

## **COUNTRY PROFILE**

### **STATUS AND IMPLEMENTATION OF NATIONAL POLICIES ON AGEING IN**

#### **JAMAICA**

## **1.0 OVERVIEW**

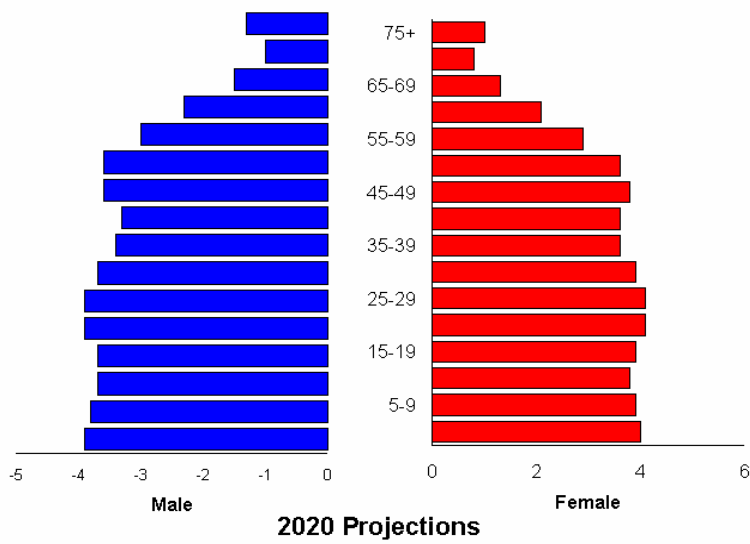
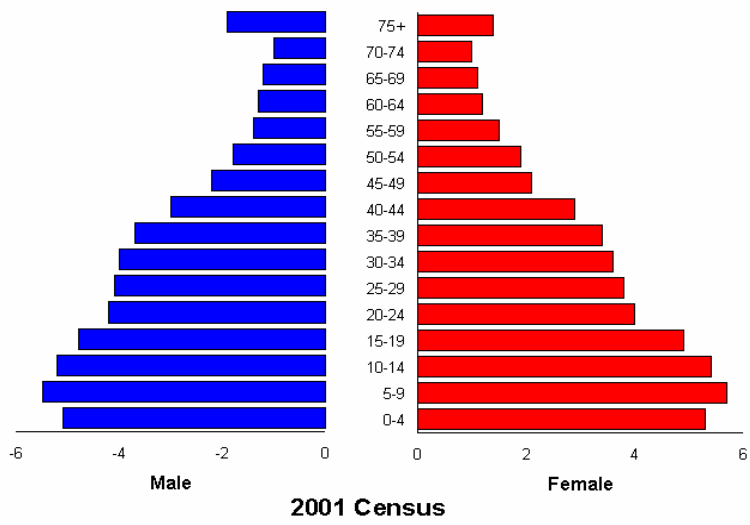
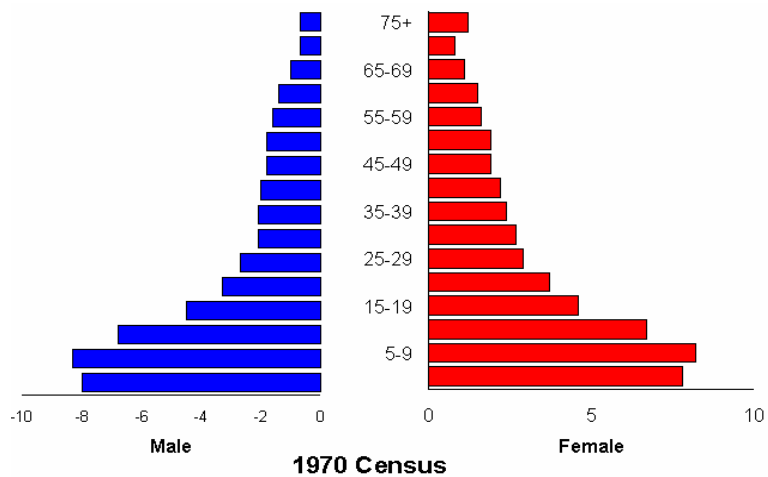
### **1.1 Physical Characteristics**

Jamaica is located in the North Western section of the Caribbean Archipelago, 145 kilometres south of Cuba, 161 kilometres west of Haiti and 898 kilometres south east of Miami. With an area of 10,991 square kilometres, it is the third largest island in the Caribbean. The country is largely mountainous with its highest elevation, Blue Mountain Peak, 2,256 metres in height. About half of the total land area is 300 metres or more above sea level. It also has plateaux and plains mainly in the Southern and Central areas, respectively. Although Jamaica is 5 degrees south of the Tropic of Cancer, its climate is often regarded as tropical. This largely is due to the moderate temperatures that exist in the high altitude areas. The mean annual temperature for 2000 was 26.5 Celsius.

### **1.2 Population**

During the period 1980-1991, Jamaica's population recorded an annual average rate of growth of 1.2 percent, moving from 2.1 million to 2.4 million. According to the 2001 Population Census, the population of Jamaica numbered 2.6 million representing an increase of 9.2 percent over 1991 or an average annual growth rate of 0.9 percent (Table 1- Annex). The data on rural/urban distribution reveals that over half of the population (52.15%) lives in areas classified as urban. This represents an increase of 2 percentage points over the 1991 share. The Kingston Metropolitan Area (KMA), which includes the capital city Kingston and its environs, accounts for 22.2 percent of the country's total population. In terms of sex composition, females accounted for 50.8 percent and males 49.2 percent of the population in 2001, compared to 51 percent and 49 percent respectively, in 1991. This translates into a sex ratio of 97.1 males per 100 females in 2001 contrasted with 96.1 in 1991.

Demographic statistics indicate that the child population is trending downwards. In 2002, children (0-18 years) represented 39.5 percent of the population (50.4% male 49.6% female). As shown in Fig. 1, the base of the population pyramid (0-14 years) contracted between 1970 and 2001 indicating the decline in fertility that began in the 1960's. Concurrently, a widening of the middle is observed, representing upward movements in the working age cohort 15-64 years. In 2002, persons of working age (15-64 years) comprised 60.5 percent of the total population, of which 29.7% were males and 30.8 females. This reflects an annual growth rate of 1.3 percent since 1991. The 2001 census shows that the adult population (persons over the age of 18 years) as a proportion of the total population in that year rose to 61.3 percent from 56.8 percent in 1991.



Source: Economic and Social Survey - Jamaica 2002  
 Figure 1: Percent Distribution of the Population by Age, Census 1970 and 2001, Projections 2020

The overall age dependency ratio in 2002 was estimated at 59.5 per 100 persons of working age, while that for children (0-14 years) was 46.2 per 100 and for old age, 13.2 per 100 (ESSJ 2002). There has been a significant overall decline in the age dependency ratio since 1970. The decline is attributed to the lower child dependency ratio, which was 57.2 per 100 in 2001 compared with 90 per 100 in 1970. In contrast, the old age dependency ratio increased to 16.1 per 100 in 2001 from a level of 10.8 in 1970 (Table 3- Annex).

It has been estimated that external migration has reduced the rate of natural increase in Jamaica by approximately 45.0 percent for over four decades. This has greatly contributed to the reduction in population growth to the rate of below 1.0 percent per annum since 1997 (ESSJ 2002). The main destination of Jamaican emigrants is the United States of America. In 2001, a total of 15,393 Jamaicans were issued with visas for permanent residence in the USA. Emigrants to Canada numbered 2,447 and those going to the United Kingdom totalled 400. Emigration to Canada and the United States has been declining since the 1990's. Migration to the United States is both age and sex selective. In 2001, females outnumbered males in all the age groups with an overall 55 percent of all migrants being female. Over 87.2 percent of emigrants were in the age group 0-49 years after which there was a consistent reduction with increasing age. The age group 20-49 accounted for the largest proportion (54.0 percent) of migrants while 32.2 percent were in the 0-19 years age group.

### 1.3 Social Aspects

The Jamaican society is multi-racial reflecting the main streams of migrants to the island during the period of slavery and colonialism. This multi-racial characteristic is embodied in the national motto “**Out of Many One People**”. Although the majority of the population is of African descent, other ethnic groups have a notable presence in the island (Table 4- Annex). The official language is English but a local dialect called *patois* is also spoken. The major religion is Christianity, with a wide variety of denominations represented, which have played a critical role in the country's development over the centuries.

Jamaica's level of human development has been classified as medium range by the United Nations Development Programme (UNDP). The country ranked 86<sup>th</sup> out of 173 in the UNDP'S Human Development Index (HDI) for 2000. The first national Human Development Report for Jamaica was also published in 2000. The key components of the Jamaica Human Development Index for the period 1990-1998 are contained in Table 5 of the Annex.

International targets such as the **United Nations Population and Development Goals** have been met in respect of a wide range of social indicators. These include: enrolment in primary schools, reduction of infant mortality, increase in life expectancy and improvement of housing quality. In keeping with critical international conventions and programmes of action, policies have also been introduced to protect the rights of children, women, the elderly, persons with disabilities and other vulnerable groups.

## 1.4 Economic Indicators

Jamaica is a middle-income country with a GNP per capita of US\$2,800 and GDP of US\$7.8 billion (World Bank 2002).

The principal sectors of the Jamaican economy are services (tourism included) manufacturing, mining, and agriculture (including forestry and fisheries). The services sector is the most important in respect of contribution to Gross Domestic Product (GDP), while bauxite/alumina and agriculture are critical sources of export earnings. The informal sector is also very important in the economic structure, contributing an estimated 40% to GDP and providing employment for 53% of the labour force (Study of the Informal Economy, PIOJ 2002).

After four years of consecutive decline in real GDP from 1996 to 1999, the economy recorded its third consecutive year of growth in 2002 when a 1.0% increase was recorded. However the debt burden remains a serious problem as nearly 40% of GDP (over 60% of the national budget each year) goes for debt servicing and unemployment rates are high (ESSJ 2002).

Over the years Jamaica has experienced mixed economic fortune. The country's economy recorded strong growth during the first decade after independence, resulting in an average of 5.2 percent per annum increase in real GDP during the period 1962-1973. This was largely attributable to foreign direct investment, which developed the mining, tourism and manufacturing sectors, as well as an international environment characterised by favourable commodity prices and stable exchange rates. However, a significant economic decline was experienced during the period 1974-1980 as a consequence of external shocks and domestic policies. Sharp increases in oil prices, the related rise in the import bill and loss of competitiveness in key sectors such as the bauxite/alumina industry; coupled with fiscal and monetary expansion to finance social expenditure, had a severe impact on the economy.

This situation was exacerbated by a combination of capital flight and reduced inflows of foreign capital, leading to a rapid increase in the balance of payment of deficit. The Government resorted to increased foreign borrowing to address the balance of payment crisis, this in turn, led to a dramatic rise in the external debt of the country, which reached the level of US\$1,544 million in 1980 from US\$267.6 million in 1974 (ESSJ 1980). Increased debt servicing and limited export earnings within the context of an import-dependent economy, resulted in severe shortage of foreign exchange earnings. This curtailed investment, consumption and production. Consequently, the Government entered into a programme of assistance with the International Monetary Fund (IMF) in 1977 to stabilize the economy. Notwithstanding, the country's balance of payments continued to deteriorate.

Commencing in 1981 and continuing through the decade of the 1990's, Jamaica has undergone major macroeconomic and structural reform financed by the World Bank and the IMF. In keeping with the general pattern of the Bretton Woods Institutions, the programme of reform has been characterised by reduction in the size of the state apparatus, privatisation, de-regulation, and trade and financial liberalization. Similar to the experience of other developing countries that have undergone Structural Adjustment Programmes, there have been negative social consequences associated with the process in Jamaica.

## **1.5 Political, Policy And Administrative Systems**

Jamaica attained independence from Britain in 1962 after more than 300 hundred years of British rule and, prior to that, more than a century and a half of Spanish occupation. The government structure is that of a parliamentary democracy modelled after the Westminster system of England. The parliament consists of, a majority party which is the effective government, and a minority party which is the opposition. The country has a strong legacy of democracy and has elected its governments through an electoral process based on Universal Adult Suffrage since the 1940's.

The Government has three branches, the Legislature (elected lower house of Parliament and nominated upper house, the Senate), Judiciary, and the Executive (Prime and the Cabinet, and the various Ministries and departments of government).

The executive arm of government has principal responsibility for policy making. The Cabinet is divided into various sub-committees (Infrastructure, Legislative, Human Resource etc.) consisting of Ministers and Ministers of State, and technical official from the Ministry of Finance and Planning, Planning Institute of Jamaica (PIOJ). Officials of other relevant departments are invited to participate in the deliberations of these sub-committees as required. These sub-committees have responsibility to review and analyse policy proposals for the respective sectors and make recommendations to Cabinet for ratification.

The review and elaboration of social policies in the areas of poverty, social protection, children, youth, women, older persons and persons with disabilities, among others, are carried out by the Human Resource Council of Cabinet (HRC). The HRC is chaired by the Minister with portfolio responsibility for Education, Youth and Culture. The Social Policy Analysis Unit of the Cabinet Office serves as the secretariat for this sub-committee and the PIOJ provides technical support. It includes, as well, the Ministers in charge of social sector Ministries: Health; Labour & Social Security; Local Government, Community Development & Sports; and Tourism, Industry & Entertainment.

While the Minister is the political head of a Government Ministry and has responsibility for Policy decisions, the Permanent Secretary, a civil servant and not a political appointee, is the administrative head and chief accounting officer. This is based on the Civil Services Regulations Act, as well as the Finance Accounts and Audit (FAA) Act. The Permanent Secretary and the senior technical/professional staff of the ministry play a critical role in policy analysis and review and make recommendations to the minister.

The system of government is largely centralized with programme implementation being undertaken by line ministries and their respective agencies. However, some lines ministries also have regional structures (for example the ministries of Health and Education) or a network of local offices (e.g. Ministry of Labour and Social Security) in the 14 parishes (see Map of Jamaica, Fig. 3- Annex). In addition, there is an important system of local government that includes municipalities and parish councils. Each local authority is headed by a Mayor and includes councillors who are elected through local Government elections.

