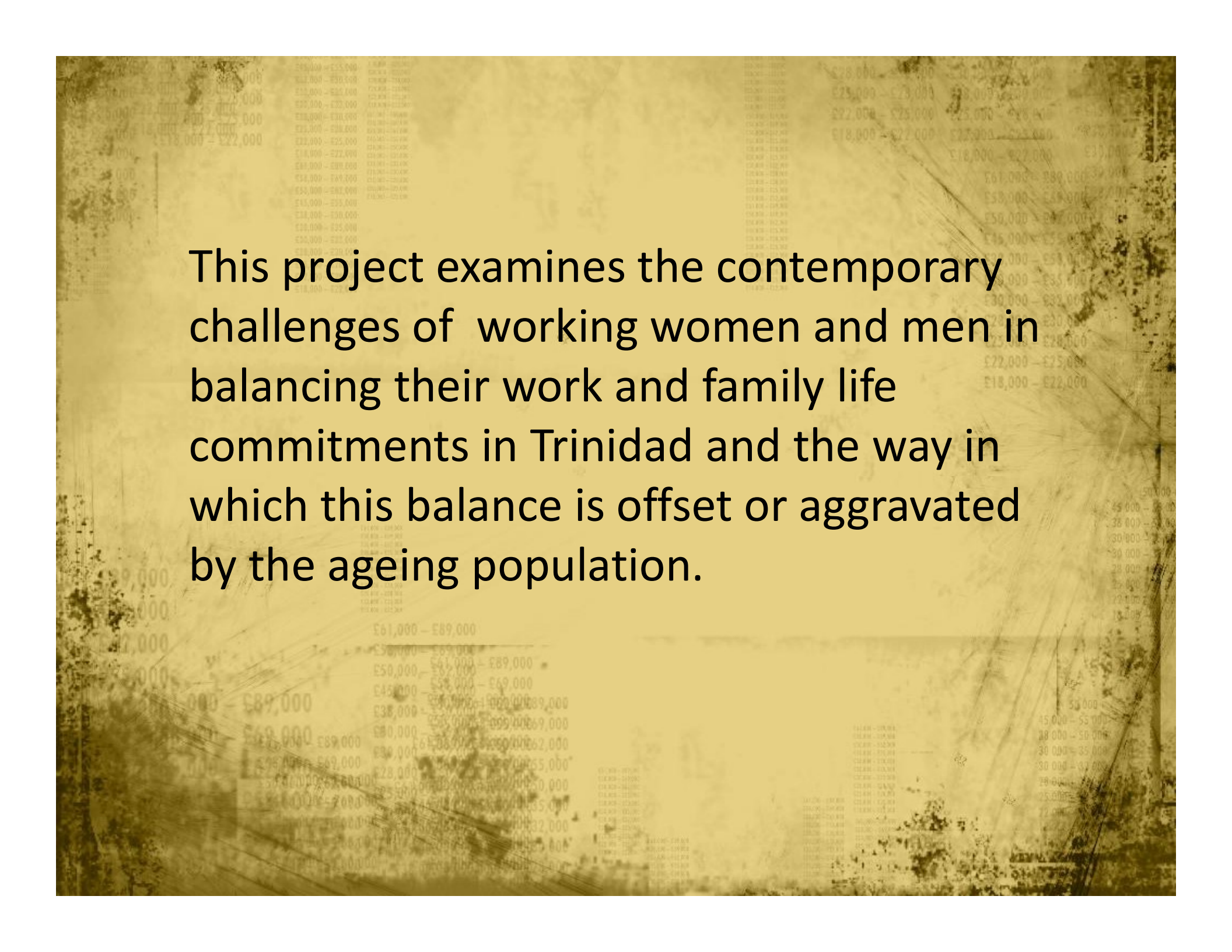


## **Work/Life Balance and Ageing in Trinidad and Tobago**

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**Work-Life balance** is the maintenance of supportive and healthy work and family environments which enables working people to balance work and personal responsibilities.

**Ageing** is a diverse experience and natural process and it is usually associated with negative stereotypes such as dependency, vulnerability, and diminishing capabilities. On the other hand age is as revered.



This project examines the contemporary challenges of working women and men in balancing their work and family life commitments in Trinidad and the way in which this balance is offset or aggravated by the ageing population.



