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This article acknowledges the increased life expectancy which Caribbean populations presently experience. It draws upon data collected throughout the region and identifies some of the main concerns which families, communities and governments need to address, in order to ensure that the elderly will not be severely disadvantaged as a consequence of their increased life expectancy. The article recommends closer cooperation between governmental agencies and non-government organizations (NGOs) in determining the needs of the elderly, as well as the provision of services for them.

Throughout the Caribbean, families, communities and governments are having to confront, on a daily basis, the challenges which arise as a consequence of the larger number of aged persons within their populations. By "aged" here is meant persons age 60 years and over, and the term will be used synonymously with "elderly." This article recognises that age 60 years represents a chronological figure and does not fully address social, psychological and biological aspects of ageing. For example, one might be 70 or more and be acknowledged by society as elderly, whilst displaying physical and intellectual alertness which might only have been expected in a significantly younger person.

The Caribbean, like anywhere else in the world, has always had elderly persons within its region, and—anecdotally—in any Caribbean country stories abound of persons who had lived to age 90 years and more. However, until more recent times (for example the 1950s), those older than 60 years of age would only have represented a small percentage, less than 4%, of the total population in any of the Caribbean countries (Lewis, 1997).

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Life expectancy only began to significantly increase in the region after the 1960s. In 1946, for example, life expectancy for men in Trinidad was 53 years, and for women was 56 years (Towards Wellness, 1994).This is not unlike the situation which has unfolded for other countries, such as Barbados and Jamaica.

The ageing of the Caribbean population has come about as a consequence of that gradual process which is commonly referred to as the demographic transition. Some of the features of the demographic transition are: (1) Significant decline in mortality, leading to an increase in population, (2) Fertility rate declines which lead to a decrease in the younger population and a trend towards an increased population of the older age group, and (3) Increased life expectancy.

Some of the changes in the Caribbean were a result of public health improvement, general upliftment in the standard of living, improved education for women, and successful family planning programmes. One of the significant end products of the interaction of these factors has been the expansion in the numbers of those counted as aged. The life expectancy data for a number of Caribbean countries are shown on Table 1.

Life expectancy, on average, is almost 70 for the men across the region and is more than 70 years in all the countries (cited in the table) for women, except for Guyana. Indeed the life expectancy for many of the countries of the Caribbean is not unlike that which exists in some of the more highly developed countries (for example, in 1997 it was 76.7 years for the U.S.,[1] and it was 77 years for the U.K.[2]).

The countries of the so called "first world," for example Holland, Sweden, and the U.K., have in large measure become reasonably comfortable with having populations over 60 years who represent as much as 12% of the total population. These countries are able to provide adequate social and health services, for the most part. Within the Caribbean, this is not as yet the case. At present, larger number of older people provide families, communities and governments with challenges for which many of the countries are not adequately prepared.

Table 1

Life Expectancy at Birth (1996–2000)

	Males	*Females*	*Total*
Anguilla	74.1	80.1	77.0
Antigua & Bahamas	71.8	76.1	73.9
Bahamas	70.5	77.1	76.4
Barbados	73.6	78.7	76.4
Belize	73.4	76.1	74.7
Dominica	74.7	80.6	77.1
Cayman Islands	75.4	78.8	77.1
Grenada	68.6	73.7	71.6
Guyana	61.1	67.9	64.4
Jamaica	72.4	76.8	74.6
Montserrat	73.9	77.4	75.6
St. Kitts & Nevis	64.2	70.4	67.2
St. Lucia	66.7	74.2	70.3
St. Vincent & the Grenadines	71.7	74.8	73.2

Source: Health Situation in the Americas Basic Indicators 1997. Pan American Health Organization. (Summarized)

Realities of the Ageing in the Caribbean

Although the realities may vary in small measure from country to country, depending on specific social, cultural and economic factors, basically most of the concerns which families and governments in the Caribbean have in relation to the elderly are similar. These concerns involve changes in family organization throughout the region including more women working outside of the home, more family members working a greater distance away from the home, and a higher incidence of divorce (which leaves elderly family members at risk, in a similar fashion to the ways in which such separation places children at risk).

