

DESK REVIEW

THE SITUATION OF OLDER PERSONS IN

JAMAICA

JULY 2011

United Nations Population Fund (UNFPA)

and

HELPAge INTERNATIONAL



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ACRONYMS

ARV	Anti-retroviral
CCT	Conditional cash transfer programme
CSW	Commercial Sex Workers
GOJ	Government of Jamaica
HAI	HelpAge International
HAI CRDC	HelpAge International Caribbean Regional Development Centre
HALE	Health Adjusted Life Expectancy
ICPD	International Conference on Population and Development
JADEP	Jamaica Drug for the Elderly Programmes
JSDF	Japan Social Development Fund
KAPB	Knowledge Attitude Practices and Behaviour
MDG	Millennium Development Goals
MGH	Multi-Generational Households
MIPAA	Madrid International Plan of Action on Ageing
MOH/MOHE	Ministry of Health & Environment
NCSC	National Council for Senior Citizens
NHF	National Health Fund
NIS	National Insurance Scheme
OP	Older persons/people
OPAs	Older People Associations
PATH	Programme of Advancement through Health and Education
PAHO	Pan American Health Organisation
PLWHA	Persons Living with HIV and AIDS

PIOJ	Planning Institute of Jamaica
PWDs	Persons with Disabilities
SACDA	St. Catherine Community Development Agency
STATIN	Statistical Institute of Jamaica
UNFPA	United Nations Population Fund
WHO	World Health Organisation

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1. Executive Summary

Introduction

The Madrid International Plan of Action on Ageing (MIPAA) has brought into sharp focus the need for governments to place priority attention on ageing issues, particularly within the context of policy and legislation. One hundred and fifty nine (159) countries were represented at the Second World Assembly on Ageing in Madrid Spain in 2002, and became signatories to the Political Declaration and Action on Ageing Plan. Nearly a decade later it becomes necessary for the United Nations as the arbiter of the Plan to undertake an assessment of country achievements. Importantly, respective signatories must self-assess themselves to determine successes and shortfalls, as well as outstanding principles that have yet to be adhered to or facilitated.

The United Nations Population Fund (UNFPA) as an international development agency which promotes the right of all peoples to enjoy a life of health and equal opportunity has commissioned a situation analysis of older persons in Jamaica. As a signatory to the MIPAA, the report is a timely and necessary intervention for Jamaica as the country forges ahead with its first comprehensive long term national development plan, Vision 2030 Jamaica. Much of the analysis is therefore set within the framework of policies, programmes, and legislation which have and will impact older persons issues across all sectors and industries. The report undertakes an assessment of what obtained prior to the MIPAA; however there is considerable focus on the extent to which Jamaica has managed to adhere to the declarations contained within the Plan of Action on Ageing.

The following represents the key findings of the desk review:

Demographics

There is overwhelming consensus from extensive empirical data that people are living longer, resulting in a shift in population demographics which the United Nations through the MIPAA refers to as “the revolution in longevity”. Average life expectancy at birth has increased by **20 years since 1950 to 66 years** and is expected to **extend a further 10 years by 2050**.

The developing world will have to prepare itself for the wide ranging implications of global ageing. It is projected that developing countries will “age swiftly in the first half of the twenty-first century and the proportion of older persons is expected to rise from 8 to 19 percent by 2050”. There are two findings that should be of particular concern to developing countries like Jamaica. One, a large proportion of older persons live in multigenerational households, and two the fastest growing group of the older population is the oldest old, that is, those who are 80 years old or more.

As at the end of 2010, Jamaica’s population was estimated at 2,705,800. Jamaica is determined to be at an intermediate stage of its demographic transitioning, in which “the age composition of Jamaica’s population which will be notably different”. Phenomenal shifts took place within the group over a decade, between 1995 and 2005. For example, a greater number of older females are living longer than their counterparts. Between 1995 and 2005 females 65 years experienced a growth rate (2.1 per

cent) which more than doubled the growth rate for men (0.9 per cent). There are pertinent social and economic issues which must be addressed as a result of the trends in population ageing in Jamaica, notably the infrastructure in place to meet the growing needs of older persons.

National Infrastructure

Jamaica has made significant strides within the last decade in relation to strengthening its infrastructure for older persons. However, when measured against the declarations set out in the Madrid International Plan of Action on Ageing, of which the country is a signatory, Jamaica has a far way to go in effectively addressing critical ageing concerns.

The organizational infrastructure is one of the areas in which the country appears to have done well. In fact, long before the first World Assembly on Ageing in 1982, Jamaica established the National Council for Senior Citizens (NCSC), then the National Council for the Aged, an agency of the Ministry of Labour and Social Security. The Ministry has primary responsibility for developing and effecting policy surrounding ageing issues, however, it relies on the NCSC to identify, implement, and manage social needs of Jamaica's senior citizens. The four priority areas of focus of the NCSC are: Health, Social Activities, Income Security and Education. These areas are enshrined in the National Policy for Senior Citizens adopted in 1997.

Through the National Council, a number of initiatives have been realized and sustained including health, social and educational programmes to benefit older persons. The health care component has perhaps demonstrated the greatest level of success, with a growing number of older persons accessing assistance under the various schemes such as the National Health Fund (NHF), the Jamaica Drugs for the Elderly Programme (JADEP) and the Programme for Advancement through Health and Education (PATH). The ageing landscape is however evolving rapidly, and with that there is a greater need to involve older persons as central stakeholders in development planning. The National Policy is therefore assessed within the context of 'active ageing' which embraces social, economic and human rights provisions for older persons. The two latter areas are showing marginal improvement in Jamaica, and are cited as shortcomings in The National Policy for Senior Citizens. The desk review therefore assesses the extent to which Jamaica's first comprehensive development plan, Vision 2030 Jamaica, addresses legislative and policy issues relating to older persons.

Vision 2030 Jamaica: Legislative and Policy Framework

Vision 2030 Jamaica National Development Plan sets out an ambitious blueprint for Jamaica to achieve developed country status by the year 2030. The essential premise of the Plan is that every Jamaican must play a part to ensure a successful paradigm shift in the country's approach to development. It means therefore that older persons themselves have a crucial role to play in Jamaica's present and future development. There are four national goals around which the Plan is developed. This Report concerns itself primarily with National Goal # 1: ***Jamaicans are empowered to achieve their fullest potential***, as it embraces two outcomes which directly and indirectly impact

older persons. These are achieving a **Healthy and Stable Population** and realizing **Effective Social Protection** for Jamaicans.

The Plan cites a number of challenges which negatively impact the health care system, population considerations including under-resourced facilities and ageing infrastructure, uneven distribution of tertiary care institutions and a shortage of health personnel, and an overburdening of emergency rooms and secondary health care services. Vision 2030 outlines several strategies to address these and other challenges including developing a regulatory framework which promotes partnerships in health care delivery, fostering public-private partnerships in financing health care, and strengthening existing programmes to improve and facilitate access to health care. These are all strategies which would directly benefit older persons, specifically quality access to health care.

Social Protection is an area in which Jamaica shows improvement, but there remain a number of challenges which hinder an effective and sustainable system. As noted in the Vision 2030 Plan these include: inadequate infrastructure for delivering social welfare and services, inadequate legislation, an inadequate system of targeting the vulnerable and poor communication to the vulnerable on available benefits. The Government, through Vision 2030 Jamaica, has committed to addressing these and other shortcomings by infusing poverty and vulnerability issues in all public policies, expanding opportunities for the poor to engage in sustainable livelihoods, promoting greater participation in and viability of social insurance and pension schemes and creating an effective system for delivering social assistance services and programmes. This component of the Plan does not however speak to how equitability is to be achieved, particularly in relation to reaching the poorest senior citizens. There is also no clear indication that older persons are being targeted and facilitated for employment and entrepreneurship opportunities as part of the wider 're-tooling' of the human capital. The Report speaks to the need to extend stakeholder collaboration to allow for wide-scale improvement in social protection services. The recommended groups include government entities such as the Social Development Commission, and non-governmental organizations namely HelpAge International.

The Report reviewed the overall Vision 2030 document and found that older persons were not prominently featured (or not at all referenced as possible stakeholders) in critical components of various sector plans. These include areas relating to security and safety, obtaining world class education and training, involvement in authentic and transformational culture, realizing an enabling business environment and shaping internationally competitive industry structures. The cited areas are noted as major platforms through which older persons can develop a better and sustained quality of life. The Madrid International Plan of Action on Ageing is therefore cited as a necessary tool to help guide ageing issues in the country. The MIPAA is however not explicitly referenced in the Vision 2030 Plan.

Madrid International Plan of Action on Ageing

Jamaica was among over 150 countries that signed to the Madrid International Plan of Action on Ageing in 2002. This move would have indicated Jamaica's commitment to achieve the global objectives covering three priority areas: older persons and development, advancing health and well-being into old age, and ensuring enabling and supportive environments. It is agreed in the aforementioned section that Jamaica continues to make headway in advancing health and well-being of older persons. The areas in which the country has ground to cover include older persons and development, and by extension facilitating their presence in an enabling and supportive environment.

The MIPAA speaks to specific principles which countries should be addressing to adhere to these two core areas. These include promoting self employment initiatives for older persons, removing disincentives to working beyond retirement age and eliminating age barriers in the formal labour market by promoting the recruitment of older persons. The Vision 2030 Plan promotes the need for Jamaicans to become more productive members of the society, but the opportunity to specifically facilitate and engage older persons is not explicitly evident.

The MIPAA acknowledges the need to bring balanced development to two groups - youth and older persons - that account for significant population shifts taking place globally. The Report notes that balanced development is marginally evident within the context of Jamaica's national plan. As evidenced in the desk review provision of some basic services for older persons is advanced. However, there is an inclination towards full scale youth focus in development planning to the detriment of older persons.

Income security

Lack of income security is a worrying factor among older persons in the developing world. In Jamaica and the Caribbean older persons complain about inadequate funds to purchase food, pay utilities and cover medical expenses. Within the Jamaican context, the National Policy for Senior Citizens recognizes inadequate or lack of financial security as the main economic problem facing older persons. There are two government programmes which are geared towards the limited levels of financial security among older persons. These programmes are: The National Insurance Scheme (NIS) and the Programme of Advancement through Health and Education (PATH) (with a special component geared towards older persons). As at the end of December 2010, a mere 22.8 % (close to 70,000) older persons accessed benefits under the NIS scheme due to the fact that a low number of individuals actually contribute to the scheme, the high levels of informality in the labour market, and the high level of non-compliance in the payment of NIS contributions. Many older persons also held very low paying jobs, and would not have been able to make contributions to NIS schemes. However, there is a worrying trend among employers who fail to pay over contributions on behalf of their employees.

The challenges under the PATH programme differ in that the programme is directly geared at providing cash transfer to vulnerable groups in the society including older persons. The coverage of

older persons (60 years and over) benefiting under PATH is not at sufficient levels. The data shows a coverage gap of 180,323 persons or 60.2% of the older population not accessing benefits under the programme. Bearing in mind the demographic shifts taking place in population ageing in Jamaica, specifically the growing number of persons living beyond 75 years, the low level and reach of social protection coverage has serious implications for poverty among older persons. Jamaica's National Policy for Senior Citizens has identified the need for the development of a national pension policy which should address many of the gaps that have been experienced over time.

The Report recommends that there be close collaboration between employers and trade unions to ensure payment of NIS contributions on behalf of employees, as well as encouragement of the working population to make regular contributions to the NIS. Other recommendations coming out of HelpAge International commissioned reports include the introduction of a universal social pension on a phased basis, commencing with persons over 75 years; and revisiting PATH's Beneficiary Identification System (BIS).

A key factor that directly impacts income security among older persons is opportunities for employment. A Situational Analysis of older people in select communities in Jamaica conducted in 2008 showed that 85% of the persons interviewed were unemployed. In addition, 52.04% or 115,110 older persons have neither access to an NIS pension or PATH benefits. Older persons therefore resort to self employment to make ends meet. However this often means older persons must engage in multiple informal activities to meet basic expenses. A major hindrance for older persons operating in the 'informal' labour market is the fact that they are often barred from gaining direct access to micro credit on the basis of their age. Another worrying trend points to a higher number of older men gaining employment when compared to their female counterparts. These trends combined create extreme burdens on multigenerational households where older persons, particularly women are expected to act as breadwinners, and heads of households.

Health, Social Care and HIV & AIDS

Health and well-being are important indicators for measuring quality of life among older persons. Studies are showing that persons 60 years and over are often physically and mentally fit and productive members of society beyond state imposed retirement age. Jamaica's life expectancy at age 60 years reveals an additional 19 years for males and 22 years for females, supporting previously stated views that women are living longer in the country. The challenge, however, is that while women outlive their male counterparts they are likely to spend more of this longer life span in ill health after age 60 in comparison to males. One of the leading causes of illness, morbidity and death in Jamaica is chronic diseases, which are typically defined as lifestyle related.

Between January and October 2010, 35.9 percent of new diabetic cases and 54.2 percent new hypertensive cases recorded in the public health centres were reported among persons 60 years and over. Several factors have been identified which affect the health status of older persons. These include issues of income security wherein older persons are unable to afford basic health care

because of lack of or insufficient financial support; inability to purchase medication not offered under JADEP, and inability to purchase food items to ensure they are having a balanced meal.

The data shows that many older persons are combining different income sources to pay for healthcare including PATH, general insurance, savings, and NI gold (a pension from NIS), the National Health Fund, JADEP and the GOJ Health card. Some schemes more than others have proven most beneficial to older persons. JADEP, for example, is viewed as one of the most innovative measures designed to provide health care delivery that is of benefit to older persons. Despite the success rates of the various programmes, there are challenges which affect the extent to which older persons can in fact benefit under the schemes. Some major illnesses are not covered under the schemes, prescriptions are not replenished in a timely manner, and the need to have a TRN is prohibitive because often older persons do not have a birth certificate and or any other type of identification to apply for the card to access the GOJ Health Card benefits.

The health care afforded to older persons is also negatively impacted because of inadequate age friendly health services and facilities. Eye care services, often an area of health care in which older persons seek consistent and increased attention, are also viewed as prohibitive for the group. Similarly, mental health services for older persons are a cause for concern in Jamaica. The main provider of inpatient mental health services in the country is Bellevue Hospital where approximately 40 % of the patients are older than 65 years old. Loneliness and other indicators of isolation and neglect are named as being major factors that cause rapid mental deterioration among older persons. A PAHO report revealed that while there has been an increase in the provision of mental health services for children, “there is presently no funded national strategy for developing old age... (mental services)”.

Social care becomes essential for older persons when it becomes difficult for them to undertake basic personal activities such as personal hygiene and grooming. Two common approaches to addressing these needs may include: enlisting older persons in an institution either private (nursing home) or publicly (infirmiry/golden age home) and providing home-care/home-help services. The latter approach is marginally practiced in Jamaica. In 2010, the Planning Institute of Jamaica reported that the National Council for Senior Citizens facilitated 809 home visits to 113 beneficiaries, through the services of practical nurses employed to the NCSC. Placing one’s family in an institution has not been a culturally accepted practice, however, an older person who is unable to take care of his/her need is often deemed as being a ‘burden’ to households. There is therefore growing pressures on publicly run institutions. There is a clear need for further research into the state of social care in Jamaica, and the implementation of corrective policy measures to address the gaps in the systems. Among the issues to be determined are the official statistics on the population of older persons who are institutionalized and those who are house-bound, and whether the family or state should take on the responsibility to provide care for older persons.

Jamaica’s response to addressing HIV & AIDS is another area in which older persons are often excluded in national programmes and policy. The National Programme has not identified the older

population as a potential target group for which age-appropriate interventions should be prepared and implemented. There is instead a traditional focus on persons considered sexually active, persons within the productive and reproductive age cohort 18-49 years old and commercial workers. The exclusion of older persons is a dangerous stance which leaves the group in a vulnerable position. There are basic facts that cannot be ignored: HIV & AIDS does not discriminate in terms of age, older people are sexually active and are thus vulnerable to contracting or being affected by HIV & AIDS, older people are actively engaged in dealing with HIV & AIDS, albeit directly or indirectly as many are care givers to their children and other family members suffering from AIDS, and there are psychological and financial burdens to older persons in the care of those infected and or affected by HIV & AIDS. The Desk Review found that there are a myriad of opportunities for the engagement of older persons in HIV& AIDS programming. Recommendations include educational and training programmes targeting older persons with the objective of disseminating information on how to provide care for persons living with HIV and AIDS, in particular persons 66-75 years and those in rural areas, promoting older persons as Community HIV/AIDS Counselors and Peer Educators, and encouraging older persons to become advocates in HIV & AIDS programming.

Housing and the Living Environment

Access to proper housing is viewed as a fundamental human right. The World Health Organisation (WHO) makes the link between housing and access to community service in influencing the independence and quality of life of older persons. In the Jamaican context, access to decent housing has been cited by the World Bank as a long standing challenge to an improved living condition in the country. Although data on housing in Jamaica is not disaggregated according to age group, research carried out by HelpAge International in 2002 and 2008 has consistently shown that the majority of older persons own their homes. The challenge is that many older persons face problems maintaining their homes. Similarly, there are no national data available regarding the number of older persons and their households with access to potable water. Research conducted in selected communities in Kingston and St. Andrew and St. Catherine by HelpAge International, revealed that 88% of the older persons surveyed had piped water in their homes. HelpAge International concluded that the access or lack of access to potable water by households and older persons is more a function of the existence or non-existence of the commodity in particular communities. Access is also an issue when older persons are located far distances from potable water supply. In the meanwhile, more than 90 % of older persons have access to electricity, but an increasing number are finding it difficult to afford electricity charges. Arguably, this would be less of a challenge if older persons could rely on other members of their household, or if they lived with responsible householders.

