International Journal of Healthcare Sciences ISSN 2348-5728 (Online)
Vol. 6, Issue 1, pp: (424-431), Month: April - September 2018, Available at: www.researchpublish.com

Life after Three Scores and Ten in Jamaica: A Phenomenological Analysis

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Abstract: **Opportunities arising from long life is naturally dependent on health as a key factor. The number of people aged 60 years or older will rise from 900 million to 2 billion between 2015 and 2050, as per total global population. In Jamaica, life expectancy (2011 data) represents 78.04 for women and 70.4 for men, coming from 74.7 and 69.5 respectively in 2005. This qualitative-type research was conducted over the period January, 2016 to December, 2017 using primary and secondary approaches. The unit of analysis was members of the elderly community who were within the age cohort of 78-104 years old. Primary and secondary approaches were taken with a view to phenomenological expressions, hence seven themes were established: Physical, Physiological, Psychological, Social, Educational, Economical and the Individual. Throughout the results of this study, these themes are articulated accordingly. It has been revealed that not everyone at the advanced stage of the elderly community experienced chronic illness. However, linkages between those with sexual and reproductive health issues and those with chronic illnesses were ascertained. Of concern too were matters regarding environmental treatment, social life, physiological, physical and psychological dealings, and their influence on the elderly respondents. Of note was that physical exercises had positively influenced self-confidence (feeling attractive), improvement in health and sexual activities. Given that ageing is the epicenter of mankind's development, health as a factor towards ideal personal and social progress should not be ignored, as chronic illness, sexuality and way of life are inextricably linked.**

Keywords: **Elderly, Chronic Illness, Sexual and Reproductive Health, Jamaica.**

1. INTRODUCTION

People are living longer, but "when it comes to health, every older person is different" (Beard, Officer, & Cassels, 2016, p. S164), yet all are faced with two key "inconvenient ageing events: physiologic decline and disease state (ABras, as cited in Lionakis, Mendrinos, Sanidas, Favatas, Georgopoulou, 2012) – a journey which began from childhood courtesy of its environmental and health attitude dictates (World Health Organization, 2015).

This scholarly piece of work aims to close the gap of exclusivity regarding matters of Elderly Sexual and Reproductive Health and chronic illness, from a phenomenological standpoint. In doing so, it has heightened the scope for strong policy-research-programme interface on matters regarding the elderly community.

Having taken these factors into consideration, this research, which was conducted via primary and secondary approaches, over the period January, 2016 to December, 2017, featured the elderly within the 78-104 age cohort. Matters relating to sexual and reproductive health and chronic illnesses were featured, and the various responses within the ambit of the established themes have been articulated. These themes are physiological, physical, educational, social, psychological, economical and the individual – having formed linkages with the phenomenological expression, which added life and meaning to the lived experiences of the respondents.

It has been noted that although people are living longer, health and access to care play a crucial role in the welfare and dignity of the elderly.

2. LITERATURE REVIEW

According to the World Health Organization (2015), “the number of people aged 60 years or older will rise from 900 million to 2 billion between 2015 and 2050 – moving from 12% to 22% of the total global population”. If one were to link this with fertility rates, it would be realized that such increase in life expectancy is indicative of rapid ageing of populations throughout the world; and so opportunities arising from longevity is naturally dependent on health as a key factor (Beard, et al, 2016).

In Jamaica, life expectancy (2011 data) represents 78.04 for women and 70.4 for men, coming from 74.7 and 69.5 respectively in 2005 (Statistical Institute of Jamaica, 2015).

Ageing as a process tend to be represented by “two inconvenient events: physiologic decline and disease state” (ABrass, as cited in Lionakis et al, 2012). In essence, as people get older, they become more “…associated with increased chronic disease burden” (Dexter, et al, 2010, cited in Eldemire-Shearer, Mitchell-Fearon, Laws, Waldron, James & Holder-Nevins, 2014). In some instances, these diseases result in mortality and disability. Some common causes of death in the elderly are stroke, heart and lung diseases (World Health Organization, 2015). As for disability, the popular causes are diabetes mellitus, osteoarthritis, dementia, falls, back and neck pains, depression and sensory impairments (World Health Organization, 2015). Although these health conditions are in some instances related to genetics, it is important to note that the ageing process is manifested differently in various persons (Beard, et al, 2016).