## 2.0 SITUATION OF OLDER PERSONS

### 2.1 POLICY FRAMEWORK

Jamaica adopted a National Policy for Senior Citizens in 1997, becoming the first country in the Caribbean region to do so. The policy reflects the **United Nations International Principles for Older Persons** (General Assembly resolution 46/91, December 16, 1991) that places emphasis on independence, participation, care, self-fulfilment and dignity. Formulation of the policy was also influenced by the Vienna Plan of Action on Ageing and recommendations of the major United Nations conferences in the 1990's including the Beijing Conference on Women and the World Summit on Social Development. The goals of the policy are to:

1. Provide senior citizens with protection and care physically and mentally, through appropriate support services while preserving their human dignity and providing the environment to live worthwhile lives;
2. Guarantee proper resource allocation for the social and economic welfare of senior citizens, while appropriately respecting their rights, responsibilities and roles;
3. Encourage formal and informal services for senior citizens which recognize the family as the fundamental unit linking the generations, and enhance the ability of senior to remain in the family
4. Devise strategies and programmes to promote positive images of senior citizens and combat negative age stereotypes and discriminations;
5. Adopt legal measures to promote the welfare of senior citizens.

In keeping with the policy goals enunciated the areas of focus for implementation incorporated national infrastructure, education and media, health, social welfare, income security, housing, family, legal issues and research.

It was recognized that the policy by its very nature requires a multi-sectoral approach involving a range of public institutions as well as the private and voluntary sectors. The need for a comprehensive and reliable database was also identified as essential for monitoring and evaluating the outcomes of the policy.

As the analysis that follow shows, while the National Policy, among other factors, has contributed to certain positive trends in respect of the situation of older persons in Jamaica, a number of challenges remain which must be addressed as a matter of priority.

## 2.2 Demographic Profile

### Growth in population of Older Persons

The ageing of the population in Jamaica as in other parts of the Caribbean became discernible since the 1960's. This is illustrated in Table 6 (Annex) that examines the growth of the Caribbean population since 1950. In keeping with the **Vienna Declaration on Ageing** (1982), older persons are considered to be those age 60 and above. This segment of the population in Jamaica has grown from 108,000 (6.7%) in 1960 to 264,772 in 2001. In 2002, the population 60 years and over totalled 267,500 comprising 124,600 males and 142,900 females, together accounting for 10.2 percent of the population. This is the fastest growing segment of the population increasing at around 1.5 percent annually compared with a rate of below 1.0 percent for the population in general. Among the 60 and over population, persons 75 and above constitute the most rapidly growing group. The data reflects the declining trend in fertility and increase in life expectancy and places Jamaica at the intermediate stage of the demographic transition (**ESSJ 2002**). The projection is that the population of older persons will reach an estimated 471, 783 (14.5) by 2025 (Table 7- Annex).

A retrospective examination of the Jamaican population since 1891 shows the phenomenal growth that has occurred in respect of the 60 and over age group (Tables 8-10, Annex). There was an increase of 26.8% in this segment of the population between 1970-1980 while the total population increased by 13.6% and the under five population decreased by 11%. (Planning Institute of Jamaica 1995). For the Caribbean as a whole, there was a 76.8% increase in the elderly population in 1995 over 1960 whereas the increase for the periods 1950-1955 and 1955-1960 was 9.3 and 9.8 respectively.

### Household Heads

As would normally be expected, the majority of older persons are household heads. Based on the results of the 2001 population census 66% of persons age 60 and above were heads of households (see Table 13- Annex). There is a reduction in the number of male household heads in the 65 and over age group and a corresponding increase in female household heads, in keeping with the greater life expectancy recorded for women (see Table 12 Annex) who are generally pre-deceased by their spouses. The ratio of widows to widowers has been estimated at about 3:1 (Eldemire 1995).

The number of older persons who are household heads varies between rural and urban Jamaica, reflecting differences in the respective age structure, in that rural areas tend to have a higher proportion of the elderly. As shown in Table 14 (Annex) the percentage of older people who are household heads is lower in the Kinston and St. Andrew Metropolitan area as well as St. Catherine (which has a very sizeable urban population) when compared with the rest of the island. Of note also is the fact that, more older women than men are household heads in the largely urban parishes. The percentage of older females who are household heads ranges between approximately 57-43% for KSA and St. Catherine while the corresponding figure for the rest of the island is 44-39%.

## **Marital Status**

Data on the marital status of older persons in Jamaica (Table 16-Annex) which shows significant variation by location, must be interpreted within the context of family patterns in the Caribbean. This has been the subject of extensive sociological investigations and analyses in respect of the origins and diversity of forms that reflect varying social class and cultural norms (see Clarke 1957, Patterson 1973, Barrow 2000).

Marriage rates are relatively low in Jamaica and most of the region when compared with other parts of the world. This results from the high incidence of common-law unions, a practice developed during slavery and the plantation system and continued since emancipation to the present. There are marked social class differences in family structure, with the majority of persons in the upper and middle classes and members of the Church, adopting the conventional nuclear family model based on legal marriage while the majority of persons in the lower socio-economic grouping live in consensual unions. It should be noted however, that marriage rates are significantly higher for older persons than the general population.

Many young persons begin their mating pattern with non-residential or “visiting” unions, which are often converted later to common-law unions (living together as man and wife without legal or religious sanction). However, as they get older many common law partners become legally married. This is due to both economic and social factors. The older couple may be more financially stable and marriage in the Caribbean is often equated with improved socio-economic status. In addition, children may have become upwardly mobile and encourage their parents to get married. Of great importance also is the fact that “living in sin” (non-legal sexual union) is more socially acceptable for younger persons than for the elderly. Marriage confers status and increasing age also brings higher expectations of respectability (Clarke 1957, Smith 1966, Henriques 1953).

The city of Kingston has the highest percentage of older persons who have never been married (50.4%) and lowest percentage of those married (26.9%), reflecting not only rural urban differences but more importantly, social class divergences. St Andrew, which is also mainly urban, has a much lower percentage of older persons never married than Kingston because of the higher socio-economic status of residents in the parish. Manchester, which is one of the more prosperous parishes, has the highest percentage (60.0) of married seniors. Because of the level development and social stability of the main town of this parish, (Mandeville, located in the bauxite/alumina production belt), it has been a principal destination for older Jamaicans who lived and worked abroad for many years and returned home on their retirement (Table 16-Annex).



## **Elderly in Institutions**

The extended family and kinship network is still quite strong in the Jamaican society as is the case in many developing. Consequently, not many older persons live in Golden Age Homes or other institutions. Notwithstanding, there is an increasing trend in the number of elderly persons who are in institutions. During the period 1991-2001, the elderly population in institutions increased by over 20% moving from 2,609 to 3,209 (Table 17- Annex). The majority of older persons in institutions are 75 years and above (58.9% for 2001 and 61.3% for 1991). There has been a corresponding increase in the number of facilities offering residential care for senior citizens. Some are attached to Churches and voluntary organisations, while others are privately operated nursing homes. Regulatory standards are therefore currently been reviewed for the operation of these facilities.

## **Gender Dimensions**

As already shown, there is a significantly higher percentage of older females than males in Jamaica but the proportion of older males is growing steadily. The issue of social isolation is relevant to both older females and males but for different reasons. Older females as indicated previously, are much more likely to be widowed because of their higher life expectancy. However, more older males are likely to live alone and be unconnected to any family unit because of irresponsible patterns of sexual behaviour and parenting or unstable relations during their younger years.

Currently women in Jamaica and the rest of the Caribbean are out-performing men in the educational system, but among the older age groups men have an advantage as is shown below. They are also much more likely to have pensions because of a more stable employment history. It should be noted however that the existing differential in the age at which women (age 60) and men (age 65) become eligible for National Insurance pension is disadvantageous to men. Overall though, older women appear to be more likely to be poor.

In respect of health, there are some chronic illnesses from which women suffer more frequently (eg Hypertension), while there are some life style diseases more prevalent among men.

These and other factors make it imperative that a truly gendered approach is adopted in all policies and programmes related to older persons.

## **2.2 Educational Status**

The educational level of older persons is below that of the general population because in the past opportunities for secondary and tertiary education were limited. In 1986 it was estimated that about 70% of older females and 67% of older males were fully literate (Table 18- Annex). The 1991 population census (2001 census data on education not yet published) indicates that for both older males and females, approximately 90% have only attained primary level education. This was fairly consistent throughout the island (Tables 19-20- Annex). St. Andrew males (19.7%) and females (16.6%) accounted for the highest percent of the elderly with post-primary education. This is reflection of the social class dimension of educational attainment in Jamaica as

a significant number of upper and middle class persons reside in St. Andrew, and is also an indicator of the urban advantage in educational opportunities. Kingston the capital city, which has many poor inner city communities, has the second highest post-primary attainment rate, again reflecting the urban/rural differences in education, particularly during the school years of the 60 and over generation. The findings of a Labour Force Survey in 1992 also corroborated the fact that most older persons had not gone beyond primary school. It showed that only 3.1% of older persons had secondary education (Table 21-Annex).

### **2.3 Health Status**

The majority of the elderly in Jamaica have been classified as physically functional (88.5%) and mentally competent (85.9%); while only a small percentage (2.3%) have severe mental impairment (PIOJ, 1995; Eldemire 1993). In spite of this, there are still a number of issues of concern in respect of the health status of older persons. There has been a general epidemiological shift from infectious to chronic diseases and the elderly are one of the main at risk groups. The most common chronic diseases identified among the elderly are hypertension, arthritis, diabetes, cardiovascular arrest, stroke and cancer. Patients in the 60 and over age groups accounted for 37.2% and 41.1%, respectively, of new hypertensive and diabetic cases (ESSJ 2002). Some gender differences have been reported in respect of chronic illnesses with women at greater risk for hypertension and men cardiovascular diseases (Eldemire 1995).

The increase in dietary related chronic illnesses among older persons in Jamaica displays a pattern similar to that of the wider population in the country and the Caribbean as a whole. Within this context, the National Policy for Senior Citizens emphasises that the health of senior citizens is fundamentally conditioned by their previous and, therefore, life long health care starting at a young age and continuing through the life cycle is of paramount importance. This includes promotion of preventative health care, nutrition, exercise, the avoidance of health harming habits and attention to environmental factors. The primary goal of health service intervention under the policy is to allow senior citizens to enjoy a high quality of life, by promoting maximum functional levels and delaying, as long as possible, disability and impairment.

According to the Jamaica Survey of Living Conditions (JSLC) there has been significant increases in illness/injury among older persons since 1997. Data from the 2002 Survey indicate that 34.6 percent of the elderly population surveyed, reported an illness or injury during the four-week reference period (Table 23- Annex). The data shows that older women are at a greater risk for sexual abuse while the men are more likely to suffer injuries as a result of accidents and violence. In general, injuries to older persons from accidents and abuse and other forms of violence is an area of concern that requires further studies. The data also needs to be further disaggregated to show the trend for persons 60 and above rather than 65 and over.

## **2.4 Economic Status**

### **Employment**

The labour force participation rate for older persons (65+ based on available data) engaged in formal employment was just under 30% in Jamaica in October 2002 (Tables 24-25- Annex). When disaggregated by gender it is shown that older men have a much higher rate of participation (38.8%) than older women (17.0%). A number of older persons are also employed in the informal sector. In fact, it has been observed that there is a higher concentration of older persons in the informal sector because it is more difficult for them to find jobs in the formal market or as a result of their preference to run their own businesses (Informal Sector Study Jamaica 2002).

Many studies have documented the fact that older persons are forced to work because they lack financial security, while others elect to return to work. The period of employment between career and full retirement is often referred to as “bridge” employment. These “bridge” jobs are usually part-time in nature, in a different occupation and sector than career jobs and with lower wages. Older workers are also generally prime targets for non-standard or ‘flexible’ forms of employment (Doeringer 1990). These observations are very relevant to the employment situation of older workers in Jamaica and the wider Caribbean (Singh 2002).

### **Social Security**

In view of the low labour force participation rates for older persons, social security provisions are an important form of income support. In the developed countries, these provisions are normally quite adequate with a range of pension and welfare schemes being in place. Even where the ageing population poses a challenge to the social security systems in these countries, they are able to adjust based on the level of socio-economic development. Population ageing is taking place at a much faster pace in the developing countries, which have less time and resources to respond to the attendant challenges. In developing countries such as Jamaica, there is a significant social security coverage gap. This is the combined result of high unemployment rates and the growing size of the informal sector, for which there is very limited participation in social security schemes. In addition, older persons who receive pensions also face financial difficulties as these benefits are usually inadequate in terms of replacement income and furthermore, there is no indexation to the cost of living.

The formal social protection system in Jamaica is comprised of a contributory social security component, the National Insurance Scheme (NIS), and a range of non-contributory social assistance programmes, implemented by various state agencies and complemented by initiatives of the voluntary social services sector. A number of occupational pension schemes are also in place for public servants (e.g. for civil servants, teachers, nurses, security forces etc) and private sector employees.

The NIS was introduced in 1966 as a mandatory social insurance scheme to provide a minimum guaranteed old age pension as well as employment injury, disability, survivors' and other benefits. Consequently, it was designed to have the broadest coverage, including all persons age 18 years and above and gainfully employed. The insurable categories therefore include, employed persons (including domestic servants), the self-employed (independent and own account workers such as farmers, dressmakers, vendors etc) and voluntary contributors (e.g. former contributors who become unemployed).

In spite of these broad-based provisions in the NIS Act (1965), only approximately a third of older persons 60 years and above meet the qualifying criteria and are in receipt of NIS pensions, the majority of whom are women (Tables 26-27- Annex)). This includes beneficiaries under a limited non-contributory component of the NIS, designated "Special Anniversary Pension", which makes it possible for persons who were too old (born 1906 or earlier) to contribute to the scheme when it was initiated, to receive a reduced pension at half the regular rate of contributors (Table 28- Annex).

