



MAURITIUS RESEARCH COUNCIL

PROSPECTIVE STUDY ON THE ROLE, CONTRIBUTION AND NEEDS OF THE MAURITIAN ELDERLY PEOPLE BY HORIZON 2010

Final Report

June 2001

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This report is based on work supported by the Mauritius Research Council under award number MRC/RUN-0012. Any opinions, findings, recommendations and conclusions expressed herein are the author's and do not necessarily reflect those of the Council.

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GLOSSARY OF TERMS

Crude birth rate	: The number of live births in a year per 1,000 estimated mid-year population
Elderly dependency ratio	: The number of elderly persons per 100 persons of working age 15-59 years
General fertility rate	: Live births occurred per 1,000 women aged 15-49 years
Gross reproduction rate	: It indicates the number of daughters who would be born, on average, to each member of a group of females beginning life together, supposing none of them died before reaching the end of their child-bearing period if they were subject throughout this period to the rates of fertility observed in each of the age group they will belong to
Homemakers:	: Term used for the equivalent of housewives for the male gender
Index of ageing	: Number of persons aged 60+ per 100 children aged 0-14 years
Living alone	: The person lives on his/her own and makes his/her own provision for food and other essentials for living but may be sharing the housing unit with other persons
Median age	: The age that divides the population into numerically equal parts of younger and older persons
Net reproduction rate	: It shows how many females would be born, on average per member of a group of females beginning life together, if they were subject throughout their life time to the rates of mortality and fertility observed in each of the age group they will belong to
Total fertility rate	: It shows how many children would be born to 1,000 women if none of them died before reaching the end of the reproductive period and if all were subject to the observed specific fertility rates throughout this period
Total dependency ratio	: The combined child population (below 15 years) and older population (aged 60 years and above) per 1,000 population of the intermediate age (15-59 years)
Youth dependency ratio	: The number of youth aged below 15 years per 100 persons of working age 15-59 years

1. Executive Summary

- Population ageing has become a global phenomenon as a result of rapidly declining birth and death rates registered in a growing number of countries across all five continents. According to projections from the United Nations, the elderly world population will outnumber that of children by the year 2050.
- 1999 was proclaimed by the United Nations the International Year of the Aged. On this occasion, several actions were initiated in many countries to raise the general level of awareness on the ageing population issue and to reflect on the means to enhance the quality of life of elderly people.
- Mauritius is also poised to experience the multiple consequences of an ageing population. According to projections from the Central Statistical Office, our elderly population, expressed as a percentage of total population, will grow from 8.6 % in 1997 to 20.8 % in 2037 when the number of elderly is expected to reach 323,715. By that time, it is further estimated that there will be one elderly Mauritian for every young person under 15 years of age.
- The ageing population issue is exerting a growing pressure on public finance. Over the last ten years, it is estimated that the weight of Basic Retirement Pension (BRP) has increased from 5.9 % (1990) to 8.9 % (2000) of recurrent government expenditure. For the year 1999/2000, total transfer payments in terms of BRP (inclusive of Enhanced Basic Retirement Pension and Child's Allowance) are estimated at Rs 2,270 million. It is further estimated that by 2038, payments in respect of BRP will be in excess of Rs 5 billion (at June 1998 rupee value), showing a threefold increase over the 1998 figure.
- The implications of an ageing population will be even more acutely felt at the level of contributory benefits as demonstrated by the Battersby report of 1995. Indeed, on the basis of assumptions in line with those currently used by the NPF, Battersby concluded that an ever-growing deficit of contributions against payments will be witnessed as from 2015 until complete depletion of the Fund by year 2035.
- Several reports, from diverse sources, have been published in Mauritius with respect to our ageing population issue. These reports have adequately covered, amongst other things, the living conditions of elderly people and provide a comprehensive range of indicators

normally associated with the description of any statistical population. However, in our opinion, there are many more dimensions to ageing which so far have not attracted enough attention.

- More emphasis is required on such dimensions as the aspirations, needs, role and contribution of the elderly in an attempt to investigate the ways and means by which significant improvement can be brought to their life. The document published in October 2000 by the MACOSS (Mauritius Council of Social Services), namely the “Convention for the Protection and Rights of the Older People”, is pointing in the right direction by proposing a framework for policy decisions in favour of the aged. We should hope that this working document will pave the way for the ultimate adoption, by the Republic of Mauritius, of an Older Persons Protection Act.
- The present study focuses on those dimensions requiring closer investigation. A dynamic and evolutionary approach has been developed in an attempt to view the ageing population phenomenon from a new perspective. While we have given due attention to describing the situation faced by the elderly population today, more emphasis has been laid on studying the needs, role and contribution aspired by those who will constitute our elderly population in ten years’ time.
- This “Prospective study on the role, contribution and needs of the Mauritian elderly people by horizon 2010” has been financed under the Unsolicited Research Grant Scheme of the Mauritius Research Council. The whole project, which started in July 2000, lasted six months of which two were devoted to data gathering and fieldwork in Mauritius as well as in Rodrigues.
- A two-phased methodology was adopted: a qualitative phase, consisting of focus group discussions, was followed by a quantitative phase, that is the survey itself. Three distinct samples were constructed, and respondents interviewed face to face: a sample of 178 respondents in their pre-retirement age (50-59 year old), a smaller sample of 53 elderly respondents (aged 60 and above) and finally a slightly smaller sample of 30 respondents living in old people’s homes. Highlights of the main findings and our recommendations therefrom are summarised hereafter.

- The low level of financial preparation to retirement should call for appropriate corrective measures. There is a need for insurance companies to communicate more widely on the benefits of personal pension plans and to correct the perception that such insurance plans are affordable by a few only. Additionally, alternative schemes should be developed to further interest lower income earners.
- The work place is the ideal vehicle for such financial preparation to retirement. Companies should, as a matter of employee welfare, consider providing financial advice to their employees with the objective of maximising post retirement income. Simultaneously, on-site information seminars should contribute to raising general awareness on the need to prepare oneself financially for retirement.
- The emotional and psychological dimensions of this preparation to retirement should not be overlooked. Sensitisation, by way of information seminars and media programmes, is strongly encouraged. The need to inform the elderly on their rights and on the assistance they can obtain from government and non-governmental associations should also be addressed.
- We should also be prepared to meet the needs of the elderly people in terms of continuous learning. While social centres can play an important role in the provision of some training courses, private organisations should also be encouraged to accept elderly people as students and to offer courses which will be of interest to them.
- Ways and means of providing adequate job opportunities to the elderly wishing to remain economically active should be looked into. It is proposed that fiscal and/or financial incentives be provided to companies so as to encourage them to employ elderly people. A data bank of the skills of the elderly and their work experience should be compiled, and an information centre on job opportunities set up.
- In terms of recreation and leisure, a more varied range of activities is called for. Simultaneously, the elderly should be encouraged to indulge in activities offering more opportunities for intergenerational exchanges. Leisure parks and facilities should become more elderly friendly, integrating features for increased comfort and offering activities and prices studied for the elderly.

- The role of senior citizens clubs is expected to evolve, more actively promoting intergenerational exchanges, also exercising a stronger advocacy function and engaged actively in a new form of communication with the elderly.
- The market for elderly travel overseas should develop substantially if capable of proper response to the needs of those able and willing to travel.
- TV and radio will have to adapt to an increased number of elderly viewers and listeners expecting more relevant content and increased time convenience.
- There is a pressing need to sensitise the elderly on the importance of physical exercise and to address the widely spread misconception that one is too old to practise sports. It is also believed that appropriate guidance should be given to the elderly on the types of physical activities that can safely be undertaken.
- It is also proposed that more day care centres be set up to provide the elderly with the opportunity to enjoy recreational activities with persons of the same age group. This initiative will have the additional advantage of relieving families of the necessity to look after their elderly during the day.
- A fairly high degree of dissatisfaction with the quality of health services available to the elderly in hospitals has been identified. It is proposed that a specific study be undertaken to establish objectively the quality of such services and that appropriate measures be taken in the light of the findings.
- Proper training should be given to medical practitioners so that they are not only able to provide the necessary medical assistance but are also able to adopt the right attitude in dealing with the elderly.
- Facilities in hospitals should become more elderly oriented with properly equipped and staffed geriatric wards. The adoption of a “carnet de santé” for the elderly, eventually the computerisation of health records, should satisfy the need for increased flexibility in elderly access to public health services.

- To further assist the elderly, preferential prices for medicine purchased in drug stores and for consultation by private doctors should be encouraged, at least for the most needy ones. Free domiciliary visits by doctors should be introduced for the very old and the disabled to maintain a continuous follow up of their health condition.
- More stress should be put on the necessity for all, especially the middle aged Mauritians, to exercise appropriate control on their nutritional habits, irrespective of their present health condition.
- It is also believed that much remains to be done to encourage individuals to resort to medical insurance. There is a need for schemes that will be more appealing, financially speaking, to prospective policyholders. Insurance companies also need to come up with adequate communication strategies in order to highlight the benefits of a medical cover and overcome the perception that such insurance is expensive.
- We strongly recommend the creation by the government of a 24-hour hotline support to attend to the emergency needs of the elderly in particular.
- With the growing trend towards the dismantling of the extended family system, it becomes essential to prepare the elderly people to the likelihood of living in a home. The issue of living in a home remains a strong taboo in Mauritius, especially within rural communities.
- Perceptions entertained by outsiders on life in a home need to be corrected. We recommend that special programs be broadcast on radio and TV to help in building up a more truthful picture of life in homes. This will in turn contribute to lowering the high resistance shown by respondents to the likelihood of living in a home.
- The necessity to facilitate the survival of the family ties of the elderly remains high, even more so for home residents. In so far as is possible, homes should study the possibility of providing paid accommodation facilities for family members willing to stay over when visiting their parents in homes.
- The Mauritian public at large should be encouraged to open up more to the life of the elderly living in homes; youngsters, in particular those in secondary schools, should be provided with more opportunities to visit home residents and establish rapport with elderly people.

- The setting up of homes must also be carefully regulated to ensure an adequate level of service and attention to the needs of the elderly. It is further recommended that all homes, public as well as private, be duly registered with a relevant authority which will have to ensure, on a periodical basis, that the services provided conform with a set of minimum standards to be established.
- It is also felt that government should come up with the right fiscal and financial incentives to encourage the setting up of homes.
- The old age pension crystallises much of the dissatisfaction expressed by the elderly people on government action. While the budgetary pressure exerted by an ageing population does not leave much room for raising the amount of old age pension in real terms, alternatively, ways and means should be sought to reduce the cost of living for the elderly, at least for the most needy ones.
- The feasibility of other forms of financial support should be investigated, like discount prices for some necessities like power supply and water, a measure already experimented in some countries. Free transport for the most needy elderly would also be welcome.
- There is also a need to enhance the recognition of the role and contribution of elderly people in Mauritius. Measures adopted in that respect should ideally involve several spheres of our society for maximum effectiveness.
- Academia and research, the press, volunteer and community groups and non-governmental associations should all participate in the general effort required to adequately sensitise the population at large on the valuable contribution to society of our elderly population.
- Intergenerational exchange is no doubt one of the areas with the highest potential for value addition to the life of the elderly population. Examples of what other countries have experienced or are currently experiencing in the field of intergenerational exchange could show the way to replicating some of the most successful programmes in Mauritius.

2. Introduction

2.1 Background to the Study

This study has been undertaken following the award by the Mauritius Research Council of an Unsolicited Research Grant Scheme. The study was conducted over a period of 6 months starting in July 2000 and covered both the islands of Mauritius and Rodrigues.

2.2 Purpose of the Study

The aim of this study is to conduct an assessment of the prospective role, contribution and needs of the elderly people of the Republic of Mauritius by horizon 2010.

2.3 Methodology

We have developed a two-phased methodology to carry out our research work. In Phase I, qualitative research was undertaken in the form of a series of focus groups conducted in Mauritius and Rodrigues. In phase II, quantitative information was collected by way of surveys conducted on 3 populations. Survey 1 consisted of 178 respondents aged between 50-59 years, survey 2 of 53 respondents aged between 60-74 years and survey 3 consisted of 30 respondents equally distributed between private and public homes. The checklist used for the focus group discussions and the questionnaires developed in the quantitative phase are given in Appendices VI and VIII respectively.

In line with our proposal, we have also set up a panel of specialists in various fields relating to old age. Some of these experts have already been met and have provided valuable input during the qualitative and quantitative phases of the study. Furthermore, the findings of our draft report have been presented during a validation workshop with MRC, other interested parties and members of the panel of specialists. The comments and suggestions which have emerged from this workshop have been considered in this final report. The composition of this panel is as follows:

Mr. Ibrahim Koodoruth, Sociologist and Lecturer at the University of Mauritius. Mr. Koodoruth has been very actively involved with the qualitative phase of the study, has facilitated the focus

group discussions held in Mauritius and also assisted us in the design and drafting of the questionnaires.

Mr. Yvan Legris, Actuary.

Dr. Satyanandlall Basant Rai, Gerontologist.

Dr (Mrs). Venoo Basant Rai, from the Ministry of Social Security and National Solidarity, also a dietitian.

Mr. Deorishi Boolell, Representative of homes for the elderly.

Mr. Ram Nookadee, Acting Secretary Manager from the Mauritius Council of Social Services.

We have also conducted an extensive desk research of existing literature on the ageing population issue in Mauritius and assessed the current level of knowledge and findings available in that field (Chapter 4). We have also investigated policies which have been implemented internationally at various levels to enhance the role and contribution of the elderly people (Chapter 5). The findings from our research are reported in Chapters 6 (qualitative research) and 7 (quantitative research) and our conclusions and recommendations are laid down in Chapter 8. A focus on the issue of living in homes is provided in Section 7.7 and quantitative results pertaining specifically to the island of Rodrigues are given in Section 7.8. A separate volume (Volume 2, Tables) is provided, complete with all the result tables drawn from the analysis of the data collected from the surveys conducted in the quantitative phase.

3. An ageing Mauritius

3.1 Old Age, different definitions of the term

The term 'old age' might conjure up different images based on individual experiences. For example, for some people this might mean physical incapacity, illness, inactivity, while for others it might mean more free time, more leisure, more quality time. Based on the definition of the Encyclopaedia Britannica, old age is referred to as 'the last stage in the life process of an individual, and it is an age group or generation comprising a segment of the oldest members of a population.'

There are more than 300 theories of ageing¹ which have been put forward by scientists. The most common have been derived from the field of gerontology and molecular biology. Elie Metchnikoff, a Russian immunologist, claimed that toxins released by bacteria from the intestine result in ageing. The development of molecular biology brought about other theories and in 1963 Leslie Orgel proposed that biological dysfunction lead to an error catastrophe that in turn results in ageing. However, both of these theories did not satisfactorily explain the ageing process. A useful gerontological theory was proposed by Raymond Pearl in 1928 where he explained that the effect of temperature has a direct influence on lifespan. One evolutionary explanation of ageing, according to Alfred Russel Wallace, is that the function of ageing is 'to weed out older individuals to prevent them from competing with their progeny for resources'.

According to the United Nations¹ (1995), ageing is a multidimensional, multisectoral and multigenerational issue and encompasses the overall situation of older persons, the individual's life-long development, relationship between the generations, and the relationship between ageing and the development of society.

Empirical evidence from World Bank (World Bank Population Projections) Statistics shows that fast population changes around the globe as a result of a fall in the fertility and mortality levels have led to an increasing proportion of elderly population.

¹ Conceptual Framework of a Program for the Preparation and Observance of the International Year of Older Persons in 1999. Report of the Secretary-General. United Nations. (1995: 5)

In Mauritius, the elderly population is defined by the Central Statistical Office as that part of the population aged 60 years and above. This is the definition used when the term 'old' or 'elderly' is referred to throughout this report.

3.2 Ageing in the Republic of Mauritius (1960-2000-2037)

3.2.1 Situation in the Republic of Mauritius (including Rodrigues)

This section aims at analysing the trend of ageing in the Republic of Mauritius (including Rodrigues) from 1962 to 2037. For the purpose of our analysis, we shall use some concepts such as median age and the index of ageing. Median age is defined as the age that divides the population into numerically equal parts of younger and older persons. The Index of ageing is the number of elderly persons per 100 children aged below 15 years. Definitions to other concepts used are provided along.

Over the period 1962 to 1997 the population of Mauritius has been growing at an annual average rate of **1.42%** per annum. Though the average rate observed from 1962 to 1997 was low, in absolute terms the biggest increase was witnessed over the period 1962 to 1972 (refer to table 1) where total population increased from 699,954 to 850,968 representing an annual growth rate of **2.0%**.

Table 1 – Total and elderly population and growth rate, Republic of Mauritius, 1962-2037

Year	Number		Period	Annual growth rate (%)	
	Total Population	Elderly Population		Total Population	Elderly Population
1962	699,954	37,579	1962-1972	2.0	3.0
1972	850,968	50,492	1972-1983	1.5	3.1
1983	999,945	70,277	1983-1990	0.8	3.2
1990	1,056,660	87,527	1990-1997	1.2	1.8
1997	1,147,706	99,272	1997-2007	1.0	2.3
2007*	1,273,630	124,123	2007-2017	0.9	4.4
2017*	1,386,540	190,543	2017-2027	0.7	3.7
2027*	1,485,510	274,181	2027-2037	0.5	1.7
2037*	1,558,773	323,715			

Source: *Population ageing and the elderly in Mauritius (CSO), 1999*

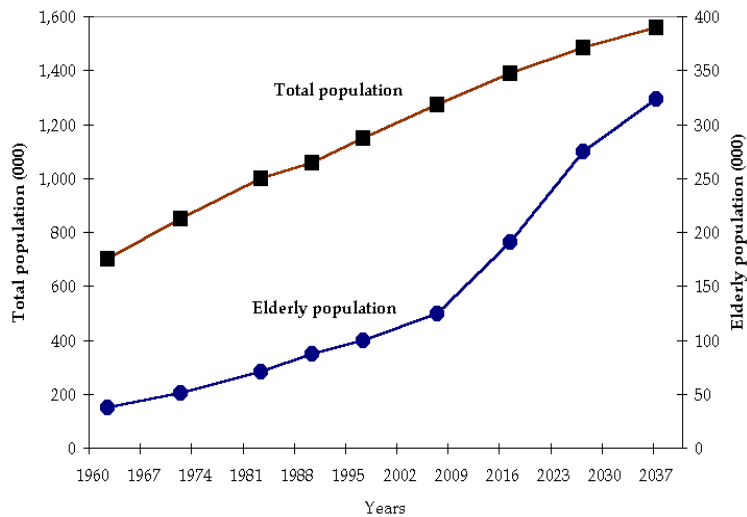
Note: * projected estimates

The lowest population growth rate observed was **0.8%** which occurred between 1983 and 1990. Latest population figures show that in mid-year 1999, the population of Mauritius reached

1,171,500 (National Accounts of Mauritius, 1999). Based on projected estimates from the CSO, it is expected that the total number of persons living in Mauritius will reach 1,273,630 in 2007.

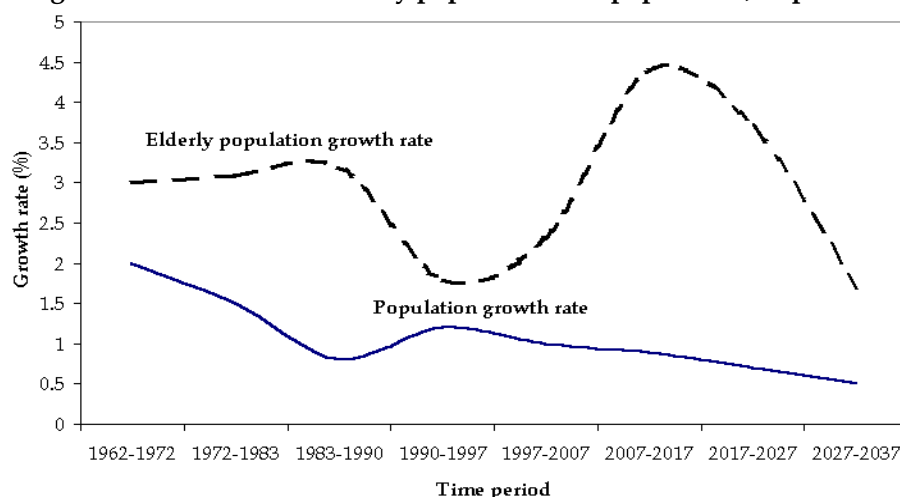
The elderly population of Mauritius has been following the same trend as that of the total population but at a higher growth rate. In 1997 the number of elderly was 99,272 compared to 37,579 in 1962, representing an increase of **164%**. As depicted in Figure 1, estimates suggest that total population will reach 1,558,773 in 2037 comprising an elderly population of 323,715.

Figure 1. Evolution of total and elderly population, Republic of Mauritius, 1962-2037



According to population projections, the elderly population will increase significantly between 1997 and 2037 (**226%**) with the rate of growth of the elderly staying ahead of the overall population growth rate (see figure 2).

Figure 2. Growth rate of elderly population and population, Republic of Mauritius, 1962-2037



Note: figures for 2007, 2017, 2027 and 2037 are projected estimates

According to CSO estimates (Population ageing and the elderly in Mauritius CSO, 1999), the elderly population will grow at an annual average rate of **4.0%** between 2007 and 2027. This rate compares with an annual elderly growth of **2.3%** for the 1997-2007 period. The elderly population growth rate will be reaching its peak during the 2007-2017 period while the population growth rate will continue slowing down. According to CSO statistics, the population growth rate over ten-year periods will continue its fall starting from the 1997-2007 period (**1%**) to settle at **0.5%** during the 2027-2037 period (see figure 2).

Statistics from table 2 show that the proportion of elderly as part of the total population has grown from **5.4%** in 1962 to reach **8.6%** in 1997. Beyond 1997, this percentage is expected to grow further to reach **20.8%** in 2037 (see table 2 and figure 3).

Table 2 - Elderly as a proportion of total population, Republic of Mauritius, 1962-2037

Year	Number		Elderly as a % of Total Population
	Total Population	Elderly Population	
1962	699,954	37,579	5.4
1972	850,968	50,492	5.9
1983	999,945	70,277	7.0
1990	1,056,660	87,527	8.3
1997	1,147,706	99,272	8.6
2007*	1,273,630	124,123	9.7
2017*	1,386,540	190,543	13.7
2027*	1,485,510	274,181	18.5
2037*	1,558,773	323,715	20.8

Source: Population ageing and the elderly in Mauritius (CSO), 1999

Note: * projected estimates

Figure 3. Elderly as a percentage of total population, Republic of Mauritius, 1962-2037

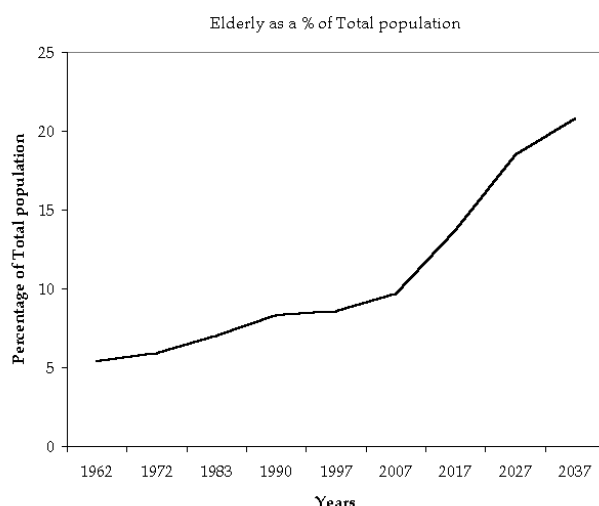


Table 3 shows that median age² has continuously increased from 17.6 years in 1962 to reach 27.8 years in 1997. In the future, this indicator of an ageing population will increase further to reach 30.6 years in 2007 and 36.9 years in 2037. The effect on the population age structure will be an increase in the proportion of persons aged 60 years and above from 5.4% in 1962 to 20.8% in 2037, while the percentage of persons aged below 15 years will fall from 45.3% in 1962 to 20.7% in 2037.