Oftentimes, the health impediments encountered are due to physical and social environments, and the extent of the influence of such environment on one’s opportunities and health attitude began from childhood (World Health Organization, 2015). This is why it is important for Governments to put in place, policies, infrastructure, and an integrated person-centred care so as to ensure dignified living and access, as well as personal growth (World Health Organization, n.d.; Lloyd-Sherlock et al, 2012, as cited in Beard, et al, 2016; Garçon et al, 2016, as cited in Beard, et al, 2016; Beard, et al, 2016). These factors are important in the understanding of healthy ageing, especially when it comes to age-related issues and trends (World Health Organization, 2015).

Take for instance, owing to the natural physiological ageing process of human, research has confirmed that “elderly diabetic patients rarely present with the typical symptoms of hyperglycemia” (Meneilly, Tessier, as cited in Chau & Edelman, 2001, p. 172). When it comes to matters of sexual nature, diabetes mellitus in women could result in “dryness in the vagina, orgasm disorder, inability to relax vaginal muscles enough to allow intercourse, pain with intercourse (Cleveland Clinic, 2018). It is imperative to point out that “diabetes is a leading cause of sexual health issues in people, along with hypertension…It can affect nerve function and blood flow to any place in the body. One area that can often be affected is the genitals” (Joslin Diabetes Centre, 2018). This is because “the renal threshold for glucose increases with advanced age, and glucosuria is not seen at usual levels” (Meneilly, as cited in Chau & Edelman, 2001, p. 172).

Earlier, it was noted that stroke and heart disease were the leading causes of death in the elderly (World Health Organization, 2015). To be more specific, “Of the 56.9 million deaths worldwide in 2016, more than half (54%) were due to the top 10 causes. Ischaemic heart disease and stroke are the world’s biggest killers, accounting for a combined 15.2 million deaths in 2016. These diseases have remained the leading causes of death globally in the last 15 years” (World Health Organization, 2018).

Having recognized this factor, Jamaica’s Honourable Minister of Health, Dr. Christopher Tufton entreated the Jamaican populace to join him in an initiative, referred to as Jamaica Moves. In 2017, a campaign was launched “to promote healthy lifestyle habits among Jamaicans, in order to reduce non-communicable diseases (NCDs) such as diabetes, heart conditions, cancers, and chronic kidney disease, among others” (Williams, 2017). The author, in quoting the Honourable Minister, stated, “It is a movement to engage more persons in physical activity. It has been proven that consistent physical activity and a proper diet play a significant role in health.”

Conditions such as stroke and heart disease, no doubt correlates with hypertension, which is deemed to be a “risk factor for cardiovascular morbidity and mortality, particularly in the elderly…oftentimes asymptomatic….and requires optimal control and persistent adherence to prescribed medication to reduce the risks of cardiovascular, cerebrovascular and renal disease” (Hamilton, as cited in Lionakis, et al 2012). According to Mayo Clinic Staff (2018), limited or lack of sexual interest could have been associated with chronic illness, such as hypertension and diabetes mellitus. The author further postulated that in men, hypertension causes atherosclerosis overtime, restricting blood flow to the penis, thus hindering the maintenance of erection, and also interferes with ejaculation. In the case of the women, it could reduce interest in sexual intercourse, especially where there is vaginal dryness or difficulty obtaining organism (Mayo Clinic Staff, 2018).

Let us take a look at osteoartitis in the elderly, one of the health factors stated in the findings of this research. This joint-related illness, which some schools of thought purported to have contributed to disability (Loeser & Lotz, 2016; Ng & Tan, 2013; Zagaria, 2006), is "no longer considered a 'wear and tear' condition…of aging, but is becoming increasingly evident that osteoarthritis has elements of chronic inflammation associated with an imbalance in anabolic and catabolic activity within affected joint tissues. Age-related changes in the cells and tissues of the joint, including cell senescence, oxidative stress, a decline in autophagy, epigenetic alterations, and matrix damage all appear to contribute to the development and progression of osteoarthritis" (Loeser & Lotz, 2016).

Of important note too, is that age is a risk factor for glaucoma, an illness that was featured in the findings of this research. Guedes, Tsai & Loewen (2011) in their recent work, posited that there have been new findings which indicated that "…age-related tissue changes themselves contribute significantly and are not just associated".