The fact that the majority of older persons do not qualify for NIS pensions is mainly attributable to long term unemployment or sporadic employment history during the working years and informal sector activities that present many difficulties in relation to compliance with social security legislation. Pension benefits for persons who worked in the formal sector are sometimes also affected by non-compliance to NIS regulations, especially where employers fail to make the appropriate salary deduction and matching payments or neglect to submit the required returns.

Older persons who have qualified for NIS pension benefits are also more likely to be receiving benefits from occupational schemes than those who did not qualify for NIS. However, for a significant number of older persons, the NIS is the only source of pension income. Under the current system of private pension schemes, workers receive their contributions to pension funds when they change jobs or are made redundant. Therefore, when many attain the age of retirement (60 or 65 years depending on the company), they have no occupational pension benefits or just a meagre sum.

It is against this background that the government has proposed a major Reform of the Pension System in Jamaica, through the introduction of a National Pensions Act. The key features of the Reform of the Pension System include:

- Enhancement of the basic Social Security System (NIS) to facilitate the provision of more meaningful basic benefits on a national scale.
- Regulation of Occupational Pension Schemes and Approved Retirement Schemes to ensure that they operate within an effective legal framework. This involves both the regulation of pension and superannuation schemes and the establishment of funded schemes for Public Servants.

Among the most important proposals under the pension reform are those surrounding vesting/portability of pension rights. The government as indicated its intention to enact provisions to ensure that pension are automatically vested on termination of employment after

the completion of a minimum of five years in a Pension/Superannuation Fund. The proposal is that on termination of service on completion of more than five years membership, the members' pension rights must be preserved in the plan, or be transferred to another occupational plan or Approved Retirement Scheme in accordance with the person's wishes. After the date of enactment of the legislation a vested member will not be able to obtain cash refund of contributions (White Paper on Pension Reform).

The vesting of pension rights is central to the reform of the pension system in Jamaica as it is necessary to ensure that persons make adequate preparations for their retirement. As previously indicated, currently, persons on changing jobs generally opt for refunds of their own contributions, instead of electing to have accrued pensions start at retirement age. It has been observed that these refunds are normally used for consumption purposes during the employees' working life (White Paper). This results in many persons not having sufficient resources to sustain them through the retirement years within a context where life expectancy is increasing.

Another objective of mandatory vesting is to ensure that persons receive the benefit of both their contributions and their employer's contributions in the form of a pension, when they change or terminate employment before attaining pensionable age. It has been noted that in most schemes, the refund of members' contributions is of lesser value than the accrued pension (White Paper).

The proposal for cessation of the right to a refund of a pension scheme member's own contribution after the vesting period has been very controversial and this has led to delays in the proposed reform.

Another unresolved issue is that of indexation of Government pensions. The Government Pensioners Association of Jamaica, with membership from all categories of all former Public Servants, has been a major advocate for indexation of their pensions, pegged to inflation or existing salaries of comparable positions from which they retired. However, the proposal has not been accepted by the Government, on the grounds of un-affordability.

Among private sector retirees eligible for occupational pensions benefits, the provisions vary by the financial status of their former employers, so that former Bauxite Company workers, for example, receive generous pensions when compared with not only public sector retirees but also persons who were employed in other private industries.

The National Insurance benefits have been increased periodically over the past twelve years. These increases are not indexed, but the Full Rate Basic Pension has been held at about half the National Minimum Wage. The latest revision of the Minimum Wage which comes into effect at the start of November 2003, will see a movement from J\$1,800 to J\$1,980 for a forty hour work-week (approximately US\$30 and US\$33, respectively). The latest increase in the National Insurance Full Rate Basic Pension which became effective July 1, 2003, saw an increase from J\$600 per week to J\$900 per week (approximately US\$10 and \$15 respectively).

As the Trade Unions have argued, the Minimum Wage is not a “living wage” because it is below the poverty line which for 2002 is J\$167,000 per annum for a family of five or J\$44,208 per annum for an individual (JSLC 2002-not yet published). It follows therefore that pensioners whose only stable source of income is a basic NIS pension are subsisting below the poverty line.

Under the goal of income security, the National Policy for Senior Citizens has included among its long term objectives, a comprehensive national pensions policy which incorporates universal coverage and the necessary legal and regulatory framework for this to be realized. While these elements are embraced in the Government’s Pension Reform proposals the pace of change has been slow.

Older persons not covered by formal social security provisions often rely upon the public assistance component of the of the social protection system in addition to the support of family members.

### **Older Persons in Poverty**

The overall incidence of poverty in Jamaica has been declining, moving from a high of 44.6% in 1991 to 16.9% in 2001 (Table 29- Annex). It is often argued that poverty in Jamaica is a youthful phenomenon as the majority of the poor are under 25 years of age. Estimates for 2001 indicated that children 0-18 years accounted for 52.3% of persons in poverty while constituting 38.2% of the overall population and that 61% of the poor were below 25 years. The elderly on the other hand, were said to constitute 9.6% of the poor, which would be consistent with their share of 10% of the total population (ESSJ). It was previously estimated in 1995 that persons 60 years and above comprised about 13% of the poor (PIOJ, Jamaica’s Policy Toward Poverty Eradication) which would indicate an over-representation as the elderly then constituted less than 10% of the total population. In the same year, the Jamaica Survey of Living Conditions included a special Module on the Elderly (sample size of 782). It was found that approximately 39% of the elderly were below the poverty line. The incidence of poverty for Jamaica for that year (1995) was 27.5%, which meant that the incidence of poverty was greater for the elderly, than the population as a whole. In terms of the gender distribution, 39.3% older females were below the poverty line compared with 37.7% of older males. While this gender difference is not very high it does indicate that the females are more vulnerable than males in respect of the risk of poverty (Tables 29-30- Annex).

In view of the fact that the incidence of poverty is much higher in rural as compared with urban areas, older persons in the rural parts of the country are more likely to be poor. This was confirmed by the JSLC Module on the Elderly (1995), in which it was indicated that 76% of the elderly below the poverty line resided in rural areas while only 24% were urban dwellers. The elderly in larger households (5 or more members) also had a higher incidence of poverty, consistent with the national data which indicates that household size is larger for the poorest quintiles.

## **Social Assistance for Elderly Poor**

The elderly poor are among the primary target groups for social assistance. For a number of years the major provisions included: Poor Relief (administered by the Poor Relief Department of the local authorities), Old age & Incapacity Allowances, the Food Stamp Programme. Special grants administered by the Social Security Division have also been another source of social assistance, though of relatively less importance. These programmes are described below:

- **Poor Relief**

This provision is governed by the Poor Relief Law (1886), a relic of British Elizabethan Poor Laws inherited under the colonial system. Poor relief programmes are directed at the chronic poor or indigent persons. It is categorised into two main areas, Institutional and Non-Institutional care. Institutional care entails the placement and total care of registered poor persons in Infirmaries and Golden Age Homes and some needy children in specialised home. Non-institutional or outdoor care for the registered poor involves financial assistance (dole); clothing, bedding, medical attention, food, shelter, burial assistance, school supplies and educational assistance up to tertiary level for children. Over the years the elderly have accounted for a significant percentage of the Poor Relief clients (Tables 32-33- Annex). In 2002 there were 12,338 Poor Relief beneficiaries with 58.5% age 60 and over.

- **Old age and incapacity allowance**

The Old Age and Incapacity Assistance Allowance caters for the following:

- (a) Persons who have reached the age of retirement but do not qualify for a pension under regular pension schemes. A beneficiary must be minimum age 60 years for women and 65 years for men and also unable provide for themselves financially and not being supported by relatives or any government agency.
- (b) Persons who are below the age of retirement suffering from mental or physical disability that affects their income earning capacity.

- **Food Stamp**

The Food Stamp Programme was launched in 1984, mainly as a response to the Structural Adjustment Programme. The removal of price controls and subsidies on basic food items and a devaluation of the Jamaican dollar impacted negatively on the most vulnerable in the society and the implementation of the Food Stamp Programme was seen as a cushion for the persons worst affected by structural adjustment.

The aim of the Food Stamp Programme was to provide a social safety net for the most vulnerable in the society. The programme sought to serve those who are below the poverty line as well as persons who are nutritionally at risk. Food

Stamp Beneficiaries fell in two broad categories; health and income related participants. The health related participants include pregnant and lactating mothers and children under six; while income related participants include the elderly/incapacitated and poor households.

The Elderly Poor was the single largest category of beneficiaries under the programme and this number included non-institutional Poor Relief clients and the recipients of Old Age and Incapacity Allowance who also received Food Stamps (Table 36- Annex).

- **Compassionate Grants**

Compassionate Grants are disbursed to individuals who are in need of immediate financial assistance and have no means of funding. These grants are mainly provided to assist with medical needs and funeral expenses. Table 37 (Annex) shows the number of Compassionate grants disbursed in 2002 (3,951), distributed by age and gender. Persons over the age of 60 years represented 17.5% of the beneficiaries.

- **Rehabilitation Grants**

Rehabilitation Grants are provided for poor persons who are unemployed or have met with some misfortune that interrupts income earning capacity or living conditions. These Grants are intended for the establishment of micro business enterprises. Persons in the working age population are targeted for this assistance, hence only a small percentage of the older population normally have access. This is demonstrated in Table 38 (Annex) which shows that in 2001 only 5.1% of beneficiaries were 60 and over. This rose to 9.1% in 2002.

### **Safety Net Reform: Impact on the Elderly**

In 1999, the Government of Jamaica as part of its Medium Term Economic and Social Policy framework initiated a reform of the Social Safety Net to improve targeting of the poorest segments of the population, relevance and effectiveness of welfare and related programmes, and efficiency in delivery of the services.

One of the principal objectives of the reform is to consolidate, the major social assistance benefits (Food Stamp, Old Age and Incapacity Allowance, and Outdoor Poor Relief) into one administrative system under a new provision designated the Programme of Advancement Through Health and Education (PATH), managed by Ministry of Labour and Social Security. This is intended to serve as the core of the Social Safety net and is expected to eliminate current weaknesses such as fragmentation of administrative responsibility, duplication in service delivery and high administrative costs.

The new programme is funded the by GOJ with the assistance of a US\$40 million World Bank Loan. As part of the reform process, the IADB is also providing budget support to protect social expenditure.



PATH began island-wide implementation in April 2002 after a pilot phase in one parish (ST. Catherine) in 2001. The Food Stamp Programme ceased operation at the end June 2003 and beneficiaries who have met the criteria for PATH are now receiving benefits under that programme. The Old Age & Incapacity Allowance will be discontinued at the end of November 2003 and all beneficiaries will be transferred to PATH effective December 2003. Similarly, Poor Relief beneficiaries are being phased into PATH on a regional basis, while simultaneously, the legislative process has begun for repeal of the Poor Relief Law (1886) and replacement by modern social protection legislation that reflects the current social policy directions in the provision of Public Assistance. The legislative review is considered particularly important as the language and tenor of the Poor Relief Law is archaic with the inclusion of terms such as ‘pauper’ and ‘almshouse’ and the related stigma associated with the programme.

PATH targets 236,000 persons in the most vulnerable groups among the poor. As shown in Table 39 (Annex) this includes children from birth to age seventeen (17) years old; the elderly poor; persons with disabilities; pregnant and lactating women; and indigent persons not falling in any of the previously named categories. The targeted number of beneficiaries under PATH is similar to the scope of three programmes being merged (Food Stamp, Old Age & Incapacity, Poor Relief) but concerns have been raised that a number of elderly persons will be displaced. PATH has a greater focus on children and whereas the category of elderly/disabled under the Food Stamp Programme had a target of 100,000, the new programme targets 33,000 elderly and 19,000 disabled persons, respectively. In response to the concern in respect of the displacement of the elderly, it has been argued that a major difference in the targeted numbers between the two programmes is the fact that the “non-poor” beneficiaries under the Food Stamp Programme will no longer receive benefits, and will be replaced mainly by poor children 6-17 years, a group that was not previously targeted by the Food Stamp Programme (Government of Jamaica Ministry Paper N0.5, 2002).

It is expected that the new targeting mechanism will result in a significant reduction of leakage to the non-poor as was the case with the Food Stamp Programme which had an estimated 16.5% of its beneficiaries in the two wealthiest quintiles as shown in Table 40 (Annex).

A central feature of PATH is the use of a means-test to select beneficiaries. This means-test was developed as a measure for determining poverty levels based on the Jamaica Survey of Living Conditions (SLC). A targeting questionnaire that has to be completed for each family or individual applying for benefit includes a range of indicators of socio-economic status, which are assigned weights and used in the calculation of the score for each household. There is a pre-determined cut-off point below which beneficiaries are selected. The process is applied using a computerized model, thus ensuring objectivity. The selection mechanism under the previous programmes was not as rigid or clearly defined although there were established criteria for inclusion.

Initially, recipients of Food Stamps, Old Age and Incapacity Allowance or Outdoor Poor Relief were all invited to apply for benefits under PATH in order to be screened for eligibility along with the new applicants for social assistance. Subsequently, an administrative decision was taken to include all non-institutional Poor Relief Clients and Old Age and Incapacity beneficiaries on PATH. This decision was taken because there were concerns that the selection rate of the elderly beneficiaries for PATH was low. In addition, after age sensitivity analysis was conducted on the

Beneficiary Identification System (BIS), adjustments were made to the proxy means-test to increase the weight for the 60 and over age groups in the scoring formula. A major reason for the adjustment to the BIS was the fact that many elderly poor had consumer durables acquired in their working years, which when the mean-test which is consumption based was applied placed them above the cut off point. However, many such elderly persons are income poor and unable to meet daily basic requirements to ensure a decent standard of living. It can be seen from Table 41 (Annex) that the number of elderly selected for PATH now exceeds the target, reflecting the magnitude of the financial needs among this group.