Disasters and Emergencies

Older persons are not often considered in disaster mitigation and management initiatives. This is an alarming fact when one considers the levels of vulnerabilities which older persons face as a result of disasters. Health concerns, for example, are exacerbated because of disasters. On the whole, decreased mobility brought on by age and failing health and other forms of disability such as hearing loss make it difficult for older people to adequately prepare for disasters, and limit their capacity to

participate in or benefit from post-disaster assistance. The expertise of older persons is often not sought for community disaster interventions, again excluding the group from making tangible contributions to their communities and nation.

There are a number of documented cases which point to discrimination against older persons in the distribution of relief and supplies following a disaster. In addition, evacuation procedures tend not to consider older persons. The Report notes a clear need for older persons to be included in disaster planning and response mechanisms, relief and rehabilitation programmes, and specifically calls for the active engagement of older persons as “expert” consultants in disaster mitigation strategies.

Violence, Abuse and Discrimination

Between 2000 and 2005, more than 4,000 older persons were victims of major crimes. There are indications that violence and abuse against older persons occur within households, as much as they occur outside the home. While official statistics and reports do not recognize older persons as a ‘special’ group, there is growing evidence of a gross denial of social, economic and cultural rights of older persons in Jamaica. Physical abuse may be the most notable form of violence meted out to older persons, but there are clear indications that older persons are victims of financial, sexual and psychological abuse.

The Government of Jamaica in recognizing the challenges faced by older persons cited high levels of violence and elder abuse as a major concern, while noting that there is no specific legislation in Jamaica geared solely towards the protection of the elderly in the Jamaican law. There are a range of documented cases from HelpAge International commissioned reports which support the current situation of violence, abuse and discrimination against older persons and the fact that legislation is either inadequate or non-existent to protect the group.

Contribution to Family and Society

The contribution that older persons make to their families, communities and society in general is indisputable. HelpAge commissioned reports reveal that as heads of multi-generational households, older persons (grandparents) are often the caretakers of the family. As chief breadwinners, their economic contributions are quantified based on the extent to which they must meet the needs of their grandchildren, and sometimes great grandchildren. They cover the costs of tuitions, lunches, bus fares, and school supplies. Older persons also face the burden of expenses such as utility and food bills. In addition to the financial obligations older people must contend with, they take on the demanding role of care-givers. They bathe and groom grandchildren, assist with homework and other routine duties. Older persons are also charged with transmitting strong morals and values to their children, grandchildren and great grandchildren. What is the significance of these contributions that older persons make to their households and by extension their communities?

Children are able to save because of the financial assistance provided by grandparents. Their contributions to the households also limits the cases wherein grandchildren feel compelled to ask

strangers for money, thereby exposing themselves to violence and abuse. For the most part, the values grandparents teach their children are often considered worthwhile lessons to help make young people better human beings. Their presence in the home also helps to reduce the strain on parents who sometimes work long hard hours, and are mentally and physically unable to take on the pressures of rearing children. Older persons are also viewed as repositories of vast knowledge and skills that are critical to continuity of traditional practices. Grandchildren and great grand children learn vocational skills from which they can earn an income. Combined, the economic and social contributions transmitted in households and communities transcend to the wider society.

Conclusions and Recommendations

Jamaica has made tremendous progress in the provision of certain social services for older persons. The areas in which the country needs to focus its attention in the short to medium term include human rights considerations and developing sustainable economic opportunities for older persons when they enter retirement. The recommendations are therefore presented within the context of the most pressing needs that are evident among the age cohort. Specific recommendations are policy-based and are needed to help facilitate the implementation of basic programmes in communities. The recommendations presented below are truncated and are not exhaustive, but are developed within the body of the document.

1. Revision of the National Policy for Senior Citizens in keeping with the Madrid International Plan of Action on Ageing.
2. Adhering to international principles on ageing. The MIPAA should be used to guide policy initiatives specific to older persons at all levels of the society (macro and micro levels).
3. Consolidate and centralize operations involving older persons.
4. Develop sustained public education on ageing.
5. Adopt specific legislation to adequately protect older persons in various social arenas.
6. Revised and continuous research into older persons issues. There is need for quantitative and qualitative research into the impact of issues such as crime, violence and other social factors on the health and well-being of older persons.
7. Review and refine the social protection services open to older persons.

2.0 Introduction

2.1 Purpose of Study

This study on the situation of older persons in Jamaica was commissioned by the United Nations Population Fund and carried out by HelpAge International's Caribbean Regional Development Centre based in Kingston Jamaica. The overall objective of the study is to contribute to research on population trends, to contribute to the **International Conference on Population and Development (ICPD) Agenda** and provide support to the World at 7 Billion Campaign. More specifically the study provides an assessment of the situation of older persons in Jamaica within the context of the Madrid International Plan of Action on Ageing, the National Policy for Senior Citizens and Jamaica's National Development Plan Vision 2030. It is anticipated that the information contained in this report would stimulate wider discussion on ageing and older persons in Jamaica, leading to the crafting of policy initiatives and the development of appropriate programmes to address issues emerging from the demographic transition taking place in the country.

2.2 Methodology

The study employed a review of available secondary data from a variety of sources. These include research reports, documentation of services available and provided to older persons, as well as the policy and legislative framework within which these programmes and services are provided. The study also includes recent data collected by HelpAge International from focus group discussions looking at the role and contributions of grandparents to family and society.

2.3 Limitations of the Study

There were a number of limitations experienced in the compilation of the study. The key limitations include:

- (i) The lack of disaggregated data on older women and men points to the need to have more and better research data on older people to aid in policy formulation and decision-making.
- (ii) Limited time frame in which to undertake the desk review.
- (iii) The review could have benefited from pertinent information which would have been generated from census data and would have provided a more in depth understanding of the situation of older persons in Jamaica. Unfortunately the desk review is being undertaken simultaneously to the administration of the 2011 Census.

2.4 Organisation of the Report

This report is organised under several headings. It includes an introduction which outlines the purpose of the study, and the methodology used in gathering information. This is followed by sections focusing on key factors related to ageing and older people, namely, Demographics; National Infrastructure; Income Security; Health, Social Care and HIV/AIDS; Housing and Living Environment; Disasters and Emergencies; Violence, Abuse and Discrimination; and Contribution to Family and Society. The report ends with a section on Conclusions and Recommendations.

3 Demographics

3.1 Global Population Ageing

The Madrid International Plan of Action on Ageing¹ is perhaps the most definitive instrument that emphasizes the urgency with which countries must treat population ageing. The document outlines the demographic shifts that have been taking place, noting that the “revolution in longevity” began in the twentieth century:

“Average life expectancy at birth has increased by **20 years since 1950 to 66 years** and is expected to **extend a further 10 years by 2050**. This demographic triumph and the fast growth of the population in the first half of the twenty-first century mean that the number of persons over 60 will increase from about **600 million in 2000** to almost 2 billion in 2050 and the proportions of persons defined as older is projected to increase globally from 10 percent in 1998 **to 15 percent in 2025**” (p. 9)

The demographic transition of the global population from “baby boomers” to a “graying population” has serious policy implications for nation states. The graying of the population began in the developed world and has extended rapidly to developing countries (Tout, 1989). The population pyramid in the twenty-first century (wider top and small base) appears to reflect an inverse image of what appeared in the (wider base and small top). The key factors which have contributed to the graying of the population include: an increase in life expectancy and longevity, decline in fertility rates, and migration of the middle generations from many developing countries.

Both developed and developing countries will have to pay particular attention to the significant shifts taking place in population ageing. However, it is more-so the developing world that will have to prepare for the wide ranging implications of global ageing on economies. Here we will see significant differences in policy formulation and action towards ageing. First, it is projected that developing countries will “age swiftly in the first half of the twenty-first century and the proportion of older persons is expected to rise from 8 to 19 percent by 2050”. As rightly noted in the Madrid International Plan of Action on Ageing (MIPAA), this development will present a burden to already stressful country budgets. It will also call for a revision or introduction of development plans which must reflect the unusual demographic shifts taking place. There are two findings that should be of particular concern to developing countries like Jamaica. One, a large proportion of older persons live in multigenerational households, and two, the fastest growing group of the older population is the oldest old, that is, those who are 80 years older (MIPAA, 2002).

These are findings that will undoubtedly impact how developing countries craft their national plans, not only based on human rights principles, but overall principles of including and facilitating every group as active agents within society. The fact that people are living longer should not be seen as a

¹ Second World Assembly on Ageing, Political Declaration and International Plan of Action on Ageing Madrid, Spain 8-12 April, 2002

burden to states, but, should be an impetus to determine how to creatively co-opt these individuals as active contributors to the socio-economic development of a country.

3.2 The Jamaica Situation

As noted by STATIN² (2005), “Jamaica’s demographic development has followed the same path as many developing countries”. As at the end of 2007, Jamaica’s population was estimated at 2,682,100.³ Within the context of Jamaica’s 2030 aspiration to developed country status, it is interesting to note that by that year it is projected that the population will have increased by approximately 7.1 per cent to 2,872,000.⁴ STATIN also found that 51 percent of the population is expected to be females. However, as indicated by the Planning Institute of Jamaica (PIOJ) (2009)⁵ it is “the age composition of Jamaica’s population which will be notably different” (p.38).

While there have been marginal changes taking place across the country’s demographic profile, marked shifts (as mirrored in global trends) have been taking place among the older population (see Tables 1 and 2).

Tables 1 and 2: Percentage Distribution of the Population in Selected Age Groups by Sex: 1990, 1995 and 2005⁶

MALES

Age Group	1990	1995	2005
Under 15	35.40	34.81	30.50
15-19	30.76	27.56	25.82
30-64	27.48	30.73	36.50
65+	6.36	6.92	7.18
Total Population	1,164,600	1,227,400	1,310,900

FEMALES

Age Group	1990	1995	2005
Under 15	33.86	32.86	29.15
15-29	30.44	27.87	26.18
30-64	28.09	31.20	36.31
65+	7.60	8.07	8.36
Total Population	1,213,500	1,271,000	1,349,900

² Statistical Institute of Jamaica, Demographic Statistics, 2005

³ Planning Institute of Jamaica, 2009; Economic and Social Survey Jamaica, 2007

⁴ Planning Institute of Jamaica, 2009; Statistical Institute of Jamaica, 2008

⁵ Planning Institute of Jamaica, 2009 Vision 2030 Jamaica National Development Plan

⁶ Source: Demographic Statistics 2005, The Statistical Institute of Jamaica

STATIN in its assessment of the statistics notes that, “the oldest groups show growth rates higher than that experienced by the total population” (iii). But to better appreciate the trends taking place amongst the older population, Tables 3 and 4 demonstrate the phenomenal shifts that took place within the group over a decade, between 1995 and 2005. The figures reflect trends by sex, and as such further helps in determining the extent to which policy and legislation need to be developed in Jamaica. For example, a greater number of older females are living longer than their male counterparts. Between 1995 and 2005 females between the ages of 65-79 years experienced twice the growth rate for men; 2.1 per cent compared to 0.9 per cent. Whilst more older women are living longer, according to a WHO report, “Impoverished older women living alone or caring for others are especially vulnerable in Jamaica” (WHO, 2008).

2010 estimates of Jamaica’s population is 2, 705,800 of which the population 65 years and over is 299,500 (PIOJ, 2011). Approximately 11.1 per cent of the Jamaican populace are older persons with a sex ratio of 79.2 males per 100 females. The demographic transition being experienced in the country is determined to be at the intermediate stage in which both the working age and older persons age cohorts experience an increase, with a corresponding decline in the 0-14 age cohorts (PIOJ, 2011).

Table 3: Population 65 Years and Over by Sex (Males): 1995 and 2005⁷

Age and Sex	1995		2005		Annual Growth Rate 1995-2005
	Number	%	Number	%	
65 -79	84,919	6.96	93,911	7.18	0.97
80 and over	17,504	1.44	21,049	1.61	1.78
Total Male Pop	1,219,791	100.00	1,310,852	100.00	0.69

Table 4: Population 65 Years and Over by Sex (Females): 1995 and 2005⁸

Age and Sex	1995		2005		Annual Growth Rate 1995-2005
	Number	%	Number	%	
65 -79	90,981	7.41	112,635	8.36	2.07
80 and over	19,516	1.59	31,342	2.33	4.64
Total Female Pop	1,227,383	100.00	1,349,873	100.00	0.92

The incidence of violence against women becomes an issue that must be contemplated within the context of the increased numbers of women living longer. These are issues explored in detail in

⁷ Source: Ibid

⁸ Source: Ibid

section 9 of this report. Similarly, the statistics should indicate the urgency with which women must be facilitated as productive members of the society. For those who are not physically able, it means older females ought to be given preference in relation to accessing social services. These are but a few of the considerations that require further research and analysis. Importantly, however, the demographics provide a clear indication of what policies, programmes, and legislation are needed to extend relevant support to older persons.

3.3 Implications of population ageing for Jamaica

The implications for Jamaica as noted earlier are varied. One of the obvious results of this revolutionary shift in population ageing is the impact on an already pressured national budget. With older persons living longer, infrastructure support must be further developed. This will involve among other initiatives physical upgrade and or expansion of facilities for long term care of older people; revision of selection mechanisms to access social protection services; and increased promotion and facilitation of productivity schemes for older persons.

The country will also have to invest heavily in human resources to ensure older persons receive the best physical and mental care. Jamaica's ageing facilities do not currently enjoy a good reputation regarding proper treatment provided for older persons. It is an indictment on the facilities, as too the Ministry and agencies with direct portfolio responsibility for older persons issues. There is also concern that the exodus of health-care professionals has affected older persons' access to health services. Approximately, 41 per cent of the physicians trained in Jamaica have emigrated. There is a significant shortage of health care professionals in the health care system, which has serious health policy implications for a country which has an increasing greying population (Dwyer, 2007). Additionally, it reiterates that there is an urgent need to constitute legislation protecting older persons within Jamaica's human rights framework.. These and other activities will require increased and sustained injection in the budget allocated through the Ministry of Labour and Social Security, and the National Council for Senior Citizens. Jamaica took a step in the right direction when it became a signatory to the Madrid International Plan of Action on Ageing (MIPAA). However, with the projected population trends expected over the next two decades, Jamaica will need to ensure that the necessary measures are put in place for effective implementation of the MIPAA. Sections 5, 7, 8, 9 and 10 explore and assess some of the measures that have been implemented in Jamaica which are in keeping with the priority actions laid out in the MIPAA.

4.0 National Infrastructure

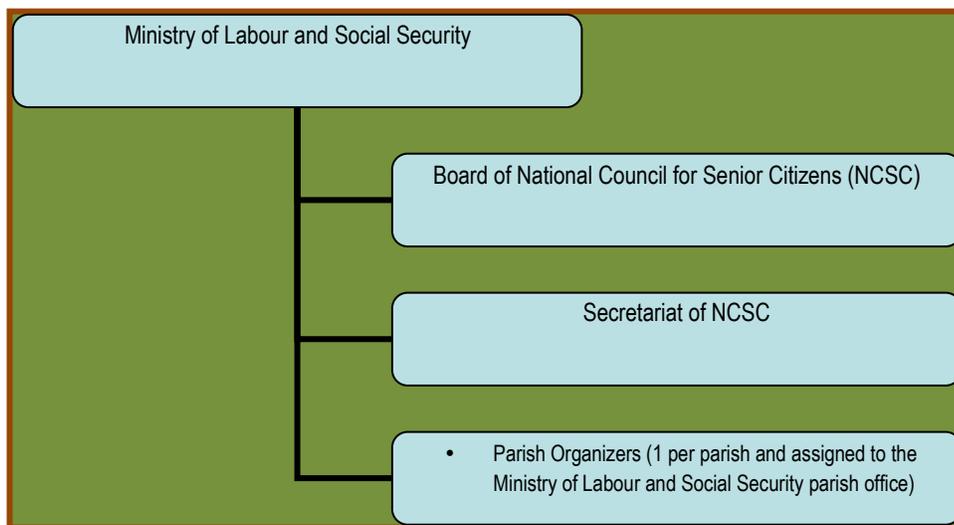
One of the ways of assessing how prepared Jamaica as a country is for the demographic transition taking place is to look at the national infrastructure in place to deal with ageing issues. Elements of the national infrastructure would include a national policy and plan of action on ageing, a national coordinating mechanism on ageing, legislation for the protection of older persons, available disaggregated research data on older people, and a directory of available services and programmes and institutions offering such services to older people.

This section seeks to examine the extent to which there has been an effective and sustainable approach in developing, strengthening and expanding the national infrastructure on ageing in Jamaica.

4.1 National Coordinating Mechanism

The National Council for Senior Citizens (NCSC), which falls under the Ministry of Labour and Social Security, has portfolio responsibility for driving ageing concerns. The organization enjoys over thirty years of service to the older population, and over this period has earned the respect of its partners, and clients as noted in a HelpAge Project Evaluation Report⁹ which cited the organisation’s “considerable knowledge and experience in dealing with issues related to older persons” (p.16).

The NCSC was established in 1976 as a state response in recognition of the importance of the social needs of Jamaica’s senior citizens. The Council includes a Cabinet appointed Board, a Director, a Parish Organizer who is stationed at the Ministry of Labour and Social Security office in each parish and a



secretariat located in Kingston.

⁹ HelpAge International Caribbean Regional Development Centre, End of Project Evaluation Report HelpAge International Empowering Older Citizens Monitoring Project, 2010.

The goal of the NCSC is to:

“Meet the challenge of a growing, healthier and more active senior citizen population, by ensuring that seniors are able to meet their basic human needs, that those in need are assisted and that older persons are protected from abuse and violence and are treated as a resource and not as a burden. Enhance the self-reliance and functional independence of senior citizens and facilitate continued participation in their family and society.”