It is imperative that pervasive misconceptions relating to ageing be challenged by:

- "acknowledging the great diversity of health and experience in older age and the need for policy responses to reflect this rather than being built on ageist stereotypes of a 'typical' older person;
- shifting conceptualization of health in older age from a focus on the absence of disease in an individual to a focus on functioning and an acceptance that both the individual and their environments have a role in determining this;
- framing healthy ageing as a process that takes place across the life course rather than as a state at a particular point in time, and that both policy makers and researchers should be interested in how we maintain optimum trajectories of functional ability and capacity across life and older age; and
- understanding the cumulative impact of environmental determinants across life and to shape policy that looks to address disadvantage rather than reinforcing it" (World Health Organization, 2015, as cited in Beard, et al, 2016, p. S164).

The various responses to age-relatedness also rest on the individual being the centre of his/her experience, co-constituting by factors relating to the social and other well-being (Heidegger, as cited in Laverty, 2003), as the individual's lived experience cannot be isolated (Merleau-Ponty, as cited in Applebaum, 2012). This kind of phenomenological expression tells of the elderly's personal journey (in the context of this research) rather than a philosophical one (Scruton, as cited in Laverty, 2003), referred to by Hurssel as the individual's truth (as cited in Laverty, 2003).

When it comes to ageing, matters of having to deal with grown-up dependent children and grand-children (Rawlins, 2006), chronic illnesses, other personal developments, especially sexuality becomes sensitive. A Jamaican research executed by Rawlins (2006) showed that it was rare when Jamaican women over the age of fifty years form new sexual relationships after becoming widowed. The question as to whether this was as a result of control (by children or other members of society) or changes in social life, was put forward by the author. It was ascertained that the latter was the main reason.

Rawlins (2006) noted that changes in social life was drastic after the passing of a partner. This was in regard to discomfort of going out to social functions unescorted. In other instances, the individual no longer received invitations which was associated with the deceased partner. In another case, the individual articulated, "I have had a number of offers of sexual friendships from younger and older men. They told me that I am letting myself go to waste. After my husband died, I had no more interest in intimacy" (Rawlins, 2006, p. 131). Other reasons given by other respondents in Rawlins' work were fear of becoming involved with an unfaithful and abusive partner. Interestingly, however, the literature articulates that "middle-class women were more expressive about their sexuality than those who were not so financially viable. Sometimes the respondents saw sex as a way of warding off social isolation. It is also treated as "an antidote to the idea that the body is a repository of pain and discomfort. It reaffirms the body as a centre of pleasure" (Rawlins, 2004, p. 27).

3. METHODOLOGY

This research articulates qualitatively, phenomenological expressions within the context of members of the elderly community. In essence, such expression has added vibes and meaning to the lived experiences of the respondents. This brought to mind, Husserl's (1963) ethos that phenomenology is representative of the way people see things, akin to their experiences and what they interpret same to be.

Data Collection Procedure:

Primary and secondary approaches were taken in the collection of information from 10 urban-rural individuals of the elderly community during the period March to August, 2016. The unit of analysis represented the age cohort of 78-104 years. They reported regular usage of both the private and public health care systems. Primary information was captured under an informed consent agreement via a two-page, 15-item semi-structured interview guide. Given the phenomenon of interest, purposive sampling was thought most prudent for this study, as it allowed a much quicker way to reach the target audience. As a matter of fact, this kind of sampling is more in keeping with qualitative designs.

In regard to secondary information, this was obtained via thorough review of the literature: journal articles, books, and the internet over the period January, 2016 to December, 2017.

Data Analysis Procedure:

Data were analysed using manual count of the instrument, and segmentation of responses under a triangulation methodology. This was in the form of established themes; namely, physiological, physical, educational, social, psychological, economical and the individual – the latter representing the centre.

Limitation:

Given the small sample size, generalisation on such an important subject matter was not able to be made. Note, however that the sample scope is in keeping with the prescription for qualitative sample size.

Strengths of the Methodology:

This study was able to identify gaps pertaining to the elderly community regarding matters of sexual and reproductive health, an area which seemed to have not been adequately addressed. This research was able to reach individuals who were centurion and those who were close to acquiring that age cohort. This piece of work also provided scope for policy-research-programme interface and the strengthening of same regarding the elderly which should be a part of every country's development agenda.