Another concern in relation to specific groups of elderly in the Caribbean is the lack of planning for the re-integration of returned migrants. Retirement issues, pension-related matters, social security concerns, and—most importantly—health and health care

are all issues which must concern all who are elderly, and their families also.

Poverty among the elderly is an important issue which Caribbean societies need to confront. Some elderly persons have served their families and society all their adult working years. In their later years, they find themselves in dire straits towards the end of their lives, and some who are not home owners might become homeless.

Throughout the Caribbean, basic health care is provided by the state. However, even with the best intention, such services do not adequately meet the needs of all who require them. It is the elderly who represent a significant proportion of those seeking services.[3] Sometimes there is the need to turn to fee-for-service options, especially if there is some urgency. Unfortunately, only a small percentage of all the elderly seeking service would be able to take up this option. Ideally this should not be an option which elderly persons of lower and lower middle socio-economic situation should have to contemplate.

The survey of living conditions for Trinidad in 1997 shows that only 8.5% of the population has health insurance. Also, it has been found that 95% of the health insurance coverage was group health packages provided by employers. It is fair to surmise that the majority of the elderly, under such circumstances, would not have health insurance. Adequate health care for all, including the elderly, is an ideal which needs to be worked toward in all countries in the Caribbean region.

In relation to health, and also in relation to broader concerns, some questions need to be asked of families, communities and governments, and answers insisted upon. The questions would include the following: Are we, as a region, ready to cope with the current and future needs of our ageing population? What is being done to ensure that added life expectancy does not leave large numbers of people significantly more disadvantaged than they had been earlier? Have the various relevant sectors within the state been made aware of their responsibilities to this age group and the group's expectations of them? A closer look is needed at some of these concerns and the attempts made by family, community and government to address these concerns.

Family and the Elderly

With all of the aforementioned in mind, it should be instructive to examine the family situations in which the Caribbean elderly are most likely to find themselves. Rawlins (1996) notes that the elderly in Jamaica might find themselves in a variety of household situations. Older married couples might be living on their own, away from extended family members, after their children and grandchildren have grown. Older women who had previously lived in common-law relationships might be living alone or with grandchildren.

Eldermire (1997) notes that although most of the elderly in the region live with others, some live alone: Barbados 25.4%, Guyana 11.6%, Jamaica 16.5% and Trinidad 13.6%. Rawlins (1996) noted that elderly women, who outlive their men folk and who do not live alone, most frequently are found in the homes of their daughters. In a preliminary study in Trinidad, Rawlins (1998) locates elderly persons most frequently in the home of their daughters, when informal care is required.

However, the family situation in which the elderly spend their final days will invariably be influenced by social and cultural factors. A Trinidad study of caregivers of the elderly; which is currently in progress out of the Public Health and Primary Care, Faculty of Medical Sciences, at the University of the West Indies and in which race is a key variable; should provide interesting information on any differences found among the family situation of the older persons being studied. However, outside of the issues of class and race, the health status of the individual will influence the "care arrangements" which are made for the elderly.

The young-old (those 60–74) and those in reasonably good health are in some measure cushioned from some of the trials which beset the old-old (those 75 years and over), the sick, and the disabled. Not all elderly people are sickly, but inevitably older members of the population will experience some ill health and will require health care and/or hospitalization. For some older people, the prospect of ill health and hospitalization are the issues which haunt their lives, as they are aware of the inadequacies of the health services and the high cost of fee for health care service.

Throughout the Caribbean region, the main causes of morbidity and mortality for older people are heart disease, malignant neo-plasm, diabetes, stokes and accidents. When these conditions enter the lives of the elderly, there will be the need to access available health services. Health care, whether provided by the public or private health sector, is costly (Levitt, 1991). The governmental health sectors throughout the region tend to be overstretched in terms of human and material resources. The elderly are rarely treated as a special group and need to compete with all other age groups for necessary health services (Rawlins, 1996).