(National Policy for Senior Citizens, 1997)

The four priority areas of focus of the NCSC are: Health, Social Activities, Income Security; and Education. The priority areas were developed in accordance with the United Nations principles of *Independence, Participation, Care, Self-fulfilment and Dignity* and supported by the life course perspective and intergenerational approaches (Hall-Taylor 2003).

4.2 National Policy

Jamaica adopted a National Policy for Senior Citizens in 1997, five years before the adoption of the Madrid International Plan of Action on Ageing (MIPAA), the first country to do so in the English speaking Caribbean. Under the National Policy for Senior Citizens there is comprehensive focus on health care and social protection of older persons and to varying degrees improved access to financial services. The health care component has perhaps demonstrated the greatest level of activity, with a growing number of older persons benefiting under schemes such as the National Health Fund (NHF), Jamaica Drugs for the Elderly Programme (JADEP) and the Programme of Advancement through Health and Education (PATH). (See a detailed assessment of these social programmes in section 6 of this report).

What is, however, noticeably lacking in the National Policy are strategies which promote and facilitate independence among older persons, and curtail dependence on others. It could be argued that budgetary constraints would prevent such initiatives taking place, because resources need to be prioritized to embrace other vulnerable groups such as at-risk youth. Small Island Developing States (SIDS) like Jamaica with a range of social and economic vulnerabilities, find it a challenge to stretch its resources, and even more so to include all interest groups in the society. When it was conceived in 1997, the principles on which the National Policy for Senior Citizens was based included: individuality, independence, choice, accessibility, role changes, productive ageing, family care, and dignity among seniors. While accessibility has been achieved with the provision of basic social services, it is questionable whether independence, choice, productive ageing, family care and dignity have been adequately addressed.

These shortcomings are not simply a result of budgetary constraints, but may be viewed in terms of national priorities primarily. These issues are a direct result of an absent legislative framework to give muscle to the National Policy for Senior Citizens and a national plan of action to operationalise the

policy. As noted by Charters¹⁰, “Jamaica is one of many countries that do not presently have stand alone legislation prohibiting age discrimination and there appear no plans to table such legislation in the immediate future” (p.23). Interestingly, Charters argues that, “policies of mandatory retirement on the basis of age (60 for women, 65 for men) could be considered in conflict with the objectives of the National Policy” (p.25). It is a position that warrants further thought because at age 60 individuals are often still able-bodied and physically active, mentally alert, and many remain at their productive peak. Two dominant factors (bearing in mind there are other concerns) are at play when a country institutes mandatory retirement: individuals are robbed of their right to participate and to earn a livelihood.

These issues are discussed in section 5, regarding Jamaica’s Vision 2030 National Development Plan, and the extent to which this blueprint for national development adequately addresses legislative and policy issues relating to older persons. It is also important to assess the extent to which the State and its partners have embraced the MIPAA in relation to development planning, and legislative considerations.

4.3 Legislative and Policy framework

4.3.1 Vision 2030 Jamaica National Development Plan

At the heart of the Vision 2030 Jamaica National Development Plan is a people-centred approach to development. It means therefore that every Jamaican regardless of sex, age, religious or political affiliation, or any other exclusionary barrier, must play a part in the development process. In many respects the plan is revolutionary as it requires a paradigm shift in the way Jamaicans think and approach development. Importantly, it demands (and seeks to facilitate) the participation of every single Jamaican to ensure positive change in all sectors, and amongst all groups. In the context of this situation analysis it means that older persons themselves have a crucial role to play in Jamaica’s first comprehensive long term development plan.

There are four national goals on which the Plan is built, each carrying several related national outcomes. This report concerns itself with national goal # 1: ***Jamaicans are empowered to achieve their fullest potential***, as it embraces two national outcomes which directly and indirectly impact older persons (see Figure 1). It should be noted, however, that the report did undertake a general review of the Development Plan to determine the extent to which older persons are considered, and included in Jamaica’s overall drive to achieve developed country status by 2030.

¹⁰ International Federation on Ageing, Age Related Policies: A Global Review on Age Discrimination Legislation, Stephen Charters, 2008.

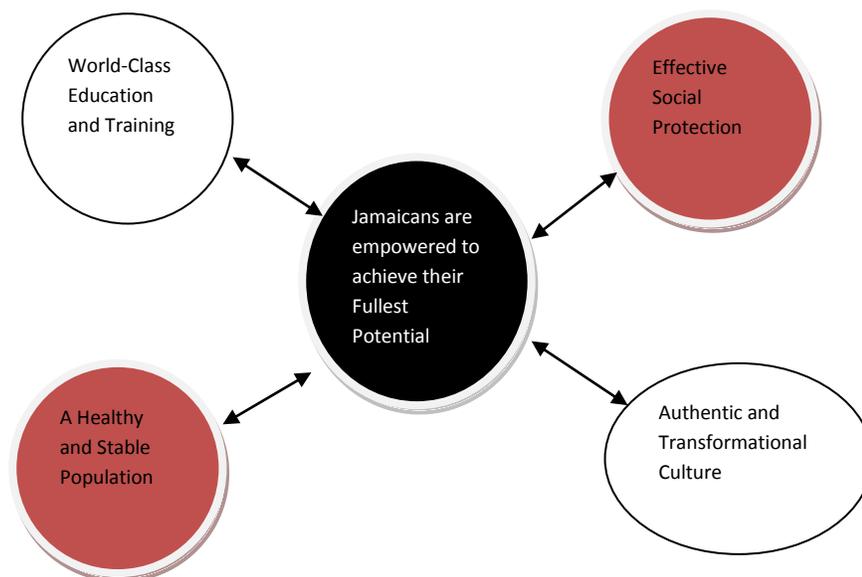


Figure 1: National Goal # 1 and Related National Outcomes

Source: Vision 2030 Jamaica National Development Plan (PIOJ, 2009, p. 36)

The highlighted national outcomes (in red) capture a range of ageing issues. The section titled, *Healthy and Stable Population*, reiterates global trends in population ageing, and the specific changes taking place in Jamaica. As noted in the document, ***“Our working age and elderly population will constitute a higher proportion of the population...this has led to our country now being classified as one with a ‘moderately’ aging population but it will enter into a phase of rapid aging within the next three decades”*** (PIOJ, 2009, p.38). The statistics are again dissected to demonstrate the extent to which this significant shift in population ageing is to impact policy and development planning. It is not surprising therefore that the Plan notes, ***“...the changing profile points to the need for greater concentration on programmes for the elderly, and eventually a levelling in the requirements for infrastructure for children and youth”***. Similarly, the Plan acknowledges that older persons (specifically women) constitute persons with disabilities, another vulnerable (sub) group that requires special programmes and services.

4.3.2 A Healthy and Stable Population

By its own admission, the Government of Jamaica has failed to put in place relevant legislative and policy frameworks which provide and facilitate the wholesome protection of older persons. In its follow-up statements to the United Nations¹¹ (2011) on the Second World Assembly on Ageing, the Government of Jamaica pointed to a number of deficiencies in relation to ageing issues in Jamaica. These include the failure to implement specific legislation in Jamaica which protects the human rights of older persons; non-existence of legislation, policies and programmes which address discrimination against older persons; and the absence of specific legislation which protects the elderly from violence and abuse. The State did however, present well on the question of existing legislation, policies and programmes addressing old-age sensitive services and facilities such as primary health care. As noted throughout the report, (and detailed in section 6) mechanisms have been put in place by the State to improve provision of health care, especially to vulnerable groups. The programmes include the abolition of user fees in the public health care system. Despite the criticism levelled against the initiative, the Minister of Health in his 2010 Sectoral presentation noted that poor Jamaicans had saved some \$4.14 billion in two years (The Jamaica Observer, Monday, September 27, 2010). It was not clear from the presentation what percentage of the users of the free public health care access were in fact poor older persons.

Notwithstanding, the successes in health care services in general have decidedly served the needs of older persons. The issue as identified earlier is that equity remains a challenge. The selection mechanisms require further refinement to ensure that the poorest and most under-served are reaping the benefits of programmes such as Jamaica Drugs for the Elderly Programme (JADEP), National Health Fund (NHF) and Programme of Advancement through Health and Education (PATH).

The Vision 2030 Plan cites a number of challenges which negatively impact the health care system, and population considerations. These include:

- Under-resourced Facilities and Aging Infrastructure,
- Overburdening of the Emergency Rooms and Secondary Health Care Institutions,
- Uneven distribution of Tertiary Care Institutions, and a Shortage of Health Personnel.

The Plan outlines several strategies to address these and other challenges within the sector. It begins by acknowledging the need to maintain a stable population, by creating “a balance between our working aged population and those that are dependent”. Another strategy which should directly impact older persons is the move to establish effective governance mechanisms for health services delivery.

The document correctly recognizes that the “governance structure of the health care system is weak”, and states, “we will amend the regulatory framework as needed and increase the level of participation in health care delivery through partnerships with various stakeholder groups”. The document however, does not provide details on the regulatory framework, but points to selected sector strategies which should facilitate a revised framework. These include promoting social partnerships in health care delivery, fostering public-private partnerships in financing health care, and strengthening existing programmes to improve and facilitate access to health care.

¹¹ United Nations Secretariat New York, Ref:SD/49, Responses by the Government of Jamaica to questions asked by the Secretariat pursuant to resolution 65/182 entitled Follow-up to Second World Assembly on Ageing, 2011

4.4 Vision 2030 Jamaica – a balanced and wholesome policy and legislative document?

Having recognized that there needs to be balance in how Jamaica targets young and older populations in development planning, the Report wishes to make the general observation that under Goal # 1, the State had ample opportunity to involve older persons in all four national outcomes. The areas of *World Class Education and Training*, and *Authentic and Transformational Culture* called for increased and necessary participation of older persons to ensure sustainability of various strategies identified. For example, in its strategy to expand mechanisms to provide access to Education and Training for All including Unattached Youth, it would have been instructive to cite older persons as a vulnerable group often excluded from training initiatives by virtue of age, and position them as direct beneficiaries under a new training framework.

Likewise, national outcome # 4, *Authentic and Transformational Culture*, could have pinpointed the role of older persons in preserving, developing and promoting Jamaica's cultural heritage. Older persons will be crucial to the documentation of cultural heritage, identified in the plan as a selected sector strategy, implementing appropriate measures to protect and preserve cultural expressions, and promoting public awareness of the importance of cultural forms and retention of heritage. These latter strategies will require the intervention of older persons who are often repositories of cultural heritage in their respective communities. This is especially true for older persons who belong to indigenous and cultural communities. It would be instructive if the Plan looked at how to include these strategies as part of efforts to widen economic productivity and earning capacity of individuals 60 years and older. Importantly too, countries need to ensure that older persons are valued.

As indicated earlier, the assessment of the Plan also extended to other national goals although the related outcomes do not specifically embrace vulnerable groups such as older persons. This may be one of the deficits of the long term development plan, and a failure to associate in a definitive and structured way how to effectively utilize older persons in every aspect of national life. *The Jamaican Society is Secure, Cohesive and Just* is named as national goal # 2. Security and Safety is one of two national outcomes. The Plan states, "***Vision 2030 Jamaica will increase our sense of security by transforming our society into one which conforms to the rule of law, respects the rights of all, and coalesces around a set of shared values***" (p. 99). There were a number of cited challenges in relation to security and safety including the high incidence of domestic violence, sexual violence, and violence against children. Violence against older persons is not explicitly referenced in this section of the Plan. Arguably, the reported incidences are not alarming such that they require policy intervention, however, there are recognizable and worrying levels of violent acts taking place against older persons (see Section 9 for details). As a signatory to the MIPAA, Jamaica is obligated to speak specifically to policy and legislation that curtails any and all forms of violent acts against older persons.

Active ageing while acknowledged by the State in various documents including the National Policy for Senior Citizens, is not fully embraced in the Vision 2030 Plan. Goal # 3 – *Jamaica's Economy is Prosperous* – shows two key national outcomes namely fostering an enabling business environment and internationally competitive industry structures. An assessment of the national outcomes

suggests that relevant policy and legislative guidelines were not considered to allow for older persons to become productive members of the labour cohort. The question that resurfaces in an assessment of the wider Plan is to what extent are older persons facilitated as able and productive human capital? Agriculture, Creative Industries, and Tourism are a few of the areas which can readily benefit from the expertise and wisdom of many older persons in the society. Yet, they are sometimes viewed as part of the “challenge” facing specific sectors.

Agriculture, for example has had a long standing challenge of an “ageing work force”, with increased efforts to involve young people in the sector. This is a necessary move to facilitate and ensure continuity in this productive sector. However, there is a subtle move that appears to restrict the right of older persons to continue their work in the industry. It is also worrying that in the move to introduce “modern and efficient farming systems”, traditional agricultural practices are likely to be less utilized thereby sidelining the “know how” of older persons. Plans to overhaul the sector’s training arm do not clearly reflect whether older persons are to be facilitated in the “re-tooling” exercises. Additionally, the Human Resource Strategies outlined to develop the sector in the Vision 2030 Plan speak to encouraging participation of youth, but does not speak to how best to utilize or retain traditional human capital (that is older persons) and conventional farming techniques that should be retained as part of Jamaica’s (historical) farming landscape. The Madrid International Plan of Action on Ageing specifically states that, “older persons should be enabled to continue with income-generating work for as long as they want and for as long as they are able to do so productively. Unemployment, underemployment and labour market rigidities often prevent this, thus restricting opportunities for individuals and depriving society of their energies and skills” (p15).

A similar argument can be presented for the tourism sector. The Plan notes that one of the challenges in the sector is “the need to achieve greater inclusiveness to counter development of the industry as an enclave industry and to widen the share of benefits derived from local residents and communities”. Among the sector strategies named to counter the plethora of challenges identified, is the creation of a framework to facilitate awareness, broad participation, business opportunities; and expanding entrepreneurial and employment opportunities for communities. In keeping with the MIPAA, it would have been necessary for the Vision 2030 Plan to be explicit in its inclusion of vulnerable groups such as older persons in not only specific and likely areas of national development, but all areas of development. Where their contribution to national development remains relevant as indicated above, the Plan needed to be definitive in its outline of how these groups can continue to be effective stakeholders.

4.5 Madrid International Plan of Action on Ageing

The Madrid International Plan of Action on Ageing to which Jamaica is a signatory is unfortunately not explicitly referenced in the Vision 2030 Plan. As a long term Plan which offers the blue print for the country’s development, and its move towards developed country status, it would have been appropriate for this document to be used (and referenced) as a guide to inform policy and legislative considerations. The public consultations, appears not to have interfaced with a representative cross section of stakeholders, particularly civil society organisations working with older persons. It brings

into focus the need for a wider and more defined collaboration between the State, and non-governmental agencies and groups to help realize the principles captured in the National Policy, and by extension the Madrid International Plan of Action on Ageing.

The MIPAA speaks to three priority areas with which to chart the future of older persons in the global arena: older persons and development, advancing health and well-being into old age and ensuring enabling and supportive environments. Like the Vision 2030 Plan, the MIPAA is a blue print that considers every aspect of development planning. The difference is that the MIPAA speaks to a core group, older persons. Although not legally binding, nation states have committed to adhering to and implementing the principles outlined in the Action Plan. It means that national development planners must not only use the document as a guide to structure and formalize older persons issues, but it should also be a measuring tool to see where the country is, in fulfilling the targets committed to in the document. The extent to which the latter is being done is not evidenced in the Vision 2030 Plan. For example, the shortcomings cited above run counter to some key principles captured in the MIPAA. These include:

- Promoting self-employment initiatives for older persons (without discrimination, in particular gender discrimination)
- Assisting older persons already engaged in informal sector activities by improving their income, productivity and working conditions.
- Eliminating age barriers in the formal labour market by promoting the recruitment of older persons and preventing the onset of disadvantages experienced by ageing workers in employment
- Removing disincentives to working beyond retirement age
- Promoting a realistic portrait of older workers; skills and abilities by correcting damaging stereotypes about older workers or job candidates.

These are only selected articles which speak to the need to facilitate employment opportunities for all older persons who want to work. Jamaica's Vision 2030 Plan is rooted to a large extent in Jamaicans becoming and remaining productive members of the society. The Plan needed to have been more explicit in the roles that will be played by various groups, including youth and older persons. Because of the shifts taking place in population ageing, development planning must as far as possible reflect equity and not be steered primarily to suit the younger population. The Report concurs with the Statistical Institute of Jamaica (2005) that, "policy development and planning must consider the fact that a half of the population is less than 25 years old", but it also rightly acknowledges that, "the country must also focus on the movement towards population ageing, and the need to consider the socio-economic impact of this trend". The challenge for Jamaica going forward in its development planning is striking a balance that reflects the "remarkable demographic transition underway in the old and the young representing an equal share of the world's population by mid century." (MIPAA, 2002).

5.0 Income Security

5.1 Social Protection

Lack of income security is the single most important concern of older people in Jamaica and in other parts of the developing world. In Jamaica and the wider Caribbean, many older persons complain of the lack of funds to purchase food and medication and pay utility bills. It is not uncommon to hear older persons indicate that they usually have to make a choice between spending their meagre resources on food and medicine.

The National Policy for Senior Citizens¹² also identifies inadequate or lack of financial security as the main economic problem facing older people. It also identifies lack of or inadequate pensions as the main reason for this, a situation which it claims is made worse by inflation and market instability. A report by a visiting representative of HelpAge Canada underscores this point:

“When speaking with most of our partners in Jamaica, they explained that people in Jamaica face many issues including crime and violence (primarily gang and drug related), high food and gas prices, a lack of health care focused on older people, and very low pensions. Pensions may allow people to pay for one week of electricity. People in Jamaica spend their life working for low wages and helping their children, so they have no savings when they retire”. (HelpAge Canada, April 2011)

Effective Social Protection – Legislation and Policy initiatives

In terms of formal social protection mechanisms for older people, the principal government instruments are the **National Insurance Scheme** (established through the National Insurance Act and Regulations of 1965) and the **Programme of Advancement through Health and Education (PATH)**.