# Research Objectives

1. What are the specific challenges that contemporary working populations face in meeting work and family life commitments?
2. Is the work of the elderly in the home a critical resource in facilitating work/life balance for the working population?
3. Is care of the elderly a strain to the attainment of work/life balance for the working population?



# Research Partners

- International Labour Organization
- Institute for Gender and Development Studies
- Trinidad and Tobago Association of Retired Persons (TTARP)
- United Nations Economic Commission for Latin America and the Caribbean (ECLAC)
- Women's Institute for Alternative Development (WINAD)
- Women Working for Social Progress (WWSP)

# Demographics



# The Caribbean older population is ageing

“It is estimated that over the next twenty the number of older persons will double: the number of persons aged 60 and over will increase from 1.1 million (or 13 percent of the population) in 2015 to 2 million (or 22 percent) in 2035.”

(Jones 2015:7)

“The population aged 60 and over will not only grow in number, but there will also be more persons who are aged 70 and over 80 and over and 90 and over.”

(Jones 2015:17)



# Trinidad and Tobago Demographic Profile

**Total Population**

**1, 223, 916 est.**

<b>0-14 years 19.4%</b>	<b>15-25 years 13%</b>	<b>25-54 years 46.9%</b>	<b>55-64 years 11.1%</b>	<b>65 years and over 9.5%</b>
M- 121, 386	M-82,779	M- 298,156	M- 67,738	M- 50, 107
F- 116,661	F-76,785	F- 276, 205	F- 68,535	F- 65, 564

**Life Expectancy at Birth**

**72.29 years**

Male

69.42 years

Female

75.24 years

Source: Index Mundi last updated  
in June 30, 2015

# Changing Life Expectancy

Life expectancy was 65 years in 1950 in the more developed regions compared to only 42 years in the less developed regions in the same year. By 2010-2015, it is estimated to be 78 years in the more developed regions and 68 years in the less developed regions. The gap between the more developed regions and the less developed regions has narrowed and it is expected to continue to get smaller in the coming decades.

(UN World Population Ageing Report 2013:6)



# Rapid population ageing in developing countries

It took France 115 years and Sweden 85 years, and it will take the United States of America 69 years, to change the proportion of the population aged 60 years or over from 7 percent to 14 percent. In contrast, it will take China only 26 years, Brazil 21 years and Colombia 20 years to experience that same change in population ageing.

(UN World Population Ageing Report 2013:13)



# The cost of Ageing

The Pan American Health Organization (PAHO) and World Health Organization (WHO) Report 2013 revealed that Trinidad and Tobago has one of the highest cancer mortality rate in the Caribbean. The WHO GLOBOCAN (2013) has predicted for Trinidad and Tobago an estimated total of 2,525 cancer deaths (all ages) in 2020.

The WHO (2012) estimate the prevalence of dementia in the Caribbean and Latin America to be the highest in the world at 8.1 and 8.5 of all people over the age of 59 years old respectively. In 1998, Alzheimer's disease cost was \$200 million which increased to \$200 billion in 2012 in the USA.

Alzheimer's and other dementias and cancers can require palliative care

# Impact on Health Care Services and Productivity

As the population ages, there will be more people suffering from diseases such as cardiovascular disease, cancer, type 2 diabetes, hypertension, Alzheimer's and osteoporosis. Diseases such as cancer and Alzheimer's can require palliative care.

In addition to impacting people's well-being, it places a huge burden on health care services and undermine the productivity of the workforce.

(Jones 2015: 41)



# Back to the specifics of the study

How do we handle the nexus between ageing and work life balance?

Work Life Balance

Care Work and its dynamics

Loneliness

Financial circumstances and dependency

Abuse

Considerations for the way forward

Interventions



Miller(2011) research indicated the difficulties of balancing 'work and life' and concluded it is almost always the workplace that dominates over one's personal life and usually in a negative way.

Chandra (2012) puts forward that the ideal 'balance' varies at different stages of the life cycle for people as needs and demands change. Work Life Balance is interpreted differently for different people.

Kelly (2011)The concept of 'work life balance' is flawed. As the term work life balance implies that work and life are separate notions/entities . He believes that people do not really want balance but personal and professional satisfaction.

# What does work-life balance really mean?

“Work is the fulfilment of your needs ...it is something I enjoy going out to do”

“I did not begin to live until I retired...I am enjoying life now”



“Work to me is like play”

“I equate work with my job”



# Care work and who does care work?

**Care work** is often differentiated from other types of work because it is intrinsically linked to labour undertaken out of a sense of duty, responsibility and love/affection, that is, it is often viewed as an emotionally driven occupation, and it usually done by women.