4. RESULTS

Physiological:

Majority of the respondents reported being of both diabetes mellitus and hypertension statuses. These individuals were from urban and rural Jamaica. Of the two respondents (from urban Jamaica) who reported having glaucoma, one was blind as a result thereof. These two said individuals reported no other form of chronic disease nor illness. This was similar to the health status of the 95 year old male who had no form of chronic or other illness and who was from rural Jamaica.

Table 1: Health Status of Respondents by Age

Health Status	Number of Individuals	Age
Diabetes Mellitus	4	78, 80, 81, 86
Hypertension	3	79, 80, 90
Osteoarthritic	2	79, 85
Glaucoma	2	83, 104
No Chronic Disease or other Illness	1	95

In continuing from a physiological perspective, the respondents said that they: were ignorant of the details regarding natural life changes (8); would have wanted to see more of a holistic health service delivery in the public and private health system (10); no longer feel sexually appealing because of evidential wrinkles, aches and pain, and lack of interest (4); will continue to exercise sexual prowess while still alive and well (2); have no opinion about matters of sexual nature (3); have not been able to openly express matters of sexual nature (even jokingly) without younger people frowning and giggling (10).

Among the respondents were seemingly 2 upper-class (1 rural, 1 urban), 4 middle-class (1 rural, 3 urban), and 4 average-class of the socio-economic echelon of society (2 rural, 2 urban). During the interview sessions, it was noted that the upper and middle-class individuals felt better at ease in expressing matters of sexual nature than their counterparts. One

respondent articulated, "*I believe that I am enjoying sex better now than when I was younger.*" Another female respondent (who had a visible stroke) said, *"I truly feel that sex has been adding to my youthful exuberance.*" Her eyes 'popped', during such expression. She burst out laughing, and I blushed during the conversation. Much information could not be obtained from the men. They mostly said that life was not the same in that 'department'; save for one, who in his trembling tone of voice intimated that he had impregnated his 40 year old partner, four years prior to the time of the interview, when he was then 86 years old.

The respondent said, "*my grandchildren spoke of my sexual encounter with disdain, as if I am not human, and as if it wasn't sexual pleasure that brought them all here, including me into this world so that we may all experience life. As for my children, its worst. These are grown people and should know better. My children refused to accept the baby as their baby brother. They went as far as being verbally abusive to my baby's mother. I felt ashamed and embarrassed, not to mention disappointed, and so I just 'cut them off'*[1]*. They have no right to make me feel like less than a man. I love them and of course I miss them, but I will not have them continue to insult me*".

Physical:

Three of the respondents reported engaging in regular exercises such as walking to and from the bus stations between home and work. Another, under similar circumstance posited that her exercise derived from walking to and from the parking lot between home, work and running errands. The other respondents (4) engaged in aerobics regularly, while one does not work out at all nor walk too far (104 year old), for fear of falling. She said, "*I can't see, so I don't bother to exercise as I used to; besides I'm already slim and sexy."*

Apart from the latter, the respondents said that they made an effort to exercise in order to keep healthy. Some of them said that they learned about the Government's initiative on Jamaica Moves, which aims to change the mindset of the Jamaican people by making them more health conscious. "*The level of interest that the Minister of Health shows in the health of the nation is very encouraging, therefore it is best to get with the programme,"* said one of the respondents, followed by another who said, "*Yes man, yes man, Jamaica Moves is the way to go."* Those with chronic illness said that they saw improvements in their health since the extra exercise. Some of these improvements were controlled blood sugar, blood pressure and reduction in arthritic and other pain. Those who were sexually active said that it gave them longevity in the bedroom. "*Sometimes mi even do what the young people them do – explore beyond the sex. It makes me feel young again that me not even bother with the condom sometimes. Anyway, my breeding*[2] *days are over*," said one respondent. Even those who were not interested in sex nor having a partner said that the exercise made them feel attractive.

Economical:

Four of the respondents (78, 80, 83 and 86 year olds) were able to return to pursue paid employment after retirement. They were still employed at the time of the interview for this research. Two of the respondents said that their pension was not on par with cost of living. All of the respondents refuted being dependent. They articulated that *"dependency makes me feel disabled;" "God has given me the strength to work, so why not work? I'm not sick, so why should I behave as if I have 'ten big fingers;*[3]*'" "having my own money makes me not answerable to anyone."*

Six of the respondents were dependent on their children and grand-children. Two had family members who were dependent on them (eg. unemployed children and ill spouse). All of them articulated that at their age they had to consider opportunity cost, in the sense that they made choices between health check-up and buying some clothes or an expensive meal as a treat.

