



*Ministry of Social Security, National Solidarity and  
Reform Institutions*

# **OBSERVATORY OF AGEING**

## **SUMMARY REPORT OF THEMATIC AREAS INVESTIGATED**

**PREPARED BY THE ADVISORY COMMITTEE OF THE  
OBSERVATORY OF AGEING**

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## 1.0 Introduction

This report is the first official output of the **Observatory of Ageing**. It provides an extended executive summary of the 4 thematic areas identified and studied by the Observatory of Ageing from October 2013 – February 2014.

The report is organized as follows. The first part introduces the Observatory on Ageing and highlights its roles and objectives within a context marked both globally and locally by an ageing population and the myriad of social, political, economic, health and cultural implications it poses. The second part identifies and justifies the 4 thematic areas which have been selected by the Observatory to be the main focus areas for its first empirical research exercise about the needs of the elderly in the following areas i.e. (a) Health (b) Housing (c) Security and Protection and (d) leisure and recreation. The third part explains the research designs and methodological approaches to study the above areas. The following sections unfold to summarise the key findings which emerged according to each thematic area. The main recommendations and suggestions towards the next steps in the operation of the Observatory are also highlighted. Further details are available from the full Technical Reports available at the Observatory of Ageing, Ministry of Social Security.

### 1.1 The Observatory of Ageing

The Observatory of Ageing is operational since October 2012 under the aegis of the Ministry of Social Security National Solidarity and Reform Institutions. It has been set up within a context marked by an ageing population and the numerous challenges this phenomenon ensues. The overarching objectives of the Observatory are to carry out research on the socio-economic impacts of ageing in order to inform the policy making process as well as the advocacy of the needs and rights of the elderly, with the ultimate objective of improving their quality of life.

The activities of the Observatory are guided by an Advisory Committee which comprises representatives of different Ministries and Institutions namely:

- Ministry of Social Security, National Solidarity and Reform Institutions
- Ministry of Health and Quality of Life
- Ministry of Social Integration and Empowerment
- Ministry of Finance and Economic Development
- Police
- University of Mauritius
- Mauritius Research Council

The research activities of the Observatory are undertaken by co-opted resource persons including technical experts and staff from the Ministry of Social Security. Technical Support has also been obtained from the Tata Institute of Social Science who delegated Professor Siva Raju, Dean of the School of Development Studies to advise on the Observatory activities.

## 1.2 The ageing population phenomenon in Mauritius and topical issues arising

The compelling need for the Observatory of Ageing can be located within the context of an ageing population. The population aged 60 and above currently stands at about 176,453 people which is roughly equivalent to about 13% of the population, as compared to 9.1% in the year 2000 and 8% in 1990. It is projected to increase to 335600 by 2039 so as to represent about 25% of the total population. The elderly support ratio which refers to the number of people of working age (15-64) divided by those 65+ is currently 9 and is projected to decrease dramatically to only 3 by 2050.

According to Coulmas (2007), three different types of society based on the proportion of elderly, can be identified: (i) Ageing society: 7-14% of the population are 65 years or older; (ii) Aged society: 14-21% of the population are 65 years or older and (iii) Hyper-aged society: 21% or more of the population are 65 years or older. According to this classification it can be considered that Mauritius will be a hyper-aged society over the next couple of decades.

The Government recognizes the multidimensional and profound impacts that population ageing will bring to Mauritius and seeks to ensure that policy making and service delivery will provide Mauritian society with the necessary conditions for successful ageing.

Although Mauritius ranks 1<sup>st</sup> among African countries and 33<sup>rd</sup> worldwide on the Global Age Watch Index 2013 (See HelpAge International 2013) which ranks countries by how well their ageing populations are faring taking into account income security, health, education and employment opportunities for the elderly, yet the ageing population in Mauritius raises numerous social, economic and health challenges including inter alia:

- Increasing pressure on Government budget, particularly social security benefits
- Increasing risk of impoverishment and social isolation of older persons (particularly a feminization of elderly poverty given that women have a higher life expectancy than men)
- Increasing need for residential and day care facilities for older people
- Increasing pressure on healthcare services
- Increasing need for recreational and leisure facilities for the elderly
- The potential rise in elderly abuse and the need for increasing protection for older people

For all these reasons, as an important initiative to plan for this demographic shift which is under way and the challenges it poses, the Ministry of Social Security, National Solidarity and Reform Institutions has set up the Observatory of Ageing to drive action-orientated research and analysis to inform future policy on meeting the needs of an ageing population.