Stuart (2014:5)

**Care work** involves direct care of persons; it can be paid or unpaid

**Unpaid work** includes a diverse range of activities that take place without payment i.e. cash

Women tend to work significantly more hours than men when both market and household work are taken into account. Stuart (2014:12)

# Unpaid work

Results of time use studies in Europe has quantified the value of unpaid work as high as 36.8 percent of the European Union GDP. Data from time use studies also share light in understanding changes in the domestic division of labour, which is critical for achieving gender equality. Stuart (2014:29)

In the Caribbean unpaid work is statistically invisible due to our data gap in statistical systems. Despite the passage of legislation in 1996 on counting women's unremunerated work we are yet to conduct a time-use survey in Trinidad and Tobago ( Stuart 2014)



## Women's 2<sup>nd</sup> Shift of Work – Care Work

“Oh gosh mummy should have had more children. Even though there are persons in place I still feel something is going to happen”

“My 87 year old mother still supporting me, she helped me out with the children so I can work longer and be competitive”

“The care giver called she is not feeling well – on the verge of death...I call my brother ...call my cousin... I have to do all of this from my madhouse work place to put something in place.”

“Having to put her in a home caused family conflict”

# Caregiver Burden

Its the term used to describe the physical, emotional and financial costs of providing care

“My grand aunty...it felt that morally it was a wrong thing to do to put her in a home...when she reached toilet paper stage of Alzheimer's ...I put her in a home. I grieved. For two weeks I came home and I lie in a foetus position”

“I got ill...I spent 3 days in hospital with extreme hypertension, the stress of having to do everything... it is crazy to have to bring someone home to live... you lost your control on your home, your space ...you could not go out... the physical, mentally... it takes a toil...you see your love one deteriorating. How you explain to your children I have to take care of mama?”



# Loneliness

33% of the sample of 845 elderly males and females reported feelings of loneliness. What was also significant in the study was that although many individuals were lonely, only 16% lived alone. 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. Rawlins (2014)

The quality of older adults' social relationships shows clearly that social relationships are tied to mental and physical health and even length of life.

Mejia and Hooker (2015)

# Financial Circumstances and Dependency

- The available data for Trinidad, Barbados, and Jamaica show the elderly to be financed in five (5) main ways: national insurance schemes, private retirement schemes, government retirement schemes, old-age pensions, and public welfare.
- Cloos (2008) and Rawlins et al. (2008) identified other sources of income such as church, family and savings as important sources of income for the elderly.



- Data for ten counties in the Caribbean indicated that the average poverty rate among persons aged over 65 was 17 percent although, the rates varied from 7 percent in Trinidad and Tobago to 34 percent in Belize.

Jones (2015:31)

- There is also the expectation of the elderly to help with the financial demands at home

Jones (2015:31)

# Abuse of the elderly

Data which showed there were 243 cases of assault by beating in 2013 when compared to 192 reports in 2012. This figure represented a 27 percent increase. From 2010 to 2013, Rouse said, there were 89 murders of citizens 60 years and over.

Rawlins (2014)



- In the Caribbean, there is very little legislation of this kind and elder abuse would be dealt with under more general laws such as assault, sexual assault, domestic violence, theft, robbery, breaking and entering, and fraud. Therefore, it is difficult to quantify the scale of the problem in the Caribbean. Jones (2015:59)
- In Trinidad and Tobago where the new Homes for Older Persons Act (2007) made elderly abuse taking place in a long-stay institution an offence punishable by law.
- In the legislation, Rouse said, there would be summary and indictable offences that carry a two year jail term and fines of \$25,000 and \$50,000.

# Considerations for the way forward

- What kind of 'care' do we want?
- How do we want to be treated when we get older?
- Do we want to go to a nursing home/ home for the aged?
- Cultural and traditional positions can be destructive – in terms of the quality of care received
- The role the wider community plays in 'caring' for the elderly
- Flexi time employment, shorter work weeks or work days considerations – that free up time for caring



