

Is Aging Population a Big Threat to Public Health in Mauritius?

Bibi Fawziyya Mohabeer, Middlesex University

Abstract— In this paper, the aging population and health care system of Mauritius is discussed under first task. Like many other countries, Mauritius also has a Public and private health sector. The public health sector is completely free of cost for everyone in the population across the country. The private sector has a consultation fees that varies according to the type of private provider. Most of the population choosing the private sector states that there is better quality of health care services while public hospitals have some advantages such as free services, easily accessible and 24 hours availability of staff, however, there are some disadvantages as well.

Keywords- Healthcare, Population, Public and Private Sector.

The health care system in Mauritius.

The progress of every country comes from the good health of its population. Likewise, the progression and development of Mauritius will result from healthy population (Kassean & Juwaheer, 2010). Therefore, a health care system is very essential for providing and maintaining good health to all the citizens (Kassean & Juwaheer, 2010).

In Mauritius, the state supply free of cost health care services to the population all over the country, however, a private sector in health is also well-established in the country (Kassean et al., 2010 & Ministry of Health and Quality of life, 2015). The health care services in the state is mainly funded by general taxation (Kassean et al., 2010). According to the Ministry of Health and Quality of life (2015), the services delivered in the public sector is comprised of 135 facilities for primary level, hospitals (5 regional and 2 district) that can provide accommodations for more than 2500 of in-patients, and there are various specialist hospitals as well; conversely, the private sector, consisting of 540 doctors, accounts for more than 30% of the total expenditure on health of the country (Figure 1). The health services functions at 5 different regions- there is a specific Health Advisory Board at each of them to provide advice based on the medical needs, efficacy and proficiency of services (Ministry of Health and Quality of life, 2015).