Table 3 - Selected age-indicators, Republic of Mauritius, 1962-2037

Year	Median age	% aged 60 years & above	% aged below 15 years	Index of ageing ³
1962	17.6	5.4	45.3	11.9
1972	19.0	5.9	40.4	14.7
1983	22.6	7.0	32.5	21.6
1990	25.7	8.3	29.7	27.9
1997	27.8	8.6	26.5	32.6
2007*	30.6	9.7	24.7	39.5
2017*	33.7	13.7	22.6	60.7
2027*	35.5	18.5	21.4	86.4
2037*	36.9	20.8	20.7	100.6

Source: *Population ageing and the elderly in Mauritius (CSO), 1999*

Note: * projected estimates

The index of ageing estimated at 12 in 1962 will drastically increase to reach 100.6 in 2037, meaning for every youth under 15, there will be 1 elderly.

² The age that divides the population into numerically equal parts of younger and older persons

³ Number of persons aged 60+ per 100 children aged 0-14 years

3.2.2 The situation in Rodrigues

Over the past 10 years, the population of Rodrigues has remained fairly stable. At the start of 1989, the local resident population was 33,629 compared to 35,332 at the beginning of 1999, representing a rise of 5% over that period. Table 4 below shows how the population of Rodrigues has evolved over the past ten years.

Table 4. Population of Rodrigues from 1989-1999

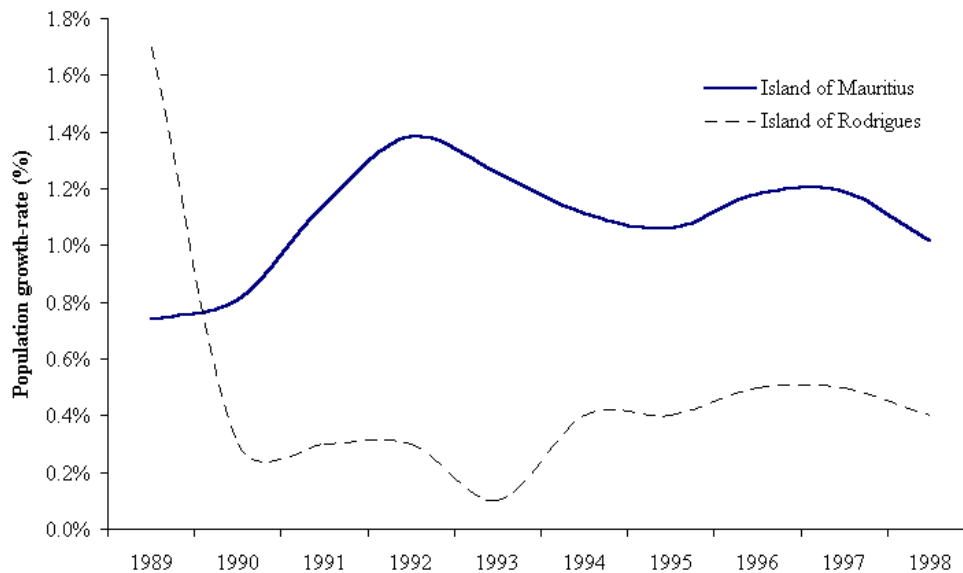
Year	Island of Rodrigues		Island of Mauritius ⁴	
	Population at beginning of year	Change during the year (%)	Population at beginning of year	Change during the year (%)
1989	33629	1.7%	1,015,718	0.7%
1990	34186	0.3%	1,023,238	0.8%
1991	34292	0.3%	1,031,526	1.1%
1992	34379	0.3%	1,043,294	1.4%
1993	34493	0.1%	1,057,721	1.3%
1994	34536	0.4%	1,071,033	1.1%
1995	34678	0.4%	1,082,972	1.1%
1996	34828	0.5%	1,094,430	1.2%
1997	35018	0.5%	1,107,325	1.2%
1998	35192	0.4%	1,120,530	1.0%
1999	35332	0.6%	1,131,943	1.2%

Source: *Digest of statistics on Rodrigues 1999 (June 2000)*
Digest of Demographic Statistics 1998

The annual growth rate of the population between 1989 and 1998 is illustrated graphically in figure 4 below:

⁴ The figures for the population of the Island of Mauritius as at 31 Dec. have been used as an estimate for the population beginning the following year

Figure 4: Population growth rate for Mauritius and the Island of Rodrigues, 1989-1998



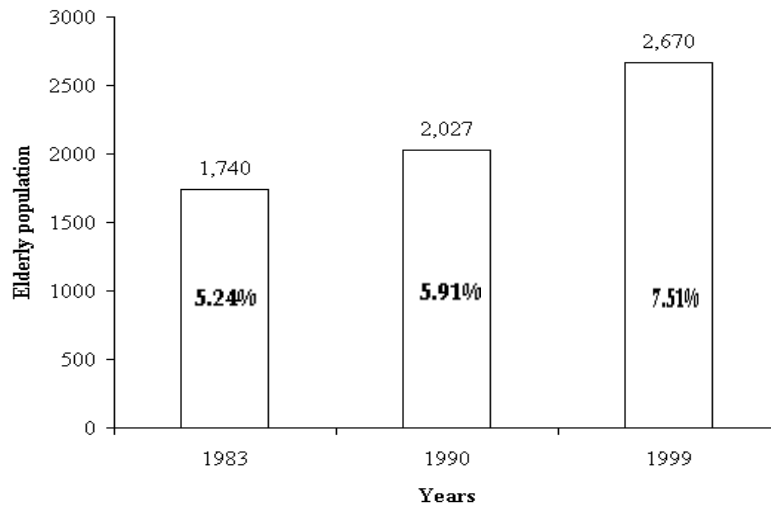
Sources: Digest of Statistics on Rodrigues 1999 (June 2000); Digest of Demographic Statistics 1998

The lowest growth rate registered was between 1992 and 1993 where population in Rodrigues grew by only **0.1%**. It should be noted that except for 1989 and 1999, when the population growth rate was **1.7%** and **0.6%** respectively, all annual growth rates registered never exceeded **0.5%**.

3.2.3 The elderly in Rodrigues

The elderly population in Rodrigues was estimated at 2,670 in 1999 (representing **7.51%** of total population) compared with 1,740 (representing **5.24%** of total population) in 1983, as shown in figure 5. These figures compare with 8.6% and 7.1% for the Island of Mauritius for 1999 and 1983 respectively (see figure 6).

Figure 5. Number of elderly in Rodrigues

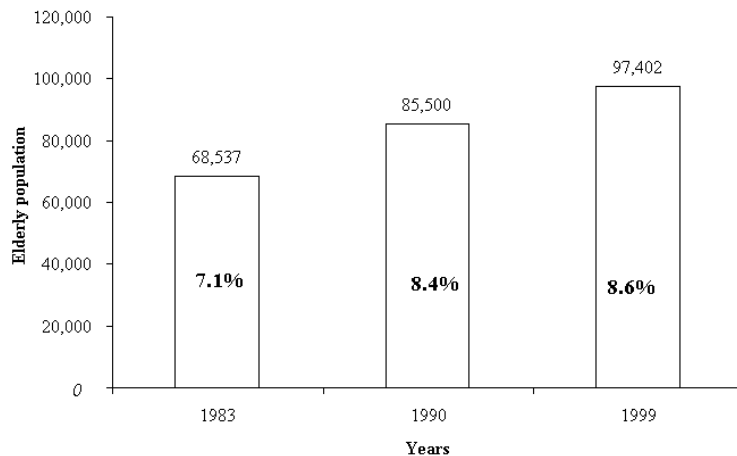


Source: *Digest of Statistics on Rodrigues 1999* (June 2000)

Over the same period (1983-1999), elderly population in Rodrigues grew by **2.71%** annually, hence at a faster pace than the **2.22%** annual elderly growth registered in the Island of Mauritius during the same period.

Figure 6. Number of elderly in the Island of Mauritius

Sources: *Digest of Demographic Statistics, 1998*



Population Ageing and the Elderly in Mauritius, 1999
CSO, Rose-Hill

From what is observed in table 5a, the elderly population of Rodrigues has grown by a large proportion within all age groups from 1983 to 1999.

Table 5(a) - Estimated total elderly resident population by age group, Island of Rodrigues, 1983-1999

Age group (years)	1983 ¹		1990 ¹		1999	
	Number	As a % of the population	Number	As a % of the population	Number	As a % of the population
60-64	582	1.76	673	2.00	940	2.65
65-69	470	1.42	493	1.40	700	1.97
70-74	353	1.07	402	1.20	450	1.27
75-79	190	0.57	236	0.70	280	0.79
80-84	103	0.31	152	0.40	190	0.54
85+	42	0.13	71	0.20	110	0.31
60+	1,740	5	2,027	6	2,670	8

Note: 1 Enumerated at the 1983 and 1990 censuses

Source: *Digest of Statistics on Rodrigues, 1999*

The age groups which benefited most of this growth are the 60-64 and the 65-69 age groups, which increased in proportion by 0.89 and 0.55 points respectively over the 1983-1999 period.

Table 5(b). Projected figures for elderly in Rodrigues and the Island of Mauritius from 2004 to 2039

Years	Rodrigues		Island of Mauritius	
	Projected estimates	% Change	Projected estimates	% Change
1999	2,670	-	100,072	-
2004	3,223	20.7%	110,119	10.0%
2009	3,575	10.9%	129,659	17.7%
2014	3,944	10.3%	163,848	26.4%
2019	4,558	15.6%	201,275	22.8%
2024	5,154	13.1%	243,650	21.1%
2029	5,793	12.4%	279,050	14.5%
2034	7,060	21.9%	299,361	7.3%
2039	9,041	28.1%	323,308	8.0%

Source: *Central Statistical Office (Rose-Hill), 2000*

According to projected figures, as depicted in table 5b, the elderly population in Rodrigues will rise from 2,670 in 1999 to 9,041 in 2039. This represents an average annual growth rate of **3.1%**. Comparatively, the elderly population of the Island of Mauritius will grow by **2.98%** annually over the same period, thus suggesting a slightly more rapid ageing population phenomenon for the island of Rodrigues.

3.3 Characteristics of the Mauritian ageing population

3.3.1 Life expectancy

Empirical evidence shows that the main reasons accounting for the future increase in the proportion of elderly persons in Mauritius are a fall in the general fertility rate and a general rise in the life expectancy of Mauritians as depicted in tables 6 and 8 respectively. The number of live births which occurred per 1,000 women aged 15 to 49 years has continuously decreased from 181.40 in 1962 to 58.40 in 1998. While female population in the 19-49 age group has risen by **120%** from 1962 to 1998, the average number of children born to an average woman (total fertility rate⁵) has fallen from 5.86 to 1.96 over the same period.

Referring to Rodrigues, statistical figures show that the general fertility rate⁶ has decreased from 155.80 in 1983 to 71.07 in 1998 (as per table 7). This fall in fertility levels is confirmed by a fall in the crude birth rate⁷ from 34.70 in 1983 to 19.59 in 1998. Moreover, the net reproduction rate⁸ has fallen from 2.34 in 1983 to 1.06 in 1998, meaning that the extent to which the average woman is replacing herself has fallen.

Mauritius has also experienced a general rise in life expectancy. A comparison of the general life expectancy for both males and females between 1971-73 and 1996-98 time periods (as per table 8) shows an improvement in all age groups to the exception of the 85+ age group. The different causes of death among the elderly are set in table 9.

⁵ It shows how many children would be born to 1,000 women if none of them died before reaching the end of their reproductive period and if all were subject to the observed specific fertility rates throughout this period.

⁶ Live births occurred per 1,000 women aged 15-49 years

⁷ The number of live births in a year per 1,000 estimated mid-year population

⁸ It shows how many females would be born, on average per member of a group of females beginning life together, if they were subject throughout their life time to the rates of mortality and fertility observed in each of the age group they will belong to

Table 6 - Fertility and Reproduction rates, 1962, 1972, 1986, 1990-1998 - Island of Mauritius

Rate	Year											
	1962	1972	1986	1990	1991	1992	1993	1994	1995	1996	1997	1998
General fertility rate	181.40	104.5	66.80	76.70	75.00	76.08	72.60	69.96	65.24	63.92	60.79	58.40
Total fertility rate	5.86	3.42	1.94	2.29	2.28	2.36	2.31	2.25	2.13	2.12	2.03	1.96
Gross reproduction rate⁹	2.90	1.67	0.94	1.13	1.11	1.16	1.16	1.11	1.06	1.05	1.00	0.96
Net reproduction rate	2.51	1.49	0.90	1.09	1.07	1.12	1.12	1.07	1.02	1.01	0.96	0.93

	Year											
	1962	1972	1986	1990	1991	1992	1993	1994	1995	1996	1997	1998
Female population aged 15-49 years (30th June)	144,770	195,373	272,242	281,008	285,638	289,577	294,405	300,871	304,699	309,798	315,360	318,311

Source: Family Planning and Demographic Yearbook 1998, 1999

⁹ It indicates the number of daughters who would be born, on the average, to each member of a group of females beginning life together, supposing none of them died before reaching the end of their child-bearing period if they were subject throughout this period to the rates of fertility observed in each of the age group they will belong to

Table 7 - Birth, Fertility and reproduction rates 1983, 1990, 1995 & 1998 for the Island of Rodrigues

Rate	Year					
	1983*	1990*	1995	1996	1997	1998
Crude birth rate	34.70	23.70	20.90	20.30	19.82	19.59
General fertility rate	155.80	100.98	81.57	77.26	73.24	71.07
Total fertility rate	5.16	3.19	2.63	2.50	2.38	2.26
Gross reproduction rate	2.54	1.56	1.34	1.28	1.21	1.12
Net reproduction rate	2.34	1.48	1.27	1.21	1.14	1.06

Female population aged 15-49 years (30th June)	7,273	8,021	8,819	8,819	9,358	9,568
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Source: Family Planning and Demographic Yearbook 1998

* census year

Table 8 - Life expectancy level (Abridged) - Island of Mauritius

Age	1971 - 1973		1996 - 1998	
	Males	Females	Males	Females
	Life Expectancy	Life Expectancy	Life Expectancy	Life Expectancy
0	60.83	65.89	66.56	74.39
1-4	63.83	68.25	67.09	74.63
5-9	61.17	65.93	63.22	70.76
10-14	56.43	61.27	58.30	65.84
15-19	51.68	56.45	53.39	60.94
20-24	46.97	51.76	48.61	56.09
25-29	42.25	47.21	43.89	51.23
30-34	37.59	42.66	39.23	46.41
35-39	32.99	38.24	34.68	41.62
40-44	28.52	33.75	30.29	36.86
45-49	24.25	29.38	26.11	32.22
50-54	20.24	25.06	22.12	27.74
55-59	16.58	21.00	18.46	23.57
60-64	13.28	17.18	15.25	19.51
65-69	10.66	13.77	12.34	15.97
70-74	8.26	10.51	9.81	12.76
75-79	6.34	7.95	7.68	9.69
80-84	4.64	5.62	6.00	7.26
85+	4.70	5.80	4.59	5.58

Source: Family Planning and Demographic Yearbook 1998, 1999

Table 9 – Main causes of deaths of the elderly by sex, Republic of Mauritius, 1999

Causes	Number			%		
	Both sexes	Male	Female	Both sexes	Male	Female
Neoplasms (Cancer)	476	274	202	9.5	10.8	8.2
Endocrine, nutritional and metabolic diseases and immunity disorders	207	107	163	5.4	4.2	6.6
<i>of which: diabetes</i>	(246)	(98)	(148)	(4.9)	(3.9)	(6.0)
Diseases of the circulatory system	2,889	1,408	1,481	57.8	55.7	60.0
<i>of which: heart diseases</i>	(1,743)	(835)	(908)	(34.9)	(33.0)	(36.8)
<i>: cerebrovascular disease</i>	(926)	(476)	(450)	(18.5)	(18.8)	(18.2)
Diseases of the respiratory system	532	306	226	10.6	12.1	9.2
Diseases of the genitourinary system	182	93	89	3.6	3.7	3.6
Symptoms, signs and ill-defined Conditions	304	123	181	6.1	4.9	7.3
Others ¹⁰	344	219	125	6.9	8.6	5.1
Total	4,997	2,530	2,467	100.0	100.0	100.0

Source: Population ageing and the elderly in Mauritius (CSO), 1999

From table 9, it can be observed that the most common causes of death among the elderly in Mauritius for 1999 were inter alia death caused by circulatory system diseases (57.8%), respiratory system diseases (10.6%) and cancer (9.5%). It is noticed that some death causes were more predominant among men than among women. For example, there were proportionately more elderly males (10.8%) who died from cancer compared to elderly females (8.2%). The same tendency was noticed for elderly dying from diseases of the respiratory system – 12.1% elderly men died from this disease compared with 9.2% women. Conversely, deaths caused by diabetes and heart diseases were found to be more predominant among women than among men. For instance, there were proportionately more elderly women (6.0%) than men (3.9%) who died from diabetes. Similarly, 36.8% elderly women died from heart diseases compared with 33% elderly men.

¹⁰ Infectious and parasitic diseases, diseases related to blood and blood-forming organs, mental disorders, diseases related to nervous system and sense organs, digestive system diseases, skin and subcutaneous tissue diseases, musculoskeletal and connective tissue diseases, injury and poisoning

3.3.2 Employment

The type of work undertaken by the elderly is another characteristic worth identifying among the elderly. According to the Household Budget Survey (HBS) 1996/97, there were **11.2%** of the elderly who reported themselves as either employed or self-employed with a higher predominance of men. **20%** of the elderly men were employed as compared with only **4.1%** elderly employed women. The remaining elderly were reported as either retired or too old to work (**43.4%**), homemakers¹¹ (**41.2%**) while **4.3%** were classified in “others”¹² activity status.

Table 10 – Distribution (%) of elderly by activity status and sex, Republic of Mauritius, 1996/97 HBS

Activity status	Male (%)	Female (%)	Total (%)
Employed	20.0	4.1	11.2
Homemaker	8.2	67.7	41.2
Retired/ too old	68.8	22.9	43.4
Other	3.0	5.2	4.3
Total	100.0	100.0	100.0

Source: Population ageing and the elderly in Mauritius (CSO), 1999

Analysis of the distribution of employed elderly by occupation in table 11 below shows that the most common type of occupation among the elderly are “elementary occupations” (**26.9%**), “skilled agricultural & fishery workers” (**18.9%**), “craft and related trade workers” (**13.3%**) and “service workers, shop & market sales workers” (**12.9%**).

Analysis by sex distribution shows that employed elderly females are concentrated mainly in two occupations namely, “elementary occupations” (**51%**) and “service workers, shop & market sales workers” (**23.5%**). In both of these occupations, there were proportionately more females than males. Elderly males were distributed across a wider range of occupations, the most common being “skilled agricultural & fishery workers” (**22.2%**), “elementary occupations” (**20.7%**), “craft and related trade workers” (**15.2%**) and “legislators, senior officials and managers” (**14.6%**). It is interesting to note the complete absence of female employment in the following occupational groups: “legislators, senior officials and managers”, “professionals” and “plant & machine operators & assemblers”.

¹¹ Term used for the equivalent of housewives for the male gender

¹² Others refer to self-employed, unpaid family worker, persons looking for work, disabled/invalid and housewife/retired

Table 11 – Distribution (%) of employed elderly by occupation and sex, Republic of Mauritius

Occupation	Male	Female	Both Sexes
Legislators, senior officials and managers	14.6	0.0	11.6
Professionals	3.5	0.0	2.8
Technicians & associate professionals	2.0	9.8	3.6
Clerks	1.0	3.9	1.6
Service workers, shop & market sales workers	10.1	23.5	12.9
Skilled agricultural & fishery workers	22.2	5.9	18.9
Craft and related trade workers	15.2	5.9	13.3
Plant & machine operators & assemblers	10.6	0.0	8.4
Elementary occupations	20.7	51.0	26.9
Total	100.0	100.0	100.0

Source: Population ageing and the elderly in Mauritius (CSO), 1999

3.3.3 Living arrangements

According to the 1996/97 Household Budget Survey (HBS), **54.5%** of the elderly were living in either extended or mixed households (“other living arrangements”), **19.2%** were living with their spouse and unmarried children and **11.8%** were living with their spouse only. Only **8.1%** of the elderly were living alone and **6.3%** were living with their unmarried children only. There were proportionately more females (**11.4%**) living alone than males (**4.1%**), as a result of women’s greater life expectancy.

Table 12 – Distribution (%) of elderly persons by living arrangements and sex, Republic of Mauritius, 1996/97 HBS

Living arrangements	Male	Female	Both sexes
Living alone ¹³	4.1	11.4	8.1
Living with spouse only	15.9	8.6	11.8
Living with spouse and unmarried children	31.3	9.5	19.2
Living with unmarried children only	2.6	9.2	6.3
Other living arrangements	46.1	61.3	54.5
Total	100.0	100	100.0

Source: Population ageing and the elderly in Mauritius (CSO), 1999

¹³ The person lives on his/her own and makes his/her own provision for food and other essentials for living but may be sharing the housing unit with other persons

Other elderly people with a different living arrangement are those residing in homes. Statistics gathered from the Ministry of Social Security and National Solidarity show the evolution of the number of elderly residing in infirmaries / orphanages over the past years:

Table 13 – Number of inmates (more than 60years) as at end of June in infirmaries / orphanages (1990-2000), Republic of Mauritius

Years	Inmates	Elderly population	Inmates as a % of elderly population
1990	548	89,302	0.61%
1991	543	91,452	0.59%
1992	559	93,465	0.60%
1993	549	95,240	0.58%
1994	505	98,647	0.51%
1995	516	101,665	0.51%
1996	512	103,804	0.49%
1997	509	107,106	0.48%
1998	507	108,784	0.47%
1999	534	109,571	0.49%
2000	540	111,885	0.48%

Sources: Ministry of Social Security and National Solidarity , 2000

Table 13 shows that the number of elderly in infirmaries and orphanages has remained fairly stable over the past 10 years. The number of inmates is compiled based on the inmates allowance¹⁴ provided to elderly by the same Ministry. It is noted that the highest number of elderly inmates reported in infirmaries / orphanages was 559 in 1992 and the lowest figure was 505 in 1994. The proportion of elderly living in these homes is not significant when compared to the total number of elderly (**0.61%** in 1990 and **0.48%** in 2000).

Elderly people also reside in private homes and in Brown Sequard Hospital. Therefore, to have a full picture of the number of elderly residing in homes, it would also be necessary to have the total number of elderly living in private homes. Since private homes are not registered, the number of elderly residing in those institutions is not available. Moreover, it is estimated that there is currently 70 elderly living in Brown Sequard Hospital.

¹⁴ See appendix III for a list of social aid provided to private or charitable institutions under the Industrial Relations Act

Out of a list of 18 homes identified with the help of the Ministry of Social Security and National Solidarity, 9 of them depended solely on Government funding (with 401 elderly inmates), 3 were financed jointly by private individuals and the state (with 34 inmates) and 6 were financed on a private basis (with 253 inmates). Appendix II provides a list of charitable institutions/infirmaries identified by the Ministry of Social Security and National Solidarity in Mauritius.