Private hospitals, private nursing homes, and private wings attached to government hospitals are available throughout the Caribbean. Elderly persons with savings, health insurance, or family members who can facilitate their use of these services, take advantage of private services where they exist. Anecdotally, some who can ill afford private care enter these facilities for limited periods, and for surgical procedures. Naturally, those without health insurance, savings or economically-enabled families will not be able to access what some perceive as "better facilities" within the private sector.

The private health sector as well as the State sector throughout the Caribbean provide institutional care for the sick elderly and the very old who need long-term care which cannot be provided by relatives. The expense of geriatric care varies from institution to institution, but most often is very costly. Where costs are less-expensive, questions are raised about standards. Less than adequate standards, in terms of natural and human resources, have been reported even in geriatric homes which are so expensive that their clientele are exclusively middle-class. A recent report in Trinidad provided confirmatory evidence.[4] Similar findings might be expected for other countries of the region. Geriatric homes throughout the region are usually supervised by the Ministry of Health, but critics comment on the low standard of care and service delivery in some of these homes which have received the Ministry's approval. The argument is that the Health Ministries throughout the region do not have the personnel to adequately supervise these geriatric facilities.

Home care by the family or by paid help within the family home remains the most common option for the care of the sick

and the very old. Rawlins (1998) notes that a daughter or spouse is the person most likely to be charged with the responsibility to care for the elderly. Similar findings have been confirmed by Eldermire (1997).

Financing the Elderly

Besides the issues of health and health care, financing for the elderly is perhaps the most serious challenge in relation to ageing in the Caribbean. Available data (Theodore, 1998) indicate that even those persons who have been most prudent in their 30s and 40s find that the previously made provisions will be inadequate. General societal inflation erodes savings, rendering sums—which in earlier decades might have been seen as adequate for the future—grossly inadequate. This is the reality even for those who had been employed from their youth right through to old age. Meantime, there are many others who make no meaningful plan for retirement and old age.[5] Rawlins (1996) showed that depending on children as a future investment was not a particularly good idea, at least in the Jamaica context, as many were unable (note, not unwilling) to live up to those expectations. Working class older women in Jamaica were more likely to see children as investments for the future, while among the middle class the following was a typical comment: "Children should never be seen as guarantee for the future as they have their own lives to live and their own responsibility" (Rawlins 1996:102). The data available for Trinidad and Jamaica show the elderly as financed by five main types of pensions: national insurance schemes, private retirement schemes, government retirement schemes, old age pension, and public welfare. Additionally, Rawlins (1996) has found relatives being mentioned as a source of income for the elderly.

Generally for the Caribbean, then, those elderly persons who had made no plans for old age will find themselves in economic difficulty. This is in spite of social security provisions which exist in all the countries of the Caribbean.

Social Security and the Elderly

The Social Security provisions throughout the region are of the type into which workers and their employers pay a contribution

during the individual's period of employment. Those beneficiaries then receive payments in the form of pensions and other financial benefits in their post-retirement or later years. What emerges from personal communications with elderly persons in Jamaica, Trinidad and St. Kitts is that although some of the benefits have been increased in recent years, recipients continue to complain about their inadequacy. But there are some elderly persons who do not benefit from major state organized programs, such as national insurance systems (NIS). These persons are, for example, mainly working class and the self employed, who had not paid into an NIS and, thus, do not benefit from such a scheme, which is contributory. However, in some Caribbean countries, public assistance (a meagre type of financial assistance) is available to persons who had not contributed to any scheme and who have no other form of income.

It has been argued by Theodore (1998) that what is required for Trinidad—and is true also for other Caribbean countries—"is not a privatized pension system with a 'devil-take-the hindmost principle' but a reform of the existing National Insurance System along the lines that several actuaries and advisors have been suggesting for years" (p. 10). Theodore is convinced that the National Insurance System has the greatest potential for equity for its contributors.