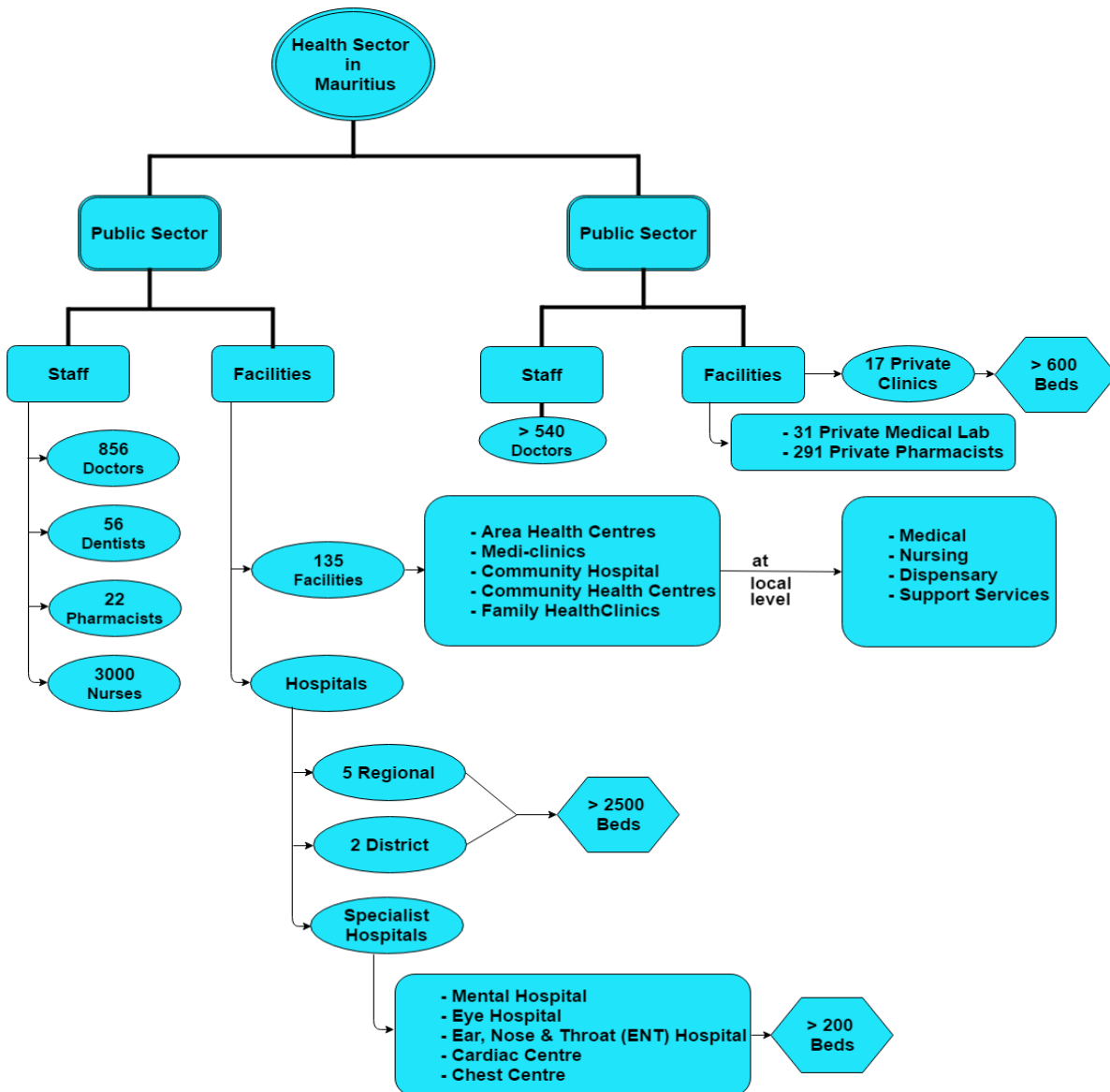


Figure 1: The Health Sector in Mauritius.

As reported by the Ministry of Health and Quality of life (2015), the delivery of healthcare services (Figure 2) are categorized into three different levels in Mauritius:

- 1) Primary healthcare providers
- 2) Secondary healthcare providers
- 3) Tertiary healthcare providers

The primary healthcare providers, are the initial and direct access for patients to obtain medical services, enclose the following facilities:

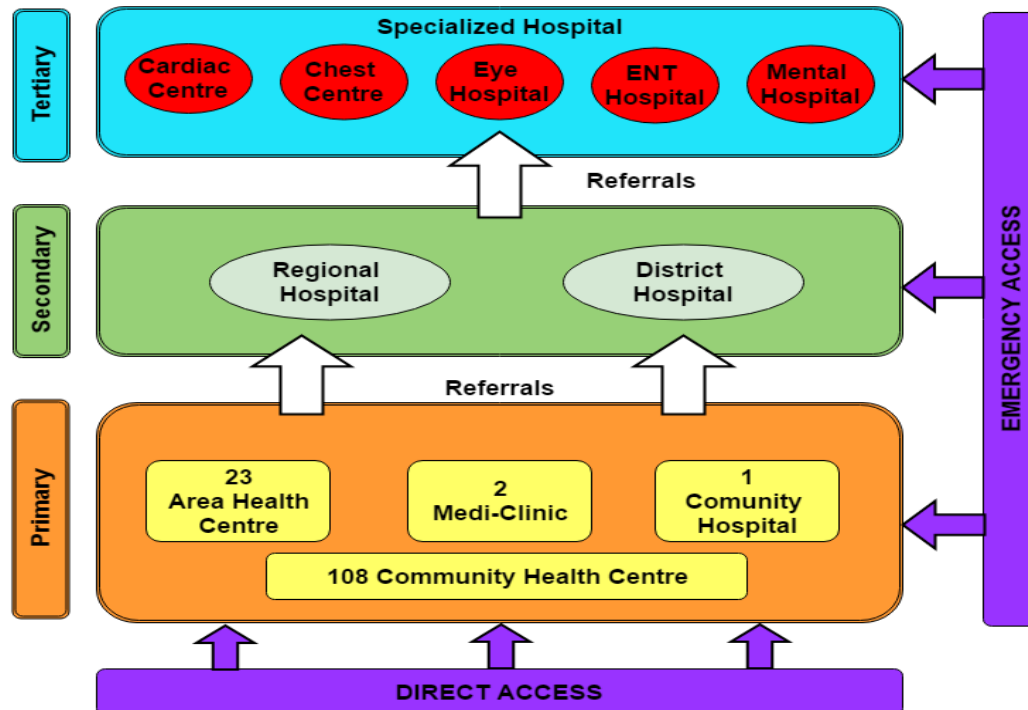
- Area Health Centre
- Medi-Clinics
- Community Health Centres
- Community Hospitals
- Family health clinics