In view of the low level of benefits under the old programmes and the decline in real value over time, an in-depth analysis was undertaken to determine desirable benefit levels for PATH. On the basis of this assessment:

- (i) Benefits have been increased to a flat rate of J\$300 per beneficiary per month in Year 1 (2001/2002), and will move to J\$375 in Year 2 (2003/2004) and J\$500 in Year 3 (2004/2005), as shown in Table 42 (Annex).
- (ii) A review mechanism based mainly on movements in the rate of inflation, has also been established for periodic adjustments in order to maintain the real value of benefits in the long term. Under the Food Stamp Programme, in particular, the real value of benefits had been significantly eroded since 1984, although there were periodic increases. This was due to inflation as well as substantial devaluation of the Jamaican currency.

There have been many criticisms that the base rate cash grant of J\$300 per month per beneficiary paid under PATH is still inadequate. However, the Government has indicated that because of resource limitations this must remain as the reference point for the schedule of benefits.

The fact that National Insurance Pensioners are ineligible for PATH benefits has also been an issue, as it has been argued that some are greatly in need of additional state support and should not be barred from receiving benefits under the programme. Again no policy is change is envisaged because of the issue of affordability.

Another feature of PATH that is being debated is the fact that it is a conditional cash transfer programme in which beneficiaries must comply with requirements to maintain their benefits. This includes: minimum school attendance level of 85% for children age 6-17 years; and the relevant health checks for children under 6 years (immunization schedule), pregnant and lactating women (pre-natal and post-natal visits), the elderly and persons with disabilities (minimum of two annual visits). There will be no compromise on the issue of school attendance being linked to cash grants for children as the core design element of PATH is human capital investment to break the intergenerational cycle of poverty. However, in respect of the health visits requirement for the elderly social workers are of the view that while such checks are beneficial, some older persons may have difficulties in complying and their benefits should therefore not be suspended or terminated for non-compliance. As a result a major review is being undertaken of this requirement for elderly beneficiaries, to decide whether it should be enforced and also to determine what special assistance seniors would need in order to comply.

From the foregoing it is clear that there is considerable sensitivity to the special needs of senior citizens in the Social Safety Net Reform in keeping with the importance placed by planners and policy makers on improving the situation of older persons in the country as an integral part of the social development agenda. This approach has been influenced by the National Policy for Senior Citizens which recommended that new strategies be adopted in the delivery of welfare programmes, that would result in an expansion of coverage of older persons and the strengthening of the coordination between the respective service agencies. Advocacy by the National Council for Senior Citizens has also played a significant role in ensuring that the needs of seniors are adequately addressed in the reform process.

### **3.0 INSTITUTIONAL MECHANISM TO PROMOTE THE INTERESTS OF OLDER PERSONS**

The National Council for Senior Citizens is the core of the institutional mechanism for the development of strategies and the implementation of programmes to meet the needs of older persons in Jamaica. The Council was established in 1976 with the mandate to:

- Advise the Minister with responsibility for issues on Ageing, on all matters concerning the welfare of senior citizens;
- Make recommendations for policies and programmes to meet the needs of senior citizens;
- Work with Government and citizens to develop plans of action which:
  - (a) Encourage the participation of the elderly in nation building
  - (b) Give recognition to the elderly as vital and useful members of the society
- Establish programmes to meet the physical, spiritual, and socio-economic needs of the elderly in different stages of the ageing process

The **Mission Statement** of the Council, adopted since 1997, embodies the overarching goal of the National Policy for Senior Citizens:

***“To meet the challenge of a growing, healthier and more active ageing population by ensuring that senior citizens 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 to facilitate continued participation in their family and society.”***

The Council is an agency of the Social Security Division of the Ministry of Labour and Social Security and its programmes are formulated through a twenty-three (23) members board appointed by the Minister of Labour and Social Security. The Board appointees are selected from professional and business fields as well as relevant Government agencies and offer their services on a voluntary basis. Programme implementation is undertaken through various Sub-Committees of the Board including: Health, Public Relations, Education Policy, Projects, and Finance. There is also a special Sub-Committee responsible for the planning and staging of events for the annual commemoration of Senior Citizens’ Week. The Secretariat of the Council is responsible for the

co-ordination of all its activities through Head Office and field staff (See Organizational Chart Fig. 2- Annex). As envisaged in the National Policy, this is done in close collaboration with other relevant departments of Government such as:

- Ministry of Health – Drug for the Elderly Programme, Seminars and other health related activities;
- Jamaica Cultural Development Commission – Culture and the Arts;
- Rural Agricultural Development Authority – Project Management for income generation;
- Jamaica Library Service –Exhibitions, Computer Training for seniors and other communications activities;

The Council has considerable autonomy in determining programmatic activities within the confines of Government budgetary allocation. However, all expenditure must be approved by the Permanent Secretary or the Director of Social Security. While the Council can and often does formulate policy recommendations, policy decisions are made by the Minister with responsibility for Social Security with the approval of Cabinet and Parliament where required (e.g. the National Policy on Senior Citizens).

There are fifty-three fulltime employees at the Council. Of this number, only eighteen are attached to posts on the permanent establishment, while the others are temporary non-pensionable workers who do not enjoy benefits such as health insurance, study leave, and incremental increases to basic pay. Even with the temporary workers, the staff complement of the Council has been adjudged as inadequate for its mandate to be fully realized. This is illustrated in Table 43 (Annex) that provides a comparative analysis of the ratio of senior citizens to Council Staff in various areas of operation (Duncombe and Norman 2000).

In the context of the foregoing assessment, it has been proposed by the Council that the thirty-five temporary positions be included on the permanent establishment and that an additional five Social Workers posts be created to meet the needs of the growing senior citizens population. The government has not found it possible to implement these proposals because of the need to contain the size of the Public Service Establishment, as part of the measures to reduce the fiscal deficit.

### **3.1 Budgetary Allocation**

Over the past decade, the budgetary allocation to the Council for Senior Citizens (Table 44-Annex) has increased significantly in nominal value, moving from J\$3.6 million in the fiscal year 1994/95 to J\$31.7 million in 2003/04. However, in real terms the level of increase is not as significant in view of inflation and the devaluation of the Jamaican currency over the period. The year in which the highest level of increase was recorded was in 1997/98 when the allocation rose to J\$17 million as compared with J\$10.8 million in the previous financial year 1996/1997. This coincided with the tabling in Parliament of the National Policy on Senior Citizens at the start of the 197/98 fiscal year.

Overall social expenditure in Jamaica, divided between education, health and other social services has been fluctuating. According to an assessment using 1987 as the base year, real per capita social expenditure declined between 1990 and 1993 and then increased in 1996 to a level greater than that of 1990 (Wedderburn and Levy 1999). King (2000) estimated that per capita spending on social services was US\$137.2 in 1998. This he considered to be moderate, with reference to the ECLAC classification that gives such a rating for per capita social spending in the range of US\$70-\$200. Education normally receives the highest percentage of total social expenditure averaging 55%, followed by health (25%) and other social services (20%). In respect of the total National Budget for 2000/2001 approximately 11% was allocated to Education, 5% to Health and 1.5% to Social Protection (Duncan and Lee 2001). Older persons benefit more from expenditure on health and other social services than from the outlay for education that provides greater benefits for younger members of the population. As indicated earlier, one of the major influences on changes (contraction) in the level of social expenditure is Structural Adjustment and the related macroeconomic policies that have emphasised fiscal restraint by government. On the other hand, the existence of an explicit social agenda within the framework of international agreed principles and targets and supported by donor activities has influenced increased social spending.

### **3.2 Programmes of the National Council For Senior Citizens**

In spite of the limited human and financial resources available to the Council it undertakes a number of activities and programmes for senior citizens within the framework of productive ageing, social inclusion and protecting the rights of the elderly outlined in the National Policy for Senior Citizens.

In 2002 there was a total of 612 registered Senior Citizens Clubs with an active membership of 22,355 (74.7%) females. In addition, the registered shut-ins numbered 4,791 (63.5% female). This is shown in Table 45 (Annex). It is with the aid of this island-wide network of Clubs, that the Council implements the strategies of the National Policy for Senior Citizens creating avenues for older persons to meet their social spiritual, physical and economic needs and fostering their involvement in wider community life.

The Council in promoting the principles of productive ageing (independence, care, participation, self-fulfilment and dignity), assists clubs to obtain loans and grants, conducts training programmes and provides referral services. Thirty-nine seminars were conducted in 2002 covering issues ranging from healthy lifestyles and managing finances to making a will (Table 46-Annex). The resource persons for these seminars are drawn from a wide range of public and private sector entities. In respect of referrals, 9,137 were made for members to access benefits related to social assistance, Jamaica Drugs for the Elderly Programme (JADEP), bus passes, housing, among others (Table 47- Annex). The system of referrals is very important for seniors who are not fully aware of the existence of the relevant programmes or are unfamiliar with the application process and other procedural matters. The intervention of the Council in linking them with the relevant agencies, also results in the requests of these seniors being addressed in a much more timely manner.

There is a major outreach component of the Council's work that involves the provision of a Feeding Programme, and a range of caring services including, home help, nursing and laundry services and general visits to shut-ins. In 2002 under the government-funded Feeding Programme, an average of 864 cooked meals were delivered on a daily basis to 30 feeding centres in KMA and to shut-ins. In the other parishes, a total of 2,231 beneficiaries in 71 clubs participated in government-assisted feeding programmes (Table 48-Annex). In other caring projects, seniors themselves assisted through adoption of wards in Infirmaries and Children's Homes, service to Basic Schools, construction of housing units and interactions with children with HIV/AIDS. A total of 5,318 persons benefited from caring projects in 2002 with some 892 members from 130 Senior Citizens Clubs participating (see Table 49- Annex).

The Council also operates Senior Day Activity Centres to provide an opportunity for seniors to socialize, learn a skill and also to participate in income generating projects. At the end of 2002 there were 42 Senior Day Activity Centres registered with the National Council with 188 resource persons involved in providing support for 1,789 older persons (Table 50-Annex). During 2002 Senior Citizens Clubs also implemented 337 income generating projects island-wide covering farming, poultry rearing, horticulture, culinary arts, carpentry, shoe-making and needle craft. Other activities included a number of community beautification projects, repainting of pedestrian crossings and family counselling. A wide range of cultural and promotional activities were also undertaken to highlight the economic and social impact of the ageing population. These included: annual celebration of Senior Citizen's Week; Men's Week (to encourage greater participation by older men in Senior Citizen's activities); and as part of the strategy to promote intergenerational linkages, the hosting of a Poster and Essay Competition in collaboration with the Ministry of Education Youth and Culture. These activities that are outlined in the Council's Annual Report for 2002 are all typical of its programme of work each year which revolve around the National Plan and its central themes.

Working within the context of the National Policy for Senior Citizens and the related international instruments, the Council has been very visible and its programmes have served to heighten public awareness of the rights and dignity of older persons, as well highlight their contributions to all facets of national life. Communities, families and professional caregivers have also gained significant knowledge from the seminars and training activities organized by the council to address the needs of older persons. Very importantly also, older persons who are active participants in the Senior Citizens Clubs, show great enthusiasm for the various activities that are undertaken, particularly those events which enable them to interact with others in recreational and social activities.

A major challenge for the Council is the fact that many influential older persons do not show an interest in the activities of the Senior Citizens Clubs because of a conventional welfare labelling. The majority of senior citizens who are involved in activities of the Council are drawn from the lower socio-economic groups in society that numerically constitute an important political force but are not always provided with opportunities to articulate their views in policy development and decision-making. However their involvement with the Council has generated greater awareness of their rights and provides an avenue where they can have collective influence.

## 4.0 ENABLING ENVIRONMENT

### Political Will

The establishment of the National Council for Senior Citizens in 1976 (initially designated National Council for the Aged) was one of the first signals that the Government of Jamaica had a commitment to addressing issues related to ageing. A second step was the signing of the Vienna Declaration on Ageing in 1982. However, for a number of years the approach to ageing was largely marked by a welfare-oriented approach, until 1997 when the National Policy for Senior Citizens was adopted giving the Council a much broader mandate and a change of name which symbolically was very important. Jamaica also participated actively in events surrounding the International Year of Older Persons (1999) as well as the process leading to the Madrid Plan of Action on Ageing (2002).

A preliminary review has been undertaken to ensure that the country's policies and programmes for older persons reflect the developmental perspective of the Madrid Plan of Action in its call for changes in attitudes policies at all levels and in all sectors, so that the 'enormous potential' of ageing in the 21<sup>st</sup> century may be realized.

Notwithstanding the positive steps that have been taken to promote the interests of older persons, some individuals involved in work with senior citizens express dissatisfaction with the level of human and financial resources provided by the government and interprets this as a lack of political will to honour commitments in the National Policy. The non-acceptance of the principle of indexation for Government Pensioners and the slow pace of Pension Reform have also been regarded as indicating a lack of political and administrative will.

### Participation of Civil Society Organizations

Non-Government Organizations and other civil society groups have a long history in Jamaica dating back to the pre-abolition era or what has been referred to as the 'early years of voluntarism and benevolence' in the 18<sup>th</sup> century (Robotham 2000). In a recently published **Profile of Civil Society in Jamaica** (IADB Jamaica, 2003) it has been observed that:

*"The philosophies which drive civic engagement have varied greatly since the era of slavery. The Civil Society Organization focus has moved over the years from the promotion of social stability and control, to ...welfare, self-help, nation-building through self-government, and community development, and in more recent times empowerment and development"(page 1).*

Democratic and participatory processes in Jamaica have been greatly enhanced by Civil Society Organizations. One of the principal organizations involved in advocacy for older persons is the Government Pensioners Association which acts as an advocacy group for retired public servants .

The retired public servants who maintain active membership in the Government Pensioners Associations are mainly those who formerly served in professional ranks. This has enabled the organization to have a voice in the discussion of many public policy issues, particularly those affecting older persons.