In the Vision 2030 National Development Plan effective Social Protection is cited as National Outcome # 3 under goal 1. As indicated in the Plan, this national outcome embraces the notion that people are its core focus, and specifically the most vulnerable in the society. The Plan therefore reiterates the achievements of the State in introducing a number of social assistance programmes, including popular facilities such as PATH, and the introduction of the Social Safety Net Reform (SSNR) in 2000. Vision 2030 acknowledges that there needs to be on-going reform of the social protection

¹² National Policy for Senior Citizens:1997

network. For example, since 1999 there has been consistent regulation of the pensions industry intended to ensure that beneficiaries enjoy adequate benefits, and to ensure proper management and administration of individual benefits.

The Plan identifies the following as issues and challenges impacting effective social protection in Jamaica:

- Inadequate Infrastructure for Delivering Social Welfare Services
- Inadequate Legislation
- Unsustainable Public Sector Pension Scheme
- Low Level of Participation in National Insurance Scheme
- Inadequate Systems of Targeting the Vulnerable
- Inadequate Resourced and Managed System of Welfare Delivery
- Inadequate Development in Rural Areas
- Discrimination against People With Disabilities
- Poor Communication to the Vulnerable on Available Benefits
- Need for Greater Personal Responsibility

The outlined strategies to counter the cited challenges are wide-ranging. Effective social protection means legislation must be specific and targeted if the challenges of all vulnerable groups are to be curtailed or eliminated. The strategies outlined are:

- Infuse Poverty and Vulnerability Issues in all Public Policies
- Expand Opportunities for the Poor to Engage in Sustainable Livelihoods
- Create and Sustain an Effective, Efficient, Transparent and Objective System for Delivering Social Assistance Services and Programmes
- Promote Greater Participation in and Viability of Social Insurance and Pension Schemes
- Promote Family Responsibility and Community Participation for the Protection of Vulnerable Groups
- Create an Enabling Environment for Persons with Disabilities.

An immediate shortcoming with the outlined strategies is there are still no clear selection mechanisms that will position and protect older persons as one of the most vulnerable groups in Jamaica. As noted in the Vision 2030 Jamaica National Development Plan Jamaica, “the imperative is to ensure that scarce resources are best expended, and that the most deserving of the population receive the benefits” (PIOJ, p.83). There is no defined approach which points to how equitability is to be achieved, particularly in relation to reaching the poorest senior citizens.

This component of the Plan also fails to take a definitive stance on issues affecting older persons, including the need to facilitate employment and entrepreneurship among the group. For example, selected sector strategies linked to Expanded Opportunities for the Poor to Engage in Sustainable Livelihoods do not clearly indicate any targeted efforts for older persons, as is highlighted for persons with disabilities (PWDs). Similarly, while access has improved and greater numbers of seniors are covered under programmes such as PATH, full access amongst all seniors, who are

not in receipt of a pension, has still not been achieved. The five broad categories of beneficiaries under the PATH programme which must satisfy the criteria of poverty to qualify for benefits include children from birth to completion of secondary education; elderly 60 years or over, and not in receipt of a pension; persons with disabilities; pregnant and lactating women; and poor adults 18-59 years. The selection mechanisms are devoid of legislative support, which will ensure that older persons are not sidelined or overlooked under the programme. Critically, it was felt that the process for accessing help under programmes such as PATH is a deterrent for seniors.

5.1.1 Programme of Advancement through Health and Education (PATH)

The Programme of Advancement through Health and Education (PATH) which was introduced island wide in 2002, and mentioned above, is a conditional cash transfer programme targeting older persons among other vulnerable groups in the society. It was designed to reduce poverty and improve health and education and is the consolidation of three previous income support programmes, namely the Poor Relief Outdoor Programme, the Old Age and Incapacity Programme, and the Food Stamp Programme.

As at December 2010, there were 51,846 older beneficiaries of PATH representing 16% of the overall number of PATH beneficiaries. In terms of the older population itself, PATH beneficiaries made up 17.3% of persons 60 years and over. When combined with NIS pensioners, social protection coverage for older persons in Jamaica totalled 119,177 persons or 39.8% of the older population. This suggests a coverage gap of 180,323 persons or 60.2% of the older population (see Table 5 below).

Table 5: Social Protection Coverage Gap

		%
Population 60 years and over	299,500	100
NIS Pensioners 60+	67,331	22.8
PATH Beneficiaries 60+	51,846	17.3
Persons 60+ covered by NIS and PATH	119,177	39.8
Persons 60+ not covered by NIS and PATH	180,323	60.2

With the demographic transition taking place in Jamaica and with persons 75 and over being the fastest growing segment of the older population, the low level of formal social protection coverage has serious implications for poverty among older people. Poverty, particularly hunger and deprivation, among older people in Jamaica and other parts of the developing world appears to be more widespread than official figures would suggest; this is because measurement of poverty tends to take into consideration other factors than income. Most poverty assessments also do not take into consideration the consumption patterns of older people, where a

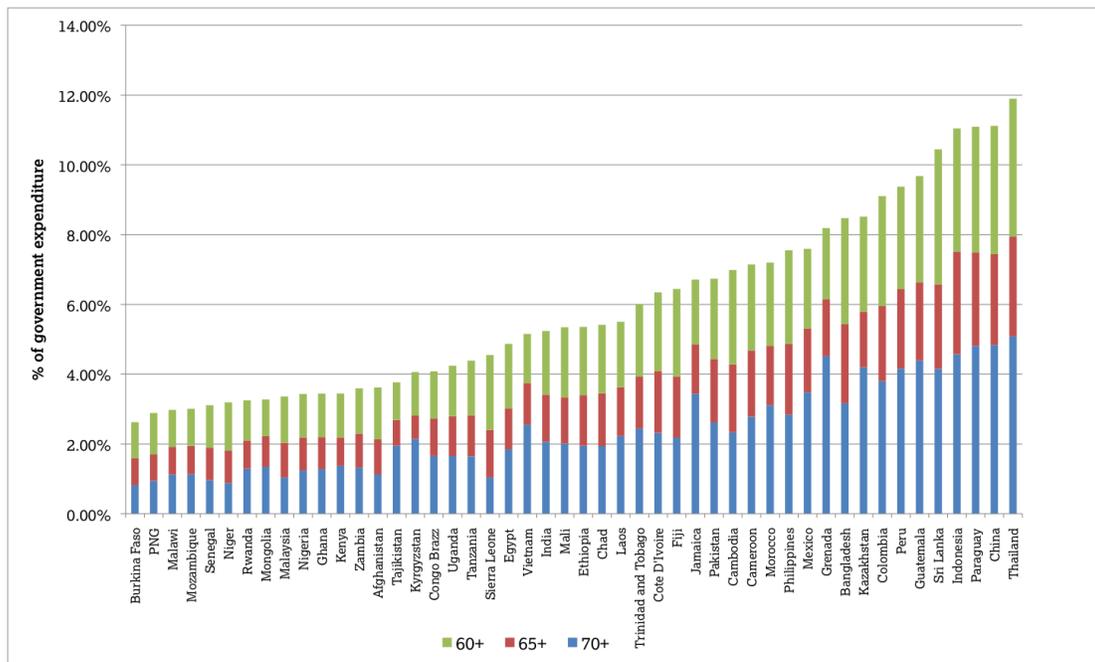
disproportionate amount of their income is spent on health care compared with the general population.

The National Policy for Senior Citizens has as one of its income security objectives, the development of a national pension policy which should include universal coverage, indexation and portability among other things. In terms of achieving this objective, the applicable strategies that the policy points to are the need to 'work closely with employers and trade unions to ensure that adequate pension schemes are in place' and 'the establishment of a system of universal social insurance for all senior citizens'. Based on the current situation, it would be most appropriate to ensure that there is close collaboration between employers and trade unions to ensure payment of NIS contributions on behalf of employees, as well as encouragement of the working population (particularly those in the informal sector) to make regular contributions to the NIS.

The cost of providing a universal pension in a number of developing countries as a percentage of government expenditure is shown in the graph below (Figure 2). In the case of Jamaica, if older persons 70 years and over were to receive a universal social pension, this would amount to less than 4% of government expenditure. Is this affordable? When one considers the use to which older people put their income, one can hardly argue against affordability. The Evaluation Report of the HelpAge Empowering Older Citizens Project¹³ has recommended the introduction of a universal social pension on a phased basis, commencing with persons 75 years and over. If this recommendation were to be implemented, it would constitute an even smaller percentage of government expenditure. The report also recommends a revisiting of PATH's Beneficiary Identification System (BIS), noting that it would 'ensure that vulnerable people are not excluded based on consumer durables, although they may have had not have the income for food and other basic needs'.

¹³ Empowering Older Citizens Project: End of Project Evaluation Report (2010)

Figure 2: Cost of a universal pension relative to government expenditure (with a benefit level of 20 per cent of average income)



Source: HelpAge International, Pension-watch database

5.1.2 National Insurance Scheme (NIS)

As at the end of December 2010, **67,331** persons were in receipt of old age benefit from the National Insurance Scheme (ESSJ: 2010). This represents about **22.8%** of older persons, and is in keeping with a baseline survey carried out by HelpAge International in selected communities in Kingston, St Andrew and St Catherine in 2008. The research study showed that 20% of the persons (22% male and 18% female) surveyed were in receipt of a NIS pension. This is a remarkably low figure, but can be linked to the small numbers of contributors to the NIS, an outcome of the high levels of informality in the Jamaican economy and the high level of non-compliance in the payment of NIS contributions.

Many older persons when they were employed held low paying jobs in such occupations as domestic helpers, farmers, vendors, tradesmen and labourers (HelpAge International:2008). It is hardly likely that these persons would have contributed to the National Insurance Scheme, as it is well known that persons in low paying employment hardly have the means to contribute to the NIS. It also means that there is unlikely to be any significant increase in the number of persons

receiving contributory pensions in the future due to the large size of the informal sector, and relatively high levels of poverty and unemployment.

Based on the previously mentioned HelpAge study (2008), and National Consultations organized with older people and government and civil society representatives, there have been instances where employers have not paid over money to the NIS although employees have had deductions made from their salaries. As a result many older persons have been deprived of a NIS pension. There have also been instances where older persons have not been receiving a NIS pension because they are not aware or adequately informed that on retirement there is a process involved in claiming such a pension.

5.2 Livelihoods

Jamaica's National Policy for Senior Citizens (1997) states that its "main goal is the promotion of reasonable and sufficient incomes for all senior citizens," (p. 17). However, in reality, unemployment is a major concern for older persons. A *Situational analysis of older people in select communities in Jamaica*¹⁴ conducted in 2008 showed that 85 per cent of the persons that were interviewed in that particular study were unemployed. In addition to the lack of employment faced by older persons, 52.04 per cent (or 155,110 older persons have neither access to an NIS pension or PATH benefits¹⁵. To bridge this gap caused by lack of formal employment and lack of income security, older persons often resort to self employment. Some of the activities they engage in to earn a living include farming, livestock rearing, vending, dressmaking and cake baking. A situational analysis of older people in Jamaica commissioned by HAI in 2002 revealed that older persons had multiple sources of income (p. iii). Notwithstanding, the same report stated that "inadequate finances was a commonly identified theme among Jamaica's older population (p. v).

As was mentioned previously, older persons tend to gravitate towards self employment as a source of earning an income. One of the major challenges they face, however, in establishing and maintaining small businesses is financing. The work of HelpAge International in implementing projects with older persons over the years has revealed that older persons are often barred from gaining direct access to micro credit on the basis of their age. A project currently being undertaken by HAI in conjunction with St. Catherine Community Development Agency (SACDA) and Children First in several communities in St. Catherine has a micro-credit component. Several health and information fairs have been held across the target communities where credit providers and community residents are brought together in one location. However the monthly reports of the implementing partners, as well as, feedback from older persons in meetings held in August and September 2010 revealed that

¹⁴ Situational Analysis of Older People in Select Communities in Jamaica. HelpAge International. 2008.

¹⁵ End of Project Evaluation Report: HelpAge International Empowering Older Citizens Monitoring Project. HelpAge International, 2010.

older persons were being denied credit because of their age. Hence, some have opted to have their younger family members sign for these loans.

Gender Differences in Employment status among older persons

Statistical information from STATIN shows that as at January 2011, the Jamaican employed labour force stood at 1,106,500 persons. Of that number persons 55-64 represented 8.78 percent (97,200) and persons 65 and over represents 5 percent (56,600).¹⁶ A further examination of these statistics reveals that there are considerable differences in the employment figures between the genders in the said age groups. Males 55-64 accounted for 59 percent (57,800) of employed persons in that age group while males in the 65 and over age group represented 69 percent (39,100). Hence it may be clearly concluded that older women suffer higher rates of unemployment than their male counterparts.

These challenges faced by older persons in trying to earn a livelihood coupled with their responsibilities as breadwinners and heads of households make them extremely vulnerable to poverty. The findings are consistent with recent information provided by the government of Jamaica to the United Nations Secretariat where it stated that “Some of the main challenges [facing older people] are the higher prevalence of poverty among the elderly, food security...”¹⁷ Section 9 goes more in depth into the issue of age discrimination in the workplace in Jamaica.

¹⁶ <http://statinja.gov.jm/EmployedLabourForceByAgeGroup.aspx>

¹⁷ 2011. Responses by the Government of Jamaica to questions asked by the Secretariat pursuant to resolution 65/182 entitled follow-up to Second World Assembly on Ageing (page 1).

6.0 Health, Social Care, and HIV & AIDS

The quality of life many older persons enjoy is significantly dependent on their health and well-being. The proposition that persons within this age cohort are categorized as the '*dependent elderly*¹⁸', is limiting in as far as it identifies older persons as a homogenous group and does not reflect the realities of many older persons in Jamaica. According to demographer Norma Newman (2001), "The majority of the elderly is physically functional and mentally competent". The low standard of living experienced by many older persons and the poor economic environment mean, that many persons 65 years¹⁹ and over continue to work, although the age 65 years old is the official retirement age of for government workers. Jamaica's life expectancy at age 60 years reveals an additional 19 years for males and 22 years for females. According to the WHO 2003 and ECLAC 2004, the Health Adjusted Life Expectancy (HALE) loss percent (%) among Jamaican older persons is 35 percent for males and 35.27 percent for females. This means that 35 percent of the adjusted life expectancy of an OP is spent in ill health by older men and 35.27 percent by older women. This thus qualifies the statement that, "morbidity is higher among females, although males have a higher mortality, attributed mainly to lifestyle diseases" (Newman, 2005). This reality is a paradox, because although older women are more likely to live longer, they are also more likely to spend more of this longer life span in ill health after age 60 in comparison to males.

One of the leading causes of illness and death among older persons in Jamaica is chronic diseases (HAI 2002 and 2008; PIOJ 2009; and JHLS 2008). Chronic diseases are defined as "diseases of long duration and generally slow progression"²⁰. Chronic diseases are by and large lifestyle related. Over the ten month period of January to October 2010, 35.9 percent of new diabetic cases and 54.2 percent new hypertensive cases recorded in the public health centres were reported among persons 60 years and over²¹.

6.1 Factors affecting the health status of Older Persons

- I. **Income security** is a major challenge for many older persons which has significantly affected their capacity to enjoy good health. Many older persons who were not formally employed are not eligible for a pension and many others did not make informed decisions and or adequate provisions to secure themselves financially in old age. Some of the key health and well-being issues of older persons which are affected by financial constraints include, monies needed to:

¹⁸ Ibid

¹⁹ The GOJ has initiated a programme of an incremental increase in the age of retirement among females to align it with the age of retirement for males. The process began in 2010 and will see the retirement age of females moving from 60 to 65 by the year 2015 (Ministry Paper 41/2010).

²⁰ http://www.who.int/topics/chronic_diseases/en/

²¹ PIOJ. Economic and Social Survey of Jamaica 2009.

1. Purchase medications not covered by JADEP;
2. Pay other medical expenses such as surgeries and doctor visits;
3. Purchase food items to ensure that they are having a balanced meal and not compromising the effectiveness of medications.
4. Transportation related expenses to access health care. These include transportation cost to visit the doctor (sometimes more than the cost of the doctor's visit); transportation cost to go to and return from the pharmacy (WHO/PAHO Collaborating Centre on Ageing, 2003 and HAI (2), 2008).

Many older persons utilise a combination of different income sources to pay for healthcare. These include PATH, general insurance, savings, and NI Gold (pension from the NIS). As discussed in the section on income security, many older persons have limited access to secure sources of income.

Three other government programmes which have also contributed significantly to the lowering cost of accessing health care are:

- i). The **National Health Fund (NHF)** which has facilitated a reduction in the cost of medication;
- ii). **The Jamaica Drugs for the Elderly Programmes (JADEP)** which has minimized the cost of medication to basic handling fees; and
- iii). **The GOJ Health Card** provides free medications (on condition).

NHF Services

The NHF is a universal programme which provides a subsidy on all prescriptions covered by the Vital, Essential and Necessary (VEN) list in relation to the fifteen chronic illnesses listed below. The two criteria for membership to the programme are that the individual should first be a Jamaican national and secondly that the individual is registered as suffering from one or more of the illnesses covered in the programme.

JADEP

The introduction of the Jamaica Drugs for the Elderly Programme (JADEP) in 1996 was one of the most innovative measures with regards to health care service delivery that is of benefit to older persons. As the title of the programme indicates it is only applicable to older persons who are in this instance defined according to the accepted standard set out by the United Nations as being persons 60 years and over. The second eligibility requirement is that an individual, who seeks membership within the programme, should be suffering from at least one of the ten chronic illnesses covered by the programme.