### 1.3 Identification of the 4 thematic areas of the study

Given constraints of resources, as a first set of research activities for the Observatory, a list of 4 priority thematic areas have been identified and given priority out of the wide range of important dimensions of ageing which required attention. The choice of these thematic areas was determined further to consultations with high level officials from the Ministry of Social Security and the Advisory Committee and was mainly determined as a result of their topical relevance in contemporary Mauritian society. The studies were focused and indicative of the main dimensions of the research problems investigated and as such should not be construed as definitive and generalizable.

The 4 thematic areas identified for this first exercise of the Observatory are as follows:

- i. **Leisure and Recreational Needs of the elderly**
- ii. **Housing and Living Conditions of the Elderly**
- iii. **Health problems of the elderly**
- iv. **Elderly abuse**

Further to the identification of these themes, 4 teams were set up comprising of team leaders and investigators from the Ministry of Social Security to carry out the fieldwork. The research design and methodological issues as well as logistics and other practical issues of administering the fieldwork and interpreting the data generated were closely monitored in an iterative manner by the Advisory Committee.

Following this process, the salient findings and recommendations of the 4 individual reports have been compiled for presentation in this summary report.

## 1.4 Methods and Framework of the 4 studies

The following table sums up the objectives, research design and methodological approaches employed according to the different thematic areas:

Thematic Areas	Scope and Research Scope and Objectives	Research Design/ Methodological Approach	Research participants
<b>Leisure and Recreational Needs of the elderly</b>	<p>Specific focus on elderly participation in leisure activities organised by the Ministry.</p> <p><b>Key Objectives</b>            (a) To understand elderly awareness, perceptions of and ease of access to Govt-led leisure facilities as well as hindrances and motivators.            (b) To tap into suggestions for improvements of leisure facilities from the perspective of the elderly.</p>	<b>Quantitative Survey using structured questionnaire</b>	A sample of 250 elderly people (male and female) aged ≥60 to 80+ years has been selected through the convenience sampling technique to take part in an interview.
<b>Health problems of the elderly</b>	<p>Specific focus on Management of Dementia and Alzheimer's Disease (AD) in Subsidised Care Homes.</p> <p><b>Key Objectives :</b>            (a) To understand the quality of life of persons with dementia and AD            (b) To find out what are the services provided by care homes to residents suffering from dementia and AD</p>	<b>Quantitative Survey using semi-structured questionnaire :</b> The survey was administered to all 20 subsidised care homes in Mauritius.	Officers of the health team visited Govt subsidised care homes and collected information on the residents from their personal files with approval of the managers of the care homes. The questionnaires were filled also by interviewing the carers and nurses looking after the residents with dementia and AD.
<b>Housing and Living Conditions of the Elderly</b>	<p>Specific focus on elderly persons from identified poverty-stricken areas.</p> <p><b>Key Objective:</b>            Exploratory investigation into the housing and living conditions as well as self-perceptions in 5 selected areas</p>	<b>Quantitative Survey using structured questionnaire</b>	185 elderly participants selected from 5 regions namely, Grand Gaube, Vallée des Prêtres, Panchavati, Hermitage and Petite Rivière have been sampled using purposive sampling procedures.
<b>Elderly abuse</b>	Desk Review of available empirical data, existing legislative and	<b>Combination of Desk Research (secondary</b>	Key informants from those closely involved

	institutional support services	<b>sources of data) - with Key Informant Approach</b>	with elderly issues in the community
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## **I. SYNOPSIS OF MAIN FINDINGS AND RECOMMENDATIONS FOR THEMATIC AREA ONE: LEISURE AND RECREATIONAL NEEDS OF THE ELDERLY**

### **BACKGROUND**

Researchers have found that a person who is active during leisure time would lead to a better quality of life. However, based on records available from day care centers and the social welfare division in Mauritius, only a few of our elderly persons participate in physical and other leisure activities set up by the parent ministry. This implies that there might be some existing barriers among the elderly persons to participate in those activities.