Another major supporter of programmes for the elderly is Action Ageing, an NGO that provides funding and overall sponsorship for an annual training programme for social workers and other care givers working with older persons

Support for older persons is also provided by the Council for Voluntary Social Services (CVSS), an umbrella group for a wide array of agencies involved in the provision of voluntary social services. A number of churches and other religious organizations also have extensive programmes of assistance to the elderly, especially, but not exclusively, to the sick and infirm or those who suffer material deprivation.

Contributions from the private sector have also provided critical support to programmes for senior citizens. This includes both monetary and in-kind donations as well resource persons for various seminars and training programmes. The human resource department of many firms have also intensified staff awareness of ageing issues through an increasing number of retirement planning seminars at the workplace.

The Local human rights groups such as the recently formed but very vibrant “Jamaicans for Justice”, show greater propensity for addressing matters related to police abuses, the rights of children and governance issues linked to accountability of government. However, while not generally engaged in significant advocacy for older persons as a group, their activities do have an impact on this segment of the population. In recent times there was a widely publicised case of an elderly man who was mentally incapable and had been incarcerated for a number of years without a trial. After his release, the human rights groups played a leading role in keeping the issue in the public domain and eventually ensuring an adequate settlement.

The involvement of civil society today transcends national boundaries and in this vein, the Caribbean chapter of HelpAge International has been giving significant support to countries of the region, including Jamaica in research, formulation of policies and implementation, monitoring and evaluation of programmes for older persons. Jamaica has recently been chosen by this body for a project aimed at monitoring follow-up and implementation of the Madrid Plan of Action.



## 5.0 COORDINATION AND FOLLOW-UP

Co-ordination and follow-up of policies, plans of action and programmes for Senior citizens is undertaken by the Board and executive directorate of the National Council for Senior Citizens. This involves on-going monitoring of achievements against targets and the evaluation of outcomes including the convening of meetings with Senior citizens to obtain their feedback. This is complemented by specialised studies undertaken sometimes by students of the University of the West Indies, Mona campus in Jamaica, to highlight specific issues of relevance to older persons.

The Council also submits periodic reports to the Ministry of Labour and Social Security as part of the assessment of performance of various departments, at scheduled quarterly review meetings and the annual budget preparation exercise. In addition, the Planning Institute of Jamaica assesses progress and issues related to older persons as an integral element of the social development component of its annual Economic and Social Survey of Jamaica. This is used to track national development and inform the policy formulation process.

The Madrid International Plan of Action on Ageing is now serving as a major frame of reference in the implementation of policies and programmes for the elderly, with particular attention being paid to the priorities: older persons and development; advancing health and well-being into old age; and enabling and supportive environments.

A comprehensive research agenda is being developed to focus on very specific areas where there is insufficient data. These include: neglect, abuse and violence against older persons; the impact of HIV/AIDS on older persons including those serving as caregivers for orphaned children; attitudes of younger persons towards ageing; homelessness among older persons; the impact of natural disasters on the elderly; rural urban differences among the elderly; and the coverage of older persons in respect of occupational pension schemes outside of provisions for public sector retirees.

The Older Citizens Monitoring Project (OCM) that is being spearheaded by HelpAge International to monitor progress in implementation of the Madrid plan of Action, places great emphasis on the role of civil society in the assessment of outcomes and ensuring accountability of the state. The project is scheduled to be launched on October 23, 2003 and will include:

- Strengthening older people's ability to participate in national decision-making processes;
- Developing indicators to assess whether government is delivering the commitments made at the Second World Assembly on Ageing;
- Supporting the development of older people's groups to monitor the effects of the Madrid Plan on public services and budgets.

This initiative is welcomed because it will act as an independent monitoring mechanism at the community level which will help to inform government of the reach and impact of policies and programmes on ageing as well as provide older citizens with further opportunities to influence decision-making.

## 6.0 RECOMMENDATIONS

The following are recommendations to support continued improvements in the situation of older persons in Jamaica:

1. **Strengthening of Institutional Mechanism-** The management capacity of the National Council for Senior Citizens needs to be strengthened in respect of both human and financial resources to reflect the importance attached to issues of Older Persons in the National Policy for Senior Citizens. This should include upgrading of the existing organizational structure to allow for a greater degree of autonomy in the Council's management of its programmes. Building of capacity in terms of research capability and Public Relations are also among some of the critical areas to be addressed.
2. **Universal Pension for Older Persons-** A universal non-contributory old age pension should be introduced to close the social security coverage gap for older persons. The complexity and cost associated with means-testing should be replaced by the simplicity of administering a universal non-contributory benefit. The affordability issue is a critical concern in respect of this proposal but there are examples of countries with similar levels of economic and social development that have introduced universal old age pension schemes.
3. **Extension of Health Insurance to Retired Workers-** Private sector firms should adopt the model of extending health insurance coverage to retired workers that has been recently introduced for public sector retirees.
4. **Gendered Approach to Policy on Ageing-** A more gender sensitive approach is required in addressing issues of older persons in Jamaica, this includes the need to unify the age at which men and women receive benefits under the National Insurance Scheme.
5. **National Statistics-** National data need to be disaggregated by age to show trends for the population 60 years old. Labour Force Statistics and health related indicators are specific areas of reporting that need to be standardised. for the main-streaming of ageing in all national policies and programmes.

If these and other related measures are adopted, Jamaica will be suitably positioned for the fulfilment of the Madrid Plan of Action. However, all of this is predicated on the assumption that the country's economic situation will not deteriorate and that there will be sustained improvements in the overall level of economic growth and social development.

# ANNEX

**TABLE 1**  
**SUMMARY OF POPULATION MOVEMENTS: 1960-2001**  
**JAMAICA**

Census Year	Census Population	Intercensal Increase		Births	Deaths	Migration Balance
		Absolute Number	Annual Growth Rate (%)			
1960	1,609,800	-	-	-	-	-
1970	1,848,500	238,700	1.39	676,500	141,300	+296,00
1982	2,190,400	341,900	1.42	747,800	189,000	-217,000
1991	2,380,600	190,200	0.93	505,900	134,000	-181,600
2001	2,599,300*	218,700	0.88	560,300	149,600	-192,000

*\*Preliminary figure later revised to 2,607,633 to include returns for institutional population and street people.*

**TABLE 2**  
**POPULATION BY SEX AND FIVE-YEAR AGE GROUPS:**  
**CENSUS 2001**  
**JAMAICA**

<b>AGE GROUP</b>	<b>TOTAL</b>	<b>MALE</b>	<b>FEMALE</b>
All Ages	2,607,633	1,283,547	1,324,086
0 – 4	278,818	138,914	133,904
5 – 9	294,872	149,653	145,219
10 – 14	275,879	139,372	136,507
15 – 19	251,976	126,464	125,512
20 – 24	215,881	104,985	110,896
25 – 29	206,938	99,113	107,825
30 – 34	197,539	94,127	103,412
35 – 39	184,933	87,626	97,307
40 – 44	155,450	76,304	79,146
45 – 49	113,671	55,856	57,815
50 – 54	97,269	49,670	47,599
55 – 59	75,635	38,645	36,990
60 – 64	65,293	31,828	33,465
65 – 69	59,870	28,901	30,969
70 – 74	52,101	24,856	27,245
75 – 79	38,588	17,711	20,877
80 – 84	24,553	10,304	14,249
85 +	24,367	9,219	15,148

Source: Demographic Statistics 2002, STATIN

**TABLE 3**  
**AGE DEPENDENCY RATIOS OF THE POPULATION (PERCENTAGES)**  
**JAMAICA**

YEAR	AGE DEPENDENCY RATIOS		
	CHILD 0-14 YEARS	OLD-AGE 65+ YEARS	TOTAL
1970	90.0	10.8	100.8
1982	70.2	12.6	82.8
1991	61.2	12.7	73.9
1995	61.9	13.5	75.4
1996	62.1	14.3	76.4
1997	59.3	13.7	73.0
1998	56.8	14.0	70.8
1999	58.0	14.9	72.8
2000	57.3	15.4	72.7
2001	57.2	16.1	73.3

Source: Jamaica Survey of living Conditions 2001

**TABLE 4**  
**PERCENTAGE DISTRIBUTION OF POPULATION BY ETHNIC GROUP**  
**(CENSUS 1982 & 1991)**  
**JAMAICA**

Ethnic Group	1982	1991
Negro/Black	74.7	90.5
East Indian	1.3	1.3
Chinese	0.2	0.2
White	0.2	0.2
Mixed	12.8	7.3
Syrian/Lebanese	0.1	0.0
Other Races	1.2	0.1
Not Stated	9.5	0.5
<b>All Races</b>	<b>100.0</b>	<b>100.0</b>

Source: Pocketbook of Statistics 2001, Statistical Institute Of Jamaica

**TABLE 5**  
**COMPONENTS OF THE JHDI, 1990-1998**

Year	Life Expect. at birth	Adult literacy Rate	Combined Gross Enrolment Rate	GDP Per Capita. (PPP\$)	Employ. Rate	Health Ratio: Doctor	Health Ratio: Nurse	Income Distrb. Gini Coeff.
1990	70.7	.678	.60	2979	.8467	1 769	1 332	0.3811
1991	70.7	.678	.59	3670	.8463	1 785	1 371	0.3969
1992	70.7	.678	.57	3200	.8499	1 803	1 492	0.3752
1993	70.7	.678	.62	3180	.8368	1 820	1 445	0.3718
1994	70.7	.754	.64	3816	.8464	1 704	1 208	0.3816
1995	71.0	.754	.59	3801	.8377	1 624	1 057	0.3624
1996	71.5	.754	.58	4309*	.8399	1 531	1 431	0.3604
1997	72.0	.754	.57	4820*	.8351	1 433	1 178	0.4164
1998	72.0	.754	n/a	4872	.8450	1 433	1 531	0.3721

Source: Jamaica Human Development Report 2000, Planning Institute of Jamaica, UNDP

\* Estimated

**TABLE 6**  
**GROWTH OF OLDER PERSONS IN THE CARIBBEAN SUB-REGION**

Category	Thousands					
	1950	1955	1960	1995	2000	2005
Total 60t+ Pop.	1171	1300	1466	3354	3743	4233
Total Regional Pop.	17039	18616	20437	36136	38139	40073
60+/Total Regional	6.9	7.0	7.2	38139	9.8	10.6
% Increase		9.3	9.8	76.8	5.5	5.1

Source: Sex and Age Distribution of the World Populations, 1996 revision

**TABLE 7**  
**POPULATION AGED 60 YEARS AND OVER 1921-2025**  
**JAMAICA**

YEAR	Number Aged 60 Years and over	Percentage of Pop. 60 years and over
1921	52,600	6.1
1943	81,000	6.6
1960	108,000	6.7
1970	158,400	8.5
1980	208,911	9.5
1990	231,478	10.0
2000	263,522	10.1
2001	264,772	10.1
2002	267,500	10.2
2010	286,466*	10.2
2020	309,509*	12.5
2025	471,783*	14.5

Source: Census data, \*ECLAC Projections

**TABLE 8**  
**CHANGES IN THE POPULATION (1891-2001)\***  
**Jamaica**

AGE GROUP	1891	1943	1960	1980	1990	2001
<b>Total Pop</b>	<b>639,491</b>	<b>1,237,063</b>	<b>1,609,814</b>	<b>2,123,300</b>	<b>2,414,960</b>	<b>2,607,633</b>
Under 5	83,081	156,365	267,891	282,200	269,440	272,818
5-9	78,665	156,079	220,696	287,800	266,860	294,872
10-14	85,787	139,842	173,921	234,800	268,530	275,879
15-59	-	-	-	-	-	1,499,298
60-64	12,789	29,344	38,792	54,900	56,360	65,293
65-69	24,104	17,484	27,005	50,300	47,300	59,870
70-74	-	15,153	19,308	44,300	41,660	52,101
Over 75	-	15,253	23,358	54,300	99,410	87,508
<b>Total 60+</b>	<b>36,893</b>	<b>77,234</b>	<b>108,463</b>	<b>200,800</b>	<b>239,730</b>	<b>264,772</b>

Source: Eldemire 1993, Census 2001. \* Differences between Table 5 & Table 6 for the years 1943-1990 are based on source.