Educational:

Majority of the respondents said that ageing appeared sudden; that no one prepared them for it – not even their physicians, pastors, nor organization. They articulated, *"we at least expected detail explanation from our physicians, as to why certain physiological responses were the way they were,"* and "*what we should expect going forward."* Some said that their places of work should have counselled them in preparation for retirement, and advanced ageing. Others posited, *"we were frightened at almost every stage of our ageing development;" "it's not easy going through strange changes, and wondering if this is normal or not;" "Whenever I go on google to look up a symptom, I get worried, wondering if what I*

[1] This term means to part company with someone.
[2] This term is in reference to pregnancy.
[3] In translation, this means I am not handicapped.

see is true – those kinds of worry not good for old people you know." The respondents suggested that they would have liked to obtain knowledge regarding the various chronic disease prevention methods and proper control mechanisms for the various health problems.

Some of the respondents explained that it was shocking when they learned of the correlation between their sexual responses and chronic illness. They intimated that they would've had a better appreciation for their unpleasant sexual experience (dryness, reduced erection, etcetera), which progressed overtime. They said that they were sometimes mind-boggled when they heard their peers bragging about their sexual encounters, and at times, felt envious, but wondered whether it was true.

Two of the respondents returned to pursue studies after retirement. They said that everyone in the class referred to them as old; but when they began scoring higher grades than their young classmates, they remarked, "*granny a how you do it? I thought your brain was ceased up."* They said that this reflected failure of the younger generation to appreciate that with age comes experience, wisdom and common sense.

Social and Psychological:

Some of the respondents intimated that they were feeling lonely because their children had migrated (3), were predeceased (2), and spouses were also predeceased (5). One of them who had one child, had never settled down with a partner all her life. Others expressed that, now that they were old, they were feeling a sense of freedom, being able to participate in Church, hang out with friends, and do as they were pleased without having to answer to anyone. Some said that they feared nothing, not even death (2); while others (8) said that they feared a lot of things as they got older, especially death. Some of these fears outside of death were (i) paralysis; (ii) that life could become more unfavourable both health and financial-wise as their age progressed; (iii) long wait at health care facilities to see a physician; (iv) long wait for blood test results; (v) the haste of the doctor to move on to the next patient because of money and/or overcrowding. This made them wonder if this was one of the silent messages which indicated that death was close by. One respondent said, *"sometimes I get the feeling that the doctors and nurses think that I am occupying space on this earth and so needs to be relieved from this life*". Despite, however, half of the respondents reported having seen improvements in customer service at the public health care facilities. To be more specific, they articulated as follows: "*although waiting time is not as good as it should be, at least I get to see the doctor;" the doctors are more pleasant in the sense that you can now ask some of them questions about your health – first time*[4] *it was not so;" "first time when you get a prescription, you couldn't even ask what it was for without being insulted;" "some of the doctors now allow you to stop them and ask them questions without telling you that they have no time for you."*

The main concerns expressed were that people did not exercise much care for the elderly. Sometimes they experienced social exclusion in the sense that they no longer received invitations that were associated with their predeceased spouses. This was similar to the findings put forward by Rawlins (2006). Those who commuted by public transportation, reported, "*sometimes the people on the bus are not very kind*." One respondent said that the conductor said in a rough tone of voice: "*granny step up inna de* bus"[5].

Other concerns expressed were

(i) conflict in the home among siblings who should have, by virtue of their age, retired to their own space of abode;

(ii) discomfort in a fast changing technological World. "*This kind of technology that I am seeing is frightening sometimes. Everything about us is exposed. Nothing is private any more. It is a bit uncomfortable. I am also forced to learn to send and receive text messages, use watsapp, and all of those things;"*

(iii) lack of trust – fear of being cheated out of their money. *"Everyone knows that old people are slow. Some of these young people, even your very own are swift and crafty. You have to keep your eyes on them so that they don't rob you."*

5. DISCUSSION

This paper encompasses seven key themes as part of its conceptual underpinning. Here, the individual is surrounded by the physical, physiological, psychological, social, educational and the economical – all social determinants of health and socio-economic well-being The individual represents the centre because his/her experience is co-constituting with all the

[4] First time within this context means, some time ago or yesteryear.
[5] Translation in English: This means, "Grandmother, step up in the bus"

aforementioned elements – none of which is able to do without the other (Heidegger, as cited in Laverty, 2003). In other words, one's lived experience is never isolated as if it is a monad detached from the whole person (Merleau-Ponty, as cited in Applebaum, 2012). This is because it is the individual whose being or self happens to experience life's modalities, pertaining to the physical, physiological, psychological, social, educational, and economical state of being. It stands to reason therefore, if the individual were to be treated as a stand-alone, then life's modalities would be void of context.