Official figures provided by the National Health Fund²² indicate that more women (over 60%) are members of JADEP in comparison to men. This data is substantiated by the Jamaica Health and Lifestyle Survey²³ which revealed that more females were aware of and were enrolled with JADEP in comparison

²² <http://www.nhf.org.jm/application/INDIVIDUAL%20BENEFITS%20ENROLMENT%20BY%20AGE%20AND%20GENDER.pdf>

²³ National Health Fund. Jamaica Health and Lifestyle Survey 2007-8. TECHNICAL REPORT
http://www.nhf.org.jm/document_library/general/lifestyle_report.pdf

to their male counterparts. In addition knowledge and enrolment was consistently higher among females in urban and rural areas in comparison to males.

For many older persons, the introduction of the JADEP is invaluable as it has facilitated the removal of the cost of medications listed in the VEN list. The cost to members for accessing their prescriptions is a basic processing/handling fee of \$J 40.00 (US\$ 0.47) for one month’s supply of the medication. This has resulted in huge savings being made by older persons, who otherwise would have had to pay the full cost for prescribed drugs (See Table 6).

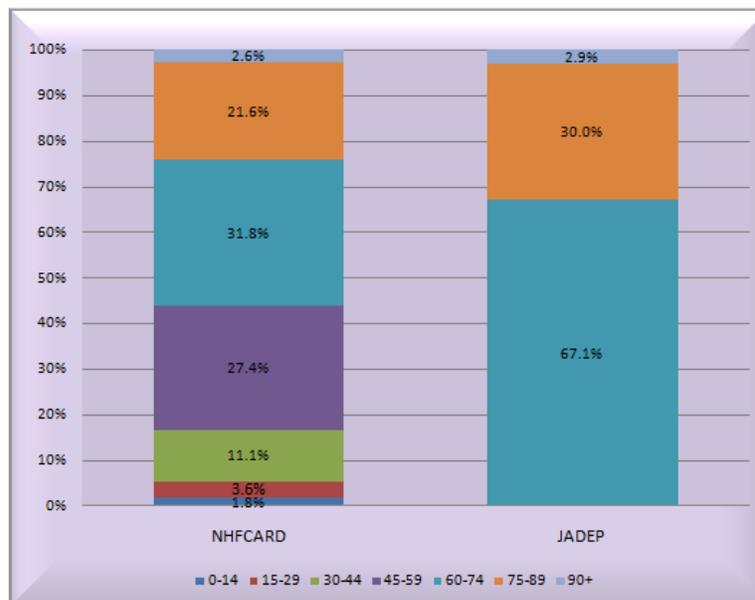
Table 6: Percentage of Persons Enrolled (n=117) with JADEP and the stated reasons for using the card

REASONS FOR USE OF JADEP CARD	MALE	FEMALE	TOTAL
Save	89.1	83.5	85.4
Encouraged by healthcare professional	25.9	12.8	17.6
Encouraged by friends/family	0	7.3	4.8

Source: Jamaica Health and Living Survey 2008

JADEP members can access prescribed drugs on the VEN list from public and private sector pharmacies which are participating in the programme. Enrolment levels are particularly higher among the 60-74 years age cohort (67.1 percent), in comparison to those between the ages of 75-89 (30.0 percent) and ages 90 and over (2.9 percent) (See Table 7). There are also high levels of enrolment of older persons for the NHF benefits.

Table 7: Individual benefits enrolment by age as at September 30, 2010



The GOJ Health Card

The GOJ Health Card facilitates the filling of prescriptions which are on the VEN list and which were issued at public health facilities at no cost to the patient. These prescriptions can be filled at public hospitals and select private pharmacies. A TRN is required to be registered for the GOJ Health Card. It goes without saying that a programme of this nature is in fact invaluable to persons who are suffering particular chronic illnesses whose medications are included on the VEN list.

Whereas three government programmes: NHF, JADEP and GOJ Health Card programmes are highly commendable, there are a number of noticeable challenges being experienced by older persons in accessing the services of these programmes. Some of the challenges include:

1. Some beneficiaries of the three programmes are unable to access their prescriptions as the prescribed drugs are not on the VEN list. This was the second leading cause of non-use of JADEP cards among a sample of older persons (Table 8). A number of reasons which may have contributed to this difference between drugs on the VEN list and those prescribed are: a lack of awareness on the part of the doctors about which drugs are on the VEN list; and in some instances unwillingness on the part of doctors as a result of the potential loss of income for doctors who are not able to benefit from the purchase of prescription by patients of items on the VEN list, instead of the direct/unsubsidized purchase of items from a pharmacy.
2. Another cause for concern is the fact that some major illnesses are not covered by the programme.
3. Concerns by some older persons that prescriptions on the VEN list are not replenished in a timely manner at the pharmacies have resulted in many older persons having to purchase prescriptions at unsubsidized costs/rates.
4. Registering for a TRN has proven to be difficult for many older persons who do not have a birth certificate and or any other form of identification. The process will therefore become unwieldy for many older persons who must first ensure that they have the basic requirements in place, such as a birth certificate in order to register for a TRN to access the GOJ Health Card benefits.

The reasons shared above are supported by the findings of the Jamaica Health and Lifestyle Survey (2007-8) (See Table 8).

Table 8: Percentage of Persons Enrolled (n=117) with JADEP and the stated reasons for not using the card

REASONS FOR NON USE OF JADEP CARD	MALE	FEMALE	TOTAL
Condition not covered	5.0	0	2.5
Pharmacy does not accept card	0	11.3	5.5
Prescribed drug not on list	26.6	12.5	29.6
Applied but no card received	41.3	27.4	34.4

²⁴ <http://www.nhf.org.jm/application/INDIVIDUAL%20BENEFITS%20ENROLMENT%20BY%20AGE%20AND%20GENDER.pdf>

Tedious to fill Rx	0.0	24.2	11.9
Other Insurance	9.5	0	4.8

Source: Jamaica Health and Living Survey 2008

II. **Age friendly health services and facilities.** Many older persons continue to experience some degree of challenge in accessing health care, through public health facilities. Following the introduction of the abolition of user fees at public health facilities across Jamaica in 2008, the welcome cheers by older persons for this provision has waned due to the excess burden created on the health system by the abolition of user fees. This overburdening of the health system is as a result of the "...marginal increase in the GOJ budgetary allocation to the MOH", "...increase in the demand ... of pharmaceuticals..." the need for improved infrastructure, increase staff and upgraded equipment ((PIOJ, 2009). Key findings from situational analyses undertaken by HelpAge International in 2002 and again in 2008 across select communities reveal concerns on the part of older persons in relation to the unacceptable treatment they received at the hands of some health personnel at health facilities. Another study undertaken by the MOH and presented at the WHO/PAHO Collaborating Centre on Ageing and Health in the 2003 Ageing Well Conference revealed that older persons continued to experience barriers to accessing health care. The main barriers identified include issues relating to:

- a) Personnel: "insufficient doctors to adequately manage the numbers of clients seen and long waiting hours to be seen by medical personnel". The long waiting hours experienced by older persons at health care facilities cannot be over emphasized. In a number of meetings, research and reports collated by HAI, a number of older persons have indicated that whilst accessing health care in the public health facilities, many spend in excess of 3-5 hours²⁵ waiting to be seen by medical personnel. This reality of having to wait for extended periods of time to access health care is extremely difficult for older people, many of whom suffer from one or more forms of chronic illnesses. An account from a Older Citizens' Monitor experience of waiting for an extended period of time was documented, in which the Monitor indicated that:

"Older people are not treated very well at the hospital or the clinic. They have to sit the whole day. When they see the doctor and try to get the medication, they also have to wait the whole day. Especially when the medication is expensive they not giving you at the pharmacy. They have to sit there sometimes two days."

Additional accounts by Monitors in relation to the realities experienced in the Primary Health Care (PHC) services following the abolition of user fees highlight the challenges of the overburdening of the health systems.

"I do not see any great change at the clinic. No special provisions are made for the senior citizens. I have to walk to the clinic in the mornings because there is no public transportation that is available at that time. When I see the doctor and get the prescription, I have to leave and return the next morning to get the medication."

"Some people reach there at three o'clock in the morning. That's when they have to reach there...If you reach there [at] 7:00 a.m.; sometimes you have to go days before you get it [medication]."

²⁵ HelpAge International. Older People's Association – An End or a Means to An End? London. 2011

- b) Inadequacy in the physical environment – small waiting areas, unkempt bathrooms, no warm drink or appropriate food available²⁶.
- c) Operational practices – no weekend or night services in primary health care facilities.
- d) Insensitive responses and attitude of staff towards older persons.

Government pensioners are also able to access limited health insurance support through the NI Gold – the medical insurance component of the National Insurance Scheme. Some older persons have insurance policy which they use to subsidise their medical expenses.

Eye Care Services for OP in Jamaica

There are a large number of health providers in the public and private sector providing eye care services in Jamaica. The cost of eye care is prohibitive for some older persons as corroborated by a study of eye care services in Jamaica by Buchanan and Horwitz (2000), in which they stated, *“Cost emerges as a major barrier to eye care for both those accessing care and those not accessing care”*. Low cost eye care services may be accessed through The Foundation for International Self-Help (FISH), the Lion’s Clubs through its health fairs in collaboration with the National Council for Senior Citizens (across the fourteen parishes) and the Cuban Eye Care Programme. *“Whilst FISH is open to all age groups the majority of its clients are older persons over 60 years of age. Some of its elderly patients have been coming to the organization for more than 15 years”*²⁷. Under the Lion’s Club screening programme, the majority of the older persons who are screened are suffering from one or more chronic illnesses – with the two dominant illnesses being hypertension and diabetes. The serious eye concerns are recorded among persons with readings within the range of 20/70 – 20/100. These persons are usually referred to an ophthalmologist.

The genuine concern with regards to the cost of eye care has seriously affected the time in which many people access eye care services. Based on the practice among some older persons in rural communities, many older persons only resort to eye care services when there are serious visionary impairments. Usually at this stage it is difficult to undertake corrective measures including surgery due to weakened nerves. The Public Health system is overcrowded and the waiting list for specialized services are long.

Recommendations

- 1. Public education campaign around the value of practicing good eye health care.**
- 2. Possibility of subsidizing the cost of full service eye health care to encourage more persons to use the services. *“If we depend on persons to pay for services, then we will have serious eye challenges on hand.” Nellie Richards – Executive Director, SACDA***

Mental Health

The main provider of inpatient mental health services in Jamaica is the Bellevue Hospital. Approximately 40% of the patients at the hospital are older than 65 years²⁸. By crude estimates, there are 500,000

²⁶ Barriers b-d are presented by the WHO/PAHO Collaborating Ageing Centre.

²⁷ HelpAge International. End of Project Evaluation Report, IFKO. 2010.

²⁸ http://publications.paho.org/english/Jamaica_CD_183.pdf

persons in Jamaica who have mental health problems²⁹. According to PAHO (2007), *“The mental health issues of loneliness and social isolation have been identified as requiring special attention in the development of social policy approaches to healthy aging”*. The reality of loneliness and other examples of isolation and neglect were vividly expressed in an Irish Aid Interim-Project Evaluation exercise administered by HelpAge International in May 2011, in which older persons³⁰ articulated that:

- Older persons felt lost: “It was like the older people [were] lost because [when] you’re old is like they shut you away.”
- “I was so sad and depressed, I had nowhere to go.”
- The community was not cohesive; “we lived here but we never really interacted with the people [of the community].”

Eldermire-Shearer et al (2009), contend that, “Mental health issues such as bereavement, loss of cognitive function and independence and depression become increasingly significant and affect the ability to maintain physical function and need to be included in primary healthcare programmes.” There are a number of increasing concerns that there are inadequate mental health services in Jamaica. Although there has been an increase in the provision of mental health services for children, a PAHO report³¹ has highlighted that *“...there is presently no funded national strategy for developing old age ... [mental services].”*

HelpAge has observed a number of mental health indicators among the older persons in the communities in which projects are implemented in the parish of St. Catherine. Anecdotal information from project reports from Older Citizens Monitors (OCM)³² in select communities in the parish revealed that some of the older persons have become senile and wander far away from their homes. Community members therefore, often assist by returning them to their respective homes. In addition to this trend, is the concern for the need for grief counselling for older persons as they continue to deal with deaths of other older persons (active club members and shut-ins). Some of the related psychosomatic issues that older persons have reported include: high blood pressure, insomnia and diarrhoea. The need for grief counselling and support is further exacerbated by the increase in the level of violent behaviours and deaths experienced by older persons (See Section 9 on *Violence, Abuse and Discrimination* for more in-depth information).

In a survey titled *Fall and Fall Prevention – Insights from Jamaica*³³, the findings revealed that *“Intrinsic factors, conditions such as hypertension (37%), diabetes mellitus, chronic ischaemic heart disease (7.6%), dementia including Alzheimer’s disease (7.6%) were the main illnesses noted among the patients who fell”*.

²⁹ Ibid.

³⁰ Feedback provided by Older Citizens’ Monitors (OCMs) during an Irish Aid Interim-Project Evaluation exercise. The OCMs were Monitors from Deeside, Princess Field, Lauriston, Rivoli, Central Village, De La Vega City and Kitson Town in the Parish of St. Catherine.

³¹ http://publications.paho.org/english/jamaica_CD_183.pdf

³² OCMs are older persons who have been trained in monitoring the access to and take-up of pro-poor programmes and services for older persons in their communities. This model is a unique approach developed by HelpAge to monitor social assistance programmes by empowering disadvantaged and vulnerable to hold their governments to account.

³³ Eldemire-Shearer, D. and James, K et al. Falls and Fall Prevention in the Elderly: Insights from Jamaica

Urgent action required to respond to mental health issues in older persons in Jamaica. There is need for more indepth research on the mental health situation among older persons in Jamaica. Unfortunately there have been unfavourable behaviour and treatment such as neglect, abuse and isolation meted out to older persons who are experiencing mental health illnesses by family members and other persons in the society who do not know how to effectively respond to the illness. It is also possible to mitigate the impact of grief on older persons by training older persons as Peer Counsellors.

6.2 Social Care

Older persons who are no longer able to undertake basic personal chores/activity- such as personal hygiene and grooming may require additional support, especially if they live alone. Two common approaches to addressing these needs may include: firstly, enlisting the older person in an institution either privately (nursing home) or publicly (infirmary/golden age home) and secondly providing home-care/home-help services. In 2009, The National Council for Senior Citizens facilitated 809 home visits to 113 beneficiaries (shut-ins) (PIOJ, 2010), through the services of practical nurses employed to the NCSC. Traditionally the responsibility of providing care was a family responsibility and was more than likely female dominated (Eldermire-Shearer, 2002). However, with the active engagement of the various members of the household into *productive/income generating activities*, many of these women are now working outside of the home and are formally employed. It is often in this context that an older person, who is not able to physically attend to his/her personal needs are often viewed as in need of care. Placing one's family member in an institution has not been a culturally accepted practice in Jamaica, however as a result of modernization and the genuine levels of responsibility among household members outside of the domestic sphere, an older person who is unable to take care of his/her needs is often deemed as being a '*burden*'. It is very often in circumstances like these that a decision is taken to employ social care services.

In recent years there have been ongoing debates about who is responsible for the provision of care to older persons. There are also concerns about the roles of Community Health Aides (CHAs) with regards to older persons. According to Vision 2030 Development Plan, CHAs provide health education, monitor the elderly, facilitate immunization, and have been pivotal in nutrition education and other interventions³⁴. The unfortunate reality about the visibility and engagement of CHAs in caring for older people is limited and is contrary to the assertion of the Vision 2030 Plan as the accounts from seniors in HelpAge's research indicate little or no presence by these groups of persons.

6.3 HIV & AIDS

Older persons have been socially excluded in Jamaica's national response to addressing HIV & AIDS, which has traditionally taken the approach of targeting the groups which are considered to be high prevalence/or at the greatest risk. This being the case, the target groups are usually persons who are considered sexually active, persons within the productive and reproductive age cohort 18- 49 years old,

³⁴ <http://www.jm.undp.org/files/GOJ%20National%20Report%20to%20UNAMR-Final.pdf>

commercial sex workers (CSWs), men who have sex with men (MSM) and injecting drug users (IDUs). The National Programme has not identified the older population as a potential target group for which age-appropriate interventions should be prepared and implemented.

This approach towards older persons in relation to HIV & AIDS in Jamaica is mirrored in a Report from the Second World Assembly on Ageing, held in Madrid, Spain in 2002, which states inter alia *“Health care workers are less likely to ask older patients about their sexual behaviour and do not provide the prevention information they would routinely offer younger patients. Nor do prevention education programmes target older people.”*³⁵ This lack of intervention and initiative in addressing the needs of older people and their vulnerabilities in relation to HIV & AIDS portrays the perception that sexual desire declines with age and that social barriers exist in relation to discourses on sexuality. This perception overshadows the fact that:

1. HIV & AIDS does not discriminate in terms of age;
2. Older people are sexually active and are thus vulnerable to contracting or being affected by HIV & AIDS;
3. Older people are actively engaged in dealing with HIV & AIDS, albeit directly or indirectly as many act as care givers to their children and or other family members suffering from AIDS, including their grandchildren and other orphans and children made vulnerable by HIV & AIDS (OVCs);
4. There are numerous psychological and financial burdens to older persons in the care of those infected and or affected by HIV & AIDS.

An HIV & AIDS Knowledge, Attitude, Practice and Behaviour Survey (2008) was commissioned by HelpAge International with a sample size of 500 respondents interviewed from the five parishes with the highest rates of HIV & AIDS prevalence across Jamaica: Kingston and St. Andrew, St. Catherine, St. James, St. Ann and Westmoreland. The objective of the KAPB was to: undertake an assessment of:

1. Knowledge of older persons (Jamaica) about HIV and AIDS
2. Risky practices / behaviours
3. Perception of vulnerability to HIV and AIDS

The national KAPB in previous years captured respondents up to age 49 years old, accordingly the HelpAge commissioned KAPB targeted persons 50 – 75 years old. 75% of the respondents were between 50 and 65 years whilst the remaining 25% were between 66 and 75 years.