The secondary healthcare providers are the levels that deliver health services to patients who have their first referral from the primary healthcare providers, nevertheless, direct access is acceptable for emergency cases. The secondary healthcare providers encompass:

- District Hospitals
- Regional Hospitals

The tertiary healthcare providers refer to the point of second referral which however in emergency situations can provide direct access. The service level consist of the specialist Hospitals in the country such as:

- Cardiac Centre
- Chest Hospital
- Eye Hospital
- Ear, Nose, & Throat (ENT) Hospital
- Mental Hospital



*Figure 2: The Delivery of Healthcare Services in Mauritius.
Self-produced from Ministry of Health & Quality of life (2015).*

II. Is Population Aging a Public Health Issue in Mauritius?

Aging is a term used for the alterations that take place as an outcome of transitory of the time or the progression to old age and later life (Suntoo, 2012). The process of ageing encloses three various factors called biological, psychological and social factors (Mental Health Foundation, 2006). According to Suntoo (2012), there are two criteria that describes the ageing process:

- 1) Chronological aging- can be referred as an increasing of age as a result of the time progression; Retirement age, is an example to elucidate the chronological meaning of old age, is 65 years old in Mauritius.
- 2) Biological aging- can be explained in terms of three characteristics: physical, psycho-social and cognitive (Mental Health Foundation, 2006). Biological aging is considered in term of the changes that occur in the physical appearance of a person such as the texture of the skin, posture, colour of the hair, and strength. An individual having wrinkles, hairs turned grey and appear to be weak can be reflected as an old person (Suntoo, 2012).

The threshold for old age is 60 in some countries while other countries classifies an individual as elder after turning 65 years old (Lee et al., 2010). In Mauritius, the retirement age is 65 years old (Suntoo, 2012).

Population aging is the demographic transition that occur in a county as a result of fertility rate decreasing lower than the replacement level and a falling mortality rate of old ages (Suntoo, 2012). There were around 200 million individual who were more than 60 years old in 1950, which eventually rose to 616 million in 2000 and predictions made that by 2025 it will be over 1.2 billion (UK Essay, 2015). In 2014, the population of elderly in Mauritius accounts for approximately 173,453 which made up to 13 % of the whole population whereas in 2000 and 1990, it was 9.1% and 8% respectively (Ministry of Social Security, National Solidarity and Reform Institutions, 2014). An estimation predicted that by 2039, the figure will rise to 335,600 which then will account for 25% of the population. The Infant Mortality Rate in Mauritius has been decreasing from 119.6 per 1000 in 1946-1950 to 19.9 per 1000 (1990) to 12.4 per 1000 in 2010 (Suntoo, 2012). On the other hand, life expectancy at birth has been increasing (Table 1).

Table 1: Life Expectancy at Birth by Sex in Mauritius.

Life Expectancy		
Years	Male	Female
1962	58.7	61.9
1972	60.8	66.0
1983	64.4	71.8
1990	65.6	73.4
1997	66.6	74.4
2000	68	75.3
2010	69.3	76.5
2015	71.9	79
2025	74	81

Self-Produced from Suntoo (2012) & US Census Bureau (2015).

The overall population of Mauritius will rise to more than 1.4 million by 2040; the proportion of people aged above 60 will shift from 11% (2010) to 24% in 2040, and people were more than 65 years old in 2010 represented 7.1% in 2010 which will increase to 17.4% (2040). The Mauritian population will be considered as a hyper-aged society. Population aging is indeed a public health issue in Mauritius.

III. Population Aging and Needs

Population is an essential matter to be considered because of the rising of difficulties including physical, social and economic problems as an individual ascends through the aging process (Lee et al., 2010). According to Lee, Mason and Cotlear (2010), when an individual grows older, there is a higher probability that the person will begin to attain health crisis such physical disability, cognitive impairment, and

eventually death. The augmentation in the elderly population is increasing the chronic diseases and degenerating illnesses among the elderly (Ministry of Social Security, National Solidarity, Senior Citizen Welfare, and Reform Institutions, 2001). Dementia is also noted among the elderly in Mauritius, however, there are not much research and work concerning dementia in the country (Ministry of Social Security, National Solidarity and Reform Institutions, 2014).