The primary aim of this study is to identify and examine the constraints presently being faced by elderly persons with regards to their participation in activities organised for them by the Ministry for Social Security, National Solidarity & reform institutions. Identifying these barriers will be helpful to the Ministry in revamping its approach with regards to the leisure and recreational activities presently being organised for our elderly. This study takes a deep insight into the leisure behaviours of our elderly, the difficulties they presently encounter, as well as their proposal for the future. The identification and elimination of the leisure barriers/constraints will bring elderly persons with quality leisure which is accessible to them and will also improve their level of satisfaction with regards to their quality of life.

### **METHOD**

A sample of 250 elderly people (male and female) aged ≥60 to 80+ years has been selected through the convenience sampling technique to take part in an interview. For data collection purpose, a research instrument, in the form of a structured interview schedule was developed. Questions set pertained mainly to key aspects in the participation of our elderly in leisure activities organised by the Ministry and were related to factors such as their health, finance, daily schedule, level of awareness, ease of access, as well as hindrances, motivators and suggestions for improvements in the future.

### **KEY FINDINGS**

#### **Health conditions is not a deterrent for participation in leisure activities**

In spite of the fact that 72.8% of respondents reported to be suffering from at least a disease/ illness and 6.4% of respondents even reported to be suffering of physical impairment/s, an overwhelming majority of the elderly queried (80%) were clearly of the opinion that these health issues were not acting as a deterrent for participating in leisure and recreational activities. On the contrary, a high proportion of our elderly considered leisure activities as being of utmost importance, in spite of their poor health.

#### **Finance does impact on level of participation**

When financial position is cross-tabulated with membership in senior citizen associations, a significant relationship is noted. Indeed, amongst those reporting an excellent/ good financial position, 74% reported to be a member of a senior citizen association or day care centre. However, it is the case for only 40% of those who reported their financial situation as being fair. The figures go down to 31.8%

amongst those who considered their finance to be bad/ very poor. The same trend is noted with regards to membership of other clubs involved in leisure activities as well.

### **Daily activities is not a deterrent**

In spite of the fact that women put in much more hours in terms of household chores and personal care than men, this does not act as a deterrent for their participation in leisure activities organised by the ministry. In fact, based on data analysed, no significant relationship has been established between hours of free time and participation in leisure activities. Indeed, whilst 60% of the elderly who reported 3 hours or less as free time were members of senior citizens organization, it was the case for 62% of those who had between 4-6 hrs of free time daily. However, amongst those with 7 hrs or more of free time, only 20% reported to be a member of a senior citizen association. In spite of their daily commitments, the elderly are, in general, able to find time for leisure activities.

### **Our elders attach a lot of importance to leisure activities**

When queried with regards to the importance of leisure in their life, it is clear that, irrespective of their age, gender, marital status, and whether they live in town or villages, the elderly attach a lot of importance to it. Indeed, for some 85% of men and 79% of women, leisure was reported as being important or very important. The most popular activities amongst our elders are: Watching TV (76.71%) Listening to radio (42.57%) followed by Morning Walk (38.55%), Gardening (26.91%) and Visiting relatives (26.51%). However, when these leisure activities are dissected on a gender basis, the most popular leisure activities (over and above TV and Radio which are common to both men and women) are as follows: For Men, Gardening (12%), Gentle Physical exercise (10%), visiting relatives (9%) and jogging (5%) are the most popular activities. For women, visiting relatives (10%) is followed by Gardening (9%), Shopping (6%) and Dance (5%).

This study also reveals that there are a number of activities which are presently being 'under-exploited' and which could be very enriching and entertaining for our elders. Indeed, the survey carried out with our elderly shows that activities such as playing (or learning to play) musical instruments, Yoga, Singing, Tai Chi, Fishing, Physical exercise and drawing all have the potential to entertain more of our elderly whilst maintaining their physical and emotional well-being.