3.3.4 Disability

Figures in table 14 show that the number of elderly suffering from severe disability has grown from 10,743 in June 1997 to 12,735 in June 2000, representing an increase of **18.5%**. Over that period the number of Basic Retirement Pension (BRP) beneficiaries (excluding those benefiting from severe disability allowance) increased by **2.4%** only.

Table 14. Number of elderly benefiting from the Basic Retirement Pension (BRP) and the BRP with severe disability

Years	BRP	BRP (without severe disability)	BRP with Severe disability	
			Numbers	As a % of BRP
Jun-97	104,522	93,779	10,743	10%
Jun-98	106,004	95,199	10,805	10%
Jun-99	106,650	95,249	11,401	11%
Jun-00	108,840	96,105	12,735	12%

Source: Central Statistical Office, 2000

The number of elderly benefiting from a severe disability pension represented **12%** of the elderly population having a BRP, as at June 2000.

According to the CSO, in June 1997 out of 99,300 elderly persons, **11%** of them were reported to suffer from severe disability in the form of total blindness, or total paralysis or needed the constant care of another person. Those persons were also benefiting from an additional pension from the Ministry of Social Security and National Solidarity (appendix I). Table 15 provides a break down of the disability rate reported by age group and sex for the elderly population in 1997.

Table 15 – Disability rates by age group and sex, Republic of Mauritius, 1997

Age-group (years)	Rate (per 1,000 population)		
	Male	Female	Both sexes
60-64	40	33	36
65-69	69	65	67
70-74	103	106	105
75-79	163	182	175
80+	323	419	388
Total	97	123	112

Source: Population ageing and the elderly in Mauritius (CSO), 1999

A comparison of the disability rates for both male and female shows that in the 60-69 age group males were worse off compared to female. However, in the 70+ age group, men seemed to be less afflicted than women. An important point to note is that for both sexes, there is an increasing proportion of elderly who are reported to suffer from disability as they age.

3.4 The budgetary implications of an ageing population for Mauritius

The ageing population issue in Mauritius is already exerting considerable pressure on Government finance as shown in table 16. For the year 1999/2000, total transfer payments in terms of Basic Retirement Pension (BRP), inclusive of Enhanced Basic Retirement Pension and child's allowance, are estimated at Rs 2,269.65 million. This figure currently represents near to 9 % of the Government's recurrent expenditure and 57 % of the budget (Rs 3,985.4 million) allocated to the Ministry of Social Security and National Solidarity. Over the last ten years, the weight of BRP as a percentage of recurrent government expenditure has grown from 5.9 % in 1990 to 8.9 % in 2000.

Table 16 - Total Basic Retirement Pension paid and Recurrent Government Expenditure (Rs million)

Year	Basic retirement Pension (including Enhanced Basic Retirement Pension (1) and child's allowance (2))	% change in Total BRP	Recurrent Government Expenditure	As a % of recurrent Government Budget
90/91	541.4	-	9,214	5.9%
91/92	681	25.8%	10,273	6.6%
92/93	758.4	11.4%	10,894	7.0%
93/94	859.7	13.4%	13,088	6.6%
94/95	982.7	14.3%	14,517	6.8%
95/96	1,190.60	21.2%	15,939	7.5%
96/97	1,583.10	33.0%	18,853	8.4%
97/98	1,764.70	11.5%	21,010	8.4%
98/99	2,047.80	16.0%	24,743	8.3%
99/00	2,269.65	10.8%	25,560	8.9%

Sources: Ministry of Social Security and National Solidarity (Rose-Hill), Draft Recurrent Budget 2000-2001

- (1) : The Enhanced Basic Retirement Pension is an additional allowance payable to old-age pensioners who are severely disabled. In June 1999, the number of persons eligible for the Enhanced Basic Retirement Pension was 11, 879, of whom 11, 401 were in the island of Mauritius and 478 were in Rodrigues.
- (2) : Child's Allowance is payable to beneficiaries of Basic Retirement Pension in respect of a child below 15 years, or 20 years if in full-time education. Child's Allowance is payable for up to three dependent children. The number of such pensioners benefiting from a Child's Allowance stood at 15,642 in June 1999.

In 1998, there were about 7.5 persons aged 15-59 years for each person aged 60 and over. This ratio is expected to fall to about 2.8 in the following 40 years essentially due to a very high increase in the elderly population. The number of persons aged 60 years and above is expected to treble between 1998 and 2038 – rising from 101, 000 to 311, 000. Accordingly, old age pension, inclusive of Enhanced Basic Retirement Pension and Child's Allowance, will almost treble in the next 40 years to reach Rs 5.3 billion in 2037/38 (at 1997/98 pension rates) (refer to table 17).

Table 17 - Estimated future beneficiaries and costs of Basic Retirement Pension

	June 1998 (actual figures)	June 2008	June 2018	June 2028	June 2038
Projected number of BRP beneficiaries	108, 784	127, 182	193, 768	270, 300	311, 287
Estimated future BRP costs in Rs million at 1997/98 pension rates (including Enhanced Basic Retirement Pension and Child's Allowance)	1, 765	2, 144	3, 252	4, 514	5, 294

Source: Ministry of Social Security and National Solidarity, Social Security Statistics

4. Review of existing literature on the subject

A number of policy papers and documents exist on the situation of the elderly people in Mauritius. They are namely:

- *"The situation of old people in the Republic of Mauritius"* published in 1998 by the Mauritius Family Planning Association (MFPA) with the help of Associate Professor (Mrs) Malati Pochun,
- The *"Etude socio-économique du 3ème âge"* carried out by the Mauritius Council of Social Services (MACOSS) in June 1992,
- An *"Actuarial review of the Mauritius National Pensions Fund "* undertaken in 1998 by Edward Battersby, fellow of the Institute of Actuaries,
- *"Health Statistics Annual 1998"* published by the Ministry of Health,
- *"Population and the elderly in Mauritius"* published in 1999 by the Central Statistical Office and more recently,
- The *"Convention for the Protection and Rights of Older people"* produced in October 2000 by the MACOSS.

Generally speaking, all these papers have dealt with the social and financial aspects and/or conditions of the elderly people and/or an ageing population. A white paper has also been produced by the Ministry of Social Security and National Solidarity following recommendations made in the "Battersby" report.

The MFPA paper provides an outline of the socio-economic situation of the elderly in Mauritius and puts forth a series of recommendations aimed at improving their conditions of living. It also underlines the necessity to raise awareness about ageing among policy makers and within the society at large. It is felt that the ageing population issue should become the concern of not only the government and senior citizens themselves but of one and all. The socio-economic conditions of the elderly are studied in terms of housing accommodation, recreational and leisure activities indulged in and health related indicators. The report concludes that the ageing population issue will be further aggravated by the gradual breakdown of the extended family system as well as by the increasing trend towards working women who traditionally used to take care of the elderly.

The exclusion of the old people from the working life as well as the lack of attention of the society with regards to the needs and opinions of the elderly were identified as other subjects of concern. The general tendency to consider old people as unproductive in turn results in shrinking job opportunities. In the absence of a culture geared at promoting a positive image of the elderly, the latter are found to suffer from a feeling of uselessness and a sense of rejection which affect their self esteem and dignity. The paper based itself on the figures available from the 1990 census report and from economic indicators to discuss on the participation of the elderly in economic activity. In the 60-64 year age group only 36% of men and 9% of women were found to be economically active. These figures also point to significant gender related differences.

The elderly were also found to be particularly vulnerable in a context characterised by increasing crime and violence. Old people are more exposed to the risk of physical assault especially elderly women living alone.

The report also mentioned the need for recreational and leisure activities as a means to relax as well as to combat routine and loneliness. However, there were only scant details as to the type of activities available and practised by the elderly.

Various data in the form of figures and tables were supplied to depict the health and mortality situation of the elderly. Almost all elderly people go to hospitals while only a few ever visit private doctors. Elderly are particularly faced with the problem of lack of finance for proper treatment, long waiting time in hospitals and, allegedly, the unsympathetic attitude of doctors. They expressed the wish for free medical visits and ambulance services when required.

The dismantling of the extended family system has resulted in some elderly being left without any form of family support. As a result many end up in Old Peoples' homes. In mid 1997, there were 394 elderly inmates living in homes and infirmaries due to their need for institutionalised care. (Please note that this figure is lower than the one given in Table 13 of Chapter 3, a total of 509 elderly inmates in both infirmaries and orphanages). Understandably, this number is expected to increase further in the future.

Table 18 : Age distribution of the Elderly Inmates of Infirmaries in Mauritius, 1997

Age group	Male	Female	Total
60-64	36	24	60
65-69	31	37	68
70-74	47	44	91
75-79	19	30	49
80-84	22	42	64
85-89	8	38	46
90+	2	14	16
Total	165	229	394

Source : MFPA report (based on figures obtained from the Ministry of Social Security and National Solidarity)

The social security aspect such as the number of beneficiaries of both contributory and non-contributory pensions and the labour participation rates among elderly were also looked into.

Another part of the paper attempted to discuss the possible course of action that could be taken by the government to cater for the quality of life and the situation of the elderly in general. Particular emphasis was placed on implementing a policy which would grant tax incentives to the kin for the maintenance of the elderly. The paper also expressed the need for government sponsored schemes with a view to provide greater housing accommodation for the elderly. For those deprived of any form of family support, necessary incentives should encourage the setting up of Day Care service centres and homes for the elderly.

It was also recommended that the basic old age pension be increased to the benefit of the disabled elderly and that the retirement age be set at 65 years. Moreover, as a means to promote the financial security of the elderly, it was proposed to set up information counters to provide employees and workers with all relevant information regarding their retirement benefits as well as advice on retirement planning. Those attending Day Care centres should learn skills like handicraft and be given the opportunity to earn an income by selling their products.

As regards the provision of health services, it was recommended that hospitals be better equipped to help the aged especially through the provision of special geriatric wards. In the same vein, adequate training is sought for officers of Ministries and NGO's who are responsible for

providing care to the elderly. There should also be more free medical visits at homes and regular supply of medicines to the most vulnerable elderly.

Among other recommendations which were made, there was the need to provide the elderly with greater opportunities for lifelong learning, as well as providing Senior Citizens' Associations with internet facilities and technical support and guidance as to the type of activities that can be undertaken. The setting up of « Neighbourhood Watch » systems were encouraged insofar as these would also tend to the security needs of the elderly.

While the merit of the MFPA Paper lies very much in the description of the current conditions of living of the elderly, in our belief, though, much more attention could have been given to more detailed policy formulations and their various implications.

The Mauritius Council of Social Services (MACOSS) published two reports on the elderly people. The first one, published in 1992, consisted of a field research by way of a survey on a population of 3 960 persons aged 60 and above. It was conducted throughout the island and addressed essentially the same issues as the MFPA report. The main elements covered were the living conditions, that is whether they lived alone or with their children, and their housing accommodation; their working conditions; their leisure and recreational activities; their health and consumption of alcohol or tobacco as well as their role in family and society and their views on the future of the elderly. The survey established that 35% of the elderly were living alone while 65% were living either with their children, grand children or brothers and sisters. Interestingly, of those living with their children, a significant proportion was found to be contributing financially to the expenses of the household. The study also unveiled a strong repulsion to the idea of living in a home (85% would dislike having to do so) which most respondents associated with the end of their family life.

The main source of income was found to be the government pension while those who had previously worked in the public sector also claimed proceeds from their lump sum. Most of the elderly were not receiving any money from their children at the time of the survey except for 20% who were receiving an average of Rs100 per month.

In terms of recreation only 37.5% belonged to a "*club de 3ème âge*". Belonging to an association would, in their opinion, help them to get over the feeling of rejection and inactivity implied by old age. Of those who were not members of a "*club de 3ème âge*", 93.7% were eager to join one

eventually while 6.3% did not find any interest in doing so. The elderly also favour religious societies for they provide them with an opportunity to attend prayers and meet other elderly people. 67.5% own a television but only 57.5% watch TV regularly. Those who do not possess one generally go to neighbours or community centres for TV programmes. Radio programmes are also popular and 33.3% listen to the radio every day. The most preferred activities among the elderly are mainly walks, meeting friends, gardening, TV and sewing.

The prevalence of alcohol and/or tobacco consumption was found to be relatively high. While 33.4% smoke more than 10 cigarettes per day, 56.3% drink quite regularly. 62.5% claim a fairly good health while 20% have a very bad health situation. Generally, the main types of health problems affecting the elderly were found to be in order of importance, blood pressure (*tension*), diabetes, body aches like rheumatism.

The study also unveiled a general feeling amongst the elderly that they are not valued and respected either in their family or in society. They feel that they are a nuisance and that their future is decided by others rather than by themselves.

The MACOSS survey of 1992 can be credited with the merit of having been done on a large sample which confers a high confidence level to the main results drawn therefrom. It was also conducted with a view to sensitize decision makers and all parties concerned on the various issues and problems which are faced by the elderly. In turn, MACOSS hoped that through the results obtained, the relevant ministries and NGOs would be able to put into place strategies geared towards providing a better quality of life for the elderly.

A more recent document, "Convention for the Protection and Rights of the Older People", was published by MACOSS in October 2000 in the wake of the declaration by the United Nations of the year 1999 as the International Year of the Aged. The MACOSS felt the need for a Convention, applicable to the Republic of Mauritius, which would serve the following declared purposes :

- sensitise public opinion to the impact of ageing on society,
- find solutions to the problems linked with the phenomenon of ageing,
- advocate for an Older Persons Protection Act through a policy paper based on the recommendations resulting from discussions,
- provide guidelines and a legislative framework for the proposed Act.

Essentially, the Convention addresses 10 issues considered important for the rights of the elderly.

These are:

- Care: Health Care and Institutions
- Dignity and Respect
- Education
- Employment
- Participation
- Financial issues
- Security
- Independence and survival
- Habitat and infrastructure
- Leisure

The first of these, the "Right to Care", emphasises the right of the elderly to free and unconditional access to health care including medicine/drugs, domiciliary medical treatment and health assistance by home care providers, especially for the disabled and the bed-ridden elderly. There should also be a special and well equipped geriatric ward for the elderly in each hospital where necessary care will be provided by qualified personnel. This includes the right to respect for their dignity, beliefs, needs and privacy. Accordingly, government should give the appropriate facilities for the setting up of these geriatric wards, training of personnel and creation of institutions caring for the Older Persons. The "Right to Care" places special emphasis on the inculcation of proper dietary habits to the elderly to ensure that they age healthily.

The Convention also stresses on the Right of the elderly to dignity. It states that "Older persons should be treated with fairness, regardless of age, gender, race, religion, geographical or ethnic background, disability or other status and should be valued independently of their economic capacity". The elderly should be given the appropriate attention and a caring attitude should be inculcated to every citizen. The elderly, being the most vulnerable to physical, psychological and emotional abuses, should be empowered to live a secure life. The "Right to dignity" specifies the need to enforce the laws against violence and aggression committed on the elderly and to set up a National Council on Ageing which will be responsible for the co-ordination and development of policy for the elderly. Again, there needs to be a culture of respect among members of society at large towards the elderly.

Education is another issue where there is a need for protection of the elderly. The "Right to education" underlines the importance of providing the elderly with free (or at concessionary rates) access to educational, technical and capacity building programmes. They should also be given the opportunity to share their experience, knowledge, values and skills with others. It specifies also the need to set up a data bank of those institutions working with older people so as to facilitate networking and sharing of know how. Moreover, it should be ensured that the elderly are psychologically and emotionally prepared to ageing.

As regards their "right to employment", the elderly should be allowed, encouraged and empowered to work without having their age acting as a barrier. They should be provided access to employment and companies should help by allocating a number of job opportunities to the elderly. Sufficient information with regards to the retirement benefits the elderly are entitled to, as well as proper guidance prior to retirement, should be given to enable them to plan their retirement early enough.

The Convention provides for participation of the elderly in all matters relating to family and society. The "Right to participation" for the elderly thus specifies that Older People should have the right to participate in decision making be it in society or within their family. They should be given the chance to exchange their views with the younger generation and also be initiated to the latest technological, social and educational developments.

According to the MACOSS, one must be concerned with the needs and aspirations of the elderly for they represent those who have in some way or another contributed to the foundation of our society. One of the most important needs of the elderly refers to their financial security. This is why the Convention stresses on the necessity of increasing the pensions of the Older People on a regular basis and providing financial facilities in terms of income tax rebate, special funds granted to those constituting hardship cases, special social and financial support to those elderly acting as foster parents to their grandchildren. But financial security also implies the duty to see to it that charges claimed by Homes for the Older People and abuses of moneylenders be properly controlled by appropriate legislation. Finally, the elderly should be encouraged to save for their old days.

Because the elderly constitute a segment of the population more prone to physical, emotional and psychological aggression, it was felt necessary to consider the security aspect in the Convention. More specifically, the Convention emphasises the need for appropriate legislation and penalties

as well as legal sanctions to be levied on those perpetrating attacks on the elderly especially on the single elderly women with weak family ties. The security issue equally stresses the necessity to grant senior citizens priority to certain areas like airport, public transport and public offices.

The independence and survival of the elderly constitute another issue which the MACOSS believe we should be concerned with. It particularly relates to the need to train the elderly so as to enable them to cope with emergency situations like fire and health problems; a hot line support for those elderly needing counselling and advice in any matter should be introduced ; proper housing facilities and the setting up of Homes and Day Care centres for the needy ones should be encouraged.

The survival of the older people also implies the provision of housing accommodation and facilities. This is why the Convention pays due attention to the "Habitat and Infrastructure" issue for the elderly. There should be proper legislation to regulate housing construction so that they meet the needs of the Older People as well as provide enough space to encourage them to live with their children.

Finally, the Convention specifies the need to provide facilities and support to the Senior Citizens Associations to enable them to organise activities for the elderly. In addition, special encouragement should be given to talented senior citizens like artists, singers and writers to encourage them in the pursuit of their career.

The recently published "Convention for the Protection and Rights of Older People" by the MACOSS should be seen as a framework for policy decisions and action taking along the priority lines set forth in the document. It is hoped that it will be a working document paving the way for the ultimate adoption of an Older Persons Protection Act.

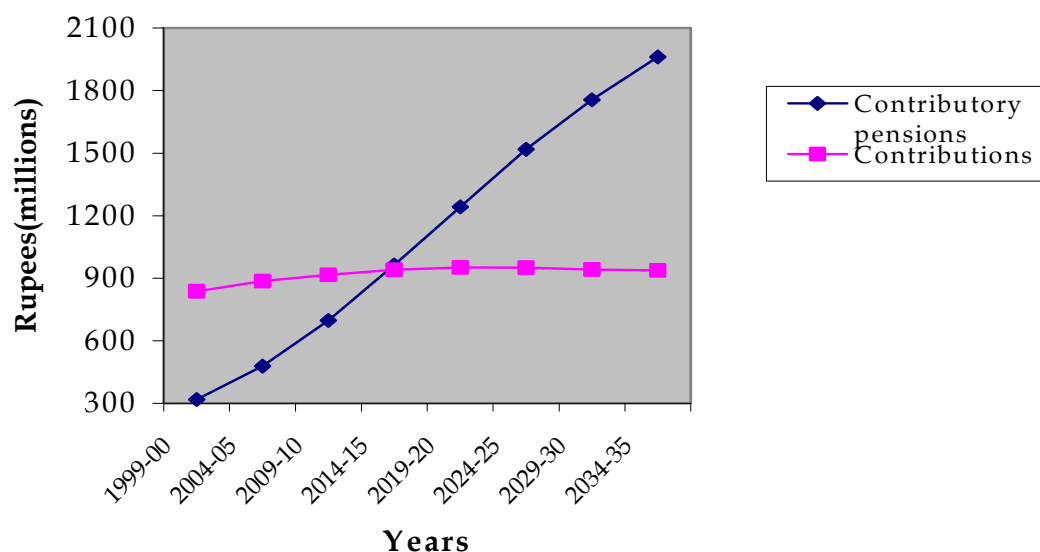
The Battersby report in June 1995 consisted of an actuarial review, usually carried out every 5 years, of the Mauritius National Pensions Fund. This review looked into the actual pension scheme and provided projections of the income and expenditure of the National Pensions Fund (NPF) over the next 40 years.

The review sets out two main types of NPF benefits categorised under non-contributory (*old age pension, widow's pension, invalidity and orphan's pensions*) and contributory benefits (*eligible only to those who have actually paid contributions to the NPF*). Non contributory benefits are entirely

financed by the government through tax payers money and they represent the most significant type of social security benefit both in terms of number of beneficiaries and amount of pensions paid. According to Battersby, non-contributory pensions to be paid is expected to increase from its present figure of Rs 2.4m (year 1999-2000) to Rs 3.2 m in 2009-10 and Rs 4.4 m in 2019-20. This will result in greater financial pressure on the government budget and thus on taxpayers. Battersby also observed that in the coming years, the elderly support ratio (*number of persons aged 60 and above over the number of active persons*) is expected to decrease further from 7.5 in 1995 to 4.9 in 2015 and 2.7 in 2035. Since non-contributory pensions cost are indirectly borne by tax payers (i.e. by working population), this category represents an area of concern for the NPF.

Contributory benefits, however, represent the category which will have greater financial impact on the NPF. Indeed, the current surplus of pensions contributions over the amount paid to beneficiaries is expected to shrink in the near future to reach eventually a break-even point by year 2015. The Figure below shows that the contributions from employers and employees will keep on rising but at a decreasing rate until the year 2020, after which the total amount of contributions will start to decline. In contrast, contributory pensions are increasing to such an extent that it will exceed the contribution income and cause a deficit after 2015. According to Battersby, this growing deficit will eventually cancel out the accumulated surplus leading to a deficit in the NPF in year 2035.

Figure 7: Evolution of contributory pensions and contributions



Source: Battersby report, 1995, Table 3

Table 19: Estimated NPF Budget by the year 2035

As at 30 June	Rs (millions)
2000	11,880
2005	13,320
2010	13,800
2015	13,020
2020	10,830
2025	7,120
2030	1,950
2035	-4,460

Source: Battersby report 1995, table 3

Battersby made certain assumptions for his analysis and projections. These assumptions are broadly in line with those generally used by the NPF and the main ones are laid down below:

- the pension point should evolve in line with the annual increase in salaries
- the pension point will be 11 times more than the pension value. This ratio of 11:1 has been observed since 1988-89. For instance, in 1995, contributions of Rs38.33 were required to purchase a pension value of Rs 3.49.
- the government will continue to finance all the basic non-contributory pensions

- the rate of return on investment made by the NPF should increase in line with the average earnings index, i.e. the rate at which salaries increase.

An overview of the situation of the NPF during the period 1990-1995 demonstrates that the first and last assumptions have not been properly realised. In effect, 3 main observations can be made:

- Pension points have increased at an average rate of 7.9% per annum while the CPI has increased by 8.0%, indicating a more or less stable situation.
- However, while salaries have increased on average by 11.8% per annum, (that is higher than the inflation rate), pension points have, on the other hand, increased by only 7.9%. Given that the pensions to be paid will be calculated on the basis of the evolution of salaries (average earnings index) rather than that of pension points, the difference of 2.9% is detrimental to the NPF.
- Moreover, another area of concern for the NPF pertains to the average return on investment (10.9%) which is also lower than the average earnings index (11.8%). In other words, the NPF does not increase at the same rate as the average earnings index.

This situation is depicted in the table below.