**TABLE 9**  
**AVERAGE PROJECTED ANNUAL PERCENT GROWTH AND PERCENT CHANGE**  
**(55 YRS. & ABOVE)**  
**JAMAICA**

Age Group	1988-2005		2005-2020	
	% growth	% change	% growth	% change
55-64	1.6	32.2	4.9	109.8
65-74	1.0	19.0	3.4	65.9
75+	1.8	35.0	2.0	35.7

Source: Kinsella (1990)

**TABLE 10**  
**GROWTH OF ELDERLY POPULATION BY AGE AND SEX**  
**(1970-2001)**  
**Jamaica**

Age Group	1970		1991		2001	
	Male	Female	Male	Female	Male	Female
<b>Total</b>	<b>73,300</b>	<b>86,100</b>	<b>104,187</b>	<b>122,896</b>	<b>122,819</b>	<b>141,953</b>
60-64	25,400	27,000	29,023	31,711	31,828	33,465
65-69	19,900	21,800	25,023	28,180	28,901	30,969
70-74	14,000	16,100	19,945	22,886	24,856	27,245
75+	13,000	21,200	30,196	43,119	37,234	50,274

Source: Census data 1970, 1991, 2001

**TABLE 11**  
**MALE/FEMALE RATIO BY FIVE YEAR GROUPS (60+) 1911-2002**  
**JAMAICA**

Age Group	1911	1943	1960	1982	1992	2002
Total(60+)	-	69	60	87	91	97
60-64	85	85	90	92	99	-
65-69	74	81	81	93	97	-
70-74	-	77	72	96	100	-
75+	-	60	59	72	81	-

Source: Eldemire 1995, Demographic Statistics 2002



**TABLE 12**  
**EXPECTATION OF LIFE \*\*(IN YEARS) AT SPECIFIC AGES**  
**JAMAICA (1999-2001)**

<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Both Sexes</b>
0	70.94	75.58	73.25
1	71.38	76.04	73.7
5	67.86	72.47	70.15
10	62.96	67.55	65.24
15	58.06	62.62	60.33
20	53.33	57.74	55.33
25	48.88	52.95	50.91
30	44.53	48.3	46.41
35	40.17	43.69	41.92
40	35.77	39.15	37.45
45	31.43	34.65	33.04
50	27.24	30.32	28.78
<b>55</b>	<b>23.23</b>	<b>26.16</b>	<b>24.71</b>
<b>60</b>	<b>19.51</b>	<b>22.28</b>	<b>20.92</b>
<b>65</b>	<b>16.24</b>	<b>18.77</b>	<b>17.53</b>
<b>70</b>	<b>13.25</b>	<b>15.42</b>	<b>14.39</b>

Source: Demographic Statistics 2002, STATIN. \*\*Additional years

**TABLE 13**  
**PERCENTAGE ELDERLY HOUSEHOLD HEADS BY AGE GROUP (2001)**  
**JAMAICA**

<b>CATEGORIES</b>	<b>AGE GROUP OF ELDERLY</b>				
	Total	60-64	65-69	70-74	75 and Over
<b>Total population 60+</b>	<b>262,171</b>	<b>64,986</b>	<b>59,550</b>	<b>51,723</b>	<b>85,912</b>
<b>Heads of Household (%)</b>	66.04	66.40	67.73	68.36	63.19

**TABLE 14**  
**PERCENTAGE OF ELDERLY HOUSEHOLD HEADS BY PARISH, AGE GROUP AND**  
**SEX**  
**JAMAICA (CENSUS 1991)**

Parish	60-64 years		65years and over		Male	Female
	Male %	Female%	Male%	Female%		
Kingston	46.7	53.3	42.1	57.9	43.4	56.6
St. Andrew	57.1	42.9	51.8	48.2	53.4	46.6
St. Catherine	59.7	40.3	56.	43.6	57.4	42.6
St. Thomas	60.2	39.8	55.0	45.0	56.3	43.7
Portland	61.7	38.3	55.3	44.7	56.8	43.2
St. Mary	63.5	36.5	56.8	43.2	61.2	41.4
St. Ann	65.7	34.3	59.7	40.3	60.8	38.8
Trelawny	65.9	34.1	59.0	41.0	56.3	39.2
St. James	61.6	38.4	56.8	43.2	61.0	43.7
Hanover	62.5	37.5	60.05	39.5	60.2	39.0
Westmoreland	65.0	35.0	58.7	41.3	57.5	39.8
St. Elizabeth	62.1	37.9	56.1	43.9	60.0	42.5
Manchester	66.4	33.6	57.7	41.1	61.1	39.1
Clarendon	65.8	34.2	59.3	40.7	57.4	38.9

Source: Population Census Data

**TABLE 15**  
**ELDERLY POPULATION IN PRIVATE HOUSEHOLDS, 1991-2001**  
**JAMAICA**

Age Group	1991			2001		
	Total	Male	Female	Total	Male	Female
60-64	62,699	29,960	32,739	64,986	31,640	33,346
65-69	55,241	25,831	29,410	59,550	28,727	30,823
70-74	44,196	20,586	23,610	51,723	24,644	27,079
75+	73,646	31,191	42,455	85,912	36,675	49,267
<b>Total</b>	<b>235,782</b>	<b>107,568</b>	<b>128,213</b>	<b>262,171</b>	<b>121,686</b>	<b>140,515</b>

Source: Population Census Data

**TABLE 16**  
**ELDERLY POPULATION BY AGE GROUP, PARISH AND MARITAL STATUS**  
**JAMAICA**

PARISH	60-64 years			65 years and over			Total		
	Never Married	Married	Was Married	Never Married	Married	Was Married	Never Married	Married	Was Married
Kingston	56.1	29.2	14.7	48.2	26.1	25.7	50.4	26.9	22.7
St. Andrew.	31.7	51.6	16.7	28.2	42.1	29.7	29.2	44.8	26.0
St. Catherine	33.2	51.5	15.3	29.4	43.0	27.7	30.5	45.4	24.1
St. Thom.	35.5	47.8	16.7	32.8	36.8	30.4	33.5	45.2	26.8
Portland	31.8	53.0	15.2	26.7	42.8	30.5	27.9	43.7	26.9
St. Mary	34.2	50.7	15.1	28.5	41.4	30.1	29.9	52.4	26.4
St. Ann	25.5	58.7	15.8	20.2	50.3	29.5	21.5	55.0	26.1
Trelawny	32.1	54.5	13.4	27.7	55.5	16.8	29.8	46.7	15.2
St. James	30.9	54.6	14.5	27.1	43.7	29.2	28.1	49.1	25.2
Hanover	27.7	56.3	16.0	24.7	46.7	28.6	25.4	49.8	25.5
Westmoreland	26.5	58.5	15.0	24.4	46.8	28.8	24.9	48.0	25.3
St. Elizabeth.	28.6	56.4	15.0	25.9	45.2	28.9	26.6	51.3	25.4
Manchester.	23.1	60.1	16.8	20.6	48.2	31.2	22.3	48.4	27.4
Clarendon	30.5	54.3	15.2	24.4	46.2	29.4	26.0	45.4	25.6

Source: Census data 1991

**TABLE 17**  
**ELDERLY POPULATION IN INSTITUTIONS: 1991-2001**  
**JAMAICA**

Age Group	2001			1991		
	Total	Male	Female	Total	Male	Female
60-64	354	227	127	307	188	119
65-69	464	260	204	320	174	146
70-74	501	278	223	379	212	167
75+	1890	810	1080	1596	589	1007
<b>Total</b>	<b>3209</b>	<b>1575</b>	<b>1634</b>	<b>2602</b>	<b>1163</b>	<b>1439</b>

Source: Census data

**TABLE 18**  
**LITERACY SURVEY OF THE ELDERLY POPULATION**  
**JAMAICA**

Age Group	Males		Females		Both Sexes	
	Entirely Literate	Partially or Entirely Illiterate	Entirely Literate	Partially or Entirely Illiterate	Entirely Literate	Partially or Entirely Illiterate
60-64	74.1	25.9	72.7	27.3	73.4	26.6
65-69	67.9	32.1	68.9	31.1	68.4	31.6
70-74	62.3	37.7	73.1	26.9	68.1	31.9
75-79	69.6	30.4	73.2	26.8	71.8	28.2
80-84	49.2	50.8	65.1	34.9	59.3	40.7
85+	61.5	38.5	63.8	36.2	63.2	36.8
All Ages	67.0	33.0	70.4	29.6	68.9	31.1

Source: PIOJ 1995 (PAHO Survey 1986, unpublished data)

**TABLE 19**  
**DISTRIBUTION OF THE ELDERLY POPULATION BY EDUCATIONAL**  
**ATTAINMENT – MALES (%)**  
**JAMAICA**

Parish	Primary		Post-Primary		None	
	60-74 years	75 years and over	60-74 years	75 years and over	60-74 years	75 years and over
St. Catherine	92.0	91.8	4.6	2.0	3.4	6.2
Clarendon	92.7	90.1	2.0	1.5	5.3	8.4
Manchester	91.7	91.3	3.9	2.1	4.4	6.5
St. Elizabeth	91.2	86.0	1.6	0.9	7.2	13.1
Portland	94.7	92.4	2.6	2.9	2.8	4.7
Kingston	92.4	92.1	6.2	5.6	1.4	2.3
ST. Thomas	93.3	92.8	2.6	1.6	4.1	5.6
Westmoreland	92.8	90.1	1.9	1.0	5.2	8.9
<b>St. Andrew</b>	<b>79.0</b>	<b>84.1</b>	<b>19.7</b>	<b>13.5</b>	<b>1.2</b>	<b>2.4</b>
Trelawny	91.6	86.7	2.4	1.8	6.0	11.4
St. Ann	92.7	90.6	2.9	1.4	4.4	8.0
Hanover	94.7	94.2	1.7	0.8	3.6	4.9
St. James	91.2	88.7	4.9	2.1	3.9	9.2
St. Mary	93.1	90.9	2.5	1.4	4.4	7.7

Source: Population Census 1991

**TABLE 20**  
**DISTRIBUTION OF THE ELDERLY POPULATION BY EDUCATIONAL**  
**ATTAINMENT – FEMALES (%)**  
**JAMAICA**

Parish	Primary		Post-Primary		None	
	60-74 years	75 years and over	60-74 years	75 years and over	60-74 years	75 years and over
St. Catherine	91.4	90.5	5.4	3.6	3.2	5.9
Clarendon	94.0	90.5	1.6	1.0	4.3	8.4
Manchester	93.1	91.7	3.2	2.2	3.7	6.1
St. Elizabeth	91.8	88.6	1.4	0.7	6.8	10.8
Portland	95.5	92.5	2.5	2.0	2.0	5.5
Kingston	94.1	94.0	4.6	3.5	1.3	2.5
ST. Thomas	95.1	94.4	2.1	1.0	2.8	4.6
Westmoreland	93.7	91.3	1.6	1.2	4.7	7.5
<b>St. Andrew</b>	<b>82.0</b>	<b>85.7</b>	<b>16.6</b>	<b>12.0</b>	<b>1.4</b>	<b>2.4</b>
Trelawny	92.7	89.5	2.2	1.8	5.1	8.8
St. Ann	93.6	91.9	2.6	1.7	3.7	0.4
Hanover	96.2	94.5	2.0	1.2	1.8	4.3
St. James	93.3	90.2	4.2	2.8	2.5	7.0
St. Mary	94.7	92.8	2.1	1.6	3.1	5.6

Source: Population Census 1991

**TABLE 21**  
**YEARS OF PRIMARY AND SECONDARY EDUCATION OF OLDER PERSONS**  
**JAMAICA**

Primary Education			Secondary Education		
No. Years	Frequency	Percent	No. Years	Frequency	Percent
None	10	0.7	None	1185	87.7
1	5	0.4	1	3	0.2
2	21	1.5	2	3	0.2
3	27	2.0	3	20	1.5
4	54	4.0	4	6	0.5
5	106	7.9	5	22	1.6
6	199	14.7	6	2	0.2
7 yrs +	814	60.2	7 yrs +	1	0.1
Not stated	116	8.6	Not stated	109	8.0
<b>Total</b>	<b>1352</b>	<b>100.0</b>	<b>Total</b>	<b>1352</b>	<b>100.0</b>

Source: PIOJ 1995 (Labour Force Survey 1992)

**TABLE 22  
ADULT LITERACY BY PARISH AND GENDER 1999**

<b>PARISH</b>	<b>Male %</b>	<b>Female %</b>	<b>Total %</b>
<b>LITERATE</b>			
Kingston	80.6	92.7	87.1
St. Andrew	85.7	90.4	88.1
St. Thomas	74.6	84.9	79.6
Portland	71.1	90.2	80.2
St Mary	69.6	77.7	73.6
St .Ann	68.3	85.3	76.8
Trelawny	65.0	88.9	76.2
St. James	73.1	87.4	80.4
Hanover	64.8	84.7	74.3
Westmoreland	69.0	80.8	74.6
St. Elizabeth	54.2	75.8	64.8
Manchester	67.3	85.5	76.2
Clarendon	69.0	76.8	72.7
St. Catherine	78.6	88.1	83.2
<b>ALL JAMAICA</b>	<b>74.1</b>	<b>85.9</b>	<b>79.9</b>
<b>ILLITERATE</b>			
Kingston	19.4	7.3	12.9
St. Andrew	14.3	9.6	11.9
St. Thomas	25.4	15.1	20.4
Portland	28.9	9.8	19.8
St. Mary	30.4	22.3	26.4
St .Ann	31.7	14.7	23.2
Trelawny	35.0	11.1	23.8
St. James	26.9	12.6	19.6
Hanover	35.2	15.3	25.7
Westmoreland	31.0	19.2	25.4
St. Elizabeth	45.8	24.2	35.2
Manchester	32.7	14.5	23.8
Clarendon	31.0	23.2	27.3
St. Catherine	21.4	11.9	16.8
<b>ALL JAMAICA</b>	<b>25.9</b>	<b>14.1</b>	<b>20.1</b>

Source: Demographic Statistics, STATIN

**TABLE 23**  
**PATIENTS SEEN IN ACCIDENTS AND EMERGENCY UNITS OF PUBLIC**  
**HOSPITALS BY CONDITIONS, GENDER AND AGE, 2001- 2002**  
**JAMAICA**

Conditions	2001			2002		
	Total cases seen (all ages)	Males 65+	Females 65+	Total cases seen (all ages)	Males 65+	Females 65+
Burns	1,953	29	30	1,680	31	35
Poisoning	1,303	13	9	964	8	5
Bites	4,596	110	115	4,469	103	110
Stab Wounds	3,467	46	13	2,893	71	11
Gun shot	1,385	74	36	1,083	81	5
Blunt injury	1,3970	284	192	14,074	343	190
Sexual Assault	1,177	1	13	1,260	4	26
Attempted Suicide	116	2	2	169	5	0
Motor vehicle Accidents	11,940	430	216	11,289	496	217
Accidental Lacerations	15,202	240	120	12,771	254	98

Source: Data extracted from Table 23.3 ESSJ, 2001& 2002

**TABLE 24**  
**POPULATION 65 YEARS AND OVER IN EMPLOYED FORCE BY SEX AND YEAR**  
**JAMAICA**

CATEGORIES	YEAR						
	2002	2001	2000	1999	1998	1997	1996
<b>Total Employed Labour Force</b>	<b>954,300</b>	<b>939,400</b>	<b>933,500</b>	<b>943,900</b>	<b>953,600</b>	<b>946,800</b>	<b>959,800</b>
<b>Population 65 and over</b>	200,380	189,343	188,780	185,416	184,877	182,463	178,943
<b>Total Employed 65 and over*</b>	52,450	56,050	53,675	55,875	56,500	53,550	57,400
<b>Male Employed 65 and over</b>	34,950	38,750	37,525	38,300	38,375	37,000	38,825
<b>Female Employed 65 and over</b>	17, 500	17,300	16,150	17,525	17,875	16,550	18,575