### **Level of awareness and ease of access can still be improved**

The overall level of awareness with regards to leisure activities organised by the parent Ministry stood at 85.20%. This is a clear indicator that the parent Ministry is doing a good job in terms of visibility with regards to leisure activities organised. Still, with regards to place of stay, there is a minor distinction in terms of level of awareness for those living in urban (88%), semi-urban (85%), and rural areas (84%). Also, even if a high percentage of respondents are aware that the parent ministry has set up leisure activities for them, information pertaining to all the specific courses/ programmes available is not reaching all of the potential consumers of these services. There is therefore a need to put in additional efforts to ensure that each and everyone is given the opportunity to participate in activities organised, especially in the rural areas.

As far as ease of access is concerned, whilst more than  $\frac{3}{4}$  of our elderly have the required information pertaining to centres where the elderly meet, there is still some work to be done at this level to ensure that the remaining 20-25% are also made aware of same. When asked whether the center is close to their place of residence, and easily accessible, 90% of those who were aware of its location pointed out that it was close and accessible. However, out of the 10% of negative responses obtained, the geographical breakdown was as follows: Urban: 4%; Semi-Urban:4.5%; Rural: 1.5%. This denotes that

the centres are considered as being slightly more close and accessible in rural areas as compared to the semi-urban and urban regions.

### **Membership/ Level of Participation is quite low**

Out of 250 elderly persons queried, only 60% reported that they were taking advantage of the leisure facilities that have been set up for them by the parent ministry. The level of membership of senior citizens associations stood at 65% amongst males queried, but was only of 57.7% amongst females. However, health and physical impairments are not the main factors explaining the high level of non-participation in leisure activities. As far as the place of stay is concerned, there is a clear demarcation with regards to the level of participation in semi-urban and urban areas as compared to rural areas. Indeed, whereas membership in citizens association and Day Care Centres stood at 40.2% and 49% respectively in semi-urban and urban regions respectively, 83.2% of respondents living in rural areas reported to be a member of a senior citizen association or day care centre. As such there is a need for a more aggressive campaign in urban regions so as to enlist more participation of the elderly. In that respect, a participative approach can be adopted, taking into account the hindrances and motivators of the elderly living in urban/ semi-urban localities, so as to devise ways to tackle them.

With regards to leisure activities which are more popular amongst our elders and in which they report to be more interested in, and participating more actively, responses obtained are as follows:

1. Outing
2. Camping
3. Indoor games
4. Literacy and other indoor activities

These activities remain popular across the different age group, and no significant change is noted, gender-wise or in terms of place of stay (urban, semi-urban and rural).

### **Main hindrances and motivators**

Given that some 38.4% of respondents reported that they were not participating in any leisure activity at all, whilst others were also facing a number of hindrances making participation in leisure activities difficult, It was therefore essential to analyse the main elements impeding on the participation of our elderly in leisure activities. Hindrances identified can be classified under 5 thematic as follows:

- (i) Health and disability issues (28.05%)
- (ii) Interest issues (24.39%)
- (iii) Lack of Time (18.7%)
- (iv) Accessibility (13.01%)
- (v) Others (15.85%)

Therefore, in order to target a higher percentage of participation amongst our elderly in leisure activities organised for them, it is inevitable that a multi-pronged approach is required. This has to be in line with the difficulties being faced on the ground by our elders. As such, hindrances cannot be tackled in a generalized way.

On the other hand, friends and the family are two very important motivators in one's decision to engage in leisure activities. As such, informative sessions or other forms of communication can be addressed to relatives, encouraging them to register their elderly parent/s for leisure activities. Active members can also play an important role in bringing the elders in their immediate surroundings to join. On the other

hand, professional advice can have a positive or negative influence, based on the health of the elderly. As professional advice is generally taken much more seriously than friends and relatives, information about leisure activities organised through the Ministry of Social Security can also be channeled through the local health centres/ dispensaries.

### **Proposals and suggestions for the future**

What emerges out of this study is that the state is doing a lot already with regard to the organization of leisure activities of our elderly. However, there are a few areas where the intervention of the state needs to be reviewed and/ or upgraded so as to be in a better position to provide an improved service level to the public. A more targeted and participative approach can also prove to be very useful in improving the participation rate of our elderly.