Some of the key findings of the survey revealed that:

- Persons 50-75 years old are equally at risk of contracting HIV/AIDS as the general population.
- Nine in ten respondents knew correct means of prevention (having one uninfected faithful partner, consistent condom use and abstinence).
- 11% of the population reported having multiple partners.

³⁵www.globalaging.org/waa2/articles/hivolder.htm accessed 05/07/07

- 70% of males with multiple partners had a partner 20 years old or younger. Where this age disparity exists, condom negotiation is usually undermined as the older male is often the economic provider.
- 80% respondents indicated a willingness to care for a family member infected with HIV, although 75% had no knowledge of how to do so. Rural respondents for the most part did not feel confident about their knowledge levels in this respect.

Although the findings of the KAPB are sufficient to warrant a review of the HIV & AIDS programming in Jamaica, there seems to be little or no admission of this reality on the part of the National HIV & AIDS Programme. Something that seems also to be ignored is the likelihood that many persons due to the benefits of anti-retroviral (ARV) treatments may live to become older persons living with HIV & AIDS, having contracted it in their younger years. There are a myriad of opportunities for the engagement of older persons in HIV & AIDS programming. Some of the short-term opportunity responses include:

- A national survey which captures qualitative elements is needed to further support the KAPB which was undertaken and also to direct intervention and programming.
- Educational/training programmes targeting older persons with the objective of disseminating information on how to provide care for persons living with HIV and AIDS (PLWHA), in particular persons 66-75 years and those from rural areas.
- Promoting older persons as Community HIV/AIDS Counsellors and Peer Educators.
- Encouraging older persons to become advocates in HIV & AIDS Programming.

7.0 Housing and Living Environment

The Jamaica Survey of Living Conditions (2009) quite rightly asserts that the right of access to shelter is a fundamental human right, mentioning its inclusion in the Millennium Development Goals with specific reference to the right to a safe and healthy environment, and improved living conditions. The World Health Organisation (WHO: 2007) also notes that “housing is essential to safety and well-being” and makes the link between housing and access to community services in influencing the independence and quality of life of older people.

The World Bank, however, observes that the need for affordable, decent housing is a long standing challenge to an improved living condition in Jamaica. It points to a ‘dysfunctional and cumbersome process relating to housing financing, affordability, delivery, access and security’.

7.1 Home Ownership

Available data on housing in Jamaica is not disaggregated according to age group; therefore, it is not possible to provide quantitative data which is representative of the housing situation of older people. However, research carried out by HelpAge International (2002; 2008) has consistently shown that the majority of older persons own their home. The 2002 study showed that 57% owned their homes with this number increasing to 60% in 2008. This is comparable to the 63.0% of all households in Jamaica owning their homes in 2009 (STATIN and PIOJ: 2010). Many older persons, however, have problems maintaining these homes, with a considerable number in a state of disrepair. This fact was borne out in the two HelpAge research studies mentioned above. While acknowledging the PIOJ statistics which showed that housing security was higher in the poorest consumption quintile compared to the wealthiest, the World Bank raised questions about ownership within the formal sector and the condition of such housing. The document also notes that many houses in rural areas are of poor quality, and “a considerable proportion of Jamaica households (50 percent) live in overcrowded conditions”.

7.2 Amenities

While no national data are available regarding the number of older persons and their households who have access to potable water, the Survey of Living Conditions (STATIN and PIOJ: 2010) reports that 72.5% of the overall population have such access. Research carried out by HelpAge (2008) in selected communities in Kingston and St Andrew and St Catherine revealed that 88% of the older persons surveyed had pipe borne water in their homes. Flush toilets were used by 66% and the remaining 34% had pit latrines in their homes. These figures were comparable to the figures for the population at large as reported in the Survey of Living Conditions which showed 67.6% having flush toilets and 34.6% using pit latrines. The access or lack of access to potable water by households and older people, we believe, is more a function of its existence or non-existence in particular communities. Older people, who live in

communities without a potable water supply, particularly those who are very old and live alone experience great hardships in accessing water since the source of their water supply is in most cases some distance away from their homes, and where it has to be purchased they do not always have the resources to do so. More than 90% of older people households have access to electricity, but there is a growing trend of inability to afford electricity charges, leading to numbers of older persons having their electricity disconnected. The World Health Organisation (WHO: 2007)³⁶ also points to the high cost of essential services in Jamaica, pointing out that “older people on a low income find it difficult to pay the high utility costs and suggest that these be reduced”.

Based on the available information, it would appear that most older people have basic amenities such as water, toilet facilities and electricity, but a major area of concern is the condition of their houses. Social housing which targets older persons is an area that needs to be addressed. Food for the Poor is the key organization providing assistance in this area, but not many older persons have reported not being able to receive such assistance.

7.3 Living Arrangements

There is no recent data available regarding the living arrangements of older people on a national basis, but HelpAge research in selected communicates indicate that the majority of older persons reside with children, or grand children and other relatives. The majority of persons who lived alone were to be found in the 70+ age group, while most of the persons who lived with a spouse were in the 60 – 69 age group. It was pointed out earlier that the greater majority of the oldest old are women, hence there is a need to target special services and programmes to this age cohort to ensure that they enjoy a good quality of life in their later years.

³⁶ Global Age-friendly Cities: A Guide

8.0 DISASTERS AND EMERGENCIES

8.1 Vulnerability of Older People

Older persons are particularly vulnerable to hazards and to a large extent disasters. A 2005 HelpAge Report on the Asian Tsunami posits that: “*Older people, often neglected in normal circumstances are even more **vulnerable** in disasters*”. Poverty aside, there are other factors that make older people particularly vulnerable to disasters. Research carried out by HelpAge in the parish of St Catherine (2002; 2007; 2008) showed that many older people suffered from one or more chronic diseases: hypertension, diabetes, arthritis and heart disease. Treatment and management of these diseases are often disrupted during a disaster and these pre-existing health conditions are aggravated by stress. Older people also suffered from eye problems (glaucoma, cataract, blindness and failing eyesight). On the whole, decreased mobility brought on by age and failing health and other forms of disability such as hearing loss make it difficult for older people to prepare properly for disasters, stand in line to receive assistance, and contribute to their exclusion from relief and rehabilitation efforts.

HelpAge’s experience has also shown that where community disaster interventions exist they hardly involve older people who have special needs and vulnerabilities, but neither is their knowledge and expertise developed from years of experience utilised in the disaster management process. In a recent disaster needs assessments administered across 19 communities in the parishes of: St. Catherine and Portland by HelpAge in 2011, more than 60% of the respondents (older persons) indicated that they had received no formal disaster education or training, and had no knowledge of disaster response plans for their communities.

8.2 Older People’s Vulnerabilities ignored

There are a number of vulnerabilities which older persons experience which are exacerbated by natural disasters. These include:

- i) **Health** – the physical and mental capacities of the older persons may have declined. These older persons may have a limited access to health services as a result of mobility and financial issues. In the event of a disaster, older persons are highly susceptible to trauma and disease.
- ii) **Social status** – older persons are sometimes socially excluded and many experience a reduction in social status. In the absence of families and friends to provide: love, support and encouragement/reinforcement, some older persons may experience feelings of loneliness and depression.
- iii) **Discrimination** – very often there are experiences of discrimination in the distribution of relief supplies following a disaster due to the fact that many older persons are not able to easily access relief and other services – which would require them waiting in long lines for an extended period of time. Unfortunately, there are no regular provisions of relief supplies made for older persons similar to what is done for children as well as pregnant and lactating

women for example. Also in situation where the relief and distribution are not managed properly, there may be instances of stampede.

- iv) **Livelihoods** – very often as a result of reduced mobility and ageing, many older persons have difficulties in accessing work. Even in instances where an older person maybe undertaking livelihood activities as a measure of rebounding following a natural disaster, many of them are not able to access credit, training and outreach. Many investors are cautious about investing in an older person with the belief that the risk is too high and the rate of return will be much lower than what was invested.

8.3 Critical Needs & Concerns

Eldermire-Shearer et al (2006) have documented pertinent information relating to age limitations imposed by GOJ, in providing economic recovery benefits following the passage of natural disasters. The report posits that *“In general there is difficulty in accessing relief both immediate and long-term. Long term rehabilitation involves waiting in lines to be registered, then assessors visit and then Ministry decides how much. The process can take years... The Ministry rehabilitation grant also has an upper age limit under normal circumstances of 45”*.

There is also concern about older persons living in residential institutions and the possibility of care in an emergency context. An account from the WHO reveals that *“...in Jamaica, the evacuation of persons living in local nursing homes was problematic”* (WHO, 2008). Additionally,

“The majority of the residents (of residential facilities) are bedridden and this poses difficulties with evacuations given the small number of staff to help and the type of available transportation. The staffs have their own families to prepare for and cannot come to work or in some cases cannot get through due to blocked roads. The institutions operate on a shoestring budget so do not have stand-by generators or water tanks to use in such times” (Eldermire-Shearer et al, 2006).

8.4 Impact of disasters on older people

Many older persons may become traumatized during and after a disaster, which may have long term effect on their health and well-being if left untreated.

8.5 Inclusion in disaster planning and response mechanisms, relief and rehabilitation programmes

Some of the active engagements of older persons in responding to natural disasters in particular hurricanes have been documented by the World Health Organization (2008), in which older persons:

- Acted as models of resourcefulness and resilience
- Cared for younger and sick family members while adults dealt with immediate problems.
- Provided shelter for displaced persons
- Volunteered practical skills (older tradesmen went around volunteering help)

There is need for the inclusion of older persons in disaster planning and management. Many of these older persons have a wealth of experience and information which can be contributed to disaster planning and management, however unfortunately, many are not consulted.

9.0 Violence, Abuse and Discrimination

Between 2000 and 2005, more than 4,000 older persons were victims of major crimes. Approximately 3.4% older women were raped, 30% were robbed, and 12% were murdered (Jamaica Observer, 2005); and 27 older persons were abandoned at the St. Ann's Bay Hospital in 2008 (Jamaica Observer, March 07, 2010).

As was aforementioned, a significant number of Jamaican households maybe classified as multigenerational with many older persons being primary caregivers for children. Older persons are vulnerable to violence and abuse within and outside their households. While official statistics and reports do not point to older people as a specific group, there is growing evidence of gross denial of the social, economic and cultural rights of older persons in Jamaica. HelpAge International's work with this target group has revealed that older persons are often victims of discrimination in trying to access healthcare services, transportation, micro credit and insurance services. Older persons are also victims of financial, physical, sexual and psychological abuse. Speaking at a function held at the University of the West Indies on 25th November 2010 to commemorate *International Day for the Elimination of Violence against Women*, Assistant Commissioner of Police Novelette Grant stated emphatically that "domestic violence is now the leading cause of violence in Jamaica...children and the elderly are particularly vulnerable to domestic abuse."³⁷

In its response to questions asked by the United Nations Secretariat, as a follow-up to the World Assembly on Ageing, the Jamaican government clearly stated that "some of the main challenges [of the elderly] are: the higher prevalence of poverty among the elderly, food security, *inadequate* access to specialized geriatric care, *high levels of violence and elder abuse* and low levels of social security... [however] There is no specific legislation in Jamaica geared solely towards the protection of the elderly in the Jamaican law." The International Federation on Ageing (IFA) recognises the issue when it wrote in a publication that "Jamaica is one of many countries that do not presently have stand-alone legislation prohibiting age discrimination and *there appears no plans to table such legislation in the immediate future*," (page 23)³⁸.

The IFA in speaking to rights issues and age discrimination against older persons posits that,

The government has the responsibility of ensuring the rights of senior citizens. Strategies to achieve this goal include the review of existing policy and recommendations for future policy to adjust for omissions, contradictions and discrimination against older people in law... However, an information campaign alone will not be enough to eliminate ageist practices. Jamaica may require specific legislation

³⁷ Information taken from notes of attendee at the function

³⁸ 2008. International Federation on Ageing. Age Related Policies: A Global Review on Age Discrimination Legislation

covering age discrimination in the future (p. 25, 26).

The following case study is told in the first person by an older person who was recently the victim of a praedial larceny.

Case study: Male Older Person in Spanish Town, St. Catherine

“Praedial larceny is nothing new in Zambia and as far as I can remember, it has been an ongoing problem since the 1980’s. Zambia is generally a quiet community in Central Village and has a number of persons residing in the area. Much of the troubles in the community are caused by outsiders.

“Since January 2011, they have stolen a total of eight (8) goats from me. One day, I was in the bush, cleaning my goats; then I heard a goat crying out loudly. I thought it was a dog, so I went to investigate in order to assist the goat. When I arrived, I saw two men, taking the goat away. I immediately cried out to them and then they let the goat go.

“I have not reported the incident to the police. You have to be careful with the police. They will repeat the same information to the culprits and persons can be murdered for that. For example, whenever they are having a music session and it is disruptive, someone might call and inform the police that the session is disturbing them. The police will then say to the culprits, ‘your neighbours called us and said that you are disturbing them.’ Then the men will blame anyone they can and try to harm you because you are an ‘informer’. So even if I see them with the goats, its best that I let them go with the goats because it is better that they take the goats than to take me with them.

The crime doesn’t bother me but it bothers others. When they steal my goats, I feel it sometimes. I speak with my brother about the situation and he tells me that it is better that they take the goat than take me or my children. My children come home late at nights and I don’t want anything bad to happen to them. So it is best to “see and blind, hear and deaf”.

The above referenced case reflects a pattern throughout the Jamaican society. An increasing number of older persons face both subtle and extreme levels of discrimination and violent acts. The current laws do not adequately protect this vulnerable group because without proof, assailants often avoid prosecution. Testimonials from older persons may need to be considered permissible in the court system to assist in realising justice for older persons open to constant victimization.

10.0 Contribution to Family and Society

Older persons contribute to their families and by extension the society, in a variety of ways. As noted in a HelpAge (2007) commissioned Report, “Older persons are most of the time the heads of multi-generational households (MGHs) ...living on a single income”³⁹. Parental absence in MGH is due to migration, violence and AIDS. Therefore grandparents are often the caretakers of the family and have to provide an income to meet the basic needs. Research commissioned by HelpAge International (HAI) in 2002, found that their involvement in the family ranged from “making financial contribution, to provisions of moral and emotional support. Older persons assist their families mainly in the area of housekeeping, which involves cooking, cleaning and looking after grandchildren while parents are at work.”⁴⁰

Research carried out by HelpAge in St. Catherine in 2011 revealed that there are considerable financial burdens on older persons. These challenges are captured below:

10.1 Economic Contributions

Older persons assist their grandchildren and great grandchildren with school expenses which include providing lunch money, bus fare, contributing to, or in some cases paying school fees, and purchasing school supplies. In addition they must contribute to or pay utility bills for the household; contribute to or pay for the medical care of their grandchildren; and purchase or contribute to food for the household. It is worth noting that a significant number of persons who participated in the discussions stated that the grandparent (either grandfather or grandmother or both grandparents) were the chief breadwinners⁴¹.

10.2 Social Contributions

In addition to the financial obligations older persons face, they take on the role of social care-givers. While this ‘nurturing’ role may be instinctive for older persons, it can be physically draining for some. For example, Grandparents care for their grand and great grandchildren by bathing and grooming them, feeding and preparing meals, preparing for them school, taking them to school and picking them up from school, taking grandchildren to the hospital, assisting with homework, and preparing grandchildren for bed. The study showed that those activities are further compounded by daily household and yard chores such as gardening and doing the laundry.

³⁹ HelpAge International (2007). Assessment of the Impact of Poverty Reduction Programmes in Three Rural Communities in St. Catherine, Jamaica

⁴⁰ HelpAge International (2002). The Situation of older people in Jamaica. The research covered the parishes of St. Mary, St. Catherine and Kingston.

⁴¹ In 27 (84.37%) of the households represented grandparents were joint breadwinners with their children, great grandchildren or grandchildren; while in 21 (65.63%) of those households, grandparents were the only bread winners.

Older persons are also charged with transmitting strong morals and values to their children, grandchildren and great grandchildren. Grandparents stated that some of the main values they teach to their grand and great grandchildren (as well as their own children when they were younger) are - the importance of being respectful to others including teachers; the value of proper money management; promoting the importance of getting an education; and emphasizing honesty as an important character trait; and insisting that children develop basic manners (such as saying hello to persons they pass on the street especially older persons). In addition grandparents pass on their experiences and knowledge to next generation. This involves life lessons as well as vocational skills to their family members as well as their communities. They also ensure that their grand and great grandchildren are protected by keeping them at home and off the streets.

10.3 Benefits the family receives from the economic and social contributions

As an extension of the research carried out in 2002, grandparents were asked to further explore what they saw as being the benefits of their contributions to their families and to the Jamaican society at large. The findings are detailed below.

10.3. 1 Economic Benefits at the family/household level

Children are able to save because of the financial assistance provided by grandparents and additional breadwinners. The basic needs of grand and great grandchildren are met and so the tendency for them to ask strangers for money is reduced; thus minimizing the likelihood of grand and great grandchildren being exploited. To underscore this point, one grandparent stated that she advised her grandchildren ““nuh go out a road and beg nuh \$10 dollars, cause dem a go come back for it⁴².” This she explained meant that people who give children money can sometimes take advantage of them by asking them for favours in return (including sexual favours).

10.3. 2 Social Contributions at the Household Level

The grandparents participating in the focus group discussions were of the view that as a result of the values grandparents teach their grandchildren they in turn display greater levels of discipline which they believe can improve their chances of gaining employment and make them worthwhile citizens in their communities. Grandparents believed that the respect their grandchildren display at the community level results in, community members looking out for the children and showing them love. Additionally, grand and great grandchildren are protected from negative influences because of the grandparents supervising them and ensuring they stay off the streets. Their contributions also reduce stress on family members when the children are not involved in delinquent activities.