Source: Labour Force Statistics, STATIN

\* Pensionable Employed

**TABLE 25**  
**Labour Force Participation by Age Group 2000-2002**  
**JAMAICA**

Age Group	2000				2001		2002	
	January	April	May	June	January	April	April	October
<b>BOTH SEXES</b>								
<b>TOTAL</b>	63.7	62.7	63.3	63.4	62.9	63.0	64.2	63.0
14-19	20.5	18.6	18.3	19.5	17.3	17.9	21.4	20.3
20-24	75.5	73.1	75.1	75.9	73.8	73.3	76.8	75.0
25-34	85.4	83.2	84.9	85.0	84.5	83.4	84.9	83.9
35-44	87.4	86.5	87.6	87.4	87.1	86.2	87.5	86.8
45-54	84.3	85.0	83.8	83.6	85.2	85.5	84.1	83.7
<b>55-64</b>	<b>67.4</b>	<b>67.6</b>	<b>67.6</b>	<b>66.0</b>	<b>68.2</b>	<b>71.8</b>	<b>65.8</b>	<b>65.5</b>
<b>65 and Over</b>	<b>28.4</b>	<b>30.3</b>	<b>30.5</b>	<b>28.8</b>	<b>30.5</b>	<b>31.1</b>	<b>30.1</b>	<b>26.8</b>
<b>MALE</b>								
<b>TOTAL</b>	73.0	73.1	72.9	72.8	72.7	73.2	73.3	71.7
14-19	25.5	22.5	23.1	23.9	20.4	22.1	26.8	23.6
20-24	84.1	86.4	85.6	84.6	85.3	85.9	84.6	82.9
25-34	95.4	93.8	94.2	95.0	95.4	94.6	93.6	93.2
35-44	94.3	94.7	95.0	95.3	95.8	94.4	93.7	93.9
45-54	93.2	93.8	94.0	94.5	93.8	93.8	94.0	92.6
<b>55-64</b>	<b>83.4</b>	<b>84.7</b>	<b>84.5</b>	<b>82.6</b>	<b>83.4</b>	<b>87.0</b>	<b>81.9</b>	<b>85.4</b>
<b>65 and Over</b>	<b>44.4</b>	<b>48.7</b>	<b>46.8</b>	<b>43.2</b>	<b>46.8</b>	<b>48.3</b>	<b>45.5</b>	<b>38.8</b>
<b>FEMALE</b>								
<b>TOTAL</b>	55.1	53.1	54.3	54.5	53.8	53.4	55.8	54.9
14-19	15.6	14.8	13.5	15.2	14.3	13.8	16.0	17.1
20-24	67.6	60.8	65.4	67.8	63.1	61.6	69.3	67.5
25-34	76.5	73.8	76.6	75.9	74.8	73.3	77.0	75.6
35-44	80.7	78.5	80.5	79.9	78.6	78.3	81.5	80.0
45-54	75.2	76.1	73.4	72.6	76.7	77.0	74.4	74.9
<b>55-64</b>	<b>52.2</b>	<b>51.5</b>	<b>51.6</b>	<b>50.3</b>	<b>53.7</b>	<b>57.4</b>	<b>50.9</b>	<b>47.0</b>
<b>65 and Over</b>	<b>15.4</b>	<b>15.3</b>	<b>17.2</b>	<b>17.0</b>	<b>17.3</b>	<b>17.1</b>	<b>17.5</b>	<b>17.0</b>

Source: Labour Force Statistics, STATIN



**TABLE 26**  
**POPULATION AGE 60 YEARS AND ABOVE RECEIVING**  
**NATIONAL INSURANCE PENSION (2001)**

Population Cohort	Total No. in Population	National Insurance Pensioners	
		Number	Percentage
60-64	65,293	9,705	14.9
65-69	59,870	11,190	18.6
70-74	52,101	15,071	28.9
75-79	38,588	12,995	40.7
80-84	24,553	9,029	36.8
85+	24,367	13,566	55.0
<b>Total</b>	<b>264,772</b>	<b>71,556</b>	<b>27.0</b>

Source: Social Security Division, Jamaica

**TABLE 27**  
**Distribution of NIS Pensioners by Age and Sex (2001)**

Age Group	Male		Female		Both Sexes	
	No.	%	No.	%	No.	%
60-64	1,817	2.5	7,888	11.0	9,705	13.5
65-69	4,187	5.6	7,003	9.8	11,190	15.6
70-74	6,810	9.5	8,261	11.5	15,071	21.1
75-79	5,900	8.2	7,095	10.0	12,995	18.2
80-84	3,966	5.5	5,063	7.1	9,029	12.6
85 +	6,015	8.4	7,551	10.1	13,566	19.0
<b>Total</b>	<b>28,695</b>	<b>40.0</b>	<b>42,861</b>	<b>60.0</b>	<b>71,556</b>	<b>100.0</b>

Source: Social Security Division, Jamaica

**TABLE 28**  
**NEW NIS BENEFICIARIES, 2001-2002**

BENEFIT	2001	2002
<b>Old Age Pension</b>	<b>4,788</b>	<b>5,429</b>
Invalidity	387	379
Widows'	957	1,235
Widowers'	127	174
Orphan	9	28
Maternity Allowance*	10	5
Employment Injury	811	780
Funeral Grants	2,746	2,731
Special Anniversary	22	14
<b>Total</b>	<b>9,857</b>	<b>10,775</b>

Source: Social Security Division, Jamaica

\*Paid only to Domestic servants

**TABLE 29**  
**INCIDENCE OF POVERTY BY GEOGRAPHICAL AREA IN JAMAICA, 1989-2001**

Area	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
<b>KMA*</b>	15.5	13.3	28.9	18.8	16.7	13.8	15.0	17.2	9.3	8.6	10.6	9.9	7.6
<b>Other towns</b>	22.0	25.7	31.4	29.9	22.9	20.0	22.8	22.0	14.8	13.4	12.1	16.6	13.3
<b>Rural Areas</b>	40.7	37.5	57.2	42.2	29.6	28.8	37.0	32.8	27.4	19.5	22.0	25.1	24.1
<b>All-Jamaica</b>	30.5	28.4	44.6	33.9	24.4	22.8	27.5	26.1	19.9	15.9	17.0	18.7	16.9

Source: Jamaica Survey of Living Conditions, 1989-2001

\*Kingston Metropolitan Area

**TABLE 30**  
**DISTRIBUTION OF ELDERLY ALONG THE POVERTY LINE**

Relation to Poverty Line	Male	Female	Both Sexes
Below the Poverty Line	37.7% (127)	39.3%(175)	38.5%(302)
Above the Poverty Line	62.3% (210)	60.7%(270)	61.5%(480)
Total (N)	337	445	782

Source: Compiled from Module on the Elderly, JSLC 1995

**TABLE 31**  
**POOR RELIEF BENEFICIARIES, 1981,1990 AND 1998**

Registered Poor	Year		
	1981	1990	1998
<b>Institutional Care</b>	1,848	1266	1,630
<b>Non-Institutional</b>	18,787	1597	12,412
<b>Total</b>	<b>20,635</b>	<b>15,797</b>	<b>14,042</b>

Source: ESSJ 1981,1990, 1998

**TABLE 32  
POOR RELIEF NON-INSTITUTIONAL CARE BY PARISH 1998**

Parish	Registered Poor			Registered Elderly Poor		
	Male	Female	Both	Male	Female	Both
<b>KSAC*</b>	871	1356	2227	578	983	1561
<b>St. Thomas</b>	261	466	727	151	343	494
<b>Portland</b>	315	445	760	205	320	525
<b>St. Mary</b>	277	340	617	162	175	337
<b>St .Ann</b>	453	654	1107	238	352	590
<b>Trelawny</b>	217	297	496	88	128	216
<b>St. James</b>	433	516	949	174	210	384
<b>Hanover</b>	304	321	625	144	160	304
<b>Westmoreland</b>	405	467	872	191	170	361
<b>St. Elizabeth</b>	449	603	1052	349	478	827
<b>Manchester</b>	311	390	701	165	233	398
<b>Clarendon</b>	572	710	1291	322	439	761
<b>St. Catherine</b>	433	555	988	378	440	818
<b>Total</b>	<b>5301</b>	<b>7111</b>	<b>12412</b>	<b>3145</b>	<b>4431</b>	<b>7576</b>

Source: Ministry of Local Government

\*Kingston and St. Andrew Corporation (Municipality)

**TABLE 33  
POOR RELIEF INSTITUTIONAL CARE BY PARISH 1998**

Parish	Registered Poor			Registered Elderly Poor		
	Male	Female	Both	Male	Female	Both
<b>KSAC*</b>	244	257	501	208	208	416
<b>St. Thomas</b>	67	44	111	63	42	105
<b>Portland</b>	39	40	79	26	24	50
<b>St. Mary</b>	50	38	88	42	38	80
<b>St .Ann</b>	74	45	119	57	28	85
<b>Trelawny</b>	40	34	74	36	32	68
<b>St. James</b>	47	26	73	39	19	58
<b>Hanover</b>	34	28	62	27	22	49
<b>Westmoreland</b>	40	29	69	27	17	44
<b>St. Elizabeth</b>	36	32	68	17	23	40
<b>Manchester</b>	60	34	94	45	17	62
<b>Clarendon</b>	74	68	142	48	43	01
<b>St. Catherine</b>	88	62	150	68	59	127
<b>Total</b>	<b>893</b>	<b>737</b>	<b>1630</b>	<b>703</b>	<b>572</b>	<b>1275</b>

Source: Ministry of Local Government

\*Kingston and St. Andrew Corporation (Municipality)

**TABLE 34**  
**OLD AGE AND INCAPACITY ALLOWANCE BENEFICIARIES**  
**PARISH, 2002**

Parish	Beneficiaries	
	January	December
<b>Kingston &amp; St. Andrew</b>	1,612	1,433
<b>St. Thomas</b>	972	912
<b>Portland</b>	1,003	941
<b>St Mary</b>	1,387	1,303
<b>St .Ann</b>	1,004	958
<b>Trelawny</b>	710	701
<b>St. James</b>	1,371	1,306
<b>Hanover</b>	1,962	1,892
<b>Westmoreland</b>	923	869
<b>St. Elizabeth</b>	1,237	1,199
<b>Manchester</b>	1,546	1,513
<b>Clarendon</b>	2,356	2,290
<b>St. Catherine</b>	1,326	1,249
<b>Total</b>	<b>17,409</b>	<b>16,566</b>

Source: Ministry of Labour and Social Security Statistical Bulletin 2002

**TABLE 35**  
**NEW ADMISSIONS TO OLD AGE AND INCAPACITY ALLOWANCE BY AGE**  
**GROUP AND SEX 2001 AND 2002**

Age Group	Male		Female		Total	
	2001	2002	2001	2002	2001	2002
<b>Under 60</b>	43	29	74	47	117	76
<b>60-64</b>	180	112	278	121	458	233
<b>65-69</b>	190	125	243	130	433	255
<b>70-74</b>	173	126	171	126	344	252
<b>75-79</b>	107	69	135	70	242	139
<b>80 &amp; Over</b>	62	32	83	24	145	56
<b>Total</b>	<b>755</b>	<b>493</b>	<b>984</b>	<b>518</b>	<b>1,739</b>	<b>1,011</b>

Source: Statistical Bulletin, Ministry of Labour and Social Security 2003

**TABLE 36**  
**FOOD STAMP BENEFICIARIES BY CATEGORY**  
**1993-2002**

Category	Revised Target 1993	Year				
		1993	1999	2000	2001	2002
Pregnant and Lactating	30,000	2,301	2,943	2,924	2,681	145
Children under 6 years	150,000	152,271	85,354	75,563	70,853	51,640
Elderly/Incapacitated	100,000	73,809	96,046	92,799	88,170	88,641
Single Member Household	20,000	38,411	21,631	18,368	17,823	17,963
Family Plan	20,000	19,109	18,317	14,974	14,668	14,883
Kerosene Assistance*	-	-	28,320	28,320	21,207	21,039
<b>Total</b>	<b>320,000</b>	<b>285,901</b>	<b>252,611</b>	<b>218,870</b>	<b>215,402</b>	<b>192,311</b>

Source: ESSJ 2002, MLSS Statistical Bulletin 20002

*\*This benefit was added after subsidies were removed from kerosene, the domestic fuel used by many poor families poor for cooking.*

**TABLE 37**  
**COMPASSIONATE GRANT BENEFICIARIES BY AGE GROUP AND SEX, 2002**

Age Group	Male	Female	Total
Under 20	50	71	121
20-24	165	174	339
25-29	321	160	481
30-34	343	192	535
35-39	240	337	577
40-44	165	208	373
45-49	170	189	359
50-54	101	159	260
55-59	114	100	214
60 and over	359	333	692
<b>Total</b>	<b>2,028</b>	<b>1,923</b>	<b>3,951</b>

Source: Statistical Bulletin, Ministry of Labour and Social Security 2002

**TABLE 38**  
**REHABILITATION GRANT BENEFICIARIES BY AGE GROUP AND SEX**  
**2001 – 2002**

Age Group	Male		Female		Total	
	2001	2002	2001	2002	2001	2002
Under 20	11	4	2	20	13	24
20-24	23	27	43	51	66	78
25-29	80	41	145	110	225	151
30-34	92	58	227	173	319	231
35-39	162	81	220	244	382	325
40-44	108	82	138	139	246	221
45-49	114	74	90	104	204	178
50-54	65	38	85	83	150	121
55-59	48	33	65	58	113	91
60 and over	47	67	46	76	93	143
<b>Total</b>	<b>750</b>	<b>505</b>	<b>1,061</b>	<b>1,058</b>	<b>1,811</b>	<b>1,563</b>