Based on responses obtained from the elderly, the latter are pressing for more information about facilities available and activities organised; more transport facilities and access service so as to ease their movement from their place to the centres; more of recreational centres; the involvement and support of friends and relatives; and the organisation of new activities for them.

## **II. SYNOPSIS OF MAIN FINDINGS AND RECOMMENDATIONS FOR THEMATIC AREA TWO: MANAGEMENT OF DEMENTIA AND ALZHEIMER'S DISEASE IN SUBSIDISED CARE HOMES**

### **BACKGROUND**

The health team of the Observatory on Ageing has chosen the theme '*Dementia and Alzheimer's Disease*' as its first study concerning health care of the elderly, after discussing with the different members of the team and with the Ministry's high officials. Dementia and Alzheimer's Disease, are still unknown to many professionals and the public at large. The global dementia burden is estimated to be 35.6 million people with 4.6 million new cases occurring annually. However as population ageing is occurring more rapidly in the developing countries and an increasing number of people are living to an advanced age in those regions, the prevalence of dementia will be disproportionately greater in Less Developed Countries (LDCs). At present an estimated 60% of people with dementia live in LDCs, and this is projected to increase to 71% by 2050.

Increases in the prevalence of dementia in Low and Middle Income Countries, and indeed in all regions, will lead to substantial public health burden for the countries. In addition, an accelerated urbanization trend in LDCs is contributing to an increase in diseases of lifestyle, such as diabetes and hypertension- especially in Africa, which are risk factors for dementia. A lack of primary knowledge about the disease in these countries detracts from an awareness of and policy responses to dementia, as well as management of the clinical and care of burden that arises. Although an insidious and disabling disease, the diagnosis and management of dementia, predominantly prevalent in the older population, is arguably not a priority for LDC's health care systems.

Existing research on dementia and AD in developing countries have inter alia called for :1) A need for increased awareness of dementia; 2) the important role that family plays in the care of persons with

dementia;3) a need for increased community support for people with dementia; 4) the lack of healthcare and long term care services for these people; 5) how onerous the burden of dementia related disability is; and 6) how poor or inadequate or indeed non-existent , are responses from government in these countries.

In Mauritius there is so far a clear absence of data on dementia and AD and this need for research on such an important issue which affects the elderly justifies the choice of this topic as a priority area of the Observatory. The main objectives of the study were therefore:

1. To understand the quality of life of persons with dementia and AD
2. To find out what are the services provided by care homes to residents suffering from dementia and AD
3. To find out what kind of support are given to caregivers to prevent strain.

A survey questionnaire has been administered in the 20 subsidised care homes of the island. Officers of the health team visited the care homes and collected information on the residents from their personal files with approval of the managers of the care homes. The questionnaires were also filled by interviewing the carers and nurses looking after the residents with dementia and AD

The survey also attempted to elicit the situation of the residents prior to admission, their daily activities in the care homes, the stage of their disease and treatment and other medical problems and treatment. It also sought to obtain data on caregivers; their level of training, aptitude, relationship with resident and support.

## KEY FINDINGS

The number of residents with dementia and AD were 94, representing 12 % of the residents' population in these care homes.

The main findings of the study can be summed up as follows:

- In the care homes they were well looked after in terms of general care, board and lodging; but when it concerned dementia and AD; they did not receive a client- centred approach treatment adapted to their conditions;
- There was a lack of specialized services, except in the one home which catered for severely disabled elderly persons;
- Activities were not specific to residents with dementia and AD;
- Awareness of dementia and AD was limited and most of the managers and carers did not understand that it was a chronic brain disease;
- Support to carers was not provided;
- There was no interaction between the health professionals and management and also between them and the carers;
- Families were not involved in the care plan.

## MAIN RECOMMENDATIONS

### **i. Need for better awareness among health professionals and wider society alike**

Dementia and AD being still unknown by many working in care homes, we will need to develop a strategy of awareness raising for healthcare professionals and the public in general;

A national discussion on care and management of dementia and Alzheimer's Disease is required.

### **ii. Investment in Treatment and Training Needs**

There is a dire need to invest in health and social systems to improve care and services for people with dementia and AD and their caregivers.