While the respondents of this study gave mixed responses regarding matters of sexual and reproductive health, those who expressed no reservations regarding sex, brought to mind the work of Rawlins (2006) where some of the respondents posited opposite view points. This was owing to fear of having a partner who was worse than their husbands, or who may be abusive, or not feeling comfortable enough to go to social functions without being escorted. However, like the literature, the results of this research showed that middle-class individuals were far less ill-at-ease when articulating matters of sexual and reproductive health.

It may be assumed that the respondents of this study who reported no interest in sex or partnership relation felt attractive because of their engagement in exercises. They reported that such exercises also enabled improvements in their health and sexual activities. On the other hand, the respondents who reported limited interest or lack thereof, in sexual encounter or partnership relations, this may have been influenced by the manifestation of chronic illness. Cases in point, where chronic illness such as hypertension and diabetes mellitus resulted in dysfunctional libido/orgasm and erectile dysfunction in men and women respectively (Mayo Clinic Staff, 2018; Cleveland Clinic, 2018).

Another concern which was shared by the respondents was the frustration from having to deal with adult children in the home who sometimes engaged in conflict. This was not far-fetched from the literature which posited that the elderly sometimes found it disagreeable when having to worry about grown-up children and grand-children (Rawlins 2006).

Where the respondents expressed ill-ease regarding limited understanding of ageing, this view point supported the schools of thought which argued that it was important that governments put in place integrated person-centred care (World Health Organization, n.d.; Garçon et al, 2016, as cited in Beard, et al, 2016), as this, along with other policy factors would help individuals to have a better appreciation and understanding regarding age-related issues (World Health Organization, 2015).

6. CONCLUSION

Life's trajectory of the aged/elderly is dependent on increase in knowledge regarding the contours of ageing, access to quality care, socio-economic well-being, support, and a conscious way to healthy living. It has been evidenced by both the various schools of thought and the findings of this research that people are living longer, especially given the age characteristics of the sample population. However, with ageing being at the epicenter of mankind's development, health and well-being as two factors toward ideal personal and social growth, seem to have been ignored among the elderly population.

While only one of the ten respondents was without chronic illness, matters of sexual nature, the changing dynamics of ageing, environmental treatment and other personal developments were situations faced regularly by members of the elderly community. Sexual prowess and/or engagement was indicative of one's feeling of attraction, and improvement in health and sexual activities.

7. RECOMMENDATION

While the literature addressed the relationships between ageing and chronic illness, its linkage with sexual and reproductive health is a gap that needs to be remedied, given its pertinence to sustainable development. This begs the question as to the extent to which the subject matter forms part of the policy discussions in a holistic way. It is prudent therefore, that members of the elderly community have a seat at the policy table in order to foster strengthening of the research-policy-programme interface regarding retirement, counselling, and increase in knowledge regarding ageing and its natural physiology.

Counselling policies for pre-retirees should be developed. If this is already in existence, then same should be implemented and reinforced. This should be monitored to ensure positive impact.

There should be investment in pre-elderly counselling and education regarding ageing and the environment. Ageing campaign could be employed with 'care' slogans so that the younger generation may appreciate the elderly, and in so doing, such young generation would also know how to prepare themselves for ageing.

A multi-sectoral approach could be considered when catering to the needs of the elderly. This would be in relation to matters that pertains to health: physical infrastructure, transport, housing, *etcetera* – a kind of integrated person-centred care, as posited by (World Health Organization, n.d.; as cited in Beard, et al, 2016)

Duty bearers should take a more holistic and people-centred approach to health service delivery, with key care for members of the elderly community. This should include an enabling environment for an integrated long-term care system (including follow-up).

ACKNOWLEDGEMENT

Thanks to the National Family Planning Board for supporting the presentation of this scholarly piece of work at the Ministry of Health's Seventh Annual Health Research Conference, where it was well received. Thanks also for financially supporting the publication of this paper.

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