Table 20: Average rate of return and increases in cost of pension points, average earnings and CPI, 1990-1995

Rate of return on NPF	Increase in the cost of pension points	Inflation (CPI)	Average Earnings Index
10.9	7.9	8.0	11.8

Source: Battersby report, 1995, Table 5

Futhermore, some pertinent observations on the investment policy of the NPF were made by Battersby. In effect, according to the legislation, any surplus remaining in the fund should be invested with due consideration to the following objectives:

- (a) the need for an appropriate level of liquidity in the fund;
- (b) the need to secure the future value of the fund;
- (c) the need for national development ;
- (d) any advice the Minister may tender to the Board (including loans to the housing sector).

To some extent, there is a conflict between these objectives. Objective (b), i.e to secure the value of the fund, would lead to an investment policy whose primary aim would be to maximise the return on assets. However, objective (c), i.e. the need for national development, may lead to investments which may not be in line with the previous objective (b). Examples of such investments include investment in housing sector which will yield a very low return or the granting of loans at a rate lower than the market rate. The existence of such contradictions in the objectives of the NPF does not encourage a proper management of the funds for investment purposes.

Following the actuarial review of the Mauritius National Pensions Fund, Battersby concluded that it will be necessary to amend the provisions of the NPF based on the forecasted deficit by year 2035. He mentioned that whatever the measures implemented, the latter will eventually have to 'adjust the relationship between the contributions paid to earn a pension point and the amount of pension ultimately paid in respect of that pension point'.

The statistical section of the Ministry of Health and Quality of Life produces annually a document named « *Health Statistics Annual* » which aims at providing an analysis of the health situation on the island. The most recent study available was published in October 1999 following a survey conducted in 1998. However, the report relates to the health situation of the population of Mauritius in general but no specific data pertaining particularly to the old persons can be obtained. However, the Central Statistical Office (CSO) published in July 1999 a report known as the "*Population ageing and the elderly in Mauritius*" which contains the most recent facts and figures pertaining to issues regarding old age. It mainly deals with the demographic change in the Mauritian (including Rodrigues) population and examines the implications of the changing population structure. Information with respect to the elderly (aged 60 and above) are given in terms of marital status, position in the household, educational background, living arrangements and health situation. 50% of the elderly were reported as heads of households while elderly men are four times more likely to be head of households than their female counterparts. Table 21 below shows the distribution of the elderly population by relationship to head of household and by sex.

Table 21 : Distribution (%) of the elderly population by relationship to head and sex

Relationship	Both Sexes	Male	Female
Head	53.6	84.1	31.2
Spouse of head	15.6	2.0	26.5
Parent of head	21.2	10.9	29.5
Parent of spouse	4.4	2.2	6.1
Other relative	5.2	3.4	6.7
Non-relative	0.0	0.0	0.1
Total	100.0	100.0	100.0

Source: Central Statistical Office, HBS 1996/97

The activity status and employment of the elderly were also looked into. It was found that 11% of the elderly were reported to be employed or self employed while the majority reported being either too old to work (43%) or were homemakers (41%). However, proportionately more elderly men were employed than elderly women.

The average income of an elderly was found to be around Rs 3,300 per month, the male elderly being better off than the female elderly (Rs 5,000 as compared to Rs 2,000). This difference in income is accounted for by the fact that most women did not take up employment when they were young and thus did not receive any employment income and employment related pensions. The usual sources of income for the elderly come in the form of employment income, transfer income such as retirement pensions and benefits, property income and « other sources » including savings and gifts in cash. However, transfer income represents the main source of income and 'other income', which is not defined, was the second most common source. On the expenditure side, it is difficult to find out the amount of expenses made by the elderly since no information pertaining to individual expenses was collected during the Household Budget Survey 1996/97. However, an average calculation made by the CSO shows that expenditure on food, medical care, household operations, fuel and light represent 78% of expenses for those elderly living with other elderly, 61% for those in non elderly households and 63% in mixed households.

Table 22 : Average monthly total income of the elderly by source of income

Source of income	Rs			%		
	Both sexes	Male	Female	Both sexes	Male	Female
Income from employment	721	1,434	142	21.8	28.8	7.3
<i>Of which:: Wages & salaries</i>	(234)	(423)	(81)	(7.1)	(8.5)	(4.2)
<i>from self employment</i>	(487)	(1,011)	(61)	(14.7)	(20.3)	(3.1)
Transfer income	1,852	2,299	1,489	56.1	46.2	76.7
Property income	145	282	33	4.4	5.7	1.7
Other income	586	966	277	17.7	19.4	14.3
Total	3,304	4,981	1,941	100.0	100.0	100.0

Source: Central Statistical Office, HBS 1996/97

The corollaries of ageing like the dependency ratio, parent support ratio and the cost of old age were briefly discussed. It was found that the elderly dependency ratio (number of elderly persons per 100 persons of working age) is expected to increase from 13 in 1997 to 36 over the next 4 decades as a result of a decline in fertility and increasing longevity. The youth dependency ratio (number of youth per 100 persons of working age) is expected to decline from 41 in 1997 to around 35 by 2037. The total dependency ratio (youth plus elderly dependency ratio), which is an indication of the overall support burden on working age adults, is thus expected to rise over the same period. These are depicted in table 23 below.

Table 23: Dependency ratios, 1997-2037

Support ratio	1997	2007	2017	2027	2037
Elderly dependency ratio	13.3	14.9	21.6	30.7	35.5
Youth dependency ratio	40.9	37.6	35.6	35.5	35.3
Total dependency ratio	54.3	52.5	57.2	66.1	70.7

Source: Central Statistical Office

In general terms, the local reports available provide useful, reliable and relatively recent information covering the various social and economic aspects of the ageing population issue on the one hand and on the elderly on the other hand. However, it is the consultants' view that while some of these studies have also touched on the role, needs and contribution of the current elderly people in Mauritius, a dynamic approach based on the future elderly people had not yet

been attempted. This particular perspective will, in our humble opinion, contribute positively to the sum of knowledge that Mauritius has accumulated in the area of research devoted to the ageing and elderly population issues.

Based on the above consideration, our research focus has extended beyond the present elderly people and given priority to those people who will reach their retirement age in ten years' time. Viewed from this perspective, our study aims at providing all stakeholders with pertinent information expressed in terms of needs for services of various nature, desired roles in and levels of contribution to family and social life, as may be expected from those who will constitute our elderly population in ten years' time. Simultaneously, a smaller sample of existing elderly people have been interviewed with the objective of allowing comparisons between existing and future elderly people, so as to bring to light expectation gaps which may lend themselves to the formulation of appropriate strategies. Finally, due attention has been given to existing elderly people living in homes with a view to assess the existence or not of different consumption, behavioural and attitudinal patterns whose occurrence is likely to increase should we assume that recourse to homes and infirmaries will also increase in a near future.

Finally, as a means to further enrich the scope of the present study, a brief review of international literature is provided hereafter insofar as the reports we have consulted relate to actions that are/have been undertaken to improve the quality of life of the elderly and enhance their role and contribution to society at large.

5. International literature review

Population ageing has become a global phenomenon as a result of rapidly declining birth and death rates registered in a growing number of countries across all five continents. This change in population structure has several implications and policies have been developed by countries to address this issue. In this section, we shall review actions that have been taken at the international level to address the issue of an ageing population. Measures taken have been regrouped under the following headings: Income security and benefits; Employment; Human Rights; Health and Social services; Recreational and Educational activities; Participation and Integration in Society; Preparation to Ageing and Multigenerational relationships.

5.1 Income security and benefits

As people grow older, their means of generating income are greatly reduced. The elderly are therefore very often victims of poverty, and various measures have been taken by different countries to ensure their income security and provide them with access to lower prices.

Pensions have been indexed with consumer prices in countries such as Australia and Pakistan to guarantee a minimum income to the elderly. In Australia for instance, the maximum rate of pension is at least 25 per cent of the male total weekly wage. Kazakhstan focused on practical outcomes by providing a one-time additional pension payment in 1999 to those who had reached the age of 70 and free dentures to those whose age exceeded 70 years. In Morocco, the legal and financial status of pension funds has been revised and minimum pension increased. Nigeria has created a network of banks and insurance companies to broker the payment of pensioners' monthly stipends. Surinam provides its elderly with incomes to meet their basic needs as well as health care services. Training is also given to service providers to improve the quality of their service to the elderly among others.

South Africa is encouraging trade and industry into providing special discounts on products for older persons. The Government of Philippines recently adopted a senior citizens law that entitles senior citizens to 20 per cent discount on transportation, meals in restaurants and the purchase of medicines. In 1998, the Government of Bolivia enacted a law to provide discounts and privileges to benefit citizens older than 60 years. The latter receive discounts of 20 per cent on the price of electrical energy, water, real estate property taxes and transportation.

5.2 Employment

As a result of an ageing population, most countries are faced with a fast declining workforce. To reduce pressure on governments' spending on old age pensions and grants as well as to provide the elderly with the possibility to remain active, a number of measures have also been taken by different countries to encourage and facilitate employment beyond the normal retirement age.

In Trinidad and Tobago, a senior citizens' bureau has been established to encourage older persons to lead an active life and contribute to national development. A database has been developed to identify skills available among the elderly to be made available to private sector enterprises and NGOs. A similar data bank of elder expertise was also set up in South Africa while, in Singapore, guidelines for part-time work have been designed to attract retirees back into the workforce.

Philippines is providing credit facilities and training to individuals, regardless of age, to start or maintain their own business. Nepal is encouraging the establishment of co-operative farms by joint efforts involving older persons and the operation of clinics by retired doctors, which would provide services at subsidised rates to older persons.

To expand employment opportunities, the Government of Uzbekistan has worked directly with local governments to organise temporary, paid employment for the elderly for social services and introduce flexible working hours. Workers employed in social services are paid wages above minimum and provided with social security benefits, including pensions and short-term disability grants. The Government of Japan attaches special importance to promoting employment opportunities for older persons. It encourages enterprises to provide employment up to the age of 65 and measures have been taken to improve elder-friendly working environments. To expand short-term employment, the Government has taken steps to promote the establishment of an older workers' vocational experience resource centre. Late middle-age workers have been helped to improve their vocational and skills training and obtain information relating to employment and training. The Governments of Germany and France are providing tax incentives, wage subsidies and lower social security contributions to businesses hiring people from disadvantaged groups, which include the elderly.

5.3 Human rights

The issue of human rights among the older persons is also drawing the attention of the international community. The Dominican Republic drafted and approved the Code of Rights of Older Persons to provide protection and defend the rights of older persons while New Zealand removed the upper age limit in its Human Rights Act of 1993, which prohibits discrimination in the workplace. South Africa included the rights of older persons in its Declaration on Human Rights and other relevant national legislation and introduced a national elder abuse response line (EAR). In China, the Government has promulgated and implemented many new laws in the fields of labour, social security, education and public health, as well as laws to protect the legitimate rights and interests of the elderly among others.

5.4 Health and social services

The provision of appropriate health and social services is a universal challenge and is gaining in importance with a rapidly ageing population. In the Syrian Arab Republic, social policy has been designed to provide free education and medical services to all. Cyprus is working to upgrade the standards of governmental homes for older persons to improve their quality of life. The Government of Spain has established a state council for older persons to facilitate the functioning of older persons' organisations and improve the level of social protection, including the access to health and home-care services. Bangladesh is providing training for caretakers, teachers, social workers and health providers on issues regarding older persons. France is providing support to family assistants to improve home life for older persons. Paraguay awarded national prizes to the best old persons' organisation and nursing homes and increased assistance to older persons in the areas of homes and hospital care, social services, family and community assistance.

In Portugal, the programme for integrated support of the elderly is directed at promoting their independence and at training relatives, volunteers and communities in providing care and support for older people. Funds from the social security benefits have been used to increase the number of positions in nursing homes. Germany initiated a joint pilot project in eight European countries to establish information and counselling centres and provide customised assistance and advice on medical and social services. Israel brought together experts in the field of ageing to address resource allocation in improving health care, restoring dignity and enhancing the lifestyle of older persons. In Singapore, community-based services and programmes include senior citizens clubs, employment services for the elderly, day-care facilities, home care and hospices. There have also been measures to improve the physical environment for the elderly in

Singapore namely by installing lifts in new mass rapid transit stations and elderly-friendly features in apartments.

5.5 Recreational and educational activities

Activities such as dancing, theatre, music, and sports competitions were also on the agenda in numerous countries during the International Year of Older Persons, including Indonesia, Cameroon, Estonia, Hungary, and Germany. In Bangladesh, older persons' clubs have been established for recreation and incorporate intergenerational activities among others. In response to the cultural and artistic needs of older persons, Lithuania developed cultural programmes for its older population. In the United Kingdom of Great Britain and Northern Ireland, the Dark Horse Venture promoted positive aspects of ageing by inspiring older persons to discover their hidden talents and achieve personal fulfilment. Sweden initiated "SeniorSurf Sweden", an Internet educational collaboration in which libraries throughout the country educate older persons on the use of the Internet.

5.6 Participation and integration in society

To increase the participation and integration of older persons at all levels of society, Mongolia is implementing a system of measures to make appropriate use of the skills and wisdom of retirees. Belgium is working with various organisations to create a means of communicating and demonstrating the constructive roles older people play in society, including their role within the family, organisations, politics and welfare. The developmental potential and diversity of late life is appreciated in Bangladesh, where older persons are involved in arbitration processes in village communities while, in Thailand, the experience of older persons is utilised in the area of environmental conservation and anti-drug campaigns.

Numerous countries are also giving formal recognition to older persons for their contribution to society through a number of activities during the International Year of Older Persons 1999 such as photographic exhibitions, commemorative coins, postage stamps, calendars, books, TV series and programs. South Africa also issued TELKOM phone cards with the faces of older persons, and made discount available for calls to grandparents.

5.7 Preparation to ageing

Chile has formed an inter-university commission to incorporate the theme of ageing into early academic study. India and Albania launched media campaigns to advocate the need to undertake lifelong preparation for old age, and Slovakia included writers, representatives of religious organisations and members of the financial sector in its examination of lifelong development issues. Liechtenstein encouraged midlife programmes that prepare persons for retirement. Slovenia convened a round table on lifelong individual development and the consequences of unhealthy lifestyles, and Panama organised a literary contest in secondary schools on the relationship between the lifestyle and health in later life.

5.8 Multigenerational relationships

Today's society is made up of different generations that are called upon to live together for a longer time as a result of a greater number of people living to older ages. This different demographic structure represents opportunities as well as generation gap problems, which have been addressed by a series of measures in different countries.

India has launched partnership programmes between older persons, school children and youth with the aim of encouraging the exchange of information and knowledge between the different generations. Mongolia is also encouraging its older population to share their life and work experiences with the younger generation. Intergenerational activities are also a ubiquitous component of life in Ireland and include exchange of computer technology skills, historical exploration, and the creative arts between the generations.

Creative approaches to intergenerational initiatives as a way to promote positive images of older persons are plentiful among other countries. For instance, Zimbabwe and Singapore focused on walk or dance marathons involving the young and the elderly while Portugal organised an intergenerational bicycle tour of the country. Luxembourg reached out to youth to participate in film, theatre and music exhibitions for the International Year of Older Persons.

In Canada, GenerationsCANConnect intends to build bridges between seniors and youth using information and communication technologies in various programme settings, including the involvement of Canadian youth interviewing seniors about significant memories and posting

them on the Internet. New Zealand has been working with primary and secondary school principals in the development of a handbook to assist schools and other organisations in establishing and maintaining volunteer intergenerational programmes. The Netherlands hosted a Day of the Generations, where thousands of young and old came together to create a mosaic and celebrate, through games, projects and exhibits, the generations coming together. Denmark initiated one-week high school courses in which individuals of all ages discussed the role of older persons in different cultures and interaction between the generations.

Such a rich and diversified list of actions in favour of the elderly across the countries of the world points to the need for Mauritius to update and enhance its own range of both economic and social measures for its growing ageing population.

Source:

International Year of Older Persons 1999: Activities and legacies; Adapted from the Report of the United Nations Secretary General (A/54/268); Social development, including questions relating to the world social situation and to youth, ageing, disabled persons and the family (www.un.org/esa/socdev/iyop/iyophi1.htm). *Appendix VII provides a list of the recommendations made by the United Nations on ageing.*

Comprehensive Report on the implementation of the outcome of the World Summit for Social Development (1999) (www.un.org/esa/socdev/geneva2000/documents)

6. Findings from Focus Group Meetings

6.1 Focus groups identification

A review of the existing local literature has shown that most reports published so far on the elderly have generally adopted a quantitative perspective of the situation. Opinions were obtained from older people in an attempt to supplement those researches but these were rarely sufficient in terms of content and coverage. This is why in our study, we have also undertaken a series of focus group discussions where the principal objective was to gather qualitative information on specific issues relating to the elderly. Through these focus group meetings, we had the opportunity of discussing with identified groups of elderly people on several themes. This in turn gave them the chance to express their views and opinions on particular issues pertaining to their foreseeable needs, roles and contributions as future members of the Mauritian elderly population. But these focus groups had another objective as well, which was to enable us to identify issues that would be relevant to the drafting of questionnaires to be used in the subsequent phase of our study. As we rightly suspected, the participants to the focus groups came up with certain ideas, which were extremely pertinent.

To be as representative of the Mauritian society as possible, we organised focus groups in various parts of the island including the island of Rodrigues. We also ensured that participants in each focus group had the required profiles in terms of sex, ethnical belonging, occupation and region of residence.

Recognising the fact that the roles, contributions and needs of people vary according to the income bracket groups to which they belong, we decided to organise focus group meetings separately for blue and white collar workers.

In all, therefore, 6 different focus groups were organised in Mauritius and 2 in Rodrigues. In Mauritius, three of these grouped blue collar participants aged between 50 and 59 years. These groups were selected to represent the northern rural part of the island (meeting held in Grand Gaube), the southern rural part of the island (meeting held in L'Escalier) and the urban part of the island (meeting held in Port Louis). Our interest in meeting people in the 50-59 year age group was dictated by the specific focus of our study. We were to concentrate on those who would be reaching retirement age by 2010 which is the time frame of interest for this project.

Another focus group was arranged for people also aged between 50 and 59 years but falling in the white collar category. Participants were drawn from the urban Plaines Wilhems area (meeting held in Curepipe).

We also co-ordinated a meeting with participants aged between 60 and 74 years. The selection of this group was of interest to us in the sense that it effectively represents people who are retired, and who, at the same time, still have aspirations and desire to see things improve. The meeting was held in St Pierre.

The sixth focus group was held among residents of a home in Baie du Tombeau. The importance of this meeting was effectively to gather pertinent information from a group of people who lived 'differently' than the rest of the society and whose roles/contribution and needs could consequently be of different nature.

With respect to Rodrigues, two focus groups were organised, one in the 50-59 years and one in the 60-74 years age brackets but both comprising of participants in the blue collar category. It should be noted here that most white collar jobs in Rodrigues are occupied by Mauritians which explains why no focus groups could be organised for white collar participants.

Discussions in all the focus groups were facilitated by a sociologist except for those held in Rodrigues which have been led by a DCDM consultant. The discussions covered inter alia the following topics (see appendix VI for the complete list of themes covered during focus groups discussions) :

- The role of the government, children and NGO's towards the old persons.
- For those in the age group 50-59, what they expected would be their role once they reach 60 years? Within the family, within the society and within the economy?
- Again, for those in the age-group 50-59, how they were preparing for their retirement financially and psychologically?
- Whether they would remain active and continue to work, if they were given the opportunity to do so? Why? If yes, in what type of work?
- What will be their future needs in terms of health facilities, leisure and security?
- Their interest to participate in the social, cultural and political life.
- Their opinion on "homes" v/s "living alone" v/s "living with children".
- Their opinion on the extent to which the respect towards the old has eroded.
- What are the barriers which impact on quality of life for the elderly?

The findings from the discussions are summarised hereafter.

6.2 Expectations of elderly from Government

In Mauritius, participants in all focus groups were unanimous in thinking that the main role of the government towards the elderly should be in the provision of a good healthcare system. Most of them complained of the fact that they have to wait a long time before receiving proper treatment in hospitals and wished that there were a separate waiting line and a separate doctor for old people ('*bisin éna ene service spécial pu banne vieux et aussi ene bon l'acceuil car parfois zotte (les infirmiers et docteurs) britaliz banne vieux* ', '*dans l'hôpital éna ene section pu vieux dimoune mais zot pas servi li* '). Participants in the white collar urban focus group insisted on the need to educate doctors so that they show more respect for the old ('*l'hôpital éna fois fer foutan ar nu* '). According to participants in all groups, there should also be a proper follow up of their health by the government through '*visite à domicile*' since many elderly people cannot walk properly or even find it hard to move ('*si en cas dimoune malade li bisin gagne visite et soin a domicile* ', '*bisin avoye ambulance pu guette nu* '). In the focus group held in Rodrigues, the participants consider that one of the primary roles of the government should be to provide proper health care facilities especially in terms of '*visite à domicile*'. However, according to the participants in Rodrigues the financial help in health care provided by the Government should be provided irrespective of age. Those in the Port Louis focus group also added that the government should build apartments specially designed for old persons at affordable prices to them ('*gouvernement bisin fer flat pu banne vieux dépendant zot pensions car éna paye loyer Rs 800 et en plus bisin casse pu paye de l'eau, electricité et aprè sa ki rester ?* '). They also mentioned the creation of a mini assembly where the senior citizens would sit and discuss issues relating to the old. In this way, the elderly would, in their belief, enhance their representation capacity vis-à-vis relevant authorities.

The participants in the region of Plaines Wilhems particularly emphasised the need for a continuous follow-up on health through a proper '*carte de visite*' and '*carnet de santé*'. This is important in the sense that a number of diseases could thus be prevented or treated at early stages. In their opinion, every person, after reaching 75 years of age, is on one hand, more likely to be ill and on the otherhand, less mobile. For those above 75 years of age, government should provide '*visite a domicile*' services.

Participants to the focus group in Grand Gaube also evoked the need for government to computerise the health system so that a person does not always have to go to the same dispensary/health centre.

Expectations on government facilities like for instance free bus transport were surprisingly different from one group to another. In general, participants in Mauritius who are already above 60 categorically condemn this idea because bus operators in the rural regions discriminate against them. Buses do not stop to pick them because they pay only half fare (*'vaut mieux paye même tariff dan bus pu etre bien traiter au lieu paye moitie prix pu etre malmene ou maltraite dan bus'*). This was also the feeling of other participants in other rural areas, where private bus companies operate. The group in Curepipe on the otherhand found that government should make public transport free for the old. In Rodrigues, the subsidised cost of transport for persons of 60 and above was viewed favourably.

It is interesting to note that people in the focus group in Baie du Tombeau, that is residents of homes, wish that government would give more advantages/facilities to individuals so as to increase their interests in opening up homes. Such facilities can be financial, like removal of tax on various equipment used in a home, on food and on medicines. Facilities can also be in the form of exemption of television licence, or tax exemption on vans to transport the elderly.

Participants from the rural areas and in the Rodrigues focus group wish that government would put at the disposal of the elderly a small plot of land where the latter could grow vegetables or rear animals. According to them, a market would readily exist for their products (*'gouvernement bisin donne facilites pu continue travail au lieu attane l'age pu gagne pension par exemple plante pomme de terre et nourrit zanimaux'*). This would ensure that even after retirement they would remain economically active with the result that they would be less dependent on their children. For those participants in Rodrigues who are already involved in the breeding of animals, they mentioned the important role of government in creating an appropriate infrastructure for the sale of the final product. The need for a guaranteed price for the meat was even mentioned in order to make this activity an attractive one. Related facilities like fencing and access to water for irrigation were also considered important.