Health and paramedical professionals must be trained in dementia and AD care, in fact, a dementia workforce to be made available to cope with increasing numbers of persons with dementia and AD;

### **iii. Treatment at the Level of Care Homes**

Activities in care homes need to be improved and standardized, even made compulsory, as residents with dementia and AD, need to have specific activities, to help slow down the progress of the disease and make their quality of life (QoL) better;

Each care home should have a dementia policy, work with the health and social departments to make sure that residents with dementia and AD get the best possible care and management ;

### **iv. Diagnosis and care plan**

Diagnosis of dementia and AD with staging of the disease is most important for the individual and his/her family and will help to prepare a dementia care plan adapted to the person and his family;

### **v. Case Management**

Managers of care homes should have personal files for each resident with medical and social reports, and also in it an individual care plan, so as to manage the dementia problems, like communication, mobility, challenging behaviors and feeding problems;

### **vi. Role and contribution of the family**

Families should be encouraged to visit and be involved in leisure and reminiscence activities of patients in subsidized care homes.

### **III. SYNOPSIS OF MAIN FINDINGS AND RECOMMENDATIONS FOR THEMATIC AREA THREE: HOUSING AND LIVING CONDITIONS OF THE ELDERLY FROM IDENTIFIED POVERTY-STRICKEN AREAS**

#### **BACKGROUND**

This study entitled “An Exploratory Study on the Housing and Living Conditions of Elderly Persons from Identified Poverty-Stricken Areas” explored the housing and living conditions of elderly persons (i.e 60 and above) from areas considered to be poverty-stricken. Five regions have been selected, namely, Grand Gaube, Vallée des Prêtres, Panchavati, Hermitage and Petite Rivière. A household-based survey questionnaire was administered by investigators to 185 elderly from those regions. The reference period for the fieldwork was October 2013- January 2014 and the data was computed and analysed using SPSS.

Ageing is usually accompanied by a deficiency in some of the faculties and the rate of loss of those faculties depends on the life style the person has been adopting. For Healthy Ageing, there are six basic principles to follow, namely, proper nutrition, a good social support system, regular physical activity, stress management, cognitive training and the practice of spirituality. However, whether the deficiencies are visible or not, they inevitably exist. Ill health and the complications of chronic diseases can lead to disability and total dependency, needing the care of another person for carrying out the activities of daily living. Housing conditions may then become a challenge, especially if the older person lives alone.

#### **AIMS AND OBJECTIVES**

The overall aim was to explore the housing conditions and living environment of elderly persons living in five selected places in Mauritius, which have been identified as being pockets of poverty. In the main, the study was framed by the following research objectives: (a) to understand the housing conditions of elderly in poor communities; (b) to explore the perceptions of elders regarding their living conditions; (c) to identify strategies to address their housing and living problems. The results give an insight into the living conditions of the elderly persons in these five different regions.

#### **KEY FINDINGS**

##### **Basic demographic profile of respondents**

Most of the elderly (52.1%) were in the age group of 60-69 years and 67.6% were women. There was an almost equal number of those who were married and those widowed.

##### **Health Status**

It was found that there was a low level of physical impairment, but a majority suffered from some sort of chronic illness.

Most of those interviewed (92.2%), suffered from some chronic illness, either one or a combination of them. The main diseases suffered from were diabetes, hypertension, heart disease and osteoarthritis.

There was no major gender difference in the prevalence of disease. There was a 16.2% prevalence of some sort of physical impairment.

### **Housing Conditions**

It was found that 89.2% of them lived in concrete houses and 57.3% were the owners of the house they lived in. 67% of the owners acquired the house through their savings and 94.1% have been living in the present house for more than ten years.

97.8% had all the basic amenities like drinking water, electricity and a television set. 47.1% of the elderly persons had to care for other family members.

About one fifth of the elderly contributed towards the expenses of the family by using their pension money, while only a few were still in active employment.

### **Self-perceived Safety**

62.7% of the elderly felt safe in their own house and it is a matter of concern that nearly 1 in every 3 elders feel unsafe. It is equally concerning that a majority of respondents state that they do not feel safe in their localities.

### **Transport Facilities**

91.9% used the bus as the main means of transport. However, all the respondents from Panchavati state that there was no facilities for public transport while those in Hermitage said access to public transport was problematic.