The activities older persons engage in at the household level do have a number of benefits for their family members. Family members who work outside the home are less stressed when they do not have to come home and carry out major household tasks. The empirical data shows that family members feel happier when they can come home to a clean environment; and life is more enjoyable for the

⁴² Statement translated: “Do not go on the street and ask anyone for \$10 as they will come back to you and ask for it.”

grandchildren when there is grandparent around to assist them. It is interesting to note that older persons who are farmers help to ensure food security for the family; and grandchildren and great grandchildren learn to share with others by observing their grandparents sharing the produce from their farms with neighbours.

Family members, also experience less stress and are more relaxed because of the care older persons provide. Their presence in the home also results in the reduction of day-care costs. The data shows that grand and great grandchildren grow up to do better as a result of the time, care and attention received from grandparents; while adult grandchildren in return assist with the care of their grandparents

Older persons are repositories of vast knowledge and skills that are critical to continuity of traditional practices. In its 2002 Situation Analysis of Older People in Jamaica this finding was forcefully reinforced. From their skills and knowledge which they share with their families, their grandchildren and great grandchildren learn vocational skills from which they can earn an income. Older persons also believed that their grandchildren and great grandchildren learn how to show love and live with each other based on the experience that grandparents share.

10. 4 Social Participation and Contribution to Society

“Our generation of the thirties and of the forties are the builders of modern Jamaica that all these people enjoy this day...we still have skills we could contribute.”⁴³

The above words of older persons Advocate Kenneth Hemley speaks to past contributions and the continued contributions that older persons make to the Jamaican society. The contributions older persons make to their households also impact the society at large; in addition older persons make direct contributions to the Jamaican society that extends beyond their family members.

10.4. 1 Societal benefits from social contributions of older persons

The grandparents felt that passing on high morals and values to their grand and great grandchildren helps to reduce/prevent teenage pregnancy; helps in the prevention of violence and certain crimes and delinquent behaviours such as stealing. In addition the protection and safety grandparents provide to their grand and great grandchildren will in the long run reduce the incidence of crime and child abuse in Jamaica.

As care-givers for their grand and great grandchildren, grandparents believe they will have the following effects on the society at large: better levels of discipline in schools; parents are better able to focus on their jobs and as a result that enhances their productivity and that of their country. Parents are also less stressed because of the assistance provided by grandparents.

⁴³ 2010. HelpAge International. The Situation of Older Persons in Jamaica. <http://www.youtube.com/watch?v=HgJiihzQkR8>

In 2002, HAI found that older persons “provide assistance to needy persons in the community”. Such assistance is sometimes to other older persons who are sick, shut-in and in need of care, as well as to children in the community. Assistance to [other] older persons is mainly in the form of financial assistance for medical and other bills and visiting those who are incapacitated and shut-in.”⁴⁴ Older persons in eight communities across St. Catherine continue to care for needy older persons. Information provided by older people and contained in a HelpAge Report (2010) revealed that “older persons continue to provide social care to shut-ins. Their work includes providing moral support, help with shopping, household chores personal care, feeding and accompanying them to doctor’s appointments. Monitors use portions of their stipend to cater to the personal needs of the shut-ins they support.”⁴⁵ Other potential benefits to the Jamaican society include the transfer of vocational skills to younger community members from which they can earn a living; community members (youth) learn from their experiences; community members save on food because of the farm produce older persons share and older persons who work as tailors and dress makers provide affordable clothing to community members through the dressmaking of older persons (especially school uniforms).

10. 5 Support for economic and social roles by family and state

The sources of financial support for older persons include Poor Relief, PATH, remittances, support from children/grand children, NIS pension, begging for survival⁴⁶, self employment (chicken rearing, selling snacks, natural juices, party baking, dress making, husband, renting, strangers). Other sources of support identified included church, relatives (occasionally) and senior citizen clubs. Participants interviewed in recent focus group discussions also noted that they source financial support from the Sponsor a Grandparent (SAG) programme implemented by HelpAge.

⁴⁴ 2002. HelpAge International. The Situation of older persons in Jamaica.

⁴⁵ 2011. HelpAge International. HelpAge International Block Grant (Jamaica).

⁴⁶ One particular grandmother articulated this. She explained that she had no income and was the sole caregiver and financial support for the granddaughter. She told us in the FGD that she was receiving no NIS pension because her former employer did not pay over their deductions after working for over 20 years and as such she is forced to depend on the charity of others.

Conclusions and Recommendations

The recommendations outlined below reflect the collective suggestions/views put forward by various stakeholders based on this desk review of the situation of older persons in Jamaica. Admittedly, Jamaica has seen tremendous progress in securing the wellbeing of older persons. There are subtle inequalities that remain in relation to older persons issues, while other shortfalls are far more evident. The inequalities are based on images and perceptions of older people; however there has been a clear failure over time to put in place specific policies and legislation to protect older persons in every sphere of national life.

The following recommendations are, therefore, made within the context of the actions requiring short to medium term attention. These are not actions that can be left hanging for another decade. Should that be the case, Jamaica's ageing population would have faced inexcusable, unnecessary and unconstitutional blockages to a better life.

- (i) HelpAge is cognizant of the fact that a revision of the **National Policy for Senior Citizens** has been on the card for some time. We would recommend that the **plan is revised in keeping with the Madrid International Plan of Action on Ageing** and that a plan of action for its implementation in consultation with the various stakeholders be developed.
- (ii) There is need for **further research** both qualitative and quantitative into the impact of issues such as crime, violence, and other social factors on the health and well-being of older persons
- (iii) **Adhere to international principles on ageing:** The extent to which Jamaica is adhering to international principles concerning older persons is debatable. The MIPAA is a key document which should be guiding policy initiatives specific to older persons at all levels of the society (micro and macro levels). It is expected therefore that the Vision 2030 National Development Plan would recognize, and reference the document in the sections dealing with older persons issues. It may also become necessary to consider a shift in referencing and 'branding' of the group from "seniors" to "older persons/people" (to reflect the international codes/language); and the re-naming of the National Policy to reflect "older persons" and not "seniors".
- (iv) **Consolidate and centralize operations involving older persons.** It is recommended that the Ministry of Labour and Social Security be restructured to clearly indicate/state its portfolio responsibility for Older Persons. It may become necessary to utilize agencies such as the Social Development Commission in effecting older persons policies at the community level. Additionally, older persons must be represented on all sector boards within key industries such as the creative industries, agriculture and tourism.
- (v) **Affirmative Action in ageing.** While this recommendation may be viewed as extreme, given the negative connotations often associated with any form of affirmative action, it

is an issue that may help to propel specific legislation and policies that have been lagging and/or absent for some time in Jamaica. Arguably, affirmative action may allow for the implementation of an employment ageing quota system which guarantees a respectable and fair representation of older persons in the workforce.

- (vi) **Sustained public education on ageing:** It is evident from the plethora of reports that have been documented within the last ten years that many Jamaicans are not aware of the dynamic issues involving population ageing. The Madrid International Plan of Action of Ageing should be a document with which key social sectors are familiar. Similarly, educational institutions and other social sectors should be familiar with the country's National Policy for Senior Citizens. Sustained public education will mean that more Jamaicans will likely demand more of their leaders, in relation to fulfilling policies and laws which impact older persons.
- (vii) **Enact specific legislation to adequately protect older persons:** The National Policy for Senior Citizens does not allow for inclusive protection of older persons in various areas of national development. For example violence against older persons must be captured in specific legislation that addresses the complexity of the issues involved.
- (viii) **Revised and continuous research into older persons' issues:** This recommendation is necessary to influence policy decisions surrounding the realities of older persons. Policy decisions regarding older persons must be grounded in evidence, and must at all times reflect the realities of older people's lives.
- (ix) **Review and refine the social protection services open to older persons:** It is recommended that there be collaboration between employers and trade unions to ensure payment of NIS contributions on behalf of employees; as well as the encouragement of the working population to make regular contributions to the NIS. The Report further recommends the introduction of a universal social pension on a phased basis. This recommendation comes out of an Evaluation Report on the HelpAge Empowering Older Citizens Project. There is also a need to further review the selection mechanisms for access to social protection services. This is an issue that is being tackled under the Vision 2030 Plan, however as noted earlier the framework is not clear on how equity is to be achieved.

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ANNEX 2

TERMS OF REFERENCE

TERMS OF REFERENCE FOR CONDUCT OF A DESK REVIEW TO ASSESS HOW THE NEEDS OF OLDER PERSONS IN JAMAICA ARE BEING MET

1 **OBJECTIVE:**

This activity contributes to advancing research on population trends and advancing the ICPD Agenda. It also represents part of the efforts of the sub-regional office to support the World at 7 Billion campaign, which begins with the observance of World Population Day on July 11 and culminates on October 31, 2011- the day when it is projected that world population will reach 7 billion.

Outcomes

- An overview of the situation of older persons in Jamaica including available services to meet the needs of the elderly
- Concrete data for policy formulation, programme planning and advocacy for services to meet the needs of older persons

It is proposed that Help Age International in association with the UNFPA Sub-regional Office for the Caribbean will undertake a desk review of the situation of older persons in Jamaica to assess how the needs of older persons are being met. This information will be used for policy and programme formulation and to inform advocacy activities.

2 **CHARACTERISTICS OF THE WORK**

The desk review, to be undertaken by HELP Age International, will review available national data on services for older persons as well as the legislative and policy framework including Jamaica's Vision 2030 and other development plans, work closely with the Jamaica National Council for Senior Citizens (NCSC) to identify the needs of older persons to see how these are being addressed by current policy in both the public and private sectors.

The result of this investigation will provide evidence of the needs of older persons and will be shared with the Planning Institute of Jamaica and the Jamaica National Council for Senior Citizens (NCSC) to guide policy and programme formulation and implementation; and also inform UNFPA programming in 2012

3 **Work place**

Help Age International will conduct the investigation operating from their offices in Jamaica.

4 **ACTIVITIES**

Help Age International should conduct the following activities:

Review national data available on services for the elderly including in the following areas:

- Health, (access to health care - free health care services and implications, including primary health care; with special emphasis on issues such as HIV/AIDS, abuse of older persons, non-communicable diseases, mental health, social programming – JADEP & NHF also gaps etc.)
- Housing and shelter,
- Infrastructure
- Social protection Productivity
- Livelihoods
- Emergencies /Disasters, and
- Social participation in national development

The analysis should examine the linkages between gender and ageing and in particular the experiences of older men and older women in relation to the issues identified above.

Identify demographic and socioeconomic characteristics of the population including:

- Marital status (ii) number of living children (iii) education and literacy

Examine the legislative and policy framework for older persons in Jamaica including Jamaica's National Development Plan **Vision 2030** and the level of implementation of the Madrid Plan of Action on Ageing (MIPAA) (Jamaica –signatory in 2002)

Present a detailed plan of work, which will include a listing of the documents that will be reviewed.

Implement the investigation based on the plan of work designed by Help Age International and approved by UNFPA

Compile the information gathered and present this information to UNFPA for review. This information should include an in depth analysis of the quantity and quality of services available to the elderly to ensure a life of health and dignity.

Present policy implications for enhancing Jamaica's national development

Present Final report

5 **RESULTS**

- A comprehensive analysis of the situation of the elderly in Jamaica
- A base line information document that will serve as the basis for identifying future actions in meeting the needs of the elderly.

Selection Criteria for the consultant

- A first degree in Social Sciences
- Experience in field base investigation
- Knowledge of the situation of the elderly in Jamaica
- Strong communications skills.
- Ability to write and compile the information from the survey instrument and create a comprehensive report of the findings.
- Willingness to accept a short term contract

6 **WORK PLAN**

Time Line	Actions
June 20 – 24	Research and preparation of sections
June 27 -30	Drafting of report
July 1	Submission of Draft report of UNFPA
July 4	Receipt of comments from UNFPA
July 4-6	Re-work of reports based on UNFPA comments
July 6	Submission of final report

	Ratifications of international human rights law, December 2009						
	International Covenant on Civil and Political Rights, 1966	International Covenant on Economic, Social and Cultural Rights, 1966	Convention on the Elimination of All Forms of Discrimination Against Women, 1979	Convention on the Rights of the Child, 1989	Convention on Rights of Persons with Disabilities, 2006	Regional Human Rights Convention	Protocols to Regional Conventions
						African Charter on Human and Peoples' Rights	Protocol to ACHPR on the Rights of Women in Africa (Maputo Protocol)
Africa							
Burkina Faso	4 Jan 1999 a	4 Jan 1999 a	14 Oct 1987 a	31 Aug 1990 r	23 Jul 2009 r	21 Sep 1984 d	ratified
Cameroon	27 Jun 1984 a	27 Jun 1984 a	23 Aug 1994 r	11 Jan 1993 r	1 Oct 2008 s	18 Sep 1989 d	signature
DR Congo	1 Nov 1976 a	1 Nov 1976 a	17 Oct 1986 r	27 Sep 1990 r	xxxxxxxxxxxxx	28 Jul 1987 d	signature
Ethiopia	11 Jun 1993 a	11 Jun 1993 a	10 Sep 1981 r	14 May 1991 a	30 Mar 2007 s	22 Jun 1998 d	signature
Ghana	7 Sep 2000 r	7 Sep 2000 r	2 Jan 1986 r	5 Feb 1990 r	30 Mar 2007 s	01 Mar 1989 d	ratified
Kenya	1 May 1972 a	1 May 1972 a	9 Mar 1984 a	30 Jul 1990 r	19 May 2008 r	10 Feb 1992 d	signature
Lesotho	9 Sep 1992 a	9 Sep 1992 a	22 Aug 1995 r	10 Mar 1992 r	2 Dec 2008 a	27 Feb 1992 d	ratified
Malawi	22 Dec 1993 a	22 Dec 1993 a	12 Mar 1987 a	2 Jan 1991 a	27 Aug 2009 r	23 Feb 1990 d	ratified
Mozambique	21 Jul 1993 a	xxxxxxxxxxxxx	21 Apr 1997 a	26 Apr 1994 r	30 Mar 2007 s	07 Mar 1990 d	ratified
Nigeria	29 Jul 1993 a	29 Jul 1993 a	13 Jun 1985 r	19 Apr 1991 r	30 Mar 2007 s	22 Jul 1983 d	ratified
Rwanda	16 Apr 1975 a	16 Apr 1975 a	02 Mar 1981 r	24 Jan 1991 r	15 Dec 2008 a	22 Jul 1983 d	ratified
Senegal	13 Feb 1978 r	13 Feb 1978 r	5 Feb 1985 r	31 Jul 1990 r	25 Apr 2007 s	25 Oct 1982 d	ratified
Sierra Leone	23 Aug 1996 a	23 Aug 1996 a	11 Nov 1988 r	18 Jun 1990 r	30 Mar 2007 s	27 Jan 1984 d	signature
South Africa	10 Dec 1998 r	03 Oct 1994 s	15 Dec 1995 r	16 Jun 1995 r	30 Nov 2007 r	09 July 1996 d	ratified
Sudan	18 Mar 1986 a	18 Mar 1986 a	xxxxxxxxxxxxx	3 Aug 1990 r	24 Apr 2009 r	11 Mar 1986 d	xxxxxxxxxxxxx

Ratifications of international human rights law, December 2009

	International Covenant on Civil and Political Rights, 1966	International Covenant on Economic, Social and Cultural Rights, 1966	Convention on the Elimination of All Forms of Discrimination Against Women, 1979	Convention on the Rights of the Child, 1989	Convention on Rights of Persons with Disabilities, 2006	Regional Human Rights Convention African Charter on Human and Peoples' Rights	Protocols to Regional Conventions Protocol to ACHPR on the Rights of Women in Africa (Maputo Protocol)
Swaziland	26 Mar 2004 a	26 Mar 2004 a	26 Mar 2004 a	7 Sep 1995 r	<i>25 Sep 2007 s</i>	09 Dec 1995 d	signature
Tanzania	11 Jun 1976 a	11 Jun 1976 a	20 Aug 1985 r	xxxxxxxxxxxx	xxxxxxxxxxxx	09 Mar 1984 d	signature
Uganda	21 Jun 1995 a	21 Jan 1987 a	22 Jul 1985 r	17 Aug 1990 r	25 Sep 2008 r	27 May 1986 d	signature
Zambia	10 Apr 1984 a	10 Apr 1984 a	21 Jun 1985 r	6 Dec 1990 r	<i>9 May 2008 s</i>	02 Feb 1984 d	ratified
Zimbabwe	13 May 1991 a	13 May 1991 a	13 May 1991 a	11 Sep 1990 r	xxxxxxxxxxxx	12 Feb 1986 d	signature
East Asia Pacific						No regional convention	
Cambodia	26 May 1992 a	26 May 1992 a	15 Oct 1992 a	15 Oct 1992 a	<i>1 Oct 2007 s</i>		
China	<i>5 Oct 1998 s</i>	27 Mar 2001 r	4 Nov 1980 r	2 Mar 1992 r	1 Aug 2008 r		
Indonesia	23 Feb 2006 a	23 Feb 2006 a	13 Sep 1984 r	5 Sep 1990 r	<i>30 Mar 2007 s</i>		
Lao PDR	25 Sep 2009 r	13 Feb 2007 r	14 Aug 1981 r	8 May 1991 a	25 Sep 2009 r		
Myanmar	xxxxxxxxxxxx	xxxxxxxxxxxx	22 Jul 1997 a	15 Jul 1991 a	xxxxxxxxxxxx		
Philippines	23 Oct 1986 r	7 Jun 1974 r	5 Aug 1981 r	21 Aug 1990 r	15 Apr 2008 r		
Thailand	29 Oct 1996 a	5 Sep 1999 a	9 Aug 1985 a	27 Mar 1992 a	29 Jul 2008 r		
Vietnam	24 Sep 1982 a	24 Sep 1982 a	17 Feb 1982 r	28 Feb 1990 r	<i>22 Oct 2007 s</i>		