In all focus groups, with the exception of the one in L'Escalier, participants thought that there is an urgent need to increase the old age pension. The current pension is considered to be outrageously low. For the one group which constituted the exception, the participants preferred

the pension money to come in the form of some services. Since they are not very literate, it is their children who 'manage' the pension money for them and they have no say on same (*'Au lieu donne l'argent donne ene pli bon service'*).

In Rodrigues, participants in the 50-59 year age group agreed that the old age pension will be sufficient to meet their respective needs when they retire. Participants in the 60-74 years age group assess that the main role of the Government is the provision of old age pension

In all focus groups, participants thought that government should put into place measures that will encourage elderly people to stay in employment even after the age of 60 (*'banne vieux dimoune ena capacite travail mais bisin donne nu l'opportunité', 'tant ki la personne capave travail le gouvernement bisin guette ki type travail capave donne li. En meme temps li pu permete li gagne ene ti casse'*). It is however also necessary to ensure that appropriate facilities such as flexitime are also available (*'n'importe ki travail mais bisin ena flexibilite dans gra matin et 2-3 heure temps dan l'apres midi.'*).

Participants in the focus group in Baie du Tombeau emphasised the need for 'government' to ensure that more appropriate and interesting programmes, like documentaries, are shown on television.

6.3 Expectations of elderly from children

With regards to the role of children towards the elderly, the majority of Mauritian participants from both age groups feel that there has been a negative change in the way their children consider them. Mauritian participants in the 50-59 year age groups realised that children have now less respect for elderly people- *'banne zenfants pas prend compte vieux dimoune'*. In the focus groups of St Pierre (participants in the 60-74 year age group), the elderly are seen as a burden in the house (*'banne vieux dimoune faire vilain dan lacaze, 'banne vieux dimoune faire en plus dan lacaze'*). However, elderly participants (aged 60 and above) in Rodrigues reported that children held their respective *'grands dimounes'* in high respect.

Focus groups in Port Louis and Curepipe emphasised the importance of proper sensitisation of children to respect the old and vice versa. It is extremely important for parents to set the right example for their children so that later their children are able to reciprocate (*'parents bisin donne l'exemple', 'la dan aussi ena grand dimoune ki ti maltraite zot zenfants avant et banne zenfants garde dan*

*le coeur et donc apres zot pas prend compte zotte parents'). This compares drastically with the rural area where the participants did not *a priori* think that sensitisation could improve the relationship between the two groups. This can be explained in part by the fact that the current generation which is becoming old in the rural areas is not very educated. The women in the rural areas still thought that '*ene zour, nou bane zenfants pou **bizin** guette nou. Ki sana pou gette nou sinon*'. There is also a high degree of naiveness or fear to confront the worse for people in the rural areas.*

Participants in the focus group in Baie du Tombeau thought that the gap that now exists between the young and the old is mainly a consequence of the evolution of society. They do not think that it is because of a lack of sensitisation. They are nonetheless of the view that while it is important to change the mentality/attitude of the young towards the old, it is equally vital to ensure that the old come to understand the youth and accept their ways. It is only then that the two groups will manage to live in harmony.

In Rodrigues, however, there is another perception of the issue. Participants in both age groups said that children were living with different problems of their own. It was difficult for participants to define properly the role of children with regard to the older people. This situation exists as there is an acute problem of unemployment in Rodrigues and in many cases children are still financially dependent on their parents.

6.4 Expectations of elderly from NGO's and associations

Participants in all focus groups, except the one in Rodrigues, considered that NGO's should help in the provision of more recreational facilities. Participants in the Curepipe focus group also thought that associations/clubs should be created throughout the island and organise games like '*Question Pour un Champion*' or '*petanque*'. This is not likely to impact heavily on government budget because most of the required infrastructure already exists, viz. school classrooms in the afternoon and so on. The focus group in Curepipe also thought that these associations/clubs would help government in the long run in the sense that the increased level of activity of the elderly people would reduce their risks of falling ill out of depression/loneliness/lack of exercise.

Participants in the Port Louis focus group insisted on the need for NGO's to organise activities that meet the requirement of different categories of elderly people. For example, the elderly who is frail would not find much good in spending a whole day on the beach.

In Rodrigues, many participants did not know the meaning of an NGO. Nevertheless, for those who did, they mentioned that the activities of NGOs are limited geographically. In other words, the NGO is situated in a particular region of the island thus implying a limited coverage of its activities. These activities consist mainly of providing advice to people on matters relating to the breeding of animals.

6.5 Role of the elderly

The focus groups also thought that it was important that the elderly be given the chance to share their experience and traditional knowledge like songs, music and recipes, on specially designed programmes on TV and radio.

An interesting point which came out only in the focus group in Curepipe with white collar workers is that the role of the elderly is to speak to the kids and give advice/counsel which now working parents in the urban areas hardly have time to do.

6.6 Contribution of the elderly

All focus groups consider that the elderly still have a role to play in the family and the society. They can help by watching over the children, taking children to and from school, cooking and helping in house keeping (*'ena beaucoup vieux ki encore capave veille zenfants dans la caze, cuit manze', 'cuit inpe so manze, laze so linze, laze so l'assiette ena fois. Tant ki capave aide banne zenfants bisin faire li'*). Participants in Rodrigues also believe that the elderly are well placed to provide support and guidance to their grandchildren (*'reste lors bon chemin'*).

As regards the role of the elderly in society, participants in both Mauritius and Rodrigues mentioned the potential for older people to guide the younger generations and ensure the transmission of desirable values and principles. However, in Rodrigues, participants also think that the elderly should participate in community life in a more active fashion by cleaning the village, looking after the environment and indulging in voluntary work.

Mauritian participants in the blue collar category considered that working beyond 60 years of age is a good thing whereas opinions varied from person to person in Rodrigues. It is however generally believed that many elderly people are fit to carry on working but neither the government nor the society is giving them an opportunity to do so. However, it should be a job

that the person is interested in and which is within his/her capacity. It should be a part time job with flexible working hours. According to participants in rural areas, examples of jobs which the elderly could undertake comprise of weaving baskets and hats, preparing marmalade, traditional cakes and chutneys, doing embroidery and engaging in gardening activities. At the same time, such types of occupation would ensure that certain traditional products like 'balai coco' do not disappear from our folklore.

In Rodrigues, however, most participants think that a person should not be allowed to keep on working beyond the age of 60 due to the decline in physical capacity and condition ('*pena courage*'). Only one participant said that he would probably keep on working beyond the age of 60 should his health condition permit. But for the Rodrigues participants who decide to take up employment after retirement, the decision will be mainly guided by financial considerations. According to them, it is a way of helping their children or other members of the family. Should they work after retirement, the job should not be physically demanding ('*travail leger, petit boulot*'). Most participants, however, will not sell animals or grow vegetables as it is not financially viable. They would prefer to breed animals and grow vegetables for their own consumption as this would allow them to do some saving. Mauritian participants are also keen to consider a job with flexible working hours, say 2-3 hours per day preferably in the morning. To some extent location will be a crucial factor as most participants would prefer working next to where they actually live. Mauritian as well as Rodriguan participants above 60 years and who are still working usually undertake jobs like fishing, farming and cattle breeding. They are still carrying out these activities so as to complement their existing sources of revenue. Note that in the case of fishermen, the latter mentioned that this activity is no longer financially viable but they keep on doing it to ensure access to food.

The urban white collar retiree in Mauritius welcomed the possibility of being employed on a flexitime basis. This group also thought that in view of the increasing unemployment in Mauritius, actions taken for the benefit of the elderly, like the opening up of day-care centres, will impact positively on job creation (eg. retired nurses).

6.7 Needs of the elderly

When asked about the factors to be considered to be in good health, it was believed that the elderly should regularly do exercises such as yoga, meditation and also refrain from drinking and smoking ('*bisin l'exercice et encourage la marche*'). Besides, there should be a proper diet. There

should also, according to them, be regular radio and television programmes geared towards informing the elderly on proper health and food habits ('1 a 2 fois par mois bisin ena program destine a banne vieux mais bisin passe li a ene l'heure approprie', 'bisin donne conseil kibisin faire pu evite maladie'). In Rodrigues, participants in both age groups mentioned that doing a demanding job contributes towards maintaining a good health. Examples given were fishing, gardening and household duties. They equally consider that the kind of food consumed has a major role to play in the health condition of the person. Eating fruits, fish and vegetables, according to them, contribute to maintaining a good health. However, many families in Rodrigues, they say, do not have enough money to buy vegetables which are expensive.

People in the focus group of St Pierre insisted on the need for more 'public' transport facilities in all villages. They also highlighted the need for a hot line number at the hospital dedicated to answering calls from the elderly.

Participants aged between 60 and 74 years, that is those in the focus group of St Pierre, also expressed the need for talks/counselling on their rights and on security aspects.

In terms of recreation, people in the rural areas would welcome more outings organised by NGO's or government. There is also a need for yoga and meditation facilities. According to these rural participants, there should be more activities for the elderly so as to prevent them from being tempted by alcohol or any other bad habits spurred by boredom.

A television set is considered as a very important feature for an elderly, especially if the latter spends a lot of time on his own. Television effectively helps in fighting away the feeling of loneliness. As opposed to Mauritius, participants in Rodrigues do not consider television to be a 'loisir'. Instead going to the seaside with their family and attending weddings and other celebrations are important recreational activities for them.

Participants in Mauritius also expressed the need for appropriate talks/training on how to prepare oneself for retirement.

White collar participants in the focus group of Curepipe considered that it was necessary for all elderly to have access to a telephone, as much for security purposes as to combat loneliness.

6.8 Readiness to contribute towards retirement plan/long term care insurance

There were mixed opinions on the issue of contributory retirement plans. In the urban areas, it was seen as a good initiative. Participants in villages, however, were against this because they believe that the government should take care of them since they have devoted their entire life to serving the country. However, all of them agree that the old age pension is not enough. According to the white collar participants, the contributory retirement plan should be at such a rate that it is affordable by everyone interested. It is equally important to sensitise members of the working population on the importance of such a contribution since it will represent a source of income for them in their old days.

6.9 Homes

There was a general tendency for all focus group participants to reject the idea of living in a home, though to varying degrees. For the rural person in the L'Escalier and Grand Gaube focus groups, homes would never be something to consider (*'Mo prefere mort ki alle dan ene couvent'*). For the urban white collar participant, a home represents a better and safer place for an old person in need of constant care. Homes should meet certain standards though and a person should go there only if he has no choice (*'si pena personne pu guette vieux dimoune oui mais ena different maison de retraite. Li bisin bien traite banne vieux'*). However, this group of white collar participants nonetheless thinks that a person would, if permitted, prefer to stay with his kin, because of the generally strong family ties existing in Mauritius.

In Rodrigues, opinions on homes were expressed with some emotional distance due to the fact that there are no homes on the island. The majority of participants see themselves living with their children as they get older. Only three participants in the 50-59 year age group mentioned that they would seriously consider going to an old people's home due to the inability of their children to look after them.

However, participants aged between 60 and 74 years were ready to consider homes only if an old person is not treated well by his/her children and believed that he/she would be better off in a home. This was however not shared by participants in rural areas for whom a home means restricted freedom and conveys a feeling of having been rejected by the children and the family. Participants aged above 60 years who have already retired and are experiencing a fall in authority towards their children are generally more inclined to consider the idea of living in a home. In doing so, this will prevent them from being a burden for their family.

Participants to the home residents' focus group pointed out that security is the most patent advantage of living in a home. Notwithstanding this, they pointed out that in homes, they do not enjoy total freedom. Contrary to what one may think, living in homes, they say, does not necessarily mean absence of loneliness and lots of companionship. As revealed by participants to this focus group, each resident has his own ways and does not necessarily come from the same background, be it financial, intellectual or social. Interaction can be very difficult at times.

Day care centres were certainly more welcomed by all the focus groups except the one where the participants were residents of homes. Day care centres, as the name suggests, attend to the elderly only during day time. The focus group in Curepipe thought that in certain cases, people could even envisage going back to their family only during the weekend. The idea remains that the family stays the '*port d'attache*'. The only query that the focus group in Curepipe had was on how the elderly would travel to the day care centre. In the urban area, because of the rush and the work of the children, it is unlikely that the latter will have the time to drop and pick up their parents every morning and afternoon. Transport facilities would have to be envisaged.

The home residents in Baie du Tombeau were not in favour of day care centres. They believed that going to sleep in one's 'house' in the evening would mean imposing on the kids. They were more of the view that the elderly should not do anything which would limit the freedom of the younger generations.

When asked whether they would prefer to go to a home or stay with children, if given the choice, only people in the south expressed a preference to stay with kids. All others preferred to stay near, like in the same yard, but not with them.

In Rodrigues, even if the day care centre option is more interesting than homes, most participants would still prefer the option of living with their children. Those aged above 60 years would consider living in a home only if there is a need for institutionalized care or if they are ill treated by their children.

6.10 Recycling to enhance chances to find employment

People generally welcomed this idea though in practice mental representations differed. For the rural retiree, recycling courses are synonymous with lessons on how to sew and do embroidery. For the urban retiree, it means courses in computer. The focus group in Plaines Wilhems pointed out that recycling can be done without requiring massive expenditure from government. For example, classes and village council buildings already exist for meetings in the afternoons. The courses can be delivered by elderly people themselves, knowledgeable in specific areas, either on a volunteer basis or against a small payment.

Participants in the focus group in Baie du Tombeau pointed out that by living in homes, this poses an important restriction on the number of jobs that they can do.

Women participants in Rodrigues expressed their desire to have training related to the craft industry as this will probably increase their chance for a remunerated activity in their old days.

7. Results from the survey

In the following chapters, the results of the quantitative phase of the study are presented. As was mentioned briefly in Section 2.3, three distinct groups of respondents were interviewed, namely a sample of 50-59 year old respondents comprising both of active individuals and housewives, a sample of elderly people and finally a sample of elderly respondents living in homes. A thematic presentation of our main findings per sample follows, with comparisons highlighted from one sample to the other wherever relevant.

7.1 Socio-economic characteristics

In this section, a description is given of the socio-economic characteristics observed amongst the 50-59 year old respondents, on the one hand, and amongst the elderly on the other hand. The description of the socio-economic factors which best characterise these two segments of the population is a prerequisite to understanding the various facets of ageing. It also provides the necessary background prior to the identification of issues relating specifically to the needs, role and contribution of the elderly.

The sample for those aged between 50 and 59 years was made up of 178 individuals of Mauritius and Rodrigues, of whom 115 were economically active and 63 were housewives. In all, 85 men and 93 women were interviewed. The sample breakdown in terms of geographic residence and ethnic background was designed to be in line with the national distribution. The sample for those aged above 60 comprises 53 individuals from Mauritius and Rodrigues, of which 28 are men. 35 respondents had retired from past employment, 18 were housewives who had never worked before. All regions and ethnic backgrounds were represented.

All interviews were conducted face to face at the respondents' place of residence.

7.1.1 Age group 50-59

7.1.1.1 *Household structure*

As far as the citizens within the 50-59 year age group are concerned, the majority of them (98%) belongs to a household composed of several members. The latter comprises mainly of two to three generations including the parents, the children, the grandchildren and in a few cases, some

other members. More explicitly, 82% of respondents live with their spouse/partner, 87% live with their children and 14% live with their grandchildren. Only 4 out of 178 respondents surveyed live alone.

The calculated average household size is 4.18, a figure which is slightly higher than the national average household size of 3.92, given by the Central Statistical Office 2000 census. The exact size of households surveyed ranges from 1 to 9 persons, with 40.8 % comprising of 5 or more members.

The typical household (24%) is comprised of four members namely the respondent, his/her spouse whose average age is 54.6 years old and two children aged 22 years on average.

7.1.1.2 Expected changes in household composition

While 79 % of respondents were found to be living with their spouse, only 73% predict they will still be living with their spouse after they turn sixty. Similarly, the proportion of interviewees living with their children is 87% but only 66% think they will be living with their children after retirement.

7.1.1.3 Economic status

With regards to respondents within the 50-59 year age group, we note that the number of working persons per household ranges from 1 to 5, with 36% comprising of only one working individual and a similar proportion (36%) comprising of two working persons. Interestingly, there is no economically active person in 13 out of 178 households surveyed.

The proportion of employed women in this age group is significantly lower than that of men. The various occupations mentioned by the respondents have been broadly classified into three main categories namely the upper income jobs (category A), the middle income jobs (category B), and finally the lower paid jobs (category C). Although the respective proportion of men (44.71%) and women (44.33%) enrolled in the middle income jobs are practically the same, women are over-represented in the lower paid jobs.

The average monthly income per household is Rs 6,234 while the average number of persons stands at 4.18. The income range of Rs 2,500 to Rs 8,000 regroups 67% of respondents. Almost one

out of every three households currently lives on a maximum monthly income of Rs 4,000. The contribution to the household expenses is derived mainly from the working adults and in some cases (43% of households) from working children with an average contribution of Rs 2,743 per child.

7.1.1.4 *Living Accommodation*

Most of the respondents reside in houses and a negligible fraction live in apartments. Moreover, the tenure status of the respondents reveals that a majority of them own their housing accommodation (94%) and few are tenants (5%). According to the CSO Census 2000, the latest figures, based on the whole population and irrespective of the age group, give the proportion of owners and tenants as 86.5% and 9.3% respectively. Besides their current housing accommodation, a small fraction of those belonging to the category of owners also possesses a secondary house (2 %), while 13% have also acquired a plot of land. On the other hand, none of the tenants possess a secondary housing accommodation and only a few own a plot of land (9%). In the case of tenants, only one instance was found where a working child contributed to the payment of the monthly rent.

Basic home equipment today comprise a TV set, a radio set, a video player, a telephone and a refrigerator. A majority of 50-59 year old respondents already possesses these household amenities. 19 % also possess a car, 20 % a microwave and 11 % a computer.

7.1.1.5 *Expected changes in living conditions*

Only 7 out of 100 respondents are planning to move house after they reach 60 years of age. Similarly, no major changes in terms of dwelling ownership are expected. In addition, very few of them contemplate living in an apartment after they turn 60. Out of 178 surveyed, only 2 respondents who do not yet own a house are planning to purchase their own house after their sixtieth birthday.

With a view to enhance their housing comfort during the post-retirement period, some of the respondents intend to acquire some additional housing luxuries, namely satellite TV (11%), a microwave (11%) and a car (13%).

7.1.2 Age group 60 and above

7.1.2.1 Household structure

The average household size observed amongst respondents aged 60 years and above is 3.4. The household composition comprises of two to three generations but in a different proportion to the household from the 50-59 year age group. At present, 69% of respondents live with their spouse/partner, 73% live with their children and 25% live with their grandchildren. Compared to their pre-retirement period, we notice a relevant change in family structure since, at that time, the proportion of elderly living with their spouse/partner, children and grandchildren were 90%, 82% and 14% respectively.

7.1.2.2 Economic status

Out of a sample of 53 respondents aged 60 years and above, two thirds were working before reaching their 60's and the remaining one third were housewives. Of those who were working, 77% chose to retire at the age of 60, while the others had opted for an earlier retirement. Interestingly, almost one out of every three retired respondents (30.2%) had engaged in some form of income generating activity as a means to contribute to the expenses of the household.

The number of persons working in each household ranges from 1 to 4, with 42% comprising of one working individual and 21% comprising of two working persons. We also observe that there is no person working in 34% of households surveyed. From the 35 households consisting of children, 80% have at least one offspring who is working.

As in most societies, women constitute a majority of the elderly population and on account of their low economic status, several of them are induced to be under the responsibility of someone else mainly the 'main income earner' of the household they belong to. The situation of elderly housewives reflects a great dependency on the 'main income earner'. Indeed, 44% of housewives rely on their husband while 39% depend on their son.

Conclusions, based on the results of the survey, depict a significant fall in the household income after retirement. The average monthly income per household amounts to Rs 3,840 for an average household size of 3.40 persons, which is practically half the income earned in corresponding pre-retirement households. In fact, the household income range of Rs 2,500 to Rs 6,000 regroups 42%

of respondents, with as many as 38 % of households reportedly having no more than Rs 2,500 to live on.

7.1.2.3 *Changes in Living conditions*

It is important for our study to understand how the living conditions of the elderly have changed from pre to post-retirement period.

One aspect in which changes are noted is the housing tenure status of the elderly whereby an increase in the ownership of houses is observed after the retirement of the respondents. Indeed, it is found that after retirement the percentage of respondents who are tenants decreases from 11% to 9%, with a corresponding increase of 2% in the number of house owners.

Also worth noting is a general increase in the possession of home equipment and appliances after retirement. Indeed, 11% of elderly respondents purchased a video player, 11% subscribed to satellite TV and another similar proportion (11%) bought a microwave after their sixtieth birthday/retirement.

7.2 Planning for retirement

7.2.1 **Work after retirement**

44% of the active 50-59 years old respondents are planning to retire from their current employment when they turn 60. While a few (16%) contemplate the prospect of retiring before their sixtieth anniversary, interestingly, 24% of the economically active respondents intend to work indefinitely. Among those who will be retiring, slightly less than half of the respondents (46%) plan to take up some income generating activities while the others firmly intend to give up the employment world.

With regards to those active respondents who are planning to work after retirement, many are looking forward to carry on in the same field of occupation. Otherwise, the jobs which were quoted by the respondents are all manual activities which do not entail any major physical effort. Moreover a high proportion of them would prefer to work from home and on a full time basis.

The interest to take up an income generating activity was also depicted among housewives within the 50-59 year age group. 15 of the 63 housewives surveyed (24%) wish to take up employment, out of which 6 (40%) plan to work indefinitely. There is also a noted preference among those housewives to take up manual activities with flexible working hours.

The need to secure a full time or part time income generating activity is spurred by the financial difficulties resulting from retirement. 84% of the respondents from the 50 to 59 year age group who are planning to continue or take up work after retirement will do so in order to contribute to the household expenses. For some others (24%) taking up a paid activity would be a convenient way of spending their time (“comme un passe-temps”). Interestingly, 32% of the interviewees who are planning to work after turning sixty fear they will fall sick should they not have any work responsibility.

A comparison with the 60+ age group corroborates these findings. Indeed, 15 out of 35 respondents who were economically active when they were in the 50 to 59 age group did take up a paid activity after retirement, which in most cases occurred in a similar sector to the one in which they were employed. Moreover, the jobs taken up by the respondents require no major effort. 4 of the 15 respondents (27%) who took up an income generating activity opted to work from home and as many as 9 interviewees are working on a full time basis. A majority of these interviewees (87%) continue to work past the normal retirement age for financial reasons. In addition, we also observe that some of these people continue to work because they want to stay active and/or spend their time effectively.

As far as housewives in the 60-74 age bracket are concerned, only one out of 18 interviewees did take up a paid activity in order to contribute to the household expenses.

7.2.2 Financial preparation to retirement

7.2.2.1 *Contributory pension plan*

Almost half of the total 178 persons surveyed within the 50-59 year age group dread the financial situation that they will face once they reach retirement. In effect, 50% declared that they would,

financially speaking, be worse off. Understandably, the idea of a self contributory retirement plan¹⁵ receives widespread approval, irrespective of the respondents' economic background.

However, in practice, only 17 of the 178 respondents (10%) were effectively on a self contributory pension plan, having started to do so some seven to fifteen years ago following a first contact made by an insurance company representative. It was also noted that a contributory pension plan is more popular among respondents with higher income jobs. 5 of 18 respondents (28%) with upper income jobs, 7 of 51 respondents (14%) with middle income jobs and 5 of 46 respondents (11%) with lower income jobs were contributing to a pension plan. Interestingly, while nearly 80% of the 178 respondents are of the opinion that they ought to find the means of financing their retirement by themselves, only 30% were effectively saving for that purpose.