### **Home Maintenance**

19.5% of the older persons had the responsibility for minor repairs in the house while 40% were given the responsibility to pay utility bills.

### **Support from Others**

About half of the elderly persons were responsible for food preparation and also to care for others in the family. There was a demand for some sort of assistance during the night mostly. One quarter of those interviewed said there were health hazards in the environment.

Only 2.7% reported that they had some kind of social support from the community. The others were left to themselves.

Only 33.5% of the older persons are cared for by another family member during an illness. The majority had to move to a daughter's house or to a grandchild for care

### **Level of Satisfaction with Present Living Conditions**

97.3% of the older persons felt satisfied with their present living conditions and their environment and 98.9% of them have never considered to move out of their present house.

## MAIN RECOMMENDATIONS

Although the elderly respondents interviewed indicate a sense of satisfaction and use to their home and surroundings which can be considered as legitimate reflexes, a number of matters of concern have also been highlighted in this study and some of the main policy implications of the findings are outlined below:

1. Assessment of risks and hazards could be made and the required adaptations could be suggested, e.g. fitting of handrails, ramps and anti-skid flooring.
2. The National Transport Authority should organize for bus facilities at Panchavati and at Hermitage.
3. Health centres must be built in Panchavati and in Hermitage.
4. There is a need to make the settlements investigated more elderly-friendly and secure. Necessary amenities such as easy access to transport facilities, a round the clock medical care facility to cater for emergencies as well as initiatives to make the neighbourhood more secure are quintessential.
5. A pool of Carers could be trained and made available for those who may need assistance with house chores and personal care for the activities of daily living.
6. There is also a need for more research, extended to other regions in order to extend our understanding of the living conditions of our elders in society.

## IV. SYNOPSIS OF MAIN FINDINGS AND RECOMMENDATIONS FOR THEMATIC AREA FOUR: ABUSE AGAINST THE ELDERLY

### BACKGROUND

Although the majority of older people enjoy the benefits of family life, with an ageing population there has been a growing awareness that older people are sometimes abused or neglected. The slowness to accept the existence of elder abuse in most societies is common to other forms of family violence such as child abuse and domestic violence. Elderly abuse is against the spirit of the United Nations Principles for Older Persons: independence, participation, care, self-fulfillment and dignity. Progress on building a response to elder abuse has been slow as the issue is shrouded in secrecy, denial and guilt. The international literature suggests that around three per cent of older people in the community suffer from some form of domestic abuse, neglect or mistreatment at any one time. The literature also indicates that an unspecified level of abuse occurs in institutional settings. While so far there has been no comprehensive study of the prevalence of elder abuse in Mauritius, yet in year 2006 the Government of Mauritius enacted the Protection for Elderly Persons Act to ensure that adequate protection and assistance is provided to the elderly particularly in the context of an increasingly ageing population.

### AIMS AND OBJECTIVES

The main aim of the research carried out for this thematic area is to assess, based on a review of secondary data as well as discussions with stakeholders engaged in addressing elderly abuse, the extent to which existing measures are adequately protecting the elderly from abuse.

### MAIN FINDINGS

Growing concern for elderly abuse has led the Mauritian Government to initiate a number of legislations and social policies. The Residential Care Homes Act of 2003 was designed to protect elderly abuse in residential care homes. The Protection for Elderly Persons Act of 2005 was promulgated in September 2006 and had for objectives to set up a legal and administrative framework to ensure that adequate protection and assistance are made available to persons in Mauritius. The act makes provision for the setting up of a Protection for Elderly Network to ensure that adequate protection is provided to elderly persons against ill-treatment be it physical, verbal, emotional harassment and financial prejudice. It also makes provision for a Monitoring Committee comprising of Representatives of various stakeholders and an Elderly Watch Network and the Elderly Persons' Protection Unit. A national Policy on Ageing in 2008 is also available to lay out principles for the protection of elderly against abuse within the family and in wider society. However in practice, elderly abuse still remains a problem as indicated by official statistics which are notoriously acknowledged to be merely the tip of the iceberg. Complaints of elder abuse are reported to the Welfare and Elderly Persons Protection Unit by either the various stakeholders' agencies or through hot lines.

	2008		2009		2010		2011		2012	
	M	F	M	F	M	F	M	F	M	F
<b>Physical</b>	15	84	17	50	10	38	15	59	11	32
<b>Financial</b>	27	90	23	86	26	61	26	66	29	43

<b>Emotional</b>	109	345	51	261	81	238	106	312	99	287
<b>Neglect</b>	38	91	44	82	27	68	43	82	31	61
<b>Other</b>	42	94	31	70	65	120	49	74	39	68
<b>Total</b>	231	704	166	549	209	525	239	593	209	491
<b>Source: Welfare and Elderly Persons Unit 2013</b>										

Data collected on reported cases at the Welfare and Elderly Persons Unit (WEPU) shows that women are more victims of elderly abuse than men and emotional abuse is the most prevalent type of abuse. The number of reported cases in 2008 is highest and this might be because strong sensitisation campaigns were held in this year with the setting up of the Elderly Unit and the Elderly watch network. Over the next four years the number of reported cases has been in the range of 700-800 yearly. Research in other countries has shown that the various types of abuse often occur together and very often an elderly is a victim of more than one type of abuse (Sengstock & Liang, 1983). In some instances elderly spouse abuse may represent the continuation of a pattern which has continued for many years as a form of domestic violence. In some couples, a long term abusive pattern may be altered, as a formerly abusive husband becomes frailer, his wife, now dominant, may take revenge for years of abuse (Sengstock, 1991).

The legislations and institutional mechanisms which exist to ward off elderly abuse are quite limited in scope and arguably do not adequately address these issues. The data reported at the Welfare and Elderly Persons Unit (WEPU) refers only to cases of elderly abuse in the domestic sphere. In Mauritius, reporting on elderly abuse is still taboo and individuals continue to find elder abuse difficult to discuss, recognise and report. This implies that obtaining a true picture of its prevalence in the community will be difficult if not impossible. Protocols and processes are needed to assist individuals, families, carers in institutional settings and community groups to understand the issues surrounding elder abuse, to recognise individuals who are at risk and to respond when appropriate. The provisions included in the Protection for Elderly Persons Act are quite restrictive and do not capture the full scale of the occurrence and detection of elderly abuse. The reliance on Elderly Watch networks and the work of officers posted at the WEPPU do not capture the full range of situations where the elderly can be abused. For example no provision is made for the reporting of elderly abuse in institutional settings.

## RECOMMENDATIONS

- i. Women are more prone to become victims and a gender perspective should be incorporated in the sensitization and detection of elderly abuse.
- ii. The legislation should be amended to cater for elderly abuse in both the domestic and institutional settings.
- iii. In terms of the mechanism to be set up to screen for, to detect, to report and to prevent elderly abuse measures should be taken in terms of (1) the three major categories of old age the young-old (approximately 60-74); the middle-old (75-84); and the old-old (over age 85); (2) the physically impaired and (3) elderly with mental difficulties.
- iv. Health professionals and carers working in institutional settings should be sensitized and trained on how to prevent and detect elderly abuse. Protocols in these settings should be set up and enforced.

- v. Assist the Mauritian family to cope with stressful situations, therapeutic adult day care, sitter-companion services and in-home respite care services should be developed to care for the elderly.

### 3.0 POSTSCRIPT

This document has provided an outline of the main research activities of the Observatory of Ageing thus far and the main findings and recommendations which emanate from the studies conducted. Given the right support and resources, the Observatory can potentially play an important part in ageing research and policy landscapes towards advocacy and evidence-based policy recommendations.

In particular there is a need for a full-time and dedicated core staff structure with commensurate funding and resources to coordinate and implement the research and advocacy activities of the Observatory whilst the current Advisory Committee can also be streamlined for more efficacy. There is also a need for more visibility of the activities of the Observatory through workshops, sensitization and research-based activities at community level.

These would ensure keeping abreast of on-going developments and issues of topical significance brought about by ageing and the possibility of systematic and timely research activities in order to ultimately contribute to an improvement of the quality of life of the elderly.

Last but not least, there is a need for the elderly themselves to have a voice and identify with the activities of the Observatory so that in turn the latter can represent and champion their cause.