Before leaving the issue of financing the elderly, it should be noted that continued employment is desired by some of the elderly after retirement; some from choice and because they have specific skills, while others are employed out of economic necessity. Continued employment for the elderly, part-time or full-time, is an issue which Caribbean populations must confront, even while they seek to resolve unemployment problems among the younger population. This employment should not be reserved for men only. There are and will be more older women, and we are reminded by Kosberg (1998) that women are less likely to be economically viable.

Conclusion

The concerns which confront Caribbean societies in relation to ageing are numerous. The most important ones, or perhaps

the ones most frequently discussed, have been mentioned in this article. Among these are health and financial issues. These realities are influenced by reduced family size, internal and external migration, and changing societal attitudes toward the elderly resulting in prejudices against them.

The seeming lack of will for Caribbean governmental agencies to join more closely with families and communities has been noted. But despite this, there are valiant efforts by community groups and service organizations, such as Kiwanis, Soroptomists and Rotary Clubs, to rise to some part of this challenge throughout the region. A National Council on Ageing exists in Jamaica, Barbados and Dominica. In Trinidad, The Ministry of Social Development, Family Services Division, seeks to provide and coordinate special services for the elderly. Similar initiatives exist throughout the region, but the elderly population and their families complain about the inadequacies of social service-type provisions.

One particular area of special need is support to families with chronically ill elderly members, for example those suffering with Alzheimer's or other forms of dementia. This researcher has observed, in Jamaica and in Trinidad, the trials which families undergo in such cases. In this regard, there is the need for day care facilities which would cater to the needs of such elderly persons. Day care facilities, which are desperately needed in the region, could be of different types, and cater to both the fit elderly (who need to get together for recreational purposes) as well as to those who provide relief for relatives from the burdens of daily care-giving.

Another situation which is impacting upon the lives of older persons is that of HIV/AIDS. A recent report out of Barbados[6] found 8 persons between the ages of 55–60 years who were HIV positive in the first half of 1998. Similar findings are available for Trinidad.[7] Thus, HIV among the elderly in the Caribbean has become a reality. Meanwhile, AIDS deaths among younger groups is currently presenting elderly family members throughout the region with added "care" responsibilities for grandchildren, whose parents have died.

Larger number of returned migrants are now to be found throughout the region (having "come home" from countries such as the U.S. and the U.K. to which they had migrated in their

earlier years). Besides the efforts of family members, no special provisions have been made to integrate them properly into the society. Some have become disgruntled and have migrated again, taking their financial resources and human potential which could have benefitted the region. Those who remain, in illness, complain about the high cost of private health care and the inadequacies of state provisions. More thought needs to be given by family, community and state to the smooth integration of this group of people.

Governments throughout the region need to be constantly reminded that the elderly is an important sector of their constituency. Each country should have very specific policies on the elderly and have councils on ageing to provide planning and coordination of a wide range of programmes for the elderly.

Notes

1. Health Conditions of the Americas, 1997.
2. 1998 World Population Data Sheet. Population Reference Bureau. Washington D.C.
3. Eldermire 1997 reports substantial use of primary health care facilities by the elderly, being 38.2% for Guyana; 27.9% for Jamaica and 69.8% for Trinidad, of those elderly surveyed who reported visits to doctors in the 6 months prior to the interview.
4. Television Programme, entitled "Homes for the Elderly in Trinidad," reports presented after the 7:00 pm Evening News, during the March, 1997 on TV.
5. The majority of the students (Class of 1999) in a discussion (June, 1998), in the Faculty of Medical Sciences, Public Health and Primary Care Unit), argued that older people in Trinidad have very little saved for the future because of the high investments they make in their children's education. On retirement, they have little money saved and so expect the children to take care of them.
6. Newspaper report, Trinidad Express, 23 August, 1998, pg. 21.
7. Personal communications with Ms. Muriel Douglas (National AIDS Coordinator, Trinidad) on September 9, 1998 provided information about the increasing incidence of AIDS in elderly men.

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