A similar pattern is observed when looking at retired respondents. Less than 1 out of every 4 interviewed had been saving for old age mostly in the form of bank accounts. Only 3 out of 53 respondents claimed they had contracted a contributory pension plan.

7.2.2.2 *Sources of income after retirement*

As a result of the low level of financial preparation to retirement, the government pension is the most common source of post retirement income foreseen by the respondents within the 50-59 year age group. Additionally, the lump sum or the pension granted by the company are also widely foreseen by those who will be entitled to these sources of income. Otherwise, a few will be relying on their savings or retirement plans. With regards to the respondents who are planning to work, their post retirement revenue will be supplemented by the income generated from their activity. Not surprisingly, some of the interviewees (18.3%), are anticipating some kind of financial contribution from their children. Among them, as much as 60% of respondents are from rural areas. There exists, however, significant differences in the sources of post retirement income anticipated between urban and rural based respondents.

Similarly, a high degree of financial dependency is observed among housewives within the 50-59 age group. Just as in the case of employed individuals of the same age group, the most common source of expected income, after they turn sixty, is the government pension. 44% of housewives surveyed will rely on their partner's pension and as many are looking forward to being helped

¹⁵ See appendix V for typical savings/retirement pension plan

financially by their children. Only 10 out of 63 surveyed expect to have built up savings while fewer still (11%) will rely on the paid activity which they plan to undertake.

Observations drawn from our sample of elderly citizens confirm the general trend regarding the source of income after retirement. Dependency on government pension and a third party (spouse/partner and/or working children) is predominant amongst housewives aged 60 years and above. 7 of the 18 housewives surveyed within the 60 - 74 age group (39%) claimed that, in addition to the government pension, they also receive financial help from their children.

On account of the absence and/or impossibility of financial preparation, 32% of the 53 respondents within the 60-74 age group live exclusively on the government pension. However, the findings of the study reveal that 40% of the respondents live on two sources of income, one being undeniably the government pension and the other one being either financial help from the children or lump sum received upon retirement. Indeed, 86% of elderly living in rural areas claimed that they receive some financial help from their children, a fact which confirms the expectation noted among the 50-59 year old respondents. 17% of the respondents are drawing their income from 3 different sources. In addition to the government pension, the other sources are the retirement plans, the financial help from their children or their savings or the activities they took up after retirement.

7.3 Entering into old age

7.3.1 Characterising old age

We all age everyday of our lives and yet we all do not perceive ageing in the same way. To some people, ageing represents a decline in physical ability while for others it may involve a change in their psychology affecting their attitude to life in general. Yet others see in ageing a change in the way they are being seen by other people, members of their family or society at large. Many of these perceptions were uncovered in the course of the focus groups and were further validated during the quantitative phase of the study. We shall report on these perceptions in the following paragraphs and also draw comparisons wherever relevant between the two age groups and identify those perceptions which are most likely to change from one group to the other.

Respondents were asked to reflect on what best characterises old age according to them. Age itself – in the sense of the number of years a person has lived – seems to be a satisfactory description of old age for respondents in both age groups. However, it is interesting to note that a higher percentage of elderly respondents (75%) associate old age with age itself than the younger 50-59 year old respondents (62%). Next after age itself, the following occurrences were quoted in decreasing order of importance by 50-59 year old respondents: decline in physical capacity (62%), onset of health complications (36%) and changes to one's physical appearance (31%). These occurrences were also quoted in the same decreasing order, though to a lesser degree, by elderly respondents. Overall, in both age groups, age itself thus seems to better characterise old age than the diverse occurrences associated with the process of ageing. While opinions vary widely as to the age at which one becomes an old person (“*âge auquel on devient vieux*”), the 60 year threshold was the age most often quoted by respondents from both age groups, though in a higher proportion (47%) in the case of elderly respondents.

If changes in one's physical appearance (wrinkles, gray hair) were quoted as a characteristic of old age by as much as 30 % of 50-59 year old respondents, interestingly there were fewer elderly respondents (19 %) who quoted same. It is also worth noting that in both samples a loss of authority (“*n'a plus son mot à dire*”) comes out only marginally as a spontaneously quoted characteristic of old age. However, these characteristics were most often quoted by elderly respondents living in urban areas. The difference noted here with the findings derived from the focus groups does not necessarily imply that ageing, in the opinion of the respondents, does not entail a loss of authority. It only suggests that other characteristics have a higher priority in respondents' top of mind assessment of what best characterises old age.

7.3.2 Contemplating retirement

7.3.2.1 Perceptions on retirement

Of the 178 respondents in the 50-59 year age group, 115 were employed at the time of the survey and 63 were housewives. Of those who were employed, 24 % wished to work indefinitely and were thus unable to set a time frame for their retirement. 44 % said they would retire at 60, 16 % before they reach that age while 11 % had not made their mind yet. Only a minority was planning to retire between 60 and 65 (4 respondents) and fewer still after their sixty-fifth birthday (3 respondents).

As a general rule, retirement is a happy time to look forward to. The prospect of a lot of free time to spend is the reason most frequently quoted (56%) by those who feel happy about retiring. Future retirees also look forward to having the possibility to relax (“Je pourrai enfin me reposer”) or to indulge in new activities. Interestingly, the prospect of devoting more time to one’s family or to social work was only marginally quoted. Though small, the proportion of those who dread retirement is not negligible (15%). Some are just apprehensive about the future, others associate retirement with old age, health problems and financial hardship. Irrespective of the way they feel about it, 54 % of all active 50-59 year old respondents who plan to retire do think that retirement will bring about a change in their way of life. However, only a few (15%) are of the opinion that retirement will also bring about a change, either positive or negative, in the way they are being considered by others, namely their family, relatives, friends and acquaintances. The reason for such a change from the respondents’ point of view almost invariably stems from the belief that retirement marks the entry into old age (“Je serai considéré comme vieux/vieille”), a condition accompanied by the feeling of being less useful to family and relatives. In some instances, however, the change can be positive, the status of a retiree attracting more consideration and respect from the family or the retiree having more time to help others.

The perceptions entertained on retirement by active 50-59 year old respondents seem to be confirmed by the experience of retirees as witnessed in the sample of elderly people surveyed. As a matter of fact, there was an overwhelming feeling of happiness about being a retiree as reported by 83 % of respondents. The proportion of elderly retirees whose condition was reportedly unpleasant (15%) is identical to the proportion of active 50-59 year old respondents who dread retirement. Interestingly, the reasons for being a happy retiree were also identical to the reasons which were put forward by those who were looking forward to their retirement. 65 % of retirees surveyed view the amount of free time they have as a source of happiness, 30 % enjoy the fact that they can now relax. We also note that the proportion of retirees who experienced a change in their way of life following retirement (57 %) is comparable to the proportion of active 50-59 year old respondents who believe they will experience a similar change (54%). Retirement is also seen to affect only marginally the way in which the retiree is considered by his family (17 %), parents (11 %), acquaintances (11%) and friends (14 %), in line with the expectations entertained on this subject by potential retirees.

7.3.2.2 *The case of housewives*

When asked to reflect on the factors which were likely to affect their life in the years to come, interestingly only 5 % of 50-59 year old housewives spontaneously quoted the retirement of their spouse or partner. While nearly 40 % were unable to mention any specific event likely to affect their life, almost as many believed that in fact their life would change if, for some reason or another, they were to find themselves alone. However, only one respondent mentioned specifically the death of her husband. Of greater significance is the certainty of children getting married - a cause of change for 22 % of housewives interviewed - and their sixtieth anniversary (mentioned by one out of every ten housewives). However, as many as 66 % of all housewives interviewed were unable to say in which way these events would affect their life. The most commonly expressed feeling is the likelihood of experiencing boredom (quoted by 27 % of housewives), as a result of children leaving the home after marriage or following the death of a spouse/partner. Only a minority was looking forward to the opportunity of having time to spend on things they enjoy doing. Very few thought there would be a change in the way they would be considered by their family, relatives and friends after they turn 60. Interestingly, there were proportionately more respondents expecting a change in the way they would be considered by family, relatives and friends after retirement amongst active 50-59 year old respondents.

Amongst the elderly people surveyed, 18 were housewives at the time they turned 60. A clear majority felt happy or moderately happy to be over 60 years of age and for reasons similar to those expressed by retirees. Only in some rare instances did they experience a change, after they turned 60, in the way they were considered by their family, relatives and friends. A few saw changes in their life after their sixtieth birthday, mostly as a result of illness.

7.3.3 **Envisaging old age**

Growing old inevitably brings about a change in one's lifestyle. One of the ways in which this change can be assessed is to look at time allocation and activities indulged in. Findings from the focus groups helped in identifying broad "time/activity" slots likely to characterise the lifestyle of the elderly. Subsequently, the same "time/activity" slots were used in the quantitative phase. 50-59 year old respondents were asked the extent to which they envisaged to indulge in each of these "time/activity" slots as they grow older. The real involvement of elderly respondents in each of these slots was also investigated with a view to identifying realisation gaps.

The "time/activity" slots used to characterise the lifestyle of the elderly are as follows: "spending time with one's family"; "indulging in leisure activities"; "taking care of oneself"; "taking care of others"; "being involved in politics"; "being involved in religious activities"; "being involved in social activities"; "being involved in handicraft activities" and "being involved in NGO's".

As a general rule, "spending time with the family" and "taking care of oneself" adequately describe what 50-59 year old respondents see themselves doing as they get older. Indeed, 80% plan to spend a lot of time with their family, 19 % a fair amount of time. Similarly, 66 % expect to spend a lot of time taking care of themselves, 33 % a fair amount of time. Involvement in activities of a religious nature comes next in respondents' scale of priorities followed by leisure activities and social activities. 25 % do not envisage taking care of others while 27 % do not expect to be involved at all with NGO's ("vie associative"). Only 32 % expect to be either highly or moderately involved in handicraft activities. Finally, as many as 85 % do not expect any form of involvement in political activities.

The projected "time/activity" pattern observed in the 50-59 year age group is confirmed to a large extent by that observed amongst elderly respondents. In effect, elderly people reported spending most of their time with the family, taking care of themselves and indulging in religious activities, in that order of priority. The other activities were found to be of lesser importance and were all practised to a much lesser degree than what was envisaged by the 50-59 year old respondents. Significant realisation gaps (real elderly involvement lower than foreseen by 50-59 year old respondents) are observed in terms of time spent on social activities, leisure activities, handicraft activities and taking care of others.

These findings highlight the importance of family relationships in the life of the elderly as well as that of religion. It is also worth noting that, in spite of the political force which the elderly will come to represent in future years on account of their numerical importance, hardly a few intend to be "politically" active.

7.4 Needs of the elderly

Owing to the growing importance of the ageing population issue in Mauritius, it has been felt necessary to investigate upon the needs of those people who will make up the largest proportion of our population in a few years time. It is even more crucial that we deal with this issue seriously when we realise that the needs of our elderly today may not reflect the needs of those who will be in their retirement age later. Because of this, we must prepare ourselves to cater to any changes in the needs of our future elderly population in an attempt to limit the expectation gap that is likely to result otherwise. Various stakeholders must also inquire on the future viability of policies and modalities of assistance to the elderly people so that from this point onward, policies can be designed with an ageing society in mind.

Becoming old does not imply being inactive and leading a sedentary life. Older persons do have needs, similar in nature to those of younger generations though they may vary in the means by which they will be satisfied. Like others, the elderly need leisure and social activities, they need to be protected from physical aggression, they require good health care services. In this section, we shall report on the needs identified in the survey, expressed in terms of recreation and leisure, general fitness and physical activities, continuous education, travelling, health care and personal security. These, in our opinion, represent the most essential needs of the elderly.

7.4.1 Recreational activities and leisure

Recreational and leisure activities are a critical component of the quality of life for all people. They represent a vehicle through which people give value to their spare time, interact and socialise. They also represent a source of relaxation for most people and help to overcome the stress that arises from daily life. In the case of elderly people, recreational activities not only provide them with a means of reducing the feeling of anxiety and loneliness that is usually associated with ageing but they are also a way of staying active. Previous studies carried out by the CSO (*Household Budget Survey 1996/97*) have shown that almost 90% of the elderly are economically inactive. This could imply that most elderly are left out of the normal activities of life and may experience a feeling of uselessness. Leisure activities in that respect could improve the quality of their life.

50- 59 year old respondents spend most of their leisure time watching television (80%), listening to music (44%), having walks (41%), gardening (31%), reading (29%) and doing needle work (16%) among other things. A similar pattern is observed amongst the elderly, suggesting that retirement does not necessarily affect already formed habits in terms of leisure and recreation. Moreover, the same types of leisure activities were found to prevail among respondents in urban and rural areas.

Many recreational and leisure activities offer opportunities for meeting other people, engaging in social interactions, developing new friendships. It is often these relationships that make leisure activities most meaningful. With the gradual thinning of the household composition, mostly due to the departure of children after marriage or death of spouse, we would suppose that the elderly would have activities that enable them to meet others. Yet it is observed that the types of leisure enjoyed by them do not really encourage any interaction with others. For 72% of the elderly, television is the main source of leisure. Television, though being highly instructive, is far from representing the means by which people can socialise. The same applies to listening to music, reading and needle work.

The majority (60%) of respondents within the 50-59 year age group spend their leisure time with their family mostly as a result of television being one of the main forms of leisure. The same observation can be made for elderly people but at the same time we note a significant increase in the proportion of elderly enjoying their leisure time alone.

50 % of all respondents in the 50-59 year age group are of the opinion that the range of activities being organised for elderly people is insufficient. This compares with 40 % of elderly respondents who are also of this opinion. The availability of television and radio programs meant for the elderly was also considered to be insufficient by a majority of respondents from both age groups.

7.4.2 Belonging to a club or “association”

A club or an “association” represents an ideal way of socialising and enjoying activities of common interest. For elderly people, belonging to a club can help overcome the feeling of loneliness that is usually associated with ageing. Our study has revealed that a significantly high proportion of respondents in both age groups does not belong to a club or association. Although 1 out of every 2 respondents within the 50-59 year age group expressed the desire to join a club

later during old age, in reality only 43% of those aged between 60 and 74 years actually belong to a club or association. The most popular types of clubs among the 50-59 year old include religious clubs (45%), “clubs de jeux” (19%), voluntary activity (“bénévolat”) clubs (18%) and surprisingly Senior Citizens' clubs (15%). Those aged 60 and above show a preference for religious clubs and clubs involved in voluntary work. 3 out of 4 respondents aged between 50 and 59 years would consider joining a '*club de 3^{ème} âge*' when they reach 60. They would look forward to such things as outings, seminars, indoor games and cultural activities. However, the proportion of 60 + who was found to have joined a '*club de 3^{ème} âge*' was 53 %, hence showing a lower involvement than the intentions declared by the respondents in the 50-59 year age group. A significant proportion of respondents in the 50-59 year age group who would not join declared that they would not find any interest in doing so (36%). Similarly, 42 % of those aged 60 + who had not joined had not seen any interest in doing so. While this absence of interest may reflect the respondents' ability to indulge in self promoted forms of leisure, these results, in our opinion, also highlight the need for old age associations to communicate on the benefits offered. Indeed, a few observations made relate to negative perceptions entertained vis-à-vis old age associations.

7.4.3 General fitness and physical activities of the elderly

Physical activity has powerful positive effects on both the psychological and physical well being of a person. Regular physical activity can play a major role in improving age-related declines in the functional capabilities of an elderly. Furthermore, physical activity often can prevent the need for medical treatment by keeping the person physically fit. Exercises done during the early stages of life usually greatly reduce the risk factors associated with certain diseases. As a matter of fact, physical exercises are beneficial for all individuals at all ages but more importantly for ageing people. This is why it is important to encourage the elderly to remain active even after reaching a certain age. In our survey, a majority of respondents from both age groups did not report any physical activity practised regularly. Alarming, the reason for such a behaviour has nothing to do with illness or incapacity but stems from sheer “lack of interest”. Only one out of five respondents in the 50-59 year age group does some form of exercise regularly. This proportion falls to slightly less than 10 % amongst the 60 +. Interestingly, of those who practise sports in the 50-59 year age group, almost as many firmly intend to continue doing so as they grow older. This result also points, as in the case of leisure activities, to habit forming mechanisms which start well before respondents reach 60 years of age. For respondents in both

age groups, the pattern of sports/physical activity is very similar. Walking, light jogging and swimming are the most common forms of physical activity indulged in. These results point to the pressing need to communicate effectively on the benefits of sports for the ageing population. Several misconceptions also exist and will need to be addressed, the most common being that one is too old to practise sports. This was found to be more frequent among respondents living in rural areas than those from urban regions.

7.4.4 Health and health care needs of the elderly

7.4.4.1 Health condition of the elderly and types of health care providers

One of the most important needs of people as they grow old is access to health services and care. We all age every day of our lives, yet the speed at which our functional capabilities decline is not only genetically predetermined. It is also affected by a host of environmental, psychological and lifestyle related factors. Generally speaking, a majority of respondents in both age groups (85 % for the 60+, 89 % for the 50-59) reported a good, if not fair, state of health. Interestingly, the proportion of men reportedly enjoying a good health was slightly higher than that of women (95 % as compared with 89%).

Table 24 : Health status by sex (50-59 age group)

<i>Age group (50-59 years)</i>	Sex					
	Male		Female		Both	
Health status	Freq	%	Freq	%	Freq	%
Good	61	71.76%	36	38.71%	97	54.49%
Relatively good	20	23.53%	42	45.16%	62	34.83%
Bad	4	4.71%	15	16.13%	19	10.67%
Total number of respondents	85	100.00%	93	100.00%	178	100.00%

Table 25 : Health status by sex (60-74 age group)

<i>Age group (60-74 years)</i>	Sex					
	Male		Female		Both sexes	
Health status	Freq	%	Freq	%	Freq	%
Good	13	46.43%	9	36.00%	23	43.40%
Relatively good	12	42.86%	11	44.00%	22	41.51%
Bad	3	10.71%	5	20.00%	8	15.09%
Total number of respondents	28	100.00%	25	100.00%	53	100.00%

The most common health problems declared by respondents aged between 50 and 59 years are in decreasing order of importance: blood pressure (28 %), impaired eyesight (20%), diabetes (19%), rheumatism (8%) and respiratory problems (5%). Fewer than 5 % declared suffering from bad

blood circulation and cardio-vascular diseases. It is worth noting that rheumatism was more often reported by respondents living in rural areas than by those in urban areas. The incidence of declared health problems varies with the sex of the respondents. Significantly higher rates are observed in the case of women for the following: blood pressure (33 % for women, 21 % for men), diabetes (24 % for women, 14 % for men) and rheumatism (12 % for women, 4 % for men). As for respondents aged above 60, the most common health problems declared by them are in decreasing order of importance: blood pressure (34 %), rheumatism (21%), diabetes (17%) and cardio-vascular diseases (17%). These figures, compared with those from the younger 50-59 year age group, thus show a significantly higher declared incidence of blood pressure problems, cardio-vascular diseases and rheumatism amongst the 60 +. The incidence of the latter two diseases increases drastically with age. Similarly, the incidence of declared health problems amongst the elderly also varies with sex, with female elderly respondents reporting much higher incidence rates than men in the case of rheumatism (40 % as against 4 % for men) and cardio-vascular diseases (28 % as against 7 % for men). Conversely, elderly males reported higher incidence rates for the following: diabetes (18% for men, 16% for women), high blood pressure (36 % for men, 32 % for women) and impaired sight (18 % for men, 4 % for women).

Many people do not experience declines in health condition until very old age. In general, the health of older people today is superior to that of previous generations, a condition that is likely to improve still further as more people receive better medical care throughout their lives. In order to obtain the necessary health care, an overwhelming majority of respondents from both age groups visit hospitals and dispensaries. Generally speaking, the pattern of health demand does not seem to change from pre to post retirement. Visits to private doctors are reported by nearly 40 % of those aged between 50 and 59, compared with a slightly lower proportion for those aged 60 and above (38 %). In both age groups, visits to private clinics are reported mostly by people enjoying a monthly income in excess of Rs 12000. Interestingly, resort to home visiting private doctors is only marginally sought by respondents from both age groups though it tends to increase with age. As many as 70 % of respondents aged between 50 and 59 years do not think that they will ever resort to the services of a home visiting private doctor when they grow older. Similarly, 88 % of these respondents do not contemplate needing the services of a paid “garde malade” at home.

Table 26 : Types of health care services by income group

Age group (50-59 years)	Types of health care services										Total number of respondents in employment	
	Hospitals		Private clinics		Dispensaries		Private doctors		'Soins à domicile' by private doctors			
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
Less than Rs 2,500	10	9.90%			5	7.58%	1	2.13%			11	9.57%
Rs 2,500 – Rs 4,000	15	14.85%			11	16.67%	5	10.64%			17	14.78%
Rs 4,001 – Rs 6,000	24	23.76%			17	25.76%	6	12.77%	1	50.00%	25	21.74%
Rs 6,001 – Rs 8,000	21	20.79%	2	15.38%	14	21.21%	9	19.15%			21	18.26%
Rs 8,001 – Rs 10,000	6	5.94%			5	7.58%	2	4.26%			6	5.22%
Rs 10,001 – Rs 12,000	8	7.92%	2	15.38%	5	7.58%	5	10.64%			9	7.83%
Rs 12,001 – Rs 15,000	4	3.96%	4	30.77%	4	6.06%	7	14.89%			8	6.96%
Rs 15,001 – Rs 20,000	5	4.95%	3	23.08%	4	6.06%	4	8.51%			6	5.22%
Rs 20,001 – Rs 30,000			1	7.69%			2	4.26%			2	1.74%
Rs 30,001 – Rs 40,000							1	2.13%	1	50.00%	1	.87%
<i>Ne se prononce pas</i>	8	7.92%	1	7.69%	1	1.52%	5	10.64%			9	7.83%
Total	101	100.00%	13	100.00%	66	100.00%	47	100.00%	2	100.00%	115	100.00%

In addition to these basic facts pertaining to the health condition of respondents and their demand for health care, perceptions on the quality of health/ medical services were also assessed. Interestingly, 60 % of respondents within the 50-59 year age group reported they were unsatisfied with the quality of services provided to the elderly in our hospitals. A similar pattern is observed amongst the elderly (53 %) suggesting that there is a widespread perception that hospitals do not provide quality care and services to the elderly. This perception was also apparent in the focus group meetings where, in addition, the medical doctors and staff were blamed for their perceived lack of respect for the elderly. The majority of respondents (63%) aged between 50 and 59 years consider that there is a shortage of doctors qualified to look after the aged specifically, an opinion shared to a lesser degree by 47% of the elderly respondents. Consensus is also reached in both age groups on the absolute priority for hospitals to become more elderly focused, with the creation of a “section speciale” for consultations and a separate waiting line for the collection of medicine.

An interesting point which was raised during the focus group meetings pertain to the importance of introducing a flexible health system through a '*carte de santé*' enabling the proper followup of the health condition of a person irrespective of where he/she receives medical treatment. This flexibility is so much more important for the elderly who may experience limitations to travelling

long distances. When tested in the quantitative phase, a majority of respondents from both age groups were favorable to the introduction of this '*carnet de santé*'.

Although most respondents visit hospitals and dispensaries for medical care, an overwhelming majority of respondents from both age groups highly prioritize the importance of granting elderly people a preferential rate for medical visits to private doctors. Similarly, respondents would strongly support a measure in favour of subsidised prices for drugs bought by the elderly.