Source: Statistical Bulletin, Ministry of Labour and Social Security, 2002

**TABLE 39**  
**TARGETTED NUMBER OF PATH BENEFICIARIES**  
**BY CATEGORY**

CATEGORY	No.	
	TARGETTED	PERCENTAGE
Children 0-17 years	168,000	71.0
Pregnant and Lactating Women	11,000	5.0
Elderly Poor	33,000	14.0
Disabled	19,000	8.0
Other Destitute Persons	5,000	2.0
<b>TOTAL</b>	<b>236,000</b>	<b>100.0</b>

Source: Ministry Paper No.5, Feb. 2002

**TABLE 40****FOOD STAMP BENEFICIARIES BY  
QUINTILES (2000)**

<b>QUINTILE</b>	<b>PERCENTAGE</b>
<b>Poorest quintile</b>	<b>38.2</b>
<b>Quintile 2</b>	<b>25.5</b>
<b>Quintile 3</b>	<b>19.8</b>
<b>Quintile 4</b>	<b>12.4</b>
<b>Quintile 5</b>	<b>4.1</b>
<b>TOTAL</b>	<b>100</b>

Source: JSLC 2000; Ministry Paper No.5, Feb. 2002

**TABLE 41****PATH BENEFICIARIES AGE 60 AND OVER AS AT OCTOBER 1, 2003**

<b>AGE RANGE</b>	<b>TOTAL NUMBER SELECTED</b>	<b>TOTAL NUMBER REGISTERED</b>
60-64	7,029	4,643
65-69	7,772	5,181
70-74	7,959	4,900
75-79	6,765	4,032
80-84	4,794	2,686
85-89	2,718	1,447
90-94	1,410	722
95-99	384	190
100 +	149	56
<b>Total</b>	<b>38,980</b>	<b>23,857</b>

Source: PATH Beneficiary Selection Data Base

**TABLE 42  
SOCIAL ASSISTANCE BENEFIT LEVELS**

<b>OLD BENEFITS</b>		<b>PATH BENEFITS</b>		
<b>PROGRAMME</b>	<b>MONTHLY (JA\$)</b>	<b>MONTHLY (JA\$)</b>		
		<b>YR 1</b>	<b>YR 2</b>	<b>YR 3</b>
<b>Food Stamp</b>	<b>75 – 165</b>			
Children	75ý			
Pregnant and Lactating Mothers	105ý	ý300	375	500
Single Member Household	105ý			
Elderly/Incapacitated/Disabled	120ý			
Family Plan (5+ members)	165	1,500+	1,875 +	2,500+
<b>Old Age and Incapacity Allowance</b>	<b>100</b>	<b>300</b>	<b>375</b>	<b>500</b>
<b>Poor Relief (Dole)</b>	<b>170*</b>	<b>300</b>	<b>375</b>	<b>500</b>
<b>Old Age and Food Stamp</b>	<b>220</b>	<b>300</b>	<b>375</b>	<b>500</b>
<b>Poor Relief and Food Stamp</b>	<b>290</b>	<b>300</b>	<b>375</b>	<b>500</b>

**Source: Ministry Paper No. 5, Feb. 2002**

*\*Average, sum varies by Local Authority*



**TABLE 43**  
**COMPARATIVE ANALYSIS: RATIO OF SENIOR CITIZENS TO COUNCIL STAFF**  
**(1999)**

<b>No. Senior Citizens (A)</b>	<b>No. Staff (B)</b>	<b>Ratio: A/B</b>	<b>Comments</b>
248,643	53	4,961	<b>Each staff</b> member of the Council is expected to serve 4,691 senior citizens.
248,643	18	13,813	<b>Each permanent staff</b> member is expected to serve 13,813 senior citizens
248,643	13	19,126	<b>Each Parish Organizer</b> has the responsibility of planning for the well -being of 19,126 senior citizens.
248,643	4	82,881	Technically, <b>each Programme Organizer</b> has the responsibility to coordinate programmes and projects for 82,881 senior citizens.
29,308	2	14,654	<b>Two staff</b> members in <b>St. Catherine</b> are mandated to enhance the lives of 14,654 senior citizens.
47,570	2	23,785	<b>Two staff</b> members in <b>St. Andrew</b> are mandated to enhance the lives of 23,785 senior citizens.

Source: Duncombe and Norman (2000).

**TABLE 44**  
**BUDGETARY ALLOCATION TO COUNCIL FOR SENIOR CITIZENS**  
**FINANCIAL YEARS 1994/95 – 2003/04 (J\$'000)**

<b>Financial Year (April 1 – March 31)</b>	<b>Approved Estimates</b>	<b>Revised Estimate</b>	<b>Actual Expenditure</b>
1994/95	3,683	4,175	4,175
1995/96	11,645	10,436	13,387
1996/97	10,878	10,878	10,436
1997/98	17,090	15,836	15,836
1998/99	18,903	18,903	27,793
1999/00	22,000	22,000	22,000
2000/01	24,278	24,278	48,134
2001/02	24,419	24,419	24,419
2002/03	26,963	38,960	-
2003/04	31,743	N/A	N/A

Source: Government of Jamaica Estimates of Expenditure 1994/95-2003/04

**TABLE 45**  
**MEMBERSHIP OF SENIOR CITIZENS CLUBS 2002**  
**COUNCIL FOR SENIOR CITIZENS**

<b>MEMBERS</b>	<b>MALE</b>	<b>FEMALE</b>	<b>TOTAL</b>
<b>ACTIVE SENIORS</b>	5,649	16,706	<b>22,355</b>
<b>SHUT-INS</b>	1,748	3,043	<b>4,791</b>
<b>TOTAL</b>	<b>7,397</b>	<b>19,749</b>	<b>27,146</b>

Source: National Council for Senior Citizens Annual Report 2002

**TABLE 46**  
**PARISH SEMINARS HOSTED IN 2002**  
**COUNCIL FOR SENIOR CITIZENS**

<b>PARISH</b>	<b>NO. OF SEMINARS</b>	<b>NO. OF PARTICIPANTS</b>	<b>SUBJECT AREAS COVERED</b>
St. Catherine	6	890	<p style="text-align: center;"><b>Health</b></p> Nutrition, Diet, Hygiene, Sanitation, Chronic Diseases, Mental Disorders, Dental Care, Menopause, STD's, Exercise, Healthy Lifestyle etc.
Portland	2	75	
Kingston	1	45	
St. Ann	17	586	
Clarendon	1	48	
St. James	4	355	
St. Elizabeth	2	93	
Hanover	3	145	
Trelawny	2	90	
St. Andrew	1	150	
<b>Total</b>	<b>39</b>	<b>2477</b>	<p style="text-align: center;"><b>Legal</b></p> Making of Wills, Administration of Titles etc.
			<p style="text-align: center;"><b>Social and Economic</b></p> Managing Finances, Abuse, Violence, Leadership, Culture etc.

Source: National Council for Senior Citizens Annual Report 2002

**TABLE 47**  
**DISTRIBUTION OF REFFERALS BY AGENCY 2002**  
**COUNCIL FOR SENIOR CITIZENS**

<b>AGENCIES</b>	<b>NO. OF REFERRALS</b>
<b>Public Assistance Division</b>	292
<b>Poor Relief</b>	203
<b>National Insurance Scheme</b>	732
<b>Food Stamp/PATH</b>	1496
<b>Foundation Of International Self Help</b>	135
<b>Jamaica Drugs For Elderly Programme</b>	3766
<b>Bus Pass</b>	1190
<b>Housing</b>	112
<b>Ministry Of Health</b>	377
<b>Rehabilitation Grant</b>	166
<b>Food For The Poor</b>	34
<b>Other Agencies</b>	<b>634</b>
<b>Total</b>	<b>9,137</b>

Source: National Council for Senior Citizens Annual Report 2002

**TABLE 48**  
**DISTRIBUTION OF FEEDING CENTRES BY PARISH AND BENEFICIARIES**  
**COUNCIL FOR SENIOR CITIZENS**

<b>PARISH</b>	<b>NO. CENTRES</b>	<b>NO. OF BENEFICIARIES</b>
<b>Kingston Metropolitan Area (KMA)</b>	30	864
<b>Rural Parishes</b>	71	2,231
<b>Total</b>	101	3,095

Source: National Council for Senior Citizens Annual Report 2002

**TABLE 49**  
**DISTRIBUTION OF CARING PROJECTS, 2002**  
**COUNCIL FOR SENIOR CITIZENS**

<b>PARISH</b>	<b>NO. OF PROJECTS</b>	<b>NO. OF CLUBS INVOLVED</b>	<b>NO. OF MEMBERS</b>	<b>NO. OF BENEFICIARIES</b>
St. Andrew	10	10	81	385
Kingston	25	25	122	550
St. Catherine	15	15	93	566
Clarendon	1	1	3	10
Manchester	6	6	49	424
St. Elizabeth	4	4	26	80
Westmoreland	13	13	40	64
Hanover	12	12	70	145
St. James	9	9	140	2420
Trelawny	2	2	8	44
St. Ann	15	15	25	150
St. Mary	9	9	121	181
Portland	-	-	-	-
St. Thomas	9	9	114	299
<b>Total</b>	<b>130</b>	<b>130</b>	<b>892</b>	<b>5318</b>

Source: National Council for Senior Citizens Annual Report 2002

**TABLE 50**  
**DISTRIBUTION OF SENIOR DAY ACTIVITY CENTRES**  
**COUNCIL FOR SENIOR CITIZENS**

<b>PARISH</b>	<b>NO. OF CENTRES</b>	<b>NO. OF RESOURCE PERSONS</b>	<b>ATTENDANCE</b>
St. Andrew	11	29	308
Kingston	8	25	370
St. Catherine	5	40	251
Clarendon	-	-	-
Manchester	1	3	30
St. Elizabeth	1	10	30
Westmoreland	-	-	-
Hanover	-	-	60
St. James	1	15	340
Trelawny	-	-	-
St. Ann	7	16	170
St. Mary	2	18	40
Portland	2	5	48
St. Thomas	3	27	142
<b>Total</b>	<b>42</b>	<b>188</b>	<b>1789</b>

Source: National Council for Senior Citizens Annual Report 2002

**ORGANIZATIONAL CHART**  
**NATIONAL COUNCIL FOR SENIOR CITIZENS**

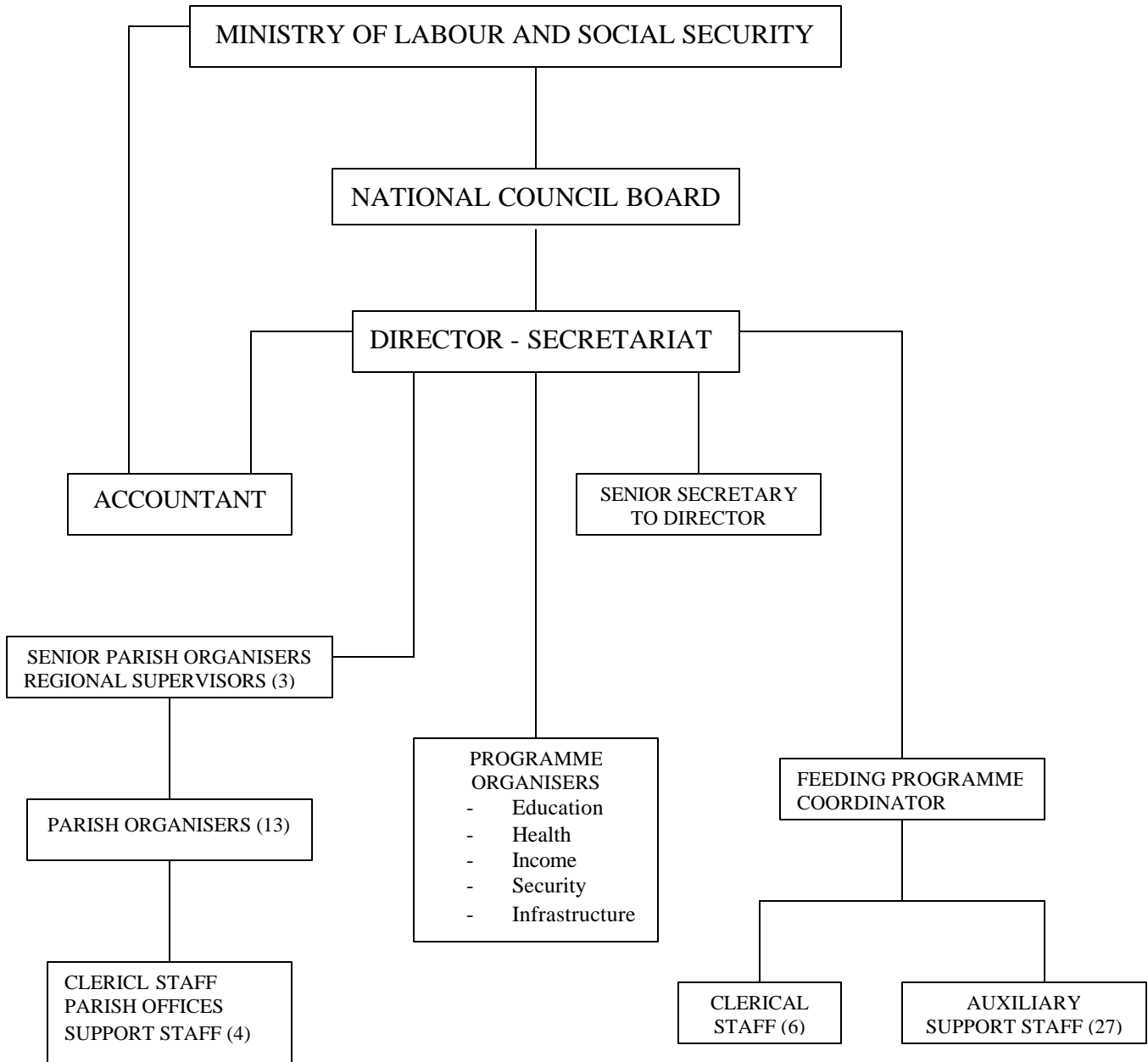


FIG. 2

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