Ratifications of international human rights law, December 2009

	International Covenant on Civil and Political Rights, 1966	International Covenant on Economic, Social and Cultural Rights, 1966	Convention on the Elimination of All Forms of Discrimination Against Women, 1979	Convention on the Rights of the Child, 1989	Convention on Rights of Persons with Disabilities, 2006	Regional Human Rights Convention	Protocols to Regional Conventions
						African Charter on Human and Peoples' Rights	Protocol to ACHPR on the Rights of Women in Africa (Maputo Protocol)
South Asia							
Bangladesh	6 Sep 2000 a	5 Oct 1998 a	6 Nov 1984 a	3 Aug 1990 r	30 Nov 2007 r		
India	10 Apr 1979 a	10 Apr 1979 a	9 Jul 1993 r	11 Dec 1992 a	1 Oct 2007 r		
Nepal	14 May 1991 a	14 May 1991 a	22 Apr 1991 r	14 Sep 1990 r	<i>3 Jan 2008 s</i>		
Sri Lanka	11 Jun 1980 a	11 Jun 1980 a	5 Oct 1981 r	12 Jul 1991 a	<i>30 Mar 2007 s</i>		
Central Asia							
Kyrgyzstan	7 Oct 1994 a	7 Oct 1994 a	10 Feb 1997 a	7 Oct 1994 a	xxxxxxxxxxxxx		
Moldova	26 Jan 1993 a	26 Jan 1993 a	1 Jul 1994 a	xxxxxxxxxxxxx	xxxxxxxxxxxxx		
Tajikistan	16 Apr 1975 a	4 Jan 1999 a	26 Oct 1993 a	26 Oct 1993 a	xxxxxxxxxxxxx		

Ratifications of international human rights law, December 2009

	International Covenant on Civil and Political Rights, 1966	International Covenant on Economic, Social and Cultural Rights, 1966	Convention on the Elimination of All Forms of Discrimination Against Women, 1979	Convention on the Rights of the Child, 1989	Convention on Rights of Persons with Disabilities, 2006	Regional Human Rights Convention African Charter on Human and Peoples' Rights	Protocols to Regional Conventions Protocol to ACHPR on the Rights of Women in Africa (Maputo Protocol)
Boliva	12 Aug 1982 a	12 Aug 1982 a	08 Jun 1990 r	26 Jun 1990 r	16 Nov 2009 r	20 Jun 1979 a	12 Jul 2006 r
Colombia	29 Oct 1969 r	29 Oct 1969 r	19 Jan 1982 r	28 Jan 1991 r	<i>30 Mar 2007 s</i>	28 May 1973 r	22 Oct 1997 a
Ecuador	6 Mar 1969 r	06 Mar 1969 r	09 Nov 1981 r	23 Mar 1990 r	3 Apr 2008 r	8 Dec 1977 r	10 Feb 1993 r
Nicaragua	12 Mar 1980 a	12 Mar 1980 a	27 Oct 1981 r	5 Oct 1990 r	7 Dec 2007 r	25 Sep 1979 r	<i>17 Nov 1988 s</i>
Paraguay	10 Jun 1992 a	10 Jun 1992 a	6 Apr 1987 a	25 Sep 1990 r	3 Sep 2008 r	18 Aug 1989 r	28 May 1997 r
Peru	28 Apr 1978 r	28 Apr 1978 r	13 Sep 1982 r	4 Sep 1990 r	30 Jan 2008 r	12 Jul 1978 r	17 May 1995 r
Caribbean							
Antigua & Barbuda	xxxxxxxxxxxxx	xxxxxxxxxxxxx	1 Aug 1989 a	5 Oct 1993 r	<i>30 Mar 2007 s</i>	xxxxxxxxxxxxx	xxxxxxxxxxxxx
Dominica	17 Jun 1993 a	17 Jun 1993 a	15 Sep 1980 r	13 Mar 1991 r	<i>30 Mar 2007 s</i>	3 Jun 1993 a	xxxxxxxxxxxxx
Grenada	6 Sep 1991 a	6 Sep 1991 a	30 Aug 1990 r	5 Nov 1990 r	xxxxxxxxxxxxx	14 Jul 1978 r	xxxxxxxxxxxxx
Haiti	6 Feb 1991 a	xxxxxxxxxxxxx	20 Jul 1981 r	8 Jun 1995 r	23 Jul 2009 a	14 Sep 1977 a	<i>17 Nov 1988 s</i>
Jamaica	3 Oct 1975 r	3 Oct 1975 r	19 Oct 1984 r	14 May 1991 r	30 Mar 2007 r	19 Jul 1978 r	xxxxxxxxxxxxx
St Vincent & the Grenadines	9 Nov 1981 a	9 Nov 1981 a	4 Aug 1981 a	26 Oct 1993 r	xxxxxxxxxxxxx	xxxxxxxxxxxxx	xxxxxxxxxxxxx
Key							
xxxxxxxxxxxxxxxxx	No signature, accession or ratification						
r	ratification- state gives consent to be legally bound by a treaty (after it has first signed it)						
a	accession - equivalent to ratifying a treaty but without having signed it as a first step						
<i>s</i>	signature - state signs treaty signally intention to ratify it at a later date. Signature signals a commitment not to commit any act against the spirit of the treaty in the period before ratification.						
d	deposited- when instrument is formally with Secretary General of the United Nations.						



**PERMANENT MISSION OF JAMAICA
TO THE UNITED NATIONS**

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The Permanent Mission of Jamaica to the United Nations presents its compliments to the Secretariat of the United Nations and has the honour to refer to the latter's Note Ageing/2011/CM/JS/is of 23 March 2011, requesting the views of Member States on the situation of the rights of older persons pursuant to resolution 65/182 entitled "Follow-up to the Second World Assembly on Ageing".

The Permanent Mission of Jamaica has the further honour to forward, in this regard the response of the Government of Jamaica on the situation of the rights of older persons in Jamaica.

The Permanent Mission of Jamaica to the United Nations avails itself of this opportunity to renew to the Secretariat of the United Nations the assurances of its highest consideration.



United Nations Secretariat
New York

New York, 19th April 2011

Link: <http://www.ohchr.org/Documents/Issues/OlderPersons/Submissions/Jamaica.pdf>

**Responses by the Government of Jamaica
to questions asked by the Secretariat pursuant to resolution 65/182
entitled Follow-up to Second World Assembly on Ageing**

Question 1: Please provide information on the current situation of the human rights of older persons, including particular challenges and threats that may prevent the full realization of their rights.

There are still many challenges and threats faced by the elderly in Jamaican society. Some of the main challenges are: the higher prevalence of poverty among the elderly, food security, inadequate access to specialized geriatric care, high levels of violence and elder abuse and low levels of social security.

Question 2: Please provide information on existing legislation, policies and programmes to protect and promote the human rights of older persons.

There is no specific legislation in Jamaica geared solely towards the protection of the elderly in Jamaican law. However, the human rights of the elderly as well as all Jamaican citizens are protected by the Jamaican Constitution, Order in Council, 1962. Chapter III of the Constitution protects the following fundamental rights and freedoms: life, liberty, security of persons, enjoyment of property, protection of the law and freedom of peaceful assembly and association. Clause 14 of the Constitution protects the right to life, protection from arbitrary arrest and detention (Clause 15), freedom of movement (Clause 16) and protection from inhuman treatment (Clause 17).

Question 3: Please provide information on existing legislation, policies and programmes to address discrimination against older persons, including measures to address multiple discrimination (e.g. discrimination based on age and gender).

There is currently no legislation in Jamaica which specifically addresses the issue of discrimination against older persons. However, Chapter III Clause 24 (1) of the Constitution seeks to protect all Jamaicans from discrimination. The said clause stipulates as follows:

"No law shall make any provision which is discriminatory either of itself or in its effect."

In the said clause, discrimination means 'affording different treatment to different persons attributable wholly or mainly to their respective descriptions by race, place of origin, political opinions, colour or creed.'

Jamaica's policy in respect of the elderly is set out in the publication entitled 'National Policy for Senior Citizens.' It is recognized that all aspects of the policy in respect of the elderly must take into account gender equality and the fact that women represent the larger proportion of the senior citizens population and that older women generally have a lower socio-economic status than older men. One of the fundamental goals of the national policy is to devise strategies and

programmes to promote positive images of senior citizens and to combat negative age stereotypes and age discrimination. This policy of non-discrimination extends to the accessibility of services. The policy states that there should be no discrimination in the availability of services.

Question 4: Please provide information on existing legislation, policies or programmes to address violence and abuse against older persons in the private and public spheres

Violence and abuse of the elderly is a scourge which must be addressed. One of the goals of the National Policy is to ensure that older persons are protected from violence and abuse.

There is no distinct legislation which protects the elderly from violence and abuse. However there are several legislative provisions in Jamaica which seek to protect the vulnerable including the elderly from violence and abuse. Some of these provisions are: the Domestic Violence Act, the Offences Against the Person Act and the Sexual Offences Act. The Domestic Violence Act *inter alia* protects prescribed persons such as parents if the Respondent threatens violence against or has caused physical or mental injury. The Offences Against the Persons Act imposes stiff sanctions against persons who commit violent/serious offences such as murder, arson and sexual offences. The Sexual Offences Act protects individuals from offences such as rape and grievous sexual assault.

Question 5: Please provide information on existing legislation, policies and programmes addressing old- age sensitive services and facilities, such as those related to mobility, age-adequate design, long-term care, primary health care and adult and continuous education.

Health care

One of the main objectives of the National Policy with respect to health is that it is to be ensured that primary health care is available, accessible and affordable to senior citizens.

The legislative framework in respect of health care is set out in the Health Care Services Act, and the National Health Services (Fees) Regulation. The National Health Services (Fees) Regulation effectively abolished user-fees at public health facilities for public patients. Accordingly citizens are provided with unrestricted access to basic health services including primary and secondary health care, emergency outpatient treatment, surgical operations, hospitalization and in patient medication supplies. The positive impact of the abolition of user fees on the level of health care accessible to the elderly cannot be overemphasized. The implications for senior citizens are that health care has become more accessible and affordable and these benefits are given both in the public hospitals and other public health facilities such as clinics. Additionally, this measure increases access to care for senior citizens who are poor as well as for those who live in rural areas.

In the National Policy it has been pointed out the major health issues faced by the elderly in Jamaica are those associated with increasing levels of chronic disease particularly hypertension, diabetes and arthritis and the increasing cost of medical care such as obtaining medications. In an effort to combat these challenges the Government has introduced two main programmes with the main objective of ensuring that the elderly are able to access the medication needed to treat the chronic diseases associated with ageing. The Jamaica Drugs for the Elderly Programme (JADEP), and the National Health Fund (NHF) are two programmes through which the elderly can obtain health cards which assist in defraying the high cost associated with obtaining medication.

JADEP is a public-private sector collaborative effort which was launched by the Ministry of Health in 1996. The programme is now managed by the National Health Fund which is an entity of the Ministry of Health. The object of the JADEP Programme is to assist the elderly to access essential drugs through payment subsidies for persons suffering from ten (10) chronic illnesses/diseases such as hypertension, diabetes, glaucoma, cardiac disease, vascular disease, arthritis, asthma, psychotic conditions, benign prostrate hypertension and high cholesterol. This assistance is provided through payment subsidies for Jamaican residents who are 60 years and older. In effect the elderly are provided with greater access to medical services and prescription drugs which reduces their expenditure on medication. Through this long term initiative, senior citizens save thousands of dollars on their prescription drugs by using the JADEP Membership card. With the JADEP card it only costs \$J40 Jamaican Dollars for one item on their prescription, \$J80.00 for two items, \$J120.00 for three items, \$J160 for 4 items, \$J200.00 for 5 items and \$J240.00 for 6 items.

Senior citizens in general and those who are also members of the JADEP Programme can also benefit under the National Health Fund. The National Health Fund Act governs the administration of the NHF. The principal objectives of the NHF are to -

- (a) provide prescribed health benefits to all residents, regardless of age, gender, health or economic status;
- (b) provide greater access to medical treatment and preventative care for specified diseases and specified medical conditions;
- (c) secure improvement in the productivity of residents by reducing time lost on the job that is attributable to personal and family health care problems;
- (d) reduce the Island's disease burden through health promotion and protection programmes; and
- (e) provide support to health services and promote and encourage the utilization of primary health care to improve the quality of life of the Island's population.

One of the main functions of the Fund is to implement a national health insurance plan. The NHF provides assistance to individuals to purchase specific prescription drugs used in the treatment and management of designated chronic illnesses. The NHF covers more chronic conditions than JADEP and carries a wider range of drugs. The NHF also serves the purpose of promoting health awareness in Jamaica as senior citizens are adequately informed of the best health practices and how to improve and maintain a healthy lifestyle.

The major diseases covered by the NHF are: Arthritis, Cancer of the Prostate, Diabetes, Glaucoma, High Cholesterol, Hypertension, Ischaemic Heart Disease, Major Depression, Heart Disease and Vascular Disease.

Long-term care and Old-age sensitive services and facilities

One of the objectives of the National Policy is to ensure that the accessibility and mobility of the elderly are enhanced in all situations. Consequently buildings are to be made accessible through the provision of ramps and rails to staircases. Additionally services for senior citizens should be located on the ground floor when no elevator is available and the doors in these buildings should accommodate wheelchairs.

With reference to long term care, the National Council for Senior Citizens is a member of the committee spearheaded by the Ministry of Health that makes decisions regarding the monitoring and standards of Residential Care Facilities for senior citizens. As an outcome of advocacy, special lines are designated for senior citizens in banks and customer services areas of many agencies/organizations. Additionally access to Public Buildings has become more senior friendly and Senior Citizens are able to access concessionary rates on Government owned/operated buses in the Capital city (Kingston), Montego Bay and along certain routes that extend into suburban areas.

Regarding the United Nation's Millennium Development Goals, the Ministry of Health through the Office of the Chief Medical Officer has embarked upon the rehabilitation of over 156 health centres island wide as well as the purchasing of much needed equipment which will enable senior citizens to comfortably access the services available at primary health care facilities.

Adult and Continuous Education

The National Policy shows that the Government recognizes that the continued education of the elderly is of paramount importance. One of the objectives of the National Policy is to educate senior citizens on new developments which will increase their ability to take part in family activities and improve their functional independence and quality of life. One strategy for fulfilling this objective is the provision of continuing education and retraining opportunities for senior citizens.

In an effort to fulfil this policy objective the National Council for Senior Citizens provides opportunities for skills training, Basic Computer Training, participation in Seniors Spelling Bee and Bible Quiz competitions for the elderly. Additionally the Council holds seminars and workshops which provide vital information on health issues and other matters which address the needs of the elderly.

Question 6: Please provide information on existing legislation, policies and programmes concerning social protection measures as well as right to work and right to social security with regard to older persons.

The Ministry of Labour and Social Security administers social protection and social security legislation, policies and programmes with regard to older persons.

The National Insurance Act and Regulations of 1965 regulates the administration of the National Insurance Scheme (NIS), a social insurance scheme which includes pension and other benefits for older persons. Benefits which are accessible by older persons include retirement benefits and a benefit for persons born before January 1, 1908 – which is targeted to capture all centenarians as at January 1, 2008.

All pensioners are also beneficiaries of the NIGOLD Health Plan for NIS Pensioners, which provides assistance with medical expenses.

The Programme of Advancement Through Health and Education (PATH) is a proxy means tested social assistance programme which includes the payment of a social pension for older persons in selected households.

The Ministry also administers the country's labour laws, which though not specifically targeting older persons, includes provisions for the right to work of all citizens.

Question 7: Please provide information on existing legislation, policies and programmes to systematically collect, update and analyze information disaggregated by age.

In the National Policy it is expressly stated that a comprehensive reliable database is an essential prerequisite for the national strategy and that it should be ensured that national data sets include information which is gender and age specific and that the information is available.

Social data disaggregated by age is systematically collected in Jamaica. Through the annual Jamaica Survey of Living Conditions, demographic and household information, consumption expenditure, education, health, social protection and housing data are collected in a household survey. Every ten years there is a national Population Census, which also affords data disaggregated by age. There is therefore a wide range of analysis that can be conducted on the elderly and other populations, using these primary survey datasets. In addition, there is an annual Economic and Social Survey that provides a compilation of secondary data on economic sectors and social development issues. Primary data is also collected quarterly and annually on labour force, employment and earnings, and demographics within the population. The routine collection of data forms part of the mandate of the Statistical Institute of Jamaica, and the Planning Institute of Jamaica, both established by Acts of Parliament in 1984.

Question 8: Please provide information on existing legislation, policies and programmes to enhance participation and active engagement of older men and women in community, political and cultural life.

There are several programmes which seek to include the elderly in community life. For example in Community Involvement Projects (administered by the National Council For Senior

Citizens) the elderly are involved in activities that benefit the entire community such as: the beautification of green areas or parks, the preservation of the environment by collecting plastic bottles to be recycled, partnering with other groups to clean up the beach front, painting of Basic Schools within their respective communities and participation in the mentoring and homework programmes.

Additionally several activities have been introduced to ensure that senior citizens participate in cultural life. Some of these activities include: oral history and storytelling at schools and libraries, participating in cultural expositions which includes performances demonstrating the historical evolution of Jamaican music and dance and imparting knowledge about folklore and cuisine.

Question 9: Please provide information on existing legislation, policies and programmes to ensure access to justice and judicial remedies for violations of the rights of older persons including references to specific mandates of institutions such as national human rights institutions to address their rights.

While there are no existing legislation, policies or programmes specifically targeting older persons, older persons are ensured access to justice and judicial remedies for violations of their rights, including references to specific mandates of institutions such as national human rights institutions to address these rights.

Permanent Mission of Jamaica
To the United Nations
19 April 2011