Respondents living in homes tend to differ from those of the other two samples in their assessment of the existing level of health care available to the elderly. Indeed, only 20 % of inmates considered the quality of services provided to the elderly in hospitals to be insufficient as opposed to 62 % of respondents in the 50-59 year age group and 53 % of the respondents in the elderly sample. Similarly, only 33 % of inmates considered the number of doctors qualified to look after the elderly to be insufficient. The difference observed here may be explained by the fact that a majority of home residents does not visit hospitals anymore since they receive the necessary health care from doctors visiting the institutions in which they live. However, home residents were found to be similar to respondents from the other two samples in the priority rating given by them regarding potential measures to improve health services to the elderly. The highest level of priority (ratings 4 and 5) was given by 80 % or more of the home residents on the following proposed measures: creation of a special consultation section for the elderly in hospitals together with a separate queuing line for medicine, reduced prices for medicine bought by the elderly and reduced consultation tariffs for the elderly by private doctors. The creation of a "*carnet de sante*" was also highly prioritised though to a lesser extent than for the other 3 measures proposed.

7.4.4.2 *Medical insurance of the elderly*

Only 9 % of respondents aged between 50 and 59 years are currently covered by a medical insurance scheme. For slightly more than half of the insured the scheme was contracted on a personal basis, while the others are covered by a non-contributory scheme fully paid for by their respective company but whose benefits will end at the time of retirement. The very low incidence of contributory medical schemes amongst the 50-59 year old respondents cannot be explained solely on the grounds of limited financial means. Rather it is believed that there is a widespread perception that medical insurance is very expensive. In this field too, a need is felt for appropriate communication as a means to combat preconceived ideas. Understandably, medical insurance is

still more of an exception amongst the elderly, with only 2 insured respondents amongst the 53 surveyed.

7.4.5 Nutritional needs of the elderly

A majority of respondents (66 %) from both age groups admittedly exercise a control on the quality of their nutrition. While this result depicts an appreciable degree of health consciousness, still it is believed that more stress should be laid on the necessity for all, especially the middle aged Mauritians, to exercise appropriate control on their nutritional habits irrespective of their health condition. Interestingly, the justification put forward, on the one hand, by respondents currently on a diet had more to do with prevention than necessity imposed by existing ailments. On the other hand, non-diet observers, in most cases, either do not see the necessity for a diet or simply consider themselves to be in good health. Indeed, the respondent's perceived state of health is found to have an influence on whether that person will follow a diet or not. It is also interesting to note a slightly higher propensity for women to acknowledge the necessity for and follow a diet.

7.4.6 Consumption of alcoholic drinks and cigarettes

The prevalence of alcohol consumption was found to be relatively higher amongst 50-59 year old respondents (41%) than those aged 60 and above (25%). However, the lower figure registered in the latter case may in part be explained by the fact that some had quit at the time they were interviewed. Indeed, 40 % of those aged 60 and above were still drinking prior to their sixtieth anniversary. These figures also conceal noticeable differences by sex. Indeed, a significantly higher proportion of alcohol drinkers is observed amongst males than females from both age groups. In the 50-59 age bracket for instance, the proportion of male drinkers (61%) is almost three times that of females (23%). It is worth noting that one out of every two alcohol drinkers in the 50-59 year age group sees himself/herself consuming less alcohol as he/she gets older. The proportion of those who see themselves quitting is negligible.

The incidence of tobacco smoking was also found to be higher within the 50-59 year age group (24 %) as compared to the 60 + (13 %) mainly as a result of smokers quitting after 60. As a matter of fact, the percentage of present and past smokers amongst the 60 + (27 %) is slightly higher than

that of present smokers in the 50-59 age bracket. These results suggest an increased consciousness as to the dangers of tobacco smoking prompting smokers to quit after they reach 60. Indeed, it was observed that one out of every four smokers in the 50-59 age bracket intends to stop smoking as he/she gets older. In terms of consumption, the average number of cigarettes consumed daily by the 60+ smoker (15) tends to be higher than for the average smoker in the 50-59 year group(11). In the case of tobacco, still more marked differences exist between males and females than in the case of alcohol. In effect, 47 % of male respondents aged between 50 and 59 smoke, compared with 3 % female smokers.

7.4.7 Personal security

Age-related declines in the physical capabilities of an elderly indicate that old people are, by nature, more fragile and thus more vulnerable to physical aggression. At the same time, the growing level of insecurity witnessed nowadays in the country is likely to put elderly people at a greater risk. The perception of the risk of assault on the elderly was measured in both age groups. 50 % of respondents in the 50-59 year age group consider that elderly people face higher risks of physical aggression than others as compared with 40 % of the elderly respondents who are also of this opinion. For an overwhelming majority of respondents in both age groups, the responsibility to protect the elderly lies with the family first, followed by the police. Interestingly, the proportion of those who consider that the elderly should be responsible for their own protection was significantly higher in the 50-59 year age group (62%) than in the 60+ sample (49 %). It is also worth noting that only a very small minority of existing or future elderly people would be prepared to pay for the services of a private company to ensure their security.

7.4.8 Other needs of the elderly

7.4.8.1 Continuous learning

Almost 15% of respondents within the 50-59 year age group expressed an interest in continuous learning during old age. Interestingly, there were proportionately more women than men wishing to go on a course. Cookery, embroidery lessons, social studies and mechanics were the most common courses sought by respondents. In our elderly sample, however, only one respondent was found to have started a training course. Though limited, there is therefore a

potential for elderly people to be involved in continuous learning should the right courses be made available and the appropriate communications approach developed.

7.4.8.2 *Overseas travel needs*

As many as 70 % of all 50-59 year old respondents intend to travel abroad during their old age, visiting family, on a pilgrimage or more importantly as tourists. Though nearly 50 % of respondents are satisfied with the number of travels organised specifically for the elderly, a need was expressed for more travel tours and lower tariffs. Comparatively, nearly one out of every two elderly respondents reported travelling overseas since retirement and/or turning 60. These results point to the growing importance of the travel and tourism industry meant for elderly people and suggest improvements in the form of increased travel package alternatives and lower tariffs.

7.4.8.3 *Information needs*

Respondents were asked to rate the importance of providing information to the elderly on several aspects of their life. Four areas came out distinctly where respondents from all the three samples felt a most urgent need to provide information to the elderly people. Information on how to maintain a good health condition and on how to adopt proper nutritional habits was viewed to be important by an overwhelming majority of 97 % of respondents in each of the three samples. The need to inform the elderly on their rights was viewed by respondents from the three samples as being equally important. The need to inform the elderly as to how Government and NGOs can help was also highly rated, but to a lesser degree by respondents living in homes. The need to inform the elderly on leisure activities and job opportunities was also highly rated though to a lesser degree than for the other areas mentioned.

7.5 Role and contribution of the elderly

In the focus groups conducted in the qualitative phase of our study, participants had elaborated on the incidence of retirement on their roles in and participation to family and social life. Some had complained about a negative change in the way that they were being valued within their family and society at large as a result of a change in their activity status. Others, on the contrary, saw in retirement the potential for closer, deeper involvement in family life, an opportunity long desired after decades of a busy professional life. Yet others were looking forward to contributing

more significantly to society at large and to passing on a legacy of values and experiences to younger generations in particular.

Dimensions pertaining to the role and contribution of the elderly were therefore adequately covered during the quantitative phase and also supplemented our investigation in terms of needs as reported in the previous section. Current patterns of participation to family and social life were observed in both samples, as well as the dynamics of such participation as evidenced by the way respondents see themselves doing more of one thing and less of another as they age.

The notion of contribution itself had to be formulated in a proper way so as to be meaningful. Concrete and distinct dimensions were given to the role and contribution to family life on the one hand, and social life on the other. Five dimensions were retained to measure the role in and contribution to family life. They are namely: (i) meeting the financial needs of the family, (ii) participating in household duties, (iii) doing the family shopping, (iv) taking care of children and grandchildren, and (v) taking care of elderly members of the family. Likewise, the role in and contribution to society was measured in terms of: (i) one's work or profession, (ii) voluntary social work, (iii) one's role as an opinion leader and (iv) one's role as a model for the youth.

7.5.1 Role within the family

Generally speaking, the role in and contribution to family life in their diverse dimensions are more pronounced in the case of respondents in the 50-59 year age group as compared with those aged 60 and above. While the necessity to meet the financial needs of the family remains high in both age groups, one notes a less active participation of those aged above 60 in terms of the other dimensions identified (ii-participation in household duties; iii-doing the family shopping; iv-taking care of children and grandchildren; v-taking care of elderly members of the family). These results hence confirm the opinions expressed in the focus groups and point to a lower level of involvement of the elderly within their family as they age.

From a dynamic perspective, the way the 50-59 year old respondents foresee the evolution of their contribution to family life, as they age, tends to be broadly in line with what those aged above 60 have experienced so far. In other words, those nearing retirement already seem to have a fairly good mental representation of the components of their future involvement in terms of family life. On one aspect though, namely in terms of contribution to the financial needs of the

family, 25 % of the elderly have in fact experienced the necessity to contribute more significantly. Only 6 % of existing respondents in the 50-59 year age group think they will ever have to do so. Similarly, 30 % of those aged 60 and above have experienced an increased involvement in caring for the more elderly members of the family. Only 13 % of existing respondents in the 50-59 year age group think they will ever have to do so. Finally, 34 % of the elderly have had to devote more of their time as they aged to taking care of their children and grandchildren. Only 20 % of those aged between 50 and 59 years contemplate this possibility.

Interestingly, in contrast to their male counterparts, only a small proportion of women within the 50-59 year age group participates in meeting the financial needs of the family. Indeed the participation of women within the family circle revolves around household duties and taking care of the members of the family.

7.5.2 Role within the society

Age is seen to also affect the extent to which older people fulfill their role within the society. Generally speaking, the participation rate of elderly citizens on all the four dimensions identified is seen to be significantly lower than that observed in the case of respondents in the 50-59 year age bracket. While the lower level of involvement in terms of one's work or profession is logical when comparing post with pre retirement, surprisingly participation rates are also seen to diminish on all the other dimensions identified (ii- voluntary social work, iii- one's role as an opinion leader and, iv- one's role as a model for the youth). Involvement in social work is reported by 21 % of the elderly as against 39 % for respondents aged between 50 and 59 years. Similarly, a lower proportion of elderly see themselves as having an opinion leader's role in society (19 %) than their younger fellow citizens (26 %). This latter type of contribution was significantly higher among respondents living in urban areas than those in rural areas. Acting as a role model for the youth is also more rarely observed amongst the elderly (34 %) than amongst those in the 50-59 year age bracket (42%). However, it is worth noting that, amongst all the dimensions identified, the one relating to the role of the elderly as a model for the younger generations attracts the highest participation rate. However, this latter result may indeed be more reflective of a genuine desire to engage in intergenerational exchange than actual success in doing so. More observations are made on intergenerational relationships in the following paragraphs.

Owing to the low rate of employment of women aged 50 to 59 years, it follows that the level of participation of women in terms of work or profession, in society, will be understandably low. However, the degree of involvement of women in social work and as an opinion leader was also found to be negligible as compared with the male respondents.

7.5.3 Intergenerational relationships

Fortunately, only a minority of respondents from both age groups believes that elderly people do not have anything to contribute to the lives of the younger generations. However, while almost eight out of every ten respondents in the 50-59 year age group have expressed the intention of passing down something to the youth, only 60 % of the 60-74 age group also declare their intention to do so. This result indicates a fair degree of disillusion amongst the elderly which echoes some of the comments made during the focus groups. The reasons put forward by the better intentioned respondents who would wish to hand down something to the youth stem from a perceived necessity to guide, counsel and share real life experiences. In terms of what respondents wish to share, no significant differences emerge from comparing the 50-59 year old sample with that of the elderly: in both cases, values - be they moral or family related - come first well before other things such as a particular experience, know-how or talent. Interestingly, more than 10 % of respondents would also look up to the opportunity of sharing a particular moment of our nation's history with the younger generations as a means to ensure continuity in our collective memory. We note that religious and/or traditional values are marginally quoted.

However, while good intentions abound, one also notes that the beneficiaries of such legacies are more likely to be family members - children and grandchildren in particular - than non-family related youths or members of the general public. This interesting result certainly points to the absence so far of proper transmission channels outside the immediate family circle. The predominance of the family as a transmission vehicle also explains why dialogue comes first amongst the communication modes quoted well before other modes of a more occasional nature such as meetings, speeches and testimonials both verbal and written. This situation is further depicted in the opinions expressed by the respondents on the opportunities for intergenerational meetings currently available. Indeed, as many as 70 % of 50-59 year old respondents are of the

opinion that such opportunities are insufficient nowadays, a view also shared by more than one out of every two elderly respondents, including those living in homes.

Respondents were also requested to assess the level of interest demonstrated by younger generations in their capacity as potential beneficiaries of what the elderly wish to pass on. Respondents aged 60 and above in fact turned out to be less pessimistic than those aged between 50 and 59 years, with 65 % rating this interest as being very high. This optimism is further confirmed by a bigger majority of elderly people who view existing intergenerational relationships as being very or quite satisfactory. However, elderly respondents were as likely as those in the 50-59 age bracket to think that the quality of intergenerational rapport had deteriorated, hopefully a minority of 19 % in both cases.

Finally, when asked to comment on the level of attention for the elderly currently demonstrated by the youth, as many as 70 % of the 50-59 year old respondents were of the opinion that such attention was insufficient. Though to a lesser degree, this view was also expressed by a majority of elderly respondents including those living in homes.

7.5.4 Role and contribution of elderly living in homes

An analysis of the role and contribution of respondents within the 50-59 and 60-74 age brackets has, so far, revealed the existence of varying patterns of participation. In an attempt to supplement these findings, respondents living in homes were asked to express their opinions on any eventual participation to family and social life. As could have been expected, the degree of reported participation to family and social life was very low amongst the respondents, with contribution to social life being lower still. However, a majority believes to have something they would wish to pass on to the younger generations, moral values being the most quoted. As was observed in the other samples, children and grandchildren, as opposed to the youth in general, are the ones most likely to benefit from the experience of older generations in the form of dialogue rather than any other more structured modes of transmission. However, only 29 % of home residents rated the interest of potential beneficiaries to be rather high, a result which depicts a higher level of pessimism than was observed in the other two samples. Lack of interest from the part of younger generations and lack of time from the part of the elderly were, as was observed in the other two samples, quoted as the main constraints to fruitful intergenerational exchanges. The proportion of respondents dissatisfied or only marginally satisfied as to the

quality of existing intergenerational relationships was also found to be higher amongst home residents. However, a higher proportion of home residents believed these relationships would improve in the future compared to respondents from the other two samples.

7.6 Opinions on issues affecting the elderly

The last section of the survey dwelt on issues of a general nature likely to affect the quality of life of the elderly. Investigation on such issues was felt necessary as a means to, on the one hand, complement opinions expressed in the course of the focus group discussions and, on the other hand, identify the areas likely to form part of an overall life improvement policy for the elderly. Questions pertaining to those issues were formulated in two different, yet complementary formats. Firstly, respondents were requested to evaluate the current level of effort/interest/involvement depicted in a number of areas relating to the elderly and to state whether, in their opinion, such effort/interest/involvement was either sufficient or insufficient. Secondly, respondents were asked to prioritise a series of potential undertakings and measures conducive to elderly life improvement, the highest priority scoring 5, the lowest 1. Some of the results pertaining to this last section have already been incorporated with the findings disclosed so far; the remaining ones are reported hereafter.

7.6.1 Government effort and old age pension

Overall, every second person interviewed in all the three samples is of the opinion that government action directed to the well being of the elderly is insufficient. When old age pension is mentioned specifically, still a higher level of dissatisfaction is revealed. Indeed, as many as 80 % of respondents in the 50-59 age bracket are of the opinion that the old age pension granted by the government is insufficient. This proportion rises to 91% within the sample of elderly respondents. Not surprisingly, a potential measure to increase old age pension attracts the highest level of priority amongst respondents from both age groups. Similar opinions were put forward by elderly living in homes though a lower proportion (63 %) considered the old age pension to be insufficient.

7.6.2 Press coverage

Only 47 % of those in the 50-59 year age group feel that the coverage given by the press to issues relating to the elderly is insufficient. This proportion is even lower amongst the 60+ and the elderly living in homes (40% in both cases). It should however be noted that this question did not attract a lot of interest from the part of respondents as evidenced by the high proportion of those who were unable to voice an opinion on the subject irrespective of the sample considered.

7.6.3 Recreational and leisure activities

Surprisingly, a higher proportion of elderly respondents and home residents reported to be satisfied with the number of recreational activities available for the elderly people compared to respondents in the 50-59 age bracket. However, as many as 22 % of elderly respondents and 27% of those living in homes preferred not to voice out their opinion on that issue reflecting perhaps a lack of interest on their part for activities in which they are not involved. Nearly one out of every two respondents in the 50-59 age bracket believes the range of leisure activities available to the elderly to be insufficient.

The number of TV programmes meant specifically for the elderly are considered to be insufficient by 56 % of those in the 50-59 age bracket compared with a slightly lower proportion of 47 % of elderly respondents also sharing this view. Similarly, 48 % of 50-59 year old respondents consider the number of radio programmes to be insufficient, compared with 43 % of elderly respondents. Respondents living in homes showed a higher degree of satisfaction, with 53 % and 60 % of respondents happy with the number of TV and radio programmes respectively.

7.6.4 Public transport

Respondents were asked to assess the quality of public transport from the perspective of an elderly person. Respondents aged 60+ turned out to be more satisfied with the quality of public transport (49 % rating it as being sufficient) than those in the 50-59 age group (44 % rating it as being sufficient). However, the same level of priority was given by respondents from both age groups when asked to rate the importance of introducing free public transport for the elderly. Indeed, 77 % of those interviewed gave a priority rating of either 4 or 5 to such a measure in both samples. However, such a measure, if it were introduced, should be adequately accompanied by

enforcement procedures to ensure that bus conductors do not discriminate against elderly people. Indeed, a majority of participants in the focus group discussions, of which a higher proportion in villages, were quite pessimistic about the introduction of free bus transport for elderly people which they believe would encourage conductors to leave them behind.

Home residents did not differ significantly from the other respondents in the priority to be given to a free public transport system for the elderly. However, while 37 % were satisfied with the quality of public transport, as many as 40 % were unable to express an opinion on the subject, thus reflecting the fact that few ever get to travel by buses anymore as a result of them living in homes.

7.6.5 Job opportunities

In several countries also facing a similar ageing population issue, the question of providing suitable job opportunities to the elderly people is attracting growing attention from government and stake holders alike. In the sample of elderly respondents surveyed, 40 % of those who had been economically active before the age of 60 had chosen to take up a paid activity after retirement. Similarly, 24 % of the economically active in the 50-59 age bracket would choose to work indefinitely if given the opportunity to do so. However, only a small minority feel that Mauritius offers enough opportunities for the elderly to stay in employment (11 % of the 50-59, 13 % of the 60+). This result underpins the crucial need for measures conducive to elderly employment in the country. In our view, the high proportion of elderly respondents who were unable to voice an opinion on the subject (40%) is more reflective of the inexistence than the ignorance of such opportunities.

7.6.6 Other general issues

The fragile and vulnerable nature of elderly people highlight the importance of providing support to them, be it physical or moral. However, support and assistance are often lacking for those elderly living on their own or whenever they happen to be alone at home. An overwhelming majority of respondents from both age groups (over 70 %) consider favourably the introduction of a 24 hour 'hot line' for assisting the elderly whenever they need help. In terms of introducing a chargeable home delivery service for purchases, the majority of respondents do not

contemplate needing these services in the future. The opinions of home residents with regards to these two issues tend to be in line with those of respondents in the 50-59 and 60-74 age brackets.

7.7 Old people's homes

7.7.1 Recourse to Homes

The number of homes in Mauritius is on the increase. To date, we have identified 18 so-called “public” homes, operated by the Government, NGOs and/or charitable institutions. To these, one must add an unspecified number of privately operated homes, the difference between the two being the level of fees charged to residents and the extent of services provided to inmates. It has not been possible to determine exactly the number of these private homes currently in operation in Mauritius. Indeed, there is no legal obligation yet for homes to be duly registered with a central coordinating body. Interestingly, no home was found to be operating on the island of Rodrigues.

With reference to table 13, the number of inmates identified in public funded infirmaries/orphanages was estimated at 540 in 2000, based on the number of inmates allowance paid. Consultations with the Ministry of Social Security and National Solidarity however indicate that there could currently be around 800 inmates in (9) public funded, (3) semi-public and some (6) private homes. The 800 inmates estimated by the Ministry of Social Security and National Solidarity is based on the visits made by officers in those homes. It is our view that this estimate better reflects the reality than the one based on inmates allowance paid.

The estimated 800 people aged 60 and above currently living in homes (public and private), represents approximately 0.74% of the elderly population¹⁶ resident on the island of Mauritius. Assuming at best a constant propensity for the elderly to live in homes, the number of home residents is expected to rise to approximately 960 by the year 2009 and to 2,400 by the year 2039. On the basis of this assumption, the supply in terms of the number of homes should reach 22 in 2009 and 54 in 2039. Please note that this constant propensity further implies the stability of such factors as women’s participation to the labour force, the family structure, the incidence of age-related diseases, and the survival of family ties, all of which will undoubtedly undergo major changes in the years to come.

¹⁶ Elderly population estimated at 107,718 persons in year 2000

The issue of living in a home or not is all but simple. Diverse considerations and realities come into play, demographic and economical factors being amongst the least complex to apprehend, psychological and sociological factors the most arduous. Indeed, the subject still today is very much of a taboo and the only evocation of it with those concerned, even potentially, conjures up a host of painful feelings. It is not so much the fact of living in a home that provokes such a compelling resistance as was found in the focus groups. It is all the rest, namely the heartbreaking feeling of having been rejected by one's family, a sense of worthlessness aggravated by the perceived denial of filial values and responsibilities.

Not surprisingly, two out of every three respondents aged between 50 and 59 years reject the idea that they may, one day, end up living in a home. This proportion further increases to 71 % amongst those aged 60 and above. Understandably, if they had to, it would be out of obligation for an overwhelming majority. Amongst the reasons quoted for a compulsory stay in a home by 50-59 year old respondents, rejection (59%) and ill treatment (37%) by the family rank top, followed by the realities of life such as the demise of one's spouse/partner (36%) or the necessity for continuous care (16%). Reasons stated by the elderly are quite similar in nature and magnitude, with however a higher proportion who would resort to a home if in need of continuous care. In both samples, preference would go to public, government aided institutions as opposed to privately run homes. A comparison of these potential reasons for joining a home can be made with the real reasons that emerged out of the survey carried out amongst home residents. Indeed, the reason most frequently quoted by the latter is the need for continuous care (33 %). One out of every five home residents also reports a lack of consideration and caring by the family.

The idea of a day care centre was also exposed to respondents of both age groups. While a significant proportion still would consider going neither to a home, nor to a day care centre, a preference for the latter is observed in both samples. This preference is explained by the possibility of returning to one's home place - or to one's family - every day and by the perceived higher degree of freedom conveyed by the concept of the day care centre. Choosing a home instead would again in this case be warranted by the need for continuous care and attention.

Living in a home also means living in a community, together with people of diverse ethnic origins and economic backgrounds. The ethnic criterion was found to be more important for 50-59 year old respondents than for the elderly, with nearly every second person opting for ethnic

homogeneity. Similarly, the proportion of respondents who would wish to find themselves living with other inmates of the same economic background was found to be higher within the 50-59 year age group (35 %) than amongst the 60 + (27 %).