# Interventions that allow for the quality of life

- Dementia Villages
- Reminiscence Groups



# Dementia Villages

## Amsterdam - Hogewey





# Reminiscence Groups

**Create reminiscence groups “Bring back the ole time days” Alea (2014)**

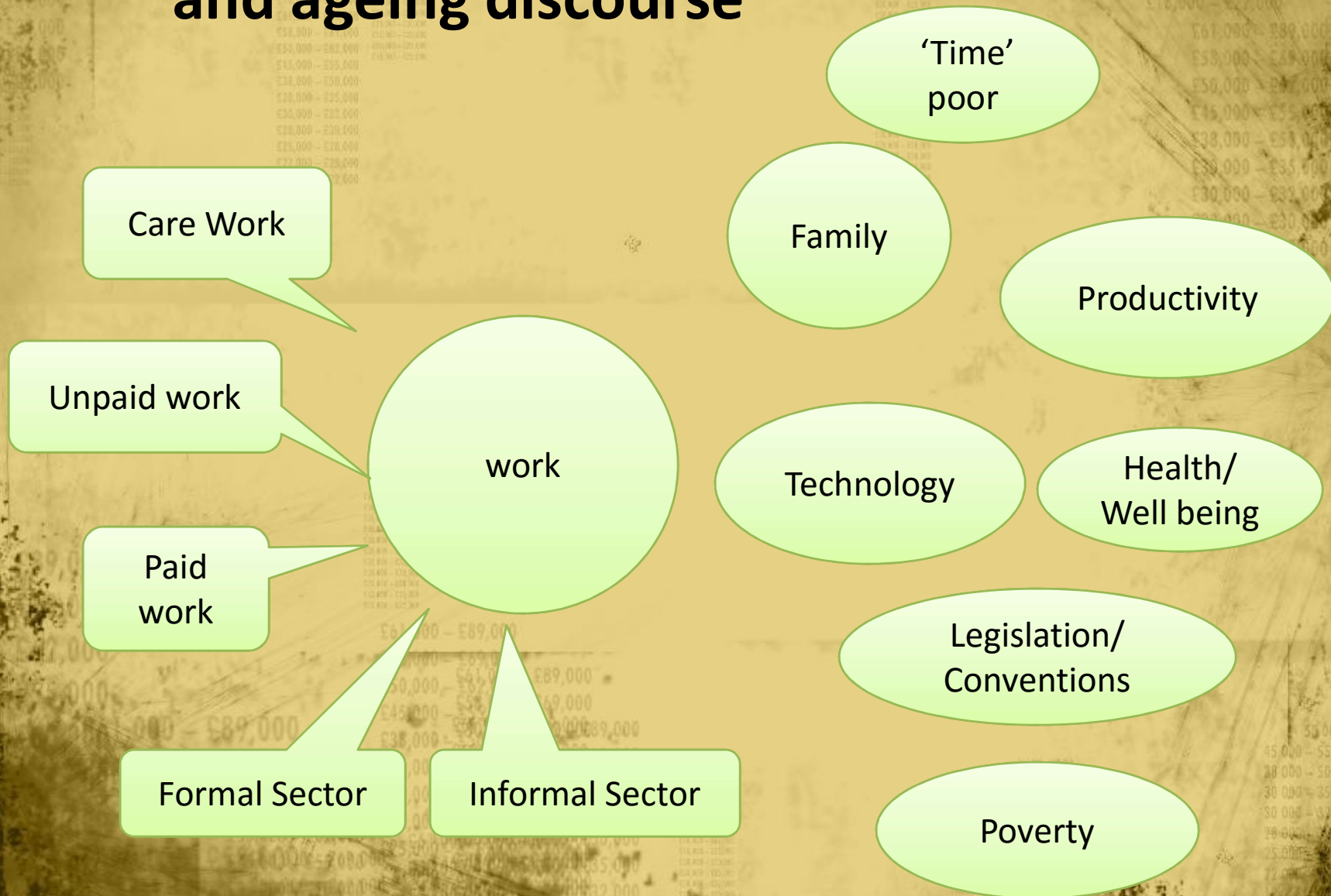
Reminiscence Groups are structured programs that encourage older adults to talk about our past

There is a moderator for the group, but no professional therapy is involved: the older adults simply remember, comment on, and discuss their life experiences in an open, uncritical way.

Reminiscence groups is therapeutic (Birren & Cochran, 2001)

Decades of research has found that reminiscence groups can decrease depressive symptoms, and anxiety about death, and promote a greater sense of overall psychological well-being and satisfaction with one’s life (e.g., Alea, Vick & Hyatt, 2010; Haight, Michel, & Hendric 1998; Wang, 2005)

# Concepts surrounding work life balance and ageing discourse





Thank  
You!