Health problem among the elderly is a major concern in Mauritius (Subramanien, 2013)). Non communicable disease such as diabetes, hypertension, and arthritis are more happening among the ageing population; low locomotion and movements and disability are reported to be the usual grievances of the elderly, however, they prefer to be independent (Subramanien, 2013). The need of every individual varies in accordance to their financial status, health and aging. With the rapid growth of aging population, there are certain requirements of the elderly (DCDM Reports, 2001):

Income Security and benefits- with the modernization of the society, the income that the elderly obtained is very less compared to the amount that they had when they were getting a salary, since they have to depend on insurance and pensions. As a result, the older generations tend to face an income poverty.

Health and Social services- These two services are vital for the steadiness of the old citizens since they encounter plain relegation and a lower self-esteem because of the retirement. The elderly require the social security support as well as the health services which is actually free of cost; the elderly require well stabilized and socialized life, and be allowed to participate in social activities.

IV. Demand and Supply Side.

An aging population brings along an impact on the economy with various components. To begin, there is a burden of the universal pension to pay; aging becomes a burden on the government to give pension to the retired population and spending on the healthcare services. With the improving living conditions, and medical progression, the life expectancy increases, thereby increasing the aging population. A total amount of Rs. 6.2 billion were spent to pay for the pensions. The public expenditures are augmenting and there will be a reduction of the taxpayers to 2031 and 2051. The GDP is mostly about to deteriorate with a great influence on the aim of obtaining \$20 000 GDP per capita by 2020. (Business mega-Mauritius, 2012).

The network of social welfare in Mauritius accounts for 20.3% from the total government expenses. The main sector that befall on the Social security and Welfare is called as the Basic Retirement Pension (BRP) (Hanoomanjee, 2005). There is an increase in the demand on the long term care for population ageing, however, the trend of being healthy among them shows a lead in the opposite direction (Lee et al., 2010).

The household's out of pocket expenses (Table 2) varies across the various type of providers. Maximum of the household's out of pocket expenditure (41%) is towards the private medical practitioners and also including those who work private after normal working hours at the public sector. The percentage for out of pocket expenses on buying medicines accounts for 32.5%, which is followed by 16.5 % spent on the private dental practitioner. Private clinics shows 8.7% from the household's out of pocket expenses followed by 0.8% paid for traditional medicine practitioners and 0.6% for other private providers.

Despite the expenses at the private sector, many people in the country opt to use the private sector itself because of it high quality of care, hygiene and overall services; and many citizens found the public sector to have many disadvantages including a longer waiting time, poor service quality, poor hospital environment and poor patient facilities. Majority who choose to go to the public hospital denounce they choose to do so because the hospital is near and therefore can be accessed easily, the service is free and staff are available 24 hours (Kassean et., 2010).

Table 2: Household's Out of Pocket Expenditure According to the Type of Private Providers.

Provider	Household spending		
	Rs.(m)	US\$(m)	%
Private Clinic.	190.600	6.58	8.7
Medical Private Practitioners.	899.90	31.03	40.9
Private Dental Practitioners And other practitioner.	363.40	12.53	16.5
Pharmaceutical and drugs (Dispensing chemist).	713.50	24.60	32.5

Traditional Medicine Practitioners.	17.00	0.59	0.8
Provider not specified by kind.	12.10	0.42	0.6
Total.	2196.50	75.75	100%

Self-produced from Kassean & Juwaheer (2010).

V. Conclusion

There is an increasing aging population in Mauritius. The aging population have various difficulties and illnesses. There are many even suffering from dementia. Based on the current situation of population aging in Mauritius, it is very important for the government to consider Health care assistant workers and/or domiciliary health care. There are many elderly who are patients and some are not, many have even have chronic diseases. At this stage of life, the person would require a day-to-day care either in hospitals, home care, or even at the own home comfort zone. It is vital for the patient to follow the treatment for medical care, however, day-to-day health care assistance is even essential. Without the day-to-day care, the elderly person has a higher tendency to aggravate his/her condition rather than ameliorating.

Dementia is a condition that is very common among elderly, since mental illness is an inevitable condition with the aging process. The increasing aging population in Mauritius is making an alarm for due consideration on care and services for mental illness among elderly. It is important to have special and trained carer to assist patient having dementia or other mental illnesses. The government should implement the facility for Dementia care and services. This is another special section that the government should consider for a better elderly population.

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