43 % of 50-59 year old respondents, as compared with 55 % of those aged 60 +, currently estimate the monthly fee charged by a private home to be less than Rs 2000.

The percentage of respondents who consider that they would be able to afford, on their own, the cost of living in a home is 44 % in the 50-59 age bracket and 55 % amongst the elderly.

7.7.2 Living in homes

We interviewed a total of 30 respondents (17 men, 13 women), equally distributed between private and public homes. 80 % were over 60 years of age, 40 % over 75. Very few still had a living spouse (10%), 4 were divorced, and the majority were either widowed (46.7%) or had never been married (30%). A majority had been employed as skilled or semi-skilled workers prior to retirement. The proportion of past professional workers (23.3%) was found to be quite high. 19 claimed living children.

17 of the home residents claimed they were paying for their stay from their own funds, 7 mentioned the Government and 6 their children. In terms of sources of revenue, a majority lives on old age pension and/or some other form of government grant, other sources such as personal savings, personal or company pension plan being the exception rather than the rule.

24 claimed being in good health. The incidence rate of the most frequently declared health problems was as follows: impaired eye sight (30%), heart problems (27 %), diabetes (20%), rheumatism (17 %). Depression, which was almost negligible in the other samples surveyed, was reported by 4 home residents. Only one home resident declared having a medical insurance. 18 (60 %) were regularly visited in their institution by a medical doctor. 9 drank alcohol, 8 smoked tobacco. None of the alcohol drinkers reported drinking more since he/she started living in a home, neither did a smoker report smoking more. While the incidence of alcohol amongst these home residents does not differ significantly from other elderly citizens surveyed, the incidence of tobacco however is found to be higher in the case of home residents. Home residents were also found to be more health conscious in their eating habits than the respondents from our 60 +

sample, most probably because of the very fact that they live in a home and do not cook their own food.

50 % had already spent over 2 years in their respective home at the time they were interviewed. Interestingly, a clear majority (80 %) claimed to be there out of their own accord and still a bigger majority (90%) was enjoying living in a home and did not consider moving out. They almost unanimously declared that living in a home had not affected the consideration of their family and friends. These observations contrast strongly with the high level of resistance that was noted amongst respondents in both the 50-59 and 60 + samples when asked if they would ever consider living in a home. This striking difference suggests either the existence of misconceptions about living in a home or else the capacity of home residents to accept their fate and make the most of it (or both altogether).

The care and attention provided by the medical and non-medical staff come first when home residents are asked to quote what they best like about their institution. The good hygienic standard, the quality of food being served, the peaceful environment and the warmth of fellow residents also contribute to a pleasant living environment. There is also a fairly good rating of services provided and as many as 60 % of home residents do not wish to have additional services. 50 % do not find any negative aspect to the home they live in. Overall, those who are likely to be visited by children, relatives or friends, are happy about the frequency of such visits. Interestingly, a clear majority (87%) would still choose a home if faced with the alternative of a day care centre.

The home accounts for most, if not, all of the opportunities to spend one's leisure time. Indeed, only 10 respondents also reported visits, of their own initiative, to family and friends. All other outdoor activities are in fact organised by the home itself. Television and radio rank top in the leisure pattern of home residents, followed by reading and outings. This pattern is seen not to differ from that displayed by elderly people living with their family or on their own. However, in the case of home residents, more evidence of leisure enjoyed in a group is found, a logical result of community life. Additional leisure opportunities are wished by a slight majority and, to some extent, depict a desire to stay in contact with the outside world. Only 8 residents practise some form of sport and a majority would not wish to do so probably on account of their advanced age. Only a small minority belongs to a club or association and a clear majority would not even consider joining a "club de 3^{eme} âge" (more out of lack of interest than physical incapacity).

8. The case of Rodrigues

In the following paragraphs, a report is provided as to the main results of the survey carried out in Rodrigues. The findings from the focus groups held there have already been reported in Chapter 6. The quantitative phase carried out in Rodrigues covered a sample of 31 respondents of which 18 were in the 50-59 age bracket and 13 were over 60. While the limited size of this sample does not authorise generalisations, yet it is interesting to compare the main findings of the survey in Rodrigues with those of Mauritius.

Generally speaking, there seems to be no significant differences in the living accommodation, needs, roles, contributions and opinions as was observed amongst respondents in Rodrigues compared to those of Mauritius. Households surveyed in Rodrigues were found to possess a television set, a radio, a telephone and a refrigerator. However, none of the households surveyed possessed a car, a computer or a microwave as was the case in some Mauritian households. In terms of preparation to retirement, only 44% of respondents in the 50-59 age bracket reported that they were currently saving for their old days, a proportion similar to the one observed amongst Mauritian respondents. All savings were in the form of bank accounts. Elderly respondents reported savings in the form of bank accounts, money in hand and proceeds from investment in animal breeding.

The leisure pattern of respondents in Rodrigues was found to differ in some respects from that observed amongst Mauritians. While television remains the main form of leisure in Rodrigues as is the case in Mauritius, 50-59 year old respondents also indulge in gardening (17%), household duties (17%), dancing (17%), celebrations (17%) and family outings (17%). While this pattern reflects the local folklore, respondents in Rodrigues are also found to spend more of their leisure time in community driven activities than Mauritians. Leisure activities enjoyed by the elderly in Rodrigues include television (31%), dancing (23%), walking (15%), and going out with family and friends (15%).

An overwhelming majority of respondents reported a good, if not fair, state of health. Interestingly, the incidence of health problems amongst those aged 50-59 years was quite low. In effect, apart from blood pressure (39%), only a few reported suffering from rheumatism (6%), diabetes (6%) and respiratory diseases (6%). These figures, compared to Mauritian respondents of

the same age group, show a significant difference in the types and extent of health problems in Rodrigues. While this difference may be real (the limited sample size does not warrant generalisations), it may also suggest, in our opinion, a lower propensity for people in Rodrigues to have regular medical check ups. The pattern of declared health problems amongst the elderly does not differ much from that observed in the 50-59 age sample, hence suggesting no drastic changes from pre to post retirement period. A majority of respondents from both age groups receive medical treatment in hospitals and dispensaries and will continue doing so as they get older. Although there are no Old Peoples' homes currently in operation in Rodrigues, 50% of respondents aged 50-59 years would consider living in a home if they found themselves without any family support after the death of their spouse.

Perceptions regarding retirement in Rodrigues were also found to be similar to those entertained by Mauritian respondents. Of those who were planning to retire, slightly more than half were expecting a change in their life style as a result mostly of a change in their financial situation. However, a majority (71%) was looking forward to their retirement and to having a lot of free time to spend on activities they enjoy doing. Only one respondent feared that retirement would affect the consideration he attracts from his family and friends. Similarly, retired elderly respondents all reported enjoying their retirement mostly on account of the free time they now have to relax or spend on activities they like doing.

In the past, there has been a lot of young persons who have migrated from Rodrigues to Mauritius in search of better employment opportunities. To date we do not know whether this young section of the population is still migrating to Mauritius. It has not been possible to measure this movement of the economically active population of Rodrigues to Mauritius. The main reason being that Rodrigues is a district of Mauritius. Should this migration process continue in the future, this will further aggravate the consequences of an ageing population in Rodrigues (change in the size and structure of the family, high dependence on the working section of the population, increase of the share old age pensions in total public expenditure, etc.)¹⁷

In terms of dimensions pertaining to the role and contribution of the elderly, the same patterns of participation to family and social life were observed in Rodrigues as in Mauritius. The necessity to meet the financial needs of the family remains the most important contribution for respondents from both age groups. In terms of the other dimensions (participation in household

¹⁷See The greying of Asia : Demographic Dimensions (<http://www.un.org/Depts/escap/pop/apss141/chap1.htm>)

duties, doing the family shopping, taking care of children, taking care of elderly members of the family), there seems to be a lower participation among elderly respondents compared to those in the 50-59 year age group. However, as opposed to their Mauritian counterparts, 50-59 year old respondents in Rodrigues exhibit a lower degree of involvement in society which tends to prevail after retirement.

Results also reveal that there are no significant differences in opinions relating to ageing. In effect, the majority of respondents from both age groups attribute ageing to factors such as the age of the person and a fall in physical capacity. Yet, while Mauritian respondents considered age to be the prime factor, respondents in Rodrigues (61%) attribute ageing primarily to a fall in physical capabilities. Similarly, opinions regarding health issues, old age pension, government effort and recreational activities are in line with those expressed by respondents in Mauritius. These results point to the same concerns and priorities on issues affecting the elderly, be it in Mauritius or Rodrigues.

9. Recommendations

This study has unveiled several areas calling for measures to improve the life of the elderly people in the Republic of Mauritius. While some observations on the situation of elderly people today were made possible, the findings of this study have also enlightened us on the prospective needs, roles and contributions of those citizens who will retire in a decade's time. The tremendous dimension that the ageing issue is rapidly taking urges us to reflect today on the fate of our elderly population. From this perspective, it is important to identify ways and means to respond to their future needs and aspirations.

The recommendations that follow are based on an objective diagnostic of the findings derived from the qualitative and quantitative study. Suggestions made by respondents, focus groups participants as well as members present at the validation workshop have also been considered without further interpretations wherever applicable.

9.1 Retirement issues

Preparing oneself for retirement is a very important step in the life of an individual. This preparation encompasses several dimensions of which the most important are of a financial, emotional and psychological nature. As shown by the results of this study, a majority of respondents depicts a low level of financial preparation to retirement, even among those in the higher income groups. There is a widespread perception that personal pension plans are expensive, thus affordable only by those enjoying substantial financial means. In this respect, insurance companies need to communicate effectively so as to fight misconceptions and preconceived ideas. Government should also be encouraged to participate in such communications campaigns. Information seminars organised on the work place should also contribute in raising the general level of awareness as to the need to prepare one's retirement from a financial standpoint. Companies should be encouraged, as a matter of employee welfare, to offer financial advice to their employees as to the means of maximising post retirement income.

The emotional and psychological dimensions of this preparation to retirement should not be overlooked in spite of the fact that a majority of respondents were found to be looking forward to

their retirement time. This preparation can take the form of seminars in social centres and work places, programs on television and radio. These should be designed and conducted by professionals such as sociologists and psychologists and include testimonies of elderly people enjoying a happy, fruitful life. While such programmes and seminars should combat primarily the consequences of ageing, there is also a need, as suggested by the results of this study, to inform the elderly about their rights and on the assistance they can obtain from government and relevant NGOs. Likewise, information should be given on the types of activities that can be undertaken by the elderly.

Additionally, younger generations, especially the youth, should be educated in such a way that they grow into individuals who care for and show respect towards the elderly. Programmes could be designed and incorporated to the normal education cursus in secondary schools. This suggestion also points to the wider issue of intergenerational exchange which will be covered in fuller details further in this chapter.

A few respondents conveyed their interest to follow some training after they retire. Although very few elderly people are actually undergoing a training, it is strongly felt that we should, nonetheless, be prepared to meet the needs of the elderly people in terms of continuous learning. Social centers can play an important role in the provision of some training courses like social work, handicraft or even reading and writing under the guidance of a fully trained social officer. Moreover, private organizations should be encouraged to accept elderly people as students and to offer courses which will be of interest to them.

9.2 Job opportunities

A significant proportion of respondents expressed the wish to stay in employment after 60 or to take up a paid activity after retirement. This result invites two comments. Firstly, the diverse implications of fixing retirement age at 65 or more should be fully investigated (as indeed suggested by the Battersby report). Secondly, there is a need to look into the ways and means of providing adequate job opportunities to the elderly who wish to remain economically active. There are currently very few job opportunities available to our senior citizens who often are faced with a lot of prejudice as to their effectiveness and ability to perform in jobs. Diverse working options, such as part time and flexible hours, should be investigated in an attempt to respond to the future employment needs of the elderly. In rural areas, the feasibility of allocating plots of

land to those interested in cultivation and breeding of animals should be studied. Consideration should be given to fiscal and financial incentives for the employment of elderly people.

An information center should be created with the aim of providing information on job opportunities for the elderly. At the same time, a data bank of the skills of the elderly and their work experience can be compiled and made available to employers for consultation. We should promote a culture which acknowledges the skills and competence of elderly people as well as their potential for continuous contribution to economic activity.

To enhance the chances of the elderly in securing a job, crash courses should be designed in relevant fields (computer, internet, needlework, basketry and handicraft for instance). These courses could be delivered by elderly professionals who are already in the trade or by other specialists, either on a voluntary basis or against a token payment.

9.3 Recreational and leisure needs

Recreational and leisure activities play an important role in the life of elderly persons. Such activities offer opportunities for them to socialise and remain active. Elderly people should be encouraged to indulge in recreational activities which will enable them to adapt to the sudden change brought about by retirement. Findings from the survey revealed that the most popular types of leisure among the elderly and those nearing retirement entailed a low degree of involvement and communication with others. Activities for the elderly should be promoted with a view to encourage interactions and meetings with other people. There should be appropriate communication campaigns to inform the elderly about the different types of activities they can indulge in as well as the diverse benefits of joining Senior Citizens clubs. Indeed, the results of the survey indicated a fair degree of reluctance among respondents to join a Senior Citizens club. This resistance invites appropriate action from those concerned. There is also a need for such clubs to diversify the range of activities offered. Additionally, intergenerational activities should be promoted by such clubs. This will help in fostering a more positive image of Senior Citizens clubs within the population at large and also ensure that a higher proportion of future generations are interested to join.

Existing and future leisure parks and facilities should become increasingly elderly friendly, also offering preferential entry fees on a wider scale.

A significant proportion of respondents has expressed the desire to travel during their old age. It is proposed that a more diverse range of package incentives for travelling overseas be designed and implemented for their benefit. Additionally, it is felt that more information should be given on the availability of travelling facilities for senior citizens since results have shown that a few respondents are still unaware that preferential rates for air tickets are already granted to elderly people.

A significant proportion of respondents reported their dissatisfaction with regards to the availability of television and radio programs. More attention should be given to the content of TV and radio programs during a time slot attributed for that purpose so that they meet the needs and interests of the elderly people. Securing the participation of the elderly themselves can prove to be a positive step in enhancing the quality of such programs. For instance, programs could be broadcast whereby elderly people would have the opportunity to share stories, life experiences or knowledge with the population at large and where the elderly would act as presenters for programs intended for the old.

The very low proportion of respondents who exercise regularly is also a subject of concern. There is a pressing need to sensitise the elderly on the importance and benefits of physical exercise and to address the widely spread misconception that one is too old to practise sports. It is also believed that appropriate guidance should be given to the elderly on the types of physical activities that can safely be undertaken. In the same vein, special TV programs on sports and exercises for the elderly could be produced and broadcast. Senior citizens associations should also ensure that appropriate infrastructure and guidance are made available to the elderly who wish to exercise in a group. Indeed, the practice of a physical activity in a group can go a long way towards overcoming individual resistance or lack of interest.

It is also proposed that more day care centres be set up to provide the elderly with the opportunity to enjoy recreational activities with persons of the same age group. This initiative will have the additional advantage of relieving families of the necessity to look after their elderly during the day.

9.4 Health issues

A fairly high degree of dissatisfaction with the quality of health services available to the elderly in hospitals has been identified in the survey. This feeling was also apparent in the focus group meetings where, in addition, medical doctors and staff were blamed for what was perceived as a

lack of respect for the elderly. These results require, in our opinion, the immediate attention of the authorities concerned. It is proposed that a specific study be undertaken to establish objectively the quality of services provided to the elderly in hospitals and dispensaries and that appropriate measures be taken in the light of the findings unveiled. However, at this stage a few recommendations can be formulated but they will need to be further validated by the findings, as suggested, of a more focused study.

Proper training should be dispensed to medical staff and health care officers so that they are not only able to provide the necessary medical assistance but are also able to adopt the right attitude in dealing with the elderly. As was expressed by the elderly themselves in the course of the focus group meetings, it is expected of the medical staff that they be able to show empathy and understanding towards the aged and more specifically the disabled elderly. In the same vein, facilities in hospitals should become more elderly oriented. In this respect, elderly people would look forward to the setting up of special geriatric wards in hospitals and to having a separate queuing line for them to collect their medicine. As a direct consequence of an ageing population, it is felt that more doctors should be encouraged to specialise in the field of geriatrics. In fact, it is worth noting that courses in geriatrics are already being given to health officers and personnel working in homes by the Ministry of Social Security. Seminars are also organised by the latter to sensitise youth on the importance of healthy ageing. Measures are underway to extend these courses to other persons taking care of elderly people.

Elderly people often complain about the rigidity of our health system which compels them to resort to the same hospital for further medical assistance as a result of an admission card being issued there. It is proposed that the health system be computerised so that any person's health record is accessible irrespective of the hospital he/she chooses to visit. Such a measure will prove to be even more beneficial to the elderly who experience difficulties travelling long distances. In the mean time, the adoption of a '*carnet de santé*' for the elderly is strongly recommended. It was also pointed out during the validation workshop that the SAMU should be more available to elderly since many times it has been reported that the SAMU do not attend to their emergency calls.

To further assist the needy elderly, preferential prices for medicine purchased in drug stores and for consultation by private doctors should be encouraged, at least for the most needy ones. Free domiciliary visits by doctors should be introduced for the very old and the disabled to maintain a continuous follow up of their health condition.

While a majority of respondents were found to exercise some degree of control on the quality of their nutrition, still it is felt that more stress should be put on the necessity for all, especially the middle aged Mauritians, to exercise appropriate control on their nutritional habits, irrespective of their present health condition. Indeed, as shown by the results of the survey, the necessity of adopting a proper diet is not acknowledged by all respondents, especially those currently enjoying a good health. More sensitisation on this issue is therefore required and television should be the ideal tool for an on-going communications campaign on this subject. Information seminars conducted by qualified dieticians could also be organised in village and community centres around the island and in Rodrigues. Respondents themselves have highly prioritised the need for proper information on what should be done to promote a good health and adopt the right nutritional habits.

It is also believed that a lot remains to be done to encourage individuals to resort to medical insurance schemes. Indeed, the very low proportion of respondents who had contracted a medical insurance indicates a potential yet untapped. Action should be taken at two levels. Firstly there is a need to design schemes that will be more appealing, financially speaking, to prospective policyholders, as existing schemes may not be affordable by one and all. Secondly, insurance companies need to come up with adequate communication strategies in order to highlight the benefits of a medical cover and fight misconceptions which people may entertain on the matter (one of them being that medical insurance is expensive).

9.5 Physical security

The growing level of insecurity witnessed during these past years has not spared the elderly, as evidenced by the numerous cases of assault reported in the press. While the prime responsibility to protect the elderly lies with the family and the police, we strongly recommend the creation by the Government of a 24-hour hotline support to attend to the emergency needs of the elderly in particular. Indeed, while the elderly are highly sensitised as to their need to be protected, an outstanding majority would not be prepared to resort to the services of a private security company for their protection, considering that this should be the duty of the government. Such services are also costly and, thus, out of the reach of most aged people.

9.6 Homes

There is a strong misconception among most respondents about homes in general which needs to be corrected. With the growing trend towards the dismantling of the extended family system, it becomes essential to prepare the elderly people to the likelihood of living in a home. The issue of living in a home remains a strong taboo in Mauritius, especially within rural communities as was revealed in the focus group discussions. On the one hand, this issue is still associated with such feelings as the denial of filial values and family rejection. On the other hand, outsiders perceive the life of home residents as miserable and gloomy, a perception strongly denied by the happiness reported by a majority of home residents. In that case too, the situation calls for appropriate action to be taken in the form of information and communications campaigns. We recommend that special programs be broadcast on radio and TV to help in building up a more truthful picture of life in homes. This will in turn contribute to lowering the high resistance shown by respondents to the likelihood of living in a home.

The necessity to facilitate the survival of the family ties of the elderly remains high, even more so for home residents. In so far as is possible, homes should study the possibility of providing paid accommodation facilities for family members willing to stay over when visiting their parents in homes. Indeed, many home residents expressed the wish to spend more time with their family, something not always rendered possible by accommodation restrictions at the latter's home place. In the same vein, the Mauritian public at large should be encouraged to open up more to the life of the elderly living in homes; youngsters, in particular those in secondary schools, should be provided with more opportunities to visit home residents and establish rapport with elderly people.

The setting up of homes must also be carefully regulated to ensure an adequate level of service and attention to the needs of the elderly. It is further recommended that all homes, public as well as private, be duly registered with a relevant authority which will also have the responsibility of assessing, on a periodical basis, that the services offered conform with a set of minimum standards to be established. This compulsory registration will also help in the collection and monitoring of vital statistics meant for the tracking of the well being of elderly people in homes. It is also felt that government should come up with the right incentives to encourage the setting up of homes. Rebate and/or exemption of import duties, taxes and licences should be granted for homes in respect of equipment used, van for transportation and TV licence for instance.

9.7 Government action

It is worth noting that more than 50 % of all respondents are of the opinion that government action in favour of the elderly is currently insufficient. This result should invite the present government to rethink the way it communicates with the elderly people as well as the policies and strategies it deems most fit to respond to their needs. While most of the recommendations put forward highlight the need for support or call for direct action from the government, there is one specific area which seems to crystallise much of the dissatisfaction expressed by the elderly people. In effect, the old age pension is the yardstick by which elderly people measure the attention they receive from government. While the budgetary pressure exerted by an ageing population does not leave much room for raising the amount of old age pension - a top priority for most respondents - alternatively, ways and means should be sought to reduce the cost of living to the elderly, at least to the most needy ones. The feasibility of other forms of financial support should be investigated, like discount prices for some necessities like power supply and water, a measure already experimented in some countries (the case of Bolivia reported in Chapter 5). Free transport for the most needy elderly would also be welcome. However, government should ensure that such a measure does not end up with elderly people being discriminated against by bus conductors as reported by many participants in the focus group meetings.

9.8 Contribution to society

There is also a need to enhance the recognition of the role and contribution of elderly people in Mauritius. Measures undertaken in that respect should ideally involve several spheres of our society for maximum effectiveness. Academia and research, the press, volunteer and community groups, associations and NGOs should all participate in the general effort required to adequately sensitise the population at large on the valuable contribution to society of our elderly population. In the field of academia and research for instance, special grants could be devoted to projects likely to capture and communicate the contribution of the elderly. The press, in its capacity to mould public opinion, should be sensitised to devoting more attention to the ageing population issue in general, and to the contribution of the elderly to society more specifically. We further recommend that an action plan to increase the general level of awareness on the question of the contribution of the elderly to society be elaborated by the government after receiving adequate input from all other stakeholders.

9.9 Intergenerational exchange

Intergenerational exchange is no doubt one of the areas with the highest potential for value addition to the life of the elderly population. It is also a domain which has not attracted a lot of attention until now and which could greatly enhance the contribution of the elderly to society. The survey has helped in identifying a genuine and strong desire from the part of the elderly to mix up with the younger generations and pass on values and experiences that will be of benefit to the latter. However, as elderly respondents confessed, our society is still not geared to the necessity of creating enough opportunities for such exchanges to materialise. Examples of what other countries have experienced or are currently experiencing in the field of intergenerational exchange could show the way to replicating some of the most successful programmes in Mauritius. Just as in the case of other actions geared to enhancing the contribution of the elderly to society, measures to facilitate intergenerational exchange should involve several circles simultaneously for maximum effectiveness. For instance, the Ministry of Youth and Sports could work jointly with the Ministry of Social Security and National Solidarity in launching contests inviting youths to tap significant memories of the elderly people. Additionally, ideas based on the concept of intergenerational exchange could lend themselves to new programmes on TV and radio.