

**REPUBLIC OF MAURITIUS**

Ministry of Finance, Economic Planning and Development

**STATISTICS MAURITIUS**



# **HOW DO MAURITIANS FEEL ABOUT THEIR HEALTH?**

*(Based on Living Conditions Survey, 2018/19)*

October, 2020

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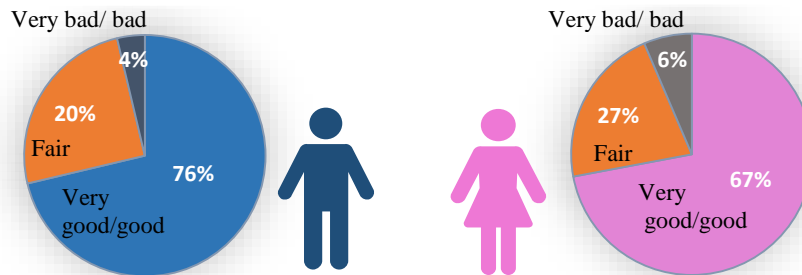
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# Self-perceived health statistics

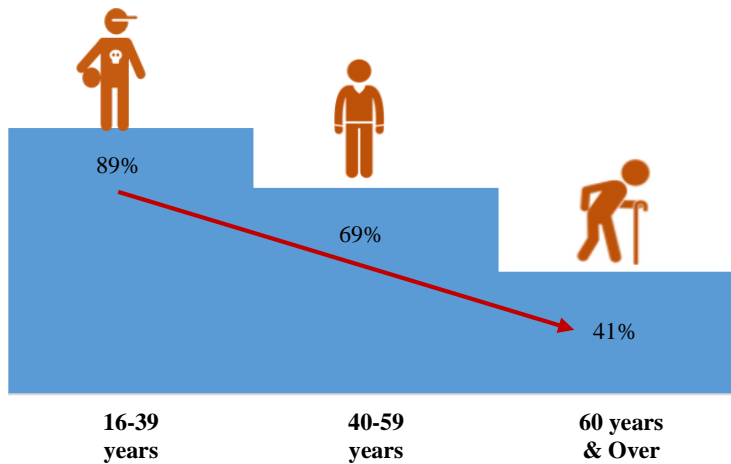
In 2018/19, **7** out of **10** Mauritians rated their health status as **'good or very good'**



**Men rated themselves as healthier than women**

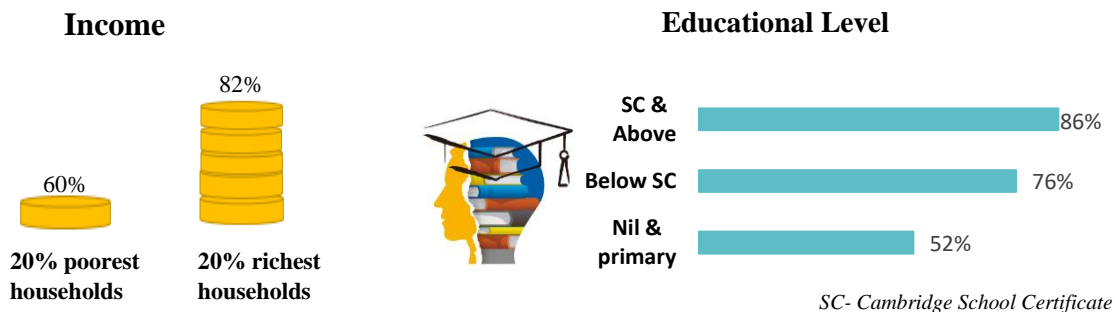


**Self-perceived health declines with age. The young reported better health than other age groups** (% of persons who reported their health as 'good or very good' by age group)



**The higher the income and level of education, the higher the ratings on health status**

% of persons who reported their health as 'good or very good' by income and educational level



SC- Cambridge School Certificate

## 1. Introduction

Health has always been, and remains an important predictor of overall quality of life. This paper provides an insight on how Mauritians perceive their health based on data collected at the 2018/19 Living Conditions Survey (LCS).

It also sheds light on how self-perceived health<sup>1</sup> varies with individuals' socio-economic status (sex, age, level of educational attainment, etc.), lifestyle (eating habits, physical activity, etc.) as well as their physical (difficulties in performing day-to-day activities due to health problem) and psychological (being happy, nervous, calm and stressed) states.

Some selected health indicators (e.g. life expectancy, causes of deaths), based on administrative data<sup>2</sup>, have also been used to support data analysis, and to provide a broader picture of the health situation in the country.

The analysis on LCS data pertains to the population aged 16 years and over in the Republic of Mauritius.

## 2. Main points

### ❖ How do Mauritians feel about their health?

- 7 out of 10 Mauritians reported their health status as 'good or very good'.
- An individual's self-perceived health is associated with various factors for example – socio-economic status, lifestyle and psychological state.
  - Socio-economic status
    - ✓ Self-perceived health decreases with age. The young reported better health than the elderly - 89% of young persons aged 16-39 years reported their health status to be 'good or very good' compared to only 41% among elderly, aged 60 years and over.
    - ✓ Women lived longer than men, but reported to have a less healthy. Only 67% of women rated their health status as 'good or very good' compared to 76% for men.
    - ✓ Persons, of all ages, with higher education level reported higher level of health status as well as those living in high income households.

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<sup>1</sup> Self-perceived health, also known as self-assessed/ rated health is a subjective assessment by individuals on their health.

<sup>2</sup> Data from Health Statistics, Ministry of Health and Wellness

- Physical factors
  - ✓ 96% of persons who reported having difficulties in performing their day-to-day activities due to health problem(s) rated their health status as ‘fair, bad or very bad’.
- Psychological state
  - ✓ 78% of persons who stated to be ‘not at all stressed’, ‘never felt nervous’, or ‘being happy or calm most of the time’ rated their health status as ‘good or very good’.
- Lifestyle
  - ✓ Persons who reported practising sport or any physical activity rated better health (80% rated their health status as ‘good or very good’);
  - ✓ those who reported eating food in eateries or purchasing food outside home also rated better health. These persons were employed and of high income.

❖ **Health indicators based on administrative data,**

- People are living longer – life expectancy at birth increased from 60.3 years in 1962 to 74.3 years in 2018;
- Infant mortality has declined over time from 60.3 in 1962 to 14.5 in 2019;
- Deaths due to infectious and parasitic diseases have reduced as well, from 9.4% in 1975 to 2.8% in 2019;
- However, deaths due to Non Communicable Diseases which are related mostly to individuals’ lifestyles and behaviours are increasing. In 2019, more than 50% of the total deaths were due to cardiovascular diseases and diabetes.

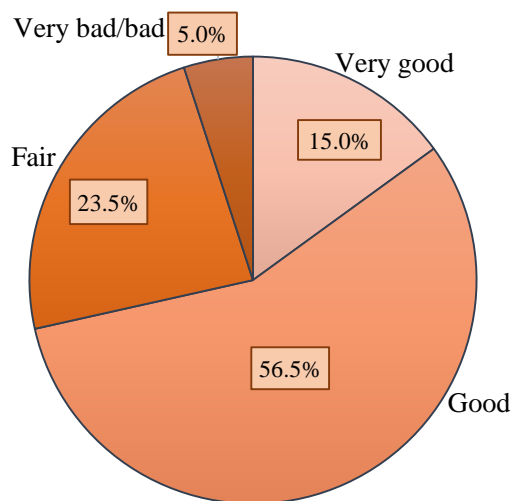
### 3. Findings

#### 3.1 How do Mauritians feel about their health?

**In 2018/19, 7 out of 10 Mauritians perceived their health status as ‘good or very good’...**

71% of Mauritians aged 16 years and over reported their health to be ‘good or very good’. Only 5% rated their health as ‘bad or very bad’

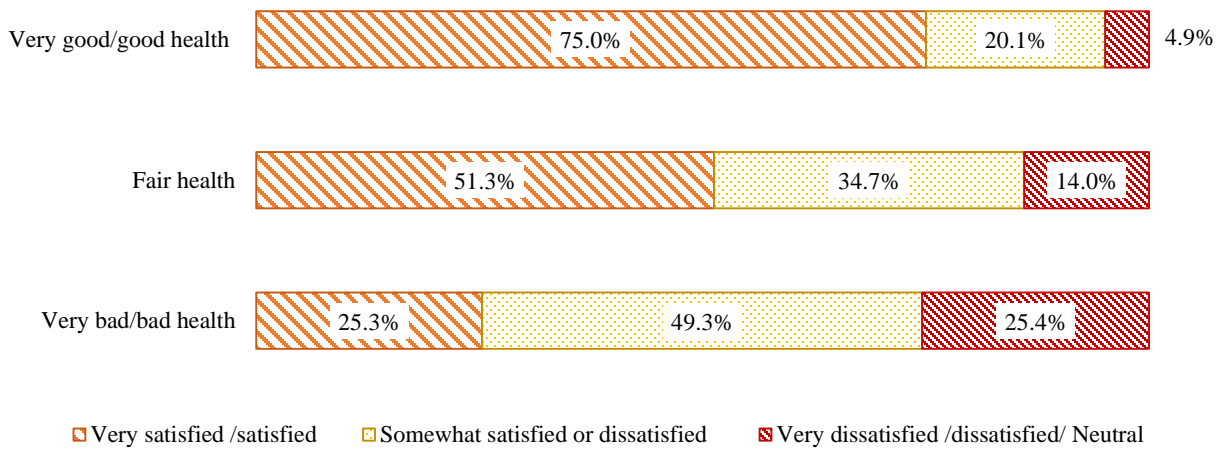
**Chart 1 – Self-perceived health of Mauritians aged 16 years and over, 2018/19**



**... and reported to be more satisfied with their lives.**

Good health usually results in a higher level of life satisfaction (Chart2). The survey data reveal that persons who reported their health to be ‘good or very good’ were most likely to be ‘satisfied or very satisfied’ with their lives (75%). In contrast, those who reported their health to be ‘bad or very bad’ were less likely to be ‘satisfied or very satisfied’ (25%).

**Chart 2 – Self-perceived health and life satisfaction, 2018/19**

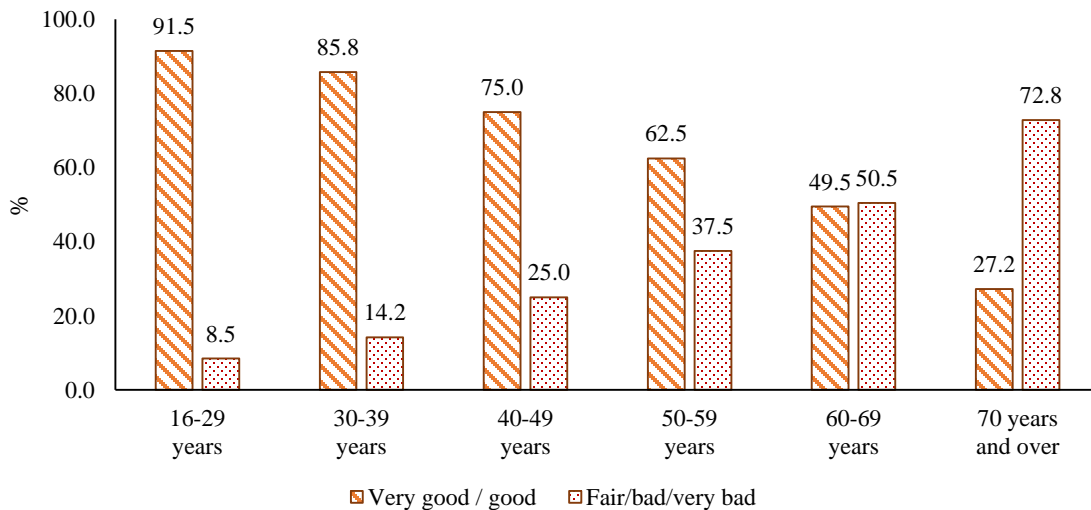


**Self –perceived health declines with age. The young reported better health than other age groups.**

Chart 3 shows a relationship between self-perceived health and age. As age increases, the share of persons reporting ‘good or very good health decreases.

The share of persons rating their health as ‘good or very good’ is highest among the youngest age group (16-29 years, 91%), which then decreases consistently across all age groups to reach its lowest value among the old persons (70 years and over, 27%).

**Chart 3 – Self-perceived health by age group, 2018/19**

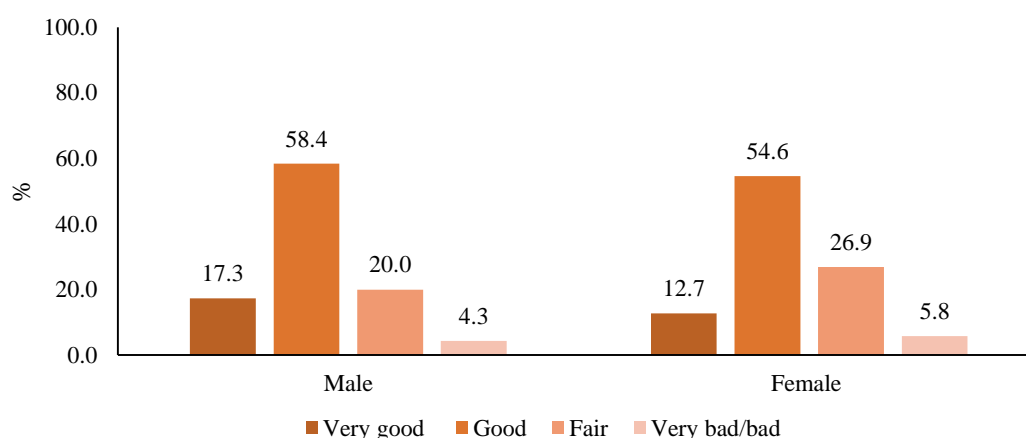


### Men are more likely than women to describe their health ‘good or very good’.

Women generally live longer than men around the world – on average by six to eight years<sup>3</sup>. At national level, 2018 figures on life expectancy indicates that women (77.6 years) outlive men (71.1 years) by more than 6 years.

However, LCS results indicate that women reported to live a less healthy life than men. Only 67% of women reported their health status to be ‘good or very good’ compared to 76% for men.

**Chart 4 – Self-perceived health by sex, 2018/19**



### At younger age, both men and women reported high level of health status. However, at higher age, women reported poorer health than men.

Disaggregated data by age and sex reveal that at younger age (16-39 years), men and women rated high level of health status - 89% described their health as ‘good or very good’.

However, as they enter their 40’s, women’s health tends to worsen faster than men. The share of women aged 40 – 59 years reporting their health as ‘good or very good’ (64%) is lower than that of men of same age group (73%). The gap widens at 60 years and over (Chart 5).

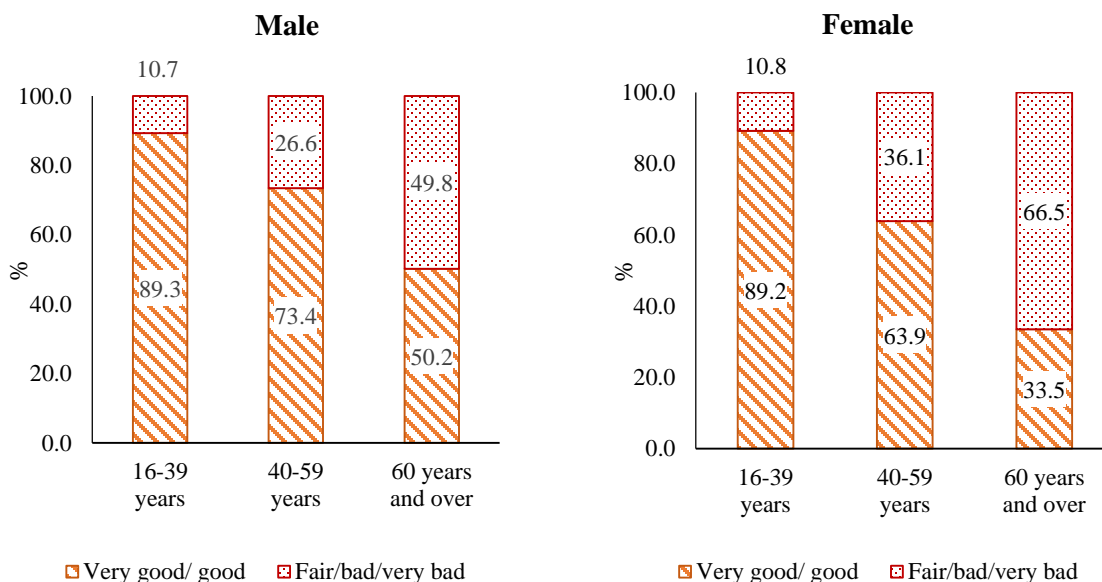
According to studies, the poor health of women after 40’s is more likely to be attributed to menopause/ hormonal imbalance and effect of child birth<sup>4</sup>.

<sup>3</sup>[https://www.who.int/gho/women\\_and\\_health/mortality/situation\\_trends\\_life\\_expectancy/en/#:~:text=Women%20generally%20live%20longer%20than,differences%20between%20men%20and%20women.](https://www.who.int/gho/women_and_health/mortality/situation_trends_life_expectancy/en/#:~:text=Women%20generally%20live%20longer%20than,differences%20between%20men%20and%20women.)

<sup>4</sup><https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3397324/>



**Chart 5 – Self-perceived health by age group and sex, 2018/19**



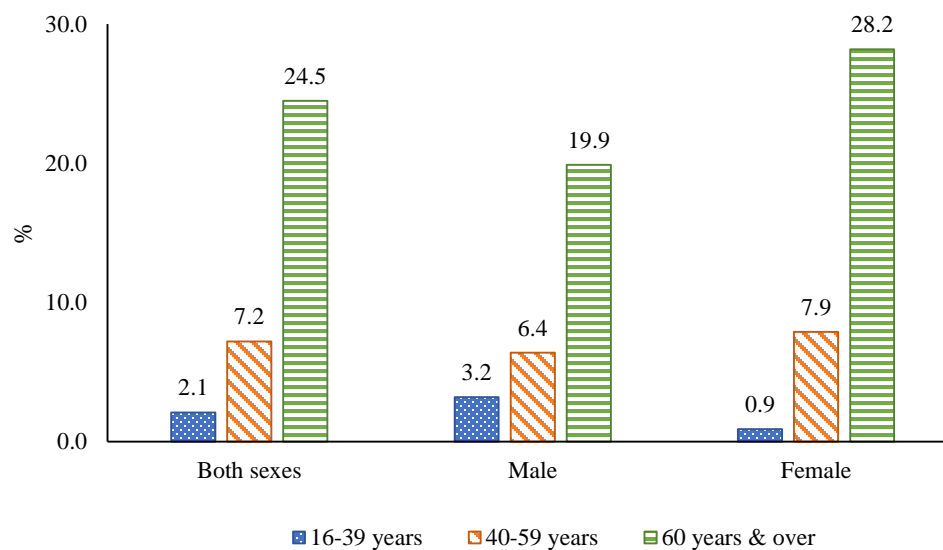
**Women and older people are more likely to have difficulties in performing their day-to-day activities due to health problem(s)<sup>5</sup>**

9% of the population reported having difficulties in performing their daily activities due health problem(s) and most of them (96%) described their health status as ‘fair, bad and very bad’; and only a few (37%) rated their overall life satisfaction as ‘satisfied’ or ‘very satisfied’.

Data disaggregated by sex and age show that the prevalence of having difficulties in performing daily activities due to health problem(s) is higher among women (9.8%) than men (7.7%). It increases with age that is, 10% among persons aged below 60 years versus 24% among elderly, aged 60 years and over (Chart 6).

<sup>5</sup> Question was asked as follows: ‘Do you have any health problem(s) that reduce your ability to carry out day-to-day activities: e.g. dressing, bathing or moving around, going out alone to shop, working at a job, etc. LCS questionnaire [https://statsmauritius.govmu.org/Documents/Census\\_and\\_Surveys/LCS/Quest\\_LCS\\_2018\\_2019\\_Module%20I\\_%20Quality\\_of%20Life.pdf](https://statsmauritius.govmu.org/Documents/Census_and_Surveys/LCS/Quest_LCS_2018_2019_Module%20I_%20Quality_of%20Life.pdf)

**Chart 6 – Percentage of persons who reported having difficulties in performing day-to-day activities by age group and sex, 2018/19**



Studies reveal that physical factors (like inability to perform daily activities, disability, activity limitation) are associated with poorer health, and quality of life as they reduce one’s ability to perform daily basic activities like personal hygiene and participate in social activities. In the World Health Organisation Measurement of Quality of Life (WHOQOL)<sup>6</sup>, it is a key area falling under Domain III ‘Level of independence’.

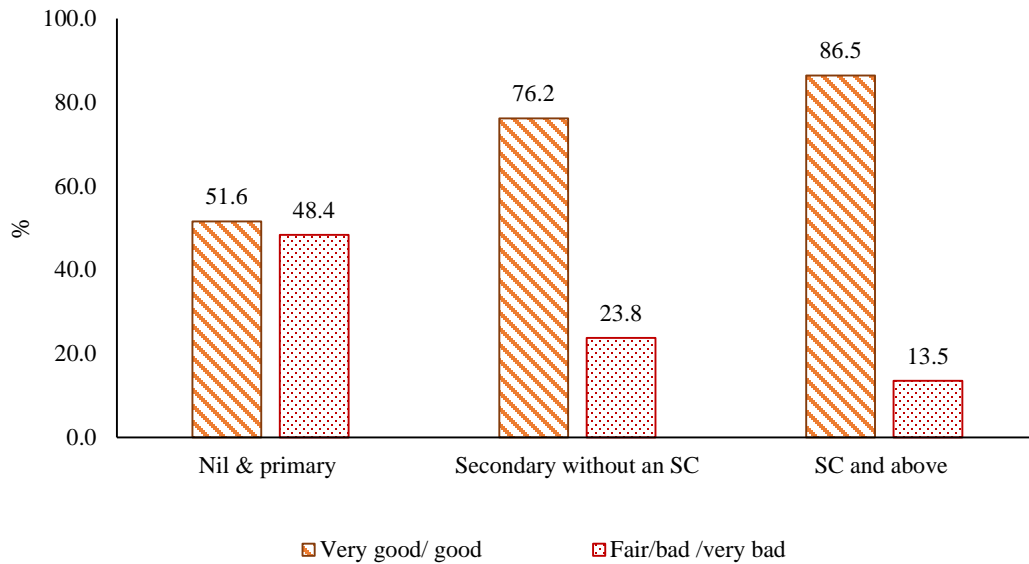
**Education, work and income are inter-related socio-economic factors that also impact on self-perceived health.**

**Persons with higher educational level reported to be healthier and ...**

86% of Mauritians who had at least a Cambridge School Certificate (SC) rated their health as ‘good or very good’ (Chart 7). Persons without an SC qualification rated a poorer health, particularly those who never attended school or attained primary level only (48%).

<sup>6</sup> <https://www.who.int/healthinfo/survey/whoqol-qualityoflife/en/index4.html>

**Chart 7 – Self-perceived health by level of educational attainment, 2018/19**



**... at higher age, health gap between education levels is broader and more apparent.**

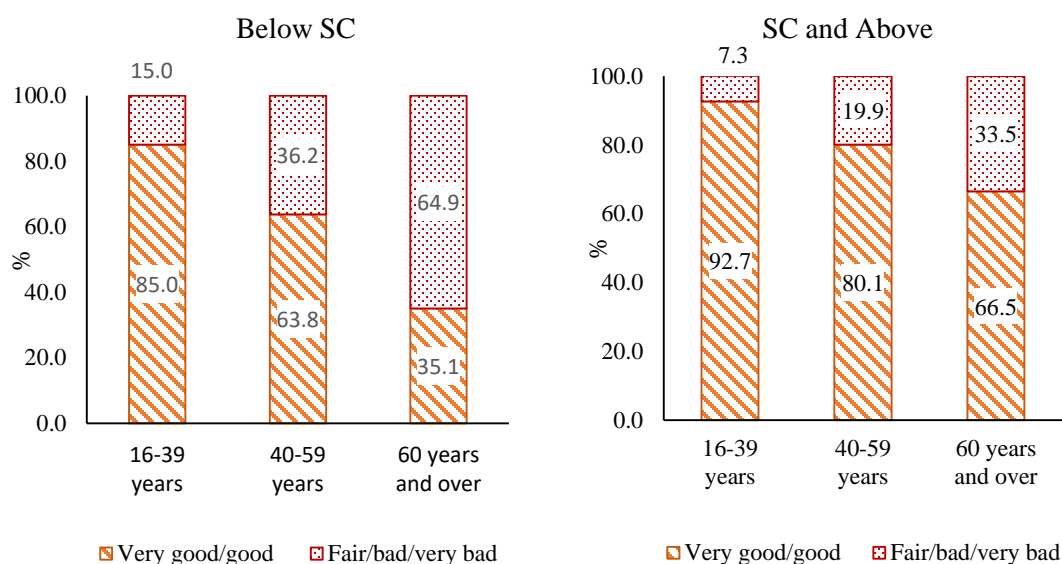
Data disaggregated by age and educational attainment show that persons with higher education reported better health across all age groups.

It is also observed that the health gap between educational levels (Below SC, and SC and above) is wider at higher age groups, particularly at 60 years and over. The share of persons aged 60 years and over reporting ‘good or very good’ health was 66% among those with at least an SC qualification against 35% among those who did not acquire any such qualification.

Existing studies reveal that education has positive lifelong effects on health through increased employment opportunities and income, better living conditions, and healthy lifestyle<sup>7</sup>.

<sup>7</sup> <http://www.oecd.org/education/innovation-education/37425753.pdf>

**Chart 8 – Self-perceived health by broader level of educational attainment and age group, 2018/19**



**Working persons also reported higher level of health status, and**

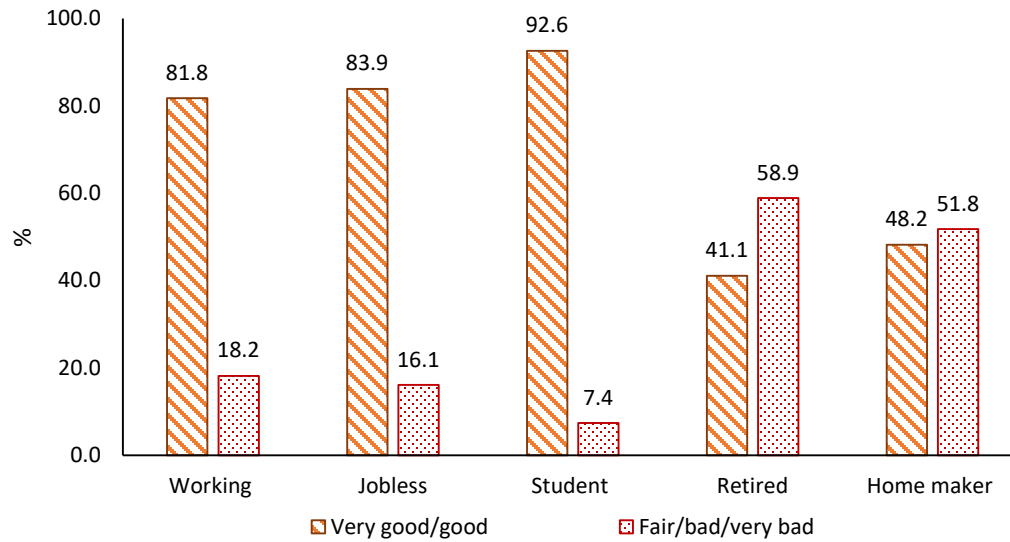
A high proportion of working persons (82%) reported their health status to be ‘good or very good’ (Chart 9).

Jobless persons also gave a high rating (84%). According to international studies, unemployment is usually related to poor mental and physical health<sup>8</sup>. The higher rating among unemployed could be explained due to the fact these persons were mostly young and single - nearly two third aged below 35 years - and more likely to report better health, and probably less likely to have household responsibilities as single persons.

Students gave the highest rating to their health - 93% rated their health as ‘good or very good’. In contrast, the corresponding share was significantly low (less than 50%) among retired (mean age 68 years) and homemakers (mean age 45 years, mostly women).

<sup>8</sup> [https://apps.who.int/iris/bitstream/handle/10665/49390/WH\\_11-12\\_1992\\_p18-19\\_eng.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/49390/WH_11-12_1992_p18-19_eng.pdf?sequence=1&isAllowed=y)

**Chart 9 – Self-perceived health by activity status, 2018/19**



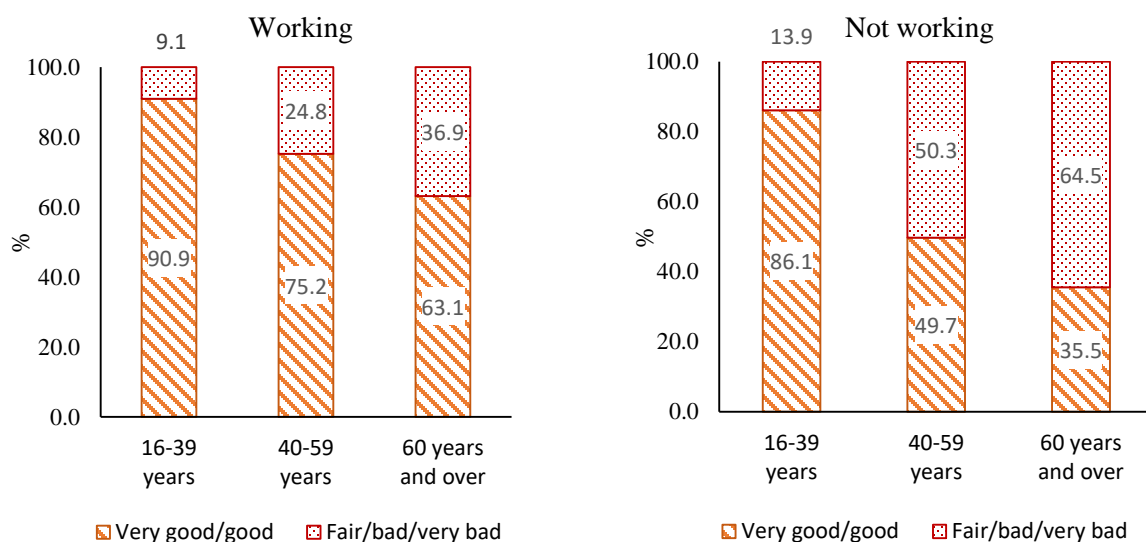
**... this holds true across all ages.**

Disaggregated data by broader group of economic activity status and age show that working people reported high level of health status at all ages (Chart 10).

The health gap between working people and those who did not work is obvious at higher age groups. Among persons aged 40-59 years, 75% of persons having a job rated their health as ‘good or very good’ against 50% among those who were not working. The gap is even wider among older age groups (60 years and over).

As pointed out in many studies, work contributes to an individual’s healthy life in many ways, both mental and physical health, for example by providing financial stability as well as increasing personal development and social interaction.

**Chart 10 – Self-perceived health by broader group of activity status and age group, 2018/19**



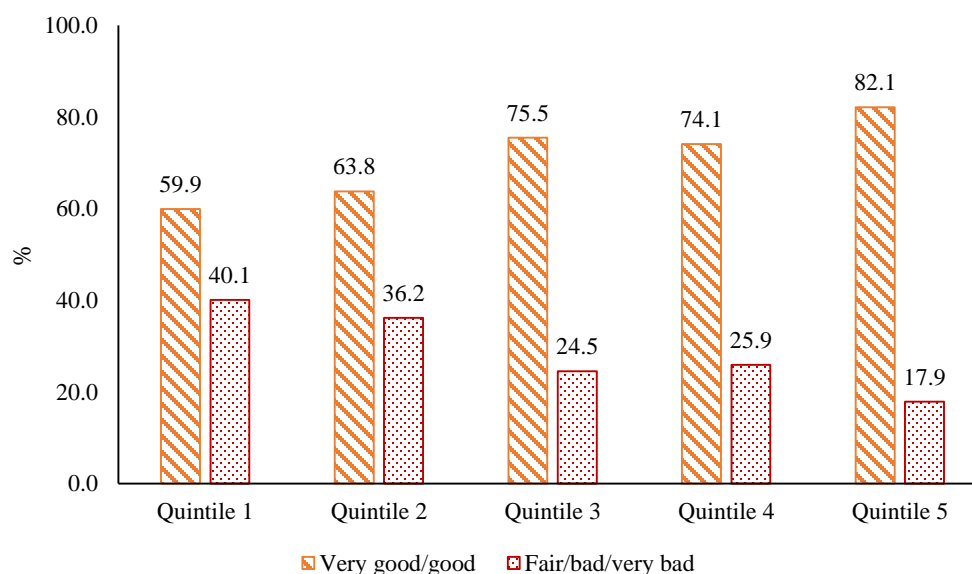
### Persons in high income households tend to report better health

Chart 11 shows that self-perceived health status has a general positive relationship with level of income that is, as income increases, the share of persons reporting ‘good or very good’ health increases as well.

82% of persons in the highest quintile<sup>9</sup> (20% richest households) rated their health as ‘good or very good’. Conversely, in the lowest quintile (20% poorest households), only 60% rated their health as ‘good or very good’.

<sup>9</sup> The income data refers to 2017. Given that the LCS is a sub sample of the 2017 Household Budget Survey, some information like household income which was collected at the HBS was re-used in the LCS to complement the analysis. Quintile is a specific type of quantile which divides the sorted household by income level in five equal parts i.e. Quintile 1 (20% poorest households) to Quintile 5 (20% poorest households). Each quintile comprises 20% households.

**Chart 11 – Self-perceived health by quintile group of household income, 2018/19**



**Persons with positive feelings<sup>10</sup> reported better health status.**

At the survey, household members were asked to rate their level of stress, and how often they felt calm, happy and nervous.

Data reveal that persons who reported experiencing positive feelings (e.g. calm, happy, etc.) were healthier than those with negative feelings (e.g. nervous, stressed, etc.). 78% of persons who stated to be ‘not at all stressed’, ‘never felt nervous’, or ‘being happy or calm most of the time’ rated their health status as ‘good or very good’. Chart 12 gives a broader picture on how self-perceived health varies with individuals’ feelings.

According to studies, psychological health (mental health), is a key determinant of self-perceived health – it impacts on individual’s behavior and ability to think. People with poor mental health are less likely to make healthy decisions and fight off chronic diseases.

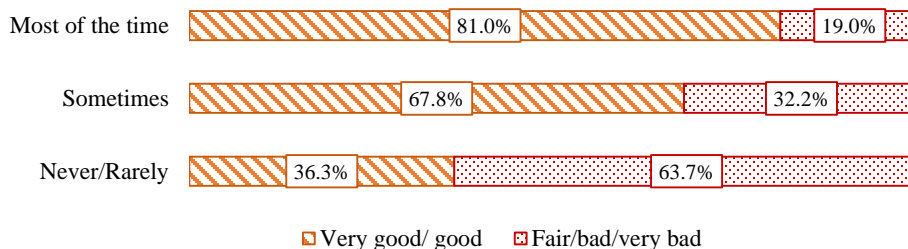
WHO emphasises on mental health – ‘Mental health is more than the absence of mental disorders. Mental health is an integral part of health; indeed, there is no health without mental health. ...’<sup>11</sup>. In addition, the two facets, negative and positive feelings, form part of the of WHOQOL – measurement of quality of life under Domain II – Psychological<sup>6</sup>.

<sup>10</sup> [World Health Organisation](#) – *Quality of life: Positive feelings (e.g. joy, happiness, contentment, peace, etc.); Negative feelings (e.g. nervousness, sadness, etc.)*

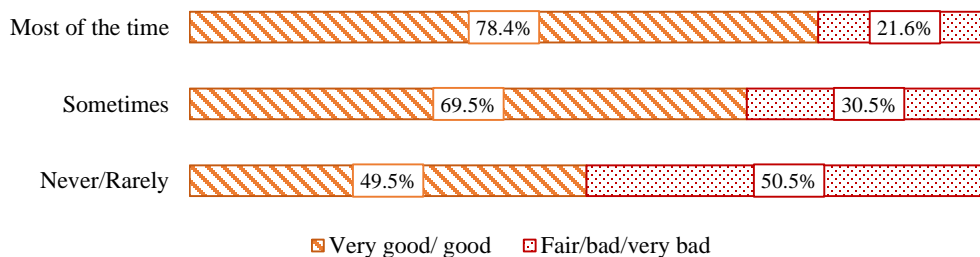
<sup>11</sup> <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

**Chart 12 – Self-perceived health status by positive/negative feelings as reported by Mauritians, 2018/19**

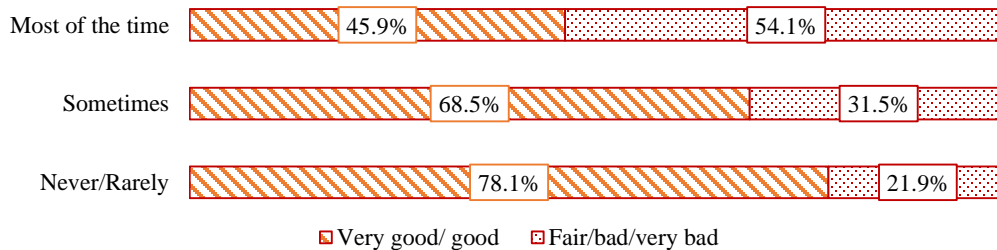
**HAPPY**



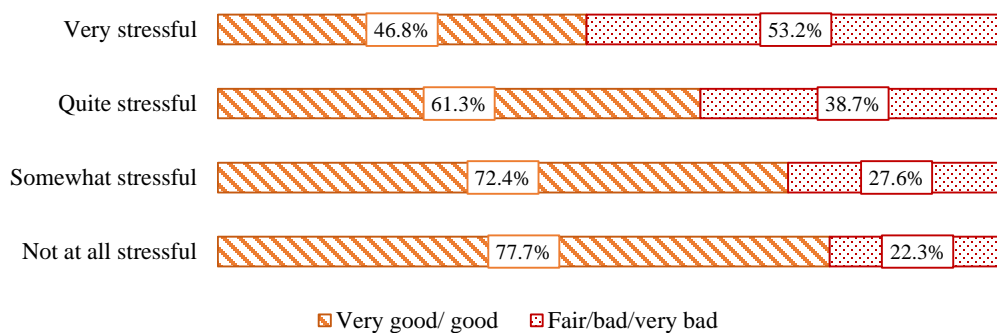
**CALM**



**NERVOUS**



**STRESSED**





Analysing the data by age, and how often people experienced stress and happiness show that:

- older people (60 years and over), though reported to be less healthy and having difficulties in performing their daily activities, were to the extent as happy as the young (16-39 years). 49% reported to be happy most of the time (Table 1); and
- they were also least stressed as compared to other age groups - 45% of the elderly persons reported to be not at all stressed.
- The young (16-39 years) were happy – 52% reported to be happy most of the time; but, they were more stressed particularly as compared to older persons.
- The middle age persons (40-59 years) were less happy and more stressed than other age groups.

**Table 1 – Percentage of persons reported to be happy/not at all stressed by age group, 2018/19**

	<b>Young (16-39 years)</b>	<b>Middle (40-59 years)</b>	<b>Older (60 years and over)</b>
<i>% of persons reported to be happy most of the time</i>	52.0	44.9	48.8
<i>% of persons reported to be not at all stressed</i>	26.4	26.2	45.1

**Healthy lifestyle such as good eating habits and exercising usually contributes to better health.**

WHO stresses on healthy lifestyle that does not only lowers the risk of being seriously ill or dying early, but also contributes to physical, mental and social wellbeing.<sup>12</sup>

At the LCS, respondents were asked some questions related to their lifestyle such as to rate their eating habits, how often they eat in eateries or purchase food outside home, and whether they practice any sport or physical activity. The findings are as follows:

Sport or any physical activity

Persons who reported practising sport or any physical activity rated higher health status than those who do no practice any. 40% of Mauritians reported practising sport or any physical activity – of

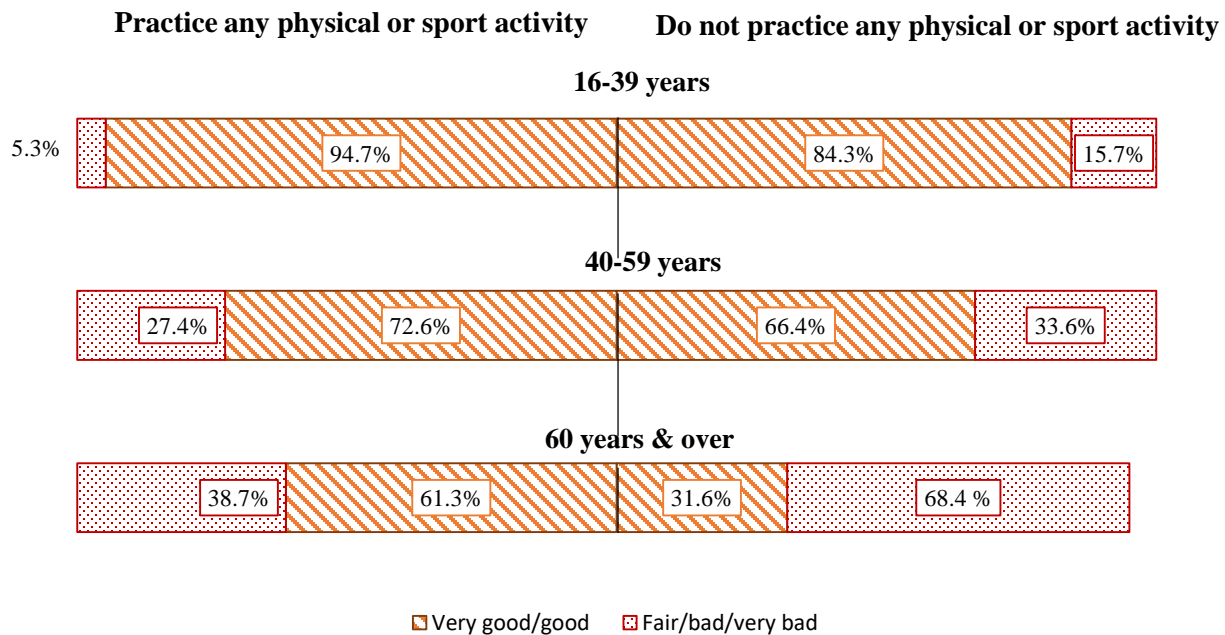
<sup>12</sup> <https://apps.who.int/iris/handle/10665/108180?locale=ar&null>

whom 82% rated their health as ‘good or very good’. Among persons who reported not practicing sport or any physical activity, the corresponding share was 64%.

The high rating on health among persons practising sport or any physical activity is also observed across all ages (Chart 13). This health gap widens with age. These persons are more likely to be more educated and to some extent financially well-off.

According to WHO ‘Regular and adequate levels of physical activity in adults: reduce the risk of hypertension, coronary heart disease, stroke, diabetes, breast and colon cancer, depression and the risk of falls; improve bone and functional health’.<sup>13</sup>

**Chart 13 – Self-perceived health status among persons who reported practising sport or any physical activity by age group, 2018/19**



Food consumed outside home (food consumed in eateries / purchased outside home)

The LCS results indicate that more than half of the population reported eating in eateries or purchased food outside home – of whom 83% described their health as ‘good or very good’. In contrast, among persons who reported not eating food outside home, the corresponding share is relatively low (57%). This holds true for all age groups (Chart 14).

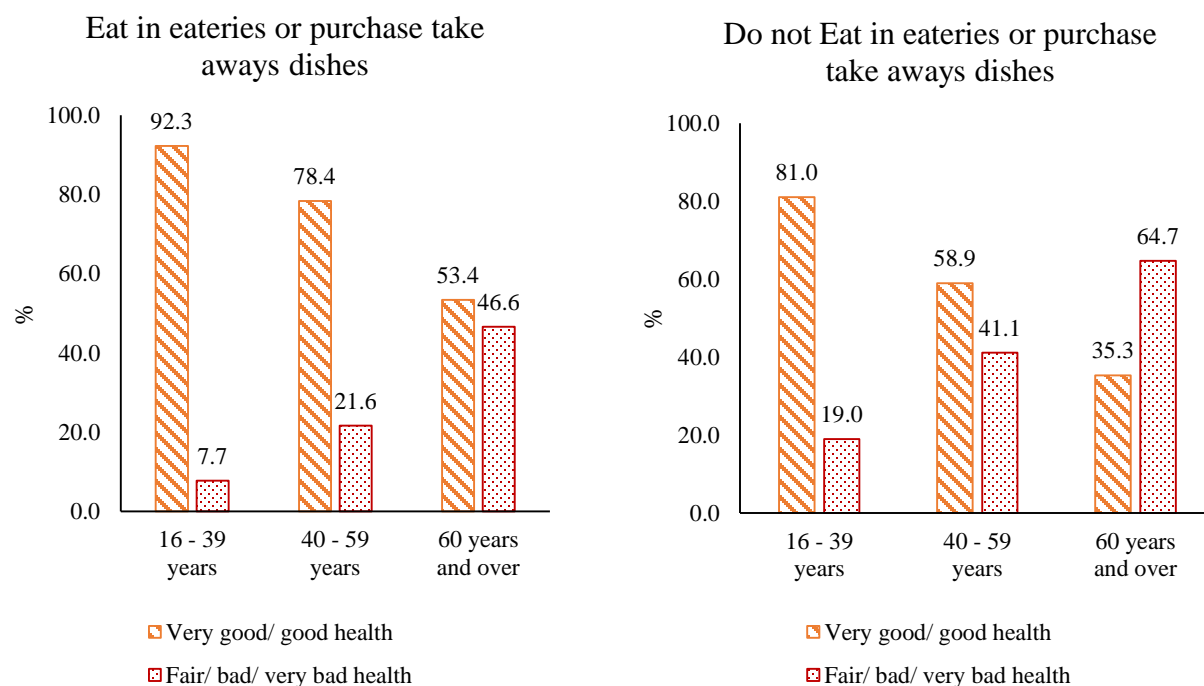
<sup>13</sup><https://www.who.int/dietphysicalactivity/pa/en/#:~:text=Regular%20and%20adequate%20levels%20of,bone%20and%20functional%20health%3B%20and>

This appears to be quite contradictory, especially when compared to existing studies done at international level which indicate that food consumption away from home are more likely to be processed and higher in salt, sugar and unhealthy fats, and is positively associated with increase in Body Mass Index<sup>14</sup>.

But, some other studies also show the opposite to be true<sup>15</sup>, that is ‘food consumption outside home has negligible effect on obesity’, and highlight that assessing the impact of food consumption away from home on health depends on numerous factors such as socio-economic status of consumers (e.g. age, level of education, income), type of food, type of outlets and location, etc.<sup>16</sup>

Alongside, on the basis of available information at the LCS, it is observed that persons who reported consuming food outside home and rated better health were employed, lived in high income households<sup>17</sup> (Table 2).

**Chart 14 – Self perceived health among persons who reported on food consumption outside home, 2018/19**



<sup>14</sup> <https://www.who.int/bulletin/volumes/92/2/13-120287/en/>

<sup>15</sup> <https://www.sciencedirect.com/science/article/abs/pii/S0033350605001526?via%3Dihub>

<sup>16</sup> [https://www.researchgate.net/publication/316084327\\_Food\\_consumed\\_outside\\_the\\_home\\_in\\_Brazil\\_according\\_to\\_places\\_of\\_purchase](https://www.researchgate.net/publication/316084327_Food_consumed_outside_the_home_in_Brazil_according_to_places_of_purchase)

**Table 2 – Profiles of persons aged 40 years and over consuming food outside home, 2018/19**

	Food consumption outside home		No Food consumption outside home	
	Very good/ good health	Fair/ bad/ very bad health	Very good/ good health	Fair/ bad/ very bad health
Self-perceived health (% persons)	<b>71%</b>	<b>29%</b>	<b>48%</b>	<b>52%</b>
<b>% persons:</b>				
<i>with at least an SC<sup>17</sup> qualification</i>	41%	23%	25%	11%
<i>living in high income households<sup>18</sup></i>	64%	45%	51%	34%
<i>having a job</i>	75%	45%	59%	29%
<i>describing their eating habits as good or very good</i>	93%	66%	90%	53%
<i>Mean age (years)</i>	52	58	56	63

### 3.2 An overview of the health situation in Mauritius<sup>19</sup>

#### **The Government is continuously investing on health services to promote wellbeing**

Mauritius provides free public health services to promote the wellbeing of the population. Every year, more than half of the total Government Budget is spent on community welfare and social security including health. In 2017/18, expenditure<sup>20</sup> on health was Rs 11,797 Million.

#### **Mauritians live longer, life expectancy is increasing**

Over the decades, the health status of Mauritians has improved substantially. Life expectancy<sup>21</sup>, most commonly used health indicator, has increased by around 14 years, from 60.3 years in 1962 to 74.3

<sup>17</sup> SC refers to Cambridge School Certificate

<sup>18</sup> Households who reported that they could meet their expenses very easily or fairly easily.

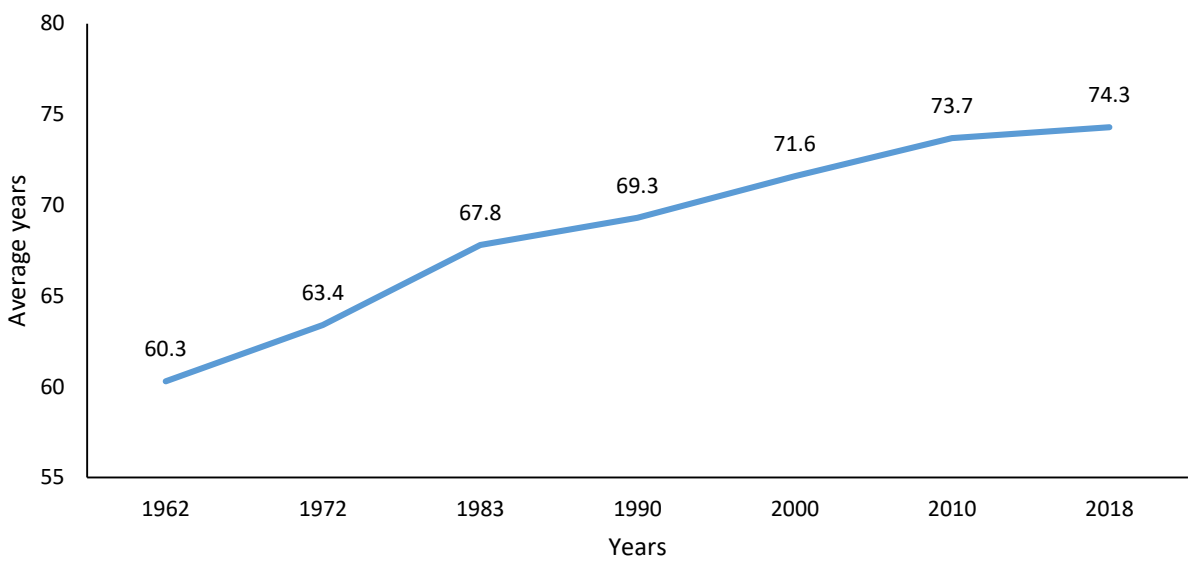
<sup>19</sup> Based on data other than LCS i.e. data from the Ministry of Health and Wellness, Civil Status Office

<sup>20</sup> Expenditure on health refers to Consolidated General Government comprising expenditure for Central Government (e.g. all ministries and departments, Extra Budgetary Units and social security schemes), administration for Rodrigues Island, Municipalities and District Councils, etc.

<sup>21</sup> the average number of years that a new born child would be expected to live if subjected to the mortality conditions expressed by a particular set of age-specific death rates

years in 2018. This improvement impacted on the ranking of UN Human Development Index, where Mauritius moved from medium to high human development with an index value from 0.558<sup>22</sup> in 1980 to 0.796 in 2018.

**Chart 15 – Life expectancy at birth, 1968 – 2018**



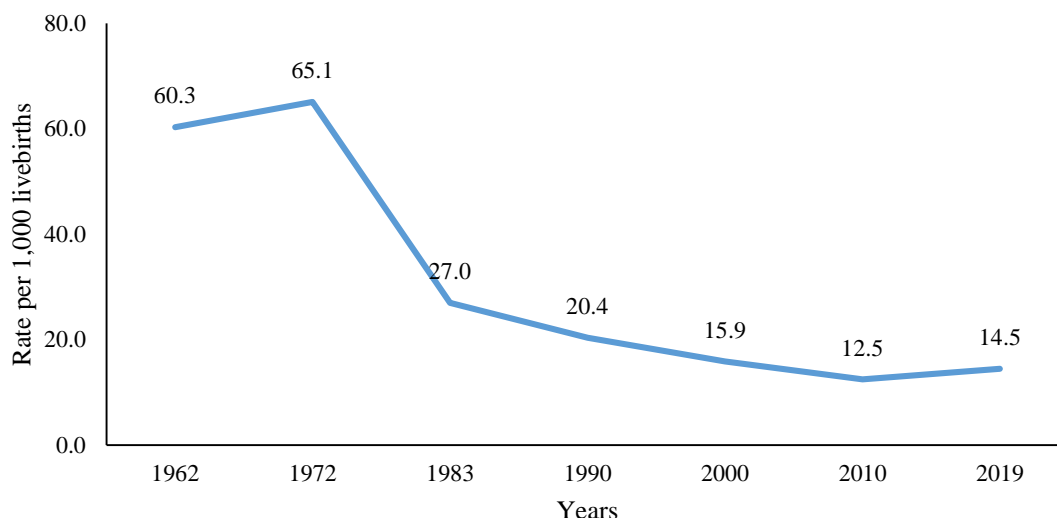
**Death of children under one year (infant death) is declining**

Infant<sup>23</sup> mortality rate (per 1,000 live births) has plummeted sizeably from 60.3 in 1962 to 14.5 in 2019. But, it is to be pointed out that achieving a one-digit infant mortality rate like in many developed countries like Singapore (2 per 1,000 live births), United Kingdom (2 per 1,000 live births) remains a challenge for the country.

<sup>22</sup> [https://www.theglobaleconomy.com/Mauritius/human\\_development/](https://www.theglobaleconomy.com/Mauritius/human_development/)

<sup>23</sup> The number of deaths in a year of infants aged under one year per 1,000 live births.

**Chart 16 – Infant death per 1,000 live births, 1968 – 2019**



**Maternal mortality rate remains below the SDG Target 3.1 since 1990, except in 1991 and 2017**

Since 1990, Maternal Mortality<sup>24</sup> Ratio (MMR) per 100,000 live births stood below the Target 3.1 of the Sustainable Development Goals (By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births<sup>25</sup>), except for the years 1991 and 2017.

It is worth noting that MMR shows an erratic trend with high fluctuations for example during the period 2000 to 2019, the rates were 20 per 100,000 in 2000, 65 per 100,000 in 2009, 34 per 100,000 in 2011, 74 per 100,000 in 2017 and 62 per 100,000 in 2019.

Worldwide, an estimated 295,000 maternal deaths occurred in 2017, yielding an overall MMR of 211 per 100,000 live births<sup>26</sup>.

**Deaths due to infectious and parasitic diseases have reduced and remained stable, ...**

In 1975, deaths due to infectious and parasitic diseases were high (Table 3). These diseases are transmissible (attributable mainly due to poor hygiene) and preventable diseases. With the advent of free public health care, coupled with high investment on health services, in particular vaccination, deaths due to these diseases have decreased considerably and remained at 2-3% for many years.

<sup>24</sup> Number of maternal deaths per 100,000 live births.

<sup>25</sup> <https://www.who.int/sdg/targets/en/>

<sup>26</sup> <http://documents.worldbank.org/curated/en/793971568908763231/Trends-in-maternal-mortality-2000-to-2017-Estimates-by-WHO-UNICEF-UNFPA-World-Bank-Group-and-the-United-Nations-Population-Division>

**Table 3 - Percentage of main causes of death, 1975 - 2019**

	1975	1985	1995	2005	2015	2019
<b>Infectious and parasitic diseases</b>	9.4	3.0	2.1	1.7	2.2	2.8
<b>Neoplasms (Cancers)</b>	5.4	7.7	9.1	10.6	13.3	13.3
<b>Diabetes Mellitus</b>	2.7	7.8	14.8	21.1	24.0	22.0
<b>Cardiovascular Diseases (Circulatory system)</b>	28.4	32.4	35.3	37.5	33.7	31.6
<b>Respiratory diseases</b>	12.6	11.5	9.5	8.8	9.1	12.7
<b>External causes (Injury and poisoning)</b>	6.3	6.8	7.5	6.0	5.3	4.6

Source: Ministry of Health and Wellness

### ... however, Non Communicable Diseases are now the leading cause of deaths

Based on existing data and surveys, deaths due to Non-Communicable Diseases (NCDs) like Cardiovascular and Diabetes Mellitus (DM) are increasing. In 2019, more than 50% of total deaths were due to Cardiovascular Diseases, and DM. Deaths due to Cardiovascular diseases have remained consistently high since 1975 while due to DM, the share has increased considerably from 2.7% in 1975 to 22.0% in 2019.

NCDs are major causes of concern for Mauritians. Data collected at NCD surveys carried out by the Ministry of Health and Wellness depict an increasing trend in the prevalence of DM and obesity (Table 4).

From 1987 to 2015, the prevalence of DM has increased from 14.3% to 25.8%, representing an increase of 80%. It is to be pointed out that, at global level, the prevalence of DM among adults aged 18 years and over is estimated at 8.5% in 2014<sup>27</sup> (relatively lower than the national estimate).

Hypertension and obesity prevalence are high as well. The prevalence of hypertension (linked mainly to heart diseases, strokes, and renal conditions) remained high over the years, particularly in 2009 where it peaked at 42.3%.

The prevalence of obesity increased more than threefold from 6.3% in 1987 to 19.1% in 2015.

<sup>27</sup> [https://www.who.int/news-room/fact-sheets/detail/diabetes#:~:text=Key%20facts,%25%20in%202014%20\(1\).](https://www.who.int/news-room/fact-sheets/detail/diabetes#:~:text=Key%20facts,%25%20in%202014%20(1).)

**Table 4 – Age standardised prevalence rate based on selected risk factors of NCDs, Island of Mauritius, 1987 – 2015**

	1987	1992	1998	2004	2009	2015
<b>Diabetes Mellitus</b> (30 years and over)	14.3	16.9	19.5	19.3	26.9	25.8
<b>Hypertension</b> (30 years and over)	30.2	26.2	29.6	29.7	42.3	28.5
<b>Obesity</b> (25-74 years and over)	6.3	10.2	11.5	10.3	15.4	19.1

Source: Ministry of Health and Wellness

Apart from NCDs including Cancers, there are other challenges like HIV/AIDS, substance use and addiction.

#### 4. Important notes to readers

##### Health as dimension of Quality of Life

Health is an important dimension of Quality of Life (QoL) as every individual values and appreciates being healthy in order to live a full, satisfying and productive life.

Health is multi-faceted and the World Health Organisation (WHO) defines it as ‘a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity (WHO, 1948)’ – No single indicator can adequately measure it – It goes beyond the conventional health measures (e.g. life expectancy, causes of death, etc.).

Measuring health with respect to well-being – referred as Health-Related Quality of Life – is very common today. The WHO recommends that ‘.... The measurement of health and the effects of health care must include not only an indication of changes in the frequency and severity of diseases but also an estimation of well-being and this can be assessed by measuring the improvement in the quality of life related to health care (WHO, 2005)’<sup>28</sup>. Assessing health as a dimension of QoL is also recommended in the 2009 Report by the Commission on the measurement of economic performance and social progress (Stiglitz-Sen-Fitoussi)<sup>29</sup>.

Researchers use both objective (e.g. life expectancy, infant mortality, prevalence of Non-Communicable Diseases, etc.) and subjective measures (e.g. self-perceived health). The subjective measures are, in broad terms, about assessing how people think and feel about their health.

<sup>28</sup> [https://www.who.int/mental\\_health/media/68.pdf](https://www.who.int/mental_health/media/68.pdf)

<sup>29</sup> <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.215.58&rep=rep1&type=pdf>



## **Living Conditions Survey**

The Living Conditions Survey (LCS) was conducted based on 3,500 households in the Islands of Mauritius and Rodrigues. The survey aimed to collect information on quality of life whereby people, were asked, among others, about their health status, limitation of activities due to health problems and disability, eating habits, sport activities and mental states (feeling stressed, calm, nervous, etc.).

## **Self-perceived health**

Self-perceived health is a subjective measure of overall health status encompassing several aspects such as overall physical, mental and social well-being. At the survey, respondents were asked to rate their health - 'How is your health in general?' (Very good, Good, Fair, Bad or Very bad).

LCS questionnaire can be accessed at:

[https://statsmauritius.govmu.org/Documents/Census\\_and\\_Surveys/LCS/Quest\\_LCS\\_2018\\_2019\\_Module%20I\\_%20Quality\\_of%20Life.pdf](https://statsmauritius.govmu.org/Documents/Census_and_Surveys/LCS/Quest_LCS_2018_2019_Module%20I_%20Quality_of%20Life